

**JANUARY RELEASE**  
**ELIGIBILITY AND PAYMENTS MANUAL**  
TRANSMITTAL LETTER 10/01

January 1, 2010

TO: CUSTODIANS OF ELIGIBILITY AND PAYMENTS MANUAL  
FROM: ROMAINE GILLILAND, ADMINISTRATOR  
SUBJECT: ELIGIBILITY AND PAYMENTS MANUAL CHANGES

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Material Transmitted

**PART A-100 – APPLICATION PROCESSING**

Section A-111 – A-131.1.1  
MTL 10/01 – 4 Pages

Section A-145 – A-163  
MTL 10/01 – 3 Pages

**PART A-300 – HOUSEHOLD DETERMINATION**

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Section A-670.2 – 670.3  
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Section A-711.5 – A-720.1<sup>3</sup>  
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Section A-737.8<sup>2</sup> – A-737.11  
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| Manual Section    | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                              | Obsolete PT, P&P,<br>PUT or IM                                                 |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A-121             | <b>Receipt of Form 2905-EG – Application Form or Other Designated Forms</b> – Clarified TANF whose signature is required on the application form #2905 and the “Interface Consent” form #2179 and bolded the “Note” section.<br>For SNAP, removed the words “signature of” because these words are not necessary to the paragraph. | <b>P&amp;P #21/09</b>                                                          |
| A-131.1           | <b>Interpretive Service Request</b> – Section updated with scheduled appointment procedure.                                                                                                                                                                                                                                        |                                                                                |
| A-131.1.1         | <b>Immediate Availability of Interpretive Services</b> – New section added with information regarding immediate availability of interpretive telephone services through CTS LanguageLink.                                                                                                                                          | <b>E&amp;P Pt 09/09</b>                                                        |
| A-145             | <b>Certification Procedures</b> – Section rewritten for clarity when processing expedited SNAP benefits.                                                                                                                                                                                                                           |                                                                                |
| A-145.1           | <b>Postponed Verification Procedures</b> – Section rewritten for clarity including evaluation of postponed information and case actions.                                                                                                                                                                                           |                                                                                |
| A-161             | <b>When Receipt of TANF is Uncertain</b> – Section rewritten for clarity regarding the budgeting of TANF benefits approved after the initial approval of SNAP benefits on a joint application. Text removed which became obsolete with the change from cycles to months for SNAP benefits.                                         |                                                                                |
| A-162             | <b>SNAP – Eligibility Periods</b> – Under Note: removed cycles and replaced with “is” for clarification.                                                                                                                                                                                                                           |                                                                                |
| A-163             | <b>Client Cooperation</b> – Changed wording from Caretaker to Caregiver.                                                                                                                                                                                                                                                           | <b>Public Hearing was held on 6/23/09, adopted and became effective 7/1/09</b> |
| A-321.1.8         | <b>Stepparents</b> – Correct manual reference for stepparent budgeting.                                                                                                                                                                                                                                                            |                                                                                |
| A-420             | <b>Verification of U.S. Citizenship or Nationality</b> – Add sentence to clarify that children born to Nevada Medicaid eligible mothers are not required to provide documentation of citizenship.                                                                                                                                  |                                                                                |
| A-421             | <b>How To Verify U.S. Citizenship or Nationality</b> – Add 90 day documentation policy to citizenship section.<br>Add clarification that citizenship and identity are one documentation requirement rather than separate.                                                                                                          | <b>E&amp;P PT 07/09</b>                                                        |
| A-620.1           | <b>Earned Income Deductions</b> – Further defined when the “Earned Income Disregards and/or the Standard Work Related Expense” are allowed.                                                                                                                                                                                        |                                                                                |
| A-630             | <b>SNAP Income Deductions/Expenses</b> – Standard Deduction figures updated with October 2009 figures.                                                                                                                                                                                                                             | <b>E&amp;P IM 26/09</b>                                                        |
| A-630.1           | <b>Shelter Costs</b> – Maximum monthly shelter expense updated with October 2009 figures.                                                                                                                                                                                                                                          | <b>E&amp;P IM 26/09</b>                                                        |
| A-670.2 #4 and #6 | <b>Determining the Amount of Deemed Sponsor Income</b> – Corrections to the Example<br>#4 – Corrected the Need Standard used from \$1,500 to \$1,612<br>#6 – Corrected the Need Standard used from \$1,500 to \$1,612 and the = amount figure from \$423 to \$313                                                                  |                                                                                |
| A-711             | <b>Income</b> – Sentence added to end of paragraph to clarify this definition applies to all programs even though the header states TANF only.                                                                                                                                                                                     |                                                                                |
| A-720.1           | Alpha Listing of Types of Income and Income Status – Census Income section updated to show as Countable Income and UIB updated to May be Countable.                                                                                                                                                                                | <b>E&amp;P PT 11/09</b>                                                        |
| A-737.11          | <b>Census Income</b> – SNAP policy updated to state temporary employment related to census activity <b>is countable</b> as earned income. This income is still exempt for TANF and Medicaid.                                                                                                                                       |                                                                                |
| A-757.6           | <b>Verification of Self-Employment Income</b> – Per field request, a note has been added to this section to clarify when actual expenses must be allowed when determining monthly net self-employment income.                                                                                                                      |                                                                                |

| Manual Section     | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Obsolete PT, P&P,<br>PUT or IM |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| A-763              | <b>Unemployment Insurance Benefits</b> – SNAP policy updated to exempt the additional \$25.00 weekly UIB approved under ARRA effective November 1, 2009.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E&P PT 11/09                   |
| A-1600             | <b>Child Support</b> – The change from TANF definition Non-Needy Caretaker to Non-Needy Relative Caregiver. This change more accurately defines the meaning of a specified relative who is not the natural or adoptive parent(s) of the child(ren), who is related to the child within the degree specified by regulations and who exercises responsibility for the care and control of child(ren) and to whom the assistance payment for the child(ren) is made.<br><b>TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)</b><br>Replaced wording from caretaker to caregiver and Non-Needy to Non-Needy Relative Caregiver (NNRC). |                                |
| A-1625.2           | <b>Ongoing Case Processing for Noncooperation with CSEP Process</b> – Clarify when a new application is needed after non-cooperation with child support.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |
| MAPS 105           | <b>Medicaid Categories</b> – Add overview of categories and trickle process. Incorporates old PT #5-2000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |
| MAPS 110           | <b>General Medicaid Provisions</b> – Changed numbering in order to add new section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| MAPS 111           | <b>Medicaid Coverage for new State Residents</b> – Removed chart because all steps had the same result. Wrote the steps out in paragraph format for each of reading.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| MAPS 120.2         | <b>Eligibility for Prior Coverage</b> – Added clarification that citizenship verification must be received to approve prior medical coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| MAPS 120.3         | <b>Medicaid Eligibility Date for Prior Coverage</b> – Removed old references to obsolete forms.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
| MAPS 130.1         | <b>Issuance of Verification of Medicaid Eligibility Status or Form 2626, Pending Welfare Assistance Notice</b> – Removed reference to verifying eligibility by calling NMO.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |
| MAPS 140           | <b>Services Provided by Nevada Medicaid</b> – Corrected form numbers and names.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
| MAPS 140.2         | <b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</b> – Corrected form number for EPSDT program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
| MAPS 140.3         | <b>Family Planning Services</b> – Corrected typo and changed reference to Medicaid district office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| MAPS 160           | <b>Medicaid Eligibility Documentation Requirements and Forms</b> – Removed Form 2230 and added NMO-5000 to list.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |
| MAPS 170.1         | <b>Legal Authority</b> – Corrected NRS reference.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| MAPS 170.4 – 170.5 | <b>170.4 - Exclusions To Recovery – 170.5 - Hardship Waiver</b> – Removed Medicaid Estate recovery details that are managed by DCHFP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
| MAPS 520           | <b>Identity</b> – Update policy to reflect changes in citizenship documentation requirements for children born to Medicaid eligible mothers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| MAPS 530           | <b>Citizenship</b> – Update policy to reflect changes in citizenship documentation requirements for children born to Medicaid eligible mothers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
| MAPS 665           | <b>Resource Exclusions</b> – Correct typographical error from 2 to ½                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| B-472              | <b>Labor Surplus and High Unemployment Rate Waiver Areas</b> – Add two more areas to the Labor Surpluses Area list for SNAPET.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
| C-115              | <b>NOMADS Adverse Action Dates</b> – Update adverse action dates for 2010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |
| C-260              | <b>SNAP Adverse Action Dates</b> – Update adverse action dates for 2010.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |
| C-230              | <b>SNAP Budgeting Steps</b> – Remove reference to \$10 minimum SNAP allotment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |

Effective Date – January 1, 2010

Instructions for Manual Maintenance -- Replace superseded pages (45) with transmitted pages (46).

**MARCH RELEASE**  
**ELIGIBILITY AND PAYMENTS MANUAL**  
 TRANSMITTAL LETTER 10/02

March 1, 2010

TO: CUSTODIANS OF ELIGIBILITY AND PAYMENTS MANUAL  
 FROM: ROMAINE GILLILAND, ADMINISTRATOR  
 SUBJECT: ELIGIBILITY AND PAYMENTS MANUAL CHANGES

| Material Transmitted                                                                                                                                                                                                                                                                                                                                                                                                         | Material Superseded                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>PART A-800 – EMPLOYMENT &amp; TRAINING</b><br/>                     Section A-810 – A-813.1<br/>                     MTL 10/02 – 1 Page</p> <p>Section A-816.1<sup>3</sup> – A-816.1<sup>4</sup><br/>                     MTL 10/02 – 1 Page</p> <p>Section A-818 – A-818.1.1<br/>                     MTL 10/02 – 1 Page</p> <p>Section A-821.1<sup>13</sup> – A-826<br/>                     MTL 10/02 – 5 Pages</p> | <p><b>PART A-800 – EMPLOYMENT &amp; TRAINING</b><br/>                     Section A-810 – A-813.1<br/>                     MTL 09/06 – 1 Page</p> <p>Section A-816.1<sup>3</sup> – A-816.1<sup>4</sup><br/>                     MTL 09/05 – 1 Page</p> <p>Section A-818 – A-818.1.1<br/>                     MTL 09/05 – 1 Page</p> <p>Section A-821.1<sup>13</sup> – A-826<br/>                     MTL 10/02 – 4 Pages</p> |

| Manual Section | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                              | Obsolete PT, P&P,<br>PUT or IM |
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| <b>A-812</b>   | <b>Assessment</b> – Updated non-needy caretaker to relative caregiver where required.                                                                              |                                |
| <b>A-816.1</b> | <b>Employment &amp; Training Status – Exemption Codes</b> – Updated non-needy caretaker to relative caregiver where required.                                      |                                |
| <b>A-818.1</b> | <b>E&amp;T Determination</b> – Updated non-needy caretaker to relative caregiver where required.                                                                   |                                |
| <b>A-821.2</b> | <b>Limitations and Special Rules</b> – Updated reference to A-825.                                                                                                 |                                |
| <b>A-822</b>   | <b>Referrals to Other Agencies</b> – Added Employment Related Dental referral through Medicaid and updated PVF requirement section.                                |                                |
| <b>A-823</b>   | <b>Community Work Experience Program (CWEP)</b> – Updated section to include requirements for all CWEP participants to complete Memorandum of Understanding (MOU). |                                |

Effective Date – March 1, 2010

Instructions for Manual Maintenance -- Replace superseded pages (7) with transmitted pages (8).

(MTL/E&P 10/02)

**MAY RELEASE**  
**ELIGIBILITY AND PAYMENTS MANUAL**  
TRANSMITTAL LETTER 10/03

May 1, 2010

TO: CUSTODIANS OF ELIGIBILITY AND PAYMENTS MANUAL  
FROM: ROMAINE GILLILAND, ADMINISTRATOR  
SUBJECT: ELIGIBILITY AND PAYMENTS MANUAL CHANGES

Material Transmitted

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Material Superseded

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| Manual Section | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                                      | Obsolete PT, P&P,<br>PUT or IM                                                                                                                                                                                                                       |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | Redetermination replaced with Review of Eligibility<br>This procedure applies to TANF cash (NEON, TCHD, LOAN) and Medicaid (FMC, SVK, CHAP and MAABD) cases.                                                                                                                                                                               | <b>Public Hearing held 1/16/2010, approved and adopted effective 3/1/2010 changing "Redetermination every 12 months to a Review of Eligibility every 12 months." TANF State Plan amended and approved effective 3/1/2010 PT 01/10 &amp; IM 08/10</b> |
| <b>A-111</b>   | <b>Faxed Applications</b> – Replaced redetermination with review of eligibility                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                      |
| <b>A-122.1</b> | <b>Missed Interview Appointment (MIA)</b> – Added wording to first paragraph for clarification. Households who fail to keep their <i>initial intake</i> TANF appointment are sent a legal notice advising them of the TANF denial due to their missed interview appointment (MIA).<br>Replaced redetermination with review of eligibility. |                                                                                                                                                                                                                                                      |
| <b>A-126</b>   | <b>Employment Security Division (ESD) Printouts/Interface</b> – Replaced redetermination with review of eligibility.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                      |
| <b>A-131</b>   | <b>Interviews</b> – Clarified when a face-to-face interview is or is not required, replaced redetermination with review of eligibility.<br><b>Exception</b> – Added working "for TANF initial eligibility"                                                                                                                                 |                                                                                                                                                                                                                                                      |
| <b>A-132</b>   | <b>Eligibility Factors</b> – Replaced redetermination with review of eligibility.                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                      |



|                                             |                                                                                                                                                                                                                                                                                                                                                    |                                                 |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>A-133</b>                                | <b>Right and Responsibilities</b> – Fifth bullet reference “Child Only” changed to “Child Only citizen.”                                                                                                                                                                                                                                           | <b>At the request of DWSS Administrator</b>     |
| <b>A-162</b>                                | <b>Eligibility Periods</b> – Removed first two paragraphs that related to redeterminations, changed heading “Ongoing Eligibility” to “Review of Ongoing Eligibility” and further defined actions to be taken at the “Review of Eligibility.”                                                                                                       |                                                 |
| <b>A-326.1</b>                              | <b>Temporary Absence of Child</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                                           |                                                 |
| <b>A-335</b>                                | <b>Authorized Representatives</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                                           |                                                 |
| <b>A-410</b>                                | <b>Eligibility Requirement</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                                              |                                                 |
| <b>A-436</b>                                | <b>Victims of Trafficking</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                                               |                                                 |
| <b>A-570</b>                                | <b>Verification</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                                                         |                                                 |
| <b>A-620.4.1</b>                            | <b>Verification of Dependent Care Deductions</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                            |                                                 |
| <b>A-757.2</b>                              | <b>Calculating Self-Employment Income</b> – Redetermination replaced with review of eligibility.                                                                                                                                                                                                                                                   |                                                 |
| <b>A-771</b>                                | <b>Verification of Income</b> – Redetermination (RD) replaced with review of eligibility.                                                                                                                                                                                                                                                          |                                                 |
| <b>A-800</b>                                | <b>Employment and Training</b> – General clarifications and formatting updates throughout this section.                                                                                                                                                                                                                                            |                                                 |
| <b>A-814</b>                                | <b>Support Services</b> – Updated SNAPET support services to include the first 30 days of employment.                                                                                                                                                                                                                                              |                                                 |
| <b>A-816.1</b>                              | <b>Employment &amp; Training Status</b> – Update the SNAPET side of Determining Mandatory Exempt Participants to update the ABAWD determinations since Nevada currently does not have ABAWDs.<br><i>Federal Exemptions</i> – Added a line under the 00 code to separate it from the 01 and clarified the information in the “Note” in the 01 code. |                                                 |
| <b>A-818.1</b>                              | <b>E&amp;T Determination</b> – Added under the SNAPET code for volunteers that we cannot pay support services for volunteers.                                                                                                                                                                                                                      |                                                 |
| <b>A-818.1.1</b>                            | <b>SNAP Orientation &amp; Job Search</b> – Changed non-exempt to mandatory to remain consistent. Added under Job Search that the form has to be signed by the case manager. And, changed 30-day period to 4 week period to be consistent.                                                                                                          |                                                 |
| <b>A-930</b>                                | <b>Verification of Residency</b> – Redetermination replaced with review of eligibility and a paragraph was added to match SNAP.                                                                                                                                                                                                                    |                                                 |
| <b>A-932</b>                                | <b>How to Verify Residency</b> – Correct typo                                                                                                                                                                                                                                                                                                      |                                                 |
| <b>A-1000 Table of Contents</b>             | A-1022 CHILD ONLY changed to CHILD ONLY CITIZEN                                                                                                                                                                                                                                                                                                    | <b>At the request of the DWSS Administrator</b> |
| <b>A-1011</b>                               | <b>Eligibility</b> – Added TANF Annual Review of Eligibility to the chart.                                                                                                                                                                                                                                                                         |                                                 |
| <b>A-1012, 1020, 1022, 1022.1, 1022.4.1</b> | <b>Transitioning between TANF Cash Programs</b> – Child Only changed to Child Only Citizen<br><b>Assistance Program Child Only</b> – Changed to Child Only Citizen<br><b>Non-Qualified Non Citizens</b> – Change to Ineligible Adults with Citizen Child(ren)<br><b>Who is Eligible</b> – Added word Citizen to Child Only                         |                                                 |
| <b>A-1032</b>                               | <b>LOAN Program</b> – Added a Note: The LOAN Program shall not be considered a way to extend financial assistance from other TANF programs.                                                                                                                                                                                                        |                                                 |
| <b>A-1032.1</b>                             | <b>Future Source of Income</b> – Added procedures SSI may be considered as a reasonable expectation of a future source of income for repayment. Changed the word expired to ended and the word expire to end at the verbal request of a District Office.                                                                                           |                                                 |
| <b>A-1200 Table of Contents</b>             | <b>Eligibility Requirement</b> – Removed A-1212 “Verification” and A-1213 “How to Verify” both identified in A-1221 and A-1222.                                                                                                                                                                                                                    |                                                 |
| <b>A-1221</b>                               | <b>Verification</b> – Removed the word redetermination.                                                                                                                                                                                                                                                                                            |                                                 |
| <b>A-1222</b>                               | <b>How to Verify</b> – Changed formatting for clarification of the verification procedures.                                                                                                                                                                                                                                                        |                                                 |

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|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>A-1300</b><br><b>Table of Contents</b> | <b>A-1310, Eligibility Requirements</b> – Replaced Redetermination with Review of Eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
| <b>A-1300</b>                             | <b>Entire Chapters</b> – Header, footer and all references to Food Stamp and Food Stamp Programs updated with SNAP acronym due to passage of Food, Conservation and Energy Act of 2008 (FCEA).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
| <b>A-1310</b>                             | <b>Eligibility Requirements</b> – Replaced Undocumented aliens with Non-Qualified Non-Citizen and removed from “Excluded Persons” the duplicate wording.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |
| <b>A-1311</b>                             | <b>Determining Worker Action at Application</b> – Replaced redetermination with review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |
| <b>A-1312</b>                             | <b>Action at TANF Review of Eligibility Redetermination – Forms SSA-5028 or SSA-2853</b> – Replaced with Action at TANF Review of Eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
| <b>A-1420</b>                             | <b>When to Consider Management</b> – Replaced redetermination with review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |
| <b>A-1450</b>                             | <b>Monitoring</b> – Removed section as special redetermination no longer applies with the new review of eligibility procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |
| <b>A-1600</b>                             | <b>Purpose</b> – Added in first and second paragraphs, responsible adult after the word parent to differentiate between the parent(s) and another adult who is not the parent, added in first paragraph last sentence the word Citizen to TANF Child Only;<br>Removed from third paragraph the last sentence as cooperation on an unborn child is no longer a requirement per CSEU.                                                                                                                                                                                                                                                                                                                                                             | <b>Change to “Child Only Citizen” at the request of Administration</b><br><br><b>See P&amp;P dated 7/10/06</b> |
| <b>A-1620</b>                             | <b>Eligibility Responsibilities</b> – Second bullet for Child Only added Citizen. In the 11 <sup>th</sup> bullet, removed the word redetermination and replaced it with review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
| <b>A-1621.1</b>                           | <b>Assignment of Support</b> – In the first paragraph, removed “or redetermination forms,” ended the sentence with caregiver and removed the words “even if the possibility of child support does not seem likely at the time of application” as this is unnecessary. In the third paragraph, first bullet, changed the word “caseworker to case manager” and under Note: removed the first sentence and replaced it with “When adding a new member to the case, if the same NCP has already been identified as a parent of another child in the assistance unit, do not complete a new Non-Custodial Parent (NCP) form for the added member. Update the existing NCP form with any new information about the NCP and add the new case member”. |                                                                                                                |
| <b>A-1621.2</b>                           | <b>Non-Custodial (Absent) Parent - Information</b> – Removed all wording until the sentence « Provide the most accurate information to CSEP staff will—as this is a repeat of the same information, however, it clearly defines the case manager’s responsibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |
| <b>A-1622</b>                             | <b>Initial IV-D Child Support Enforcement Application Referral</b> – Removed from the first paragraph the words “for non-custodial parent(s)” as this is already implied.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |
| <b>A-1625.1</b>                           | <b>Intake Case Processing For Noncooperation with CSEP Process</b> – Reworded to read “When the caregiver fails to cooperate without good cause, TANF and TRM will be denied. Consider CHAP eligibility for children and pregnant women who may only receive pregnancy related services.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |
| <b>A-1625.2</b>                           | <b>Ongoing Case Processing for Noncooperation with CSEP Processing</b> – Defined when the caregiver fails to cooperate without good cause, TANF cash and TANF related Medicaid (TRM) benefits will be terminated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |
| <b>A-1625.3</b>                           | <b>Noncooperation Referrals from CSEP</b> – Changed wording to reflect the procedures effective 3/8/2010 to be used by both IV-D and FAME when noncooperation is established.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>IM 07/10</b>                                                                                                |
| <b>A-1630</b>                             | <b>CSEP Responsibilities</b> – CSEP must: changed TRM to Medicaid and removed words redetermination form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |

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|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A-1824 and A-1826</b>       | <b>Length of Certification</b> – Change redetermination to review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>A-1842</b>                  | <b>Termination at Redetermination or Recertification</b> – Heading changed to “Termination at Review of Eligibility or Recertification” and within the reference, changed redetermination to review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>A-2320</b>                  | <b>Verification</b> – Changed redetermination to review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>A-2411</b>                  | <b>TANF Funding</b> – Added the word citizen to Child Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>A-2420</b>                  | <b>Hardship</b> – Removed the word “Reason” because it’s not included in the reference title.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>B-100 Table of Contents</b> | Changed B-120 “Redetermination/Recertification” to “Review of Eligibility/Recertification” and B-122 “Processing Redetermination/Timely Reapplication” to “Processing Review of Eligibility/Timely Reapplications”.                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>B-121</b>                   | <b>Redetermination Notice/Notice of Expiration</b> – Changed to “Review of Eligibility Notice/Notice of Expiration”, replaced redetermination with review of eligibility, removed wording RD’s may be completed more often if the case circumstances warrant it, the requirement at least one face-to-face interview in 12 months be conducted and recipients appropriately scheduled for an interview are required to attend the interview even if all requested verification are provided, removed reference to use of the “Redetermination of Eligibility form 2283-EE and related mailing and scheduling redeterminations. |  |
| <b>B-122</b>                   | <b>Processing Redeterminations/Timely Reapplications</b> – Changed to Processing Review of Eligibility/Timely Reapplications, changed redetermination to review of eligibility and in the last paragraph removed wording regarding an appointment not kept and sending a notice following a scheduled appointment that no longer applies.                                                                                                                                                                                                                                                                                      |  |
| <b>B-125</b>                   | <b>Special Reviews</b> – Replace redetermination with review of eligibility, removed RD, removed fourth bullet a Two-Parent TANF case with a stepchild as it no longer applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>B-471</b>                   | <b>Federal SNAPET Exemptions</b> – Added a line under the 00 code to separate it from the 01 and clarified the information in the “Note” in the 01 code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>B-636</b>                   | <b>Change a SNAP Case from NA to PA</b> – Changed redetermination to review of eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>B-637.1 #2</b>              | <b>Means – Tested Income Penalties Resulting from Noncooperation with TANF or Other Means – Tested Programs</b> – Changed from redetermination to review of eligibility in section “State Only Cooperation Requirements”.                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>B-641.2</b>                 | <b>Adding Newborn to the Case</b> – Removed last four sentences as they’re not necessary and with the change to a review of eligibility (from a redetermination) form 2426, does not contain wording for the head of household to attest to citizenship of new household member including newborns.                                                                                                                                                                                                                                                                                                                            |  |
| <b>B-941.3.1</b>               | <b>Ineligible Period for Individuals Convicted of Felony Drug-Related Offenses</b> – Added to the second paragraph a second sentence that “an individual awaiting participation in a program is not eligible for cash benefits.                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>C-105</b>                   | <b>Program Aid Codes</b> – Changed “COA Aid Code” description to TANF Adult-child only citizen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>C-110</b>                   | <b>Input Cut-Off Dates for Monthly Benefits</b> – Changed Monthly Schedule to 2010 and updated the “Cut-off, Benefits Issued and Benefit Available” dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>C-115</b>                   | <b>NOMADS Adverse Action Dates</b> – Corrected the January 2010 Adverse Action date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>C-210.2</b>                 | <b>SNAP Standard Deduction</b> – Year not updated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

Effective Date – May 1, 2010

Instructions for Manual Maintenance -- Replace superseded pages (61 ) with transmitted pages (61).

**JULY RELEASE**  
**ELIGIBILITY AND PAYMENTS MANUAL**  
TRANSMITTAL LETTER 10/04

July 1, 2010

TO: CUSTODIANS OF ELIGIBILITY AND PAYMENTS MANUAL  
FROM: ROMAINE GILLILAND, ADMINISTRATOR  
SUBJECT: ELIGIBILITY AND PAYMENTS MANUAL CHANGES

Material Transmitted

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Material Superseded

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Material Superseded

Section A-650.1.2<sup>1</sup> – A-650.1.2<sup>2</sup>  
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**PART A-1800 – CASE DISPOSITION**

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| Manual Section | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Obsolete PT, P&P,<br>PUT or IM |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| A-122          | <b>Filing the Application</b> – Sentence update to clarify that the in-person appointment should be scheduled so that the client is seen within 7 business days.                                                                                                                                                                                                                                                                                                                                                                                                           |                                |
| A-131.1        | <b>Interpretive Service Requests</b> – Paragraph added that all non-DWSS employed interpreters must attest to their status as State of Nevada employees. Form 2034-WG, Confirmation of Interpretive Services will e updated to collect this information.                                                                                                                                                                                                                                                                                                                   |                                |
| A-140          | <b>Expedited Service</b> – Note added to address eligible non-citizen individual are ineligible for benefits until sponsor income is provided and this information is not postponable.                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| A-145.2/A-150  | <b>Allotment Policy</b> – Section removed from A-150 and renumbered to A-145.2 as this information is specific to SNAP households as part of the expedited process.                                                                                                                                                                                                                                                                                                                                                                                                        |                                |
| A-220          | <b>Questionable Information</b> – Section update with Review of Eligibility in place of redeterminations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E&P PT 01/10                   |
| A-225          | <b>Verification and Documenttion for Initial Application and Recertification/Redetermination</b> – Section updated with change to Review of Eligibility. All sections updated to match new Review of Eligibility verification requirements.                                                                                                                                                                                                                                                                                                                                | E&P PT 01/10                   |
| A-230.2        | <b>Case Managers</b> – SOLQ updated to SSAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| A-240          | <b>Verification Sources</b> – Immunization Records added as an allowable source of identity for children under age 16. Client's statement added as allowable verification of Residency for the SNAP program. Utilities section updated to clarify that a utility company bill or receipt must contain a name and address to meet the verification requirement to allow the utility expense.                                                                                                                                                                                |                                |
| A-182          | <b>Categorically Eligible Households</b> – Section updated to clarify that categorically eligible households with three or more members will receive allotments calculated to be less than the current minimum allotment. Section added to clarify that workers must document all case files for SNAP households who submit an Application for Assistance with an effective date prior to 04/09. These households must contain documentation the household was provided the "This is your Copy Page" in order to meet the requirement of expanded categorical eligibility. | E&P P&P 24/09                  |
| A-620.4        | <b>Dependent Care Deduction</b> – Section clarified to add "second parent" to section regarding care provided outside of the home.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |

|                  |                                                                                                                                                                                                                                              |                         |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>A-642.2</b>   | <b>Application Approved After the Application Month Has Ended</b> – Sentence updated for clarity and consistency regarding income received. Sentence update to read “up to and including the day of the interview.”                          |                         |
| <b>A-642.7</b>   | <b>Projecting Income</b> – Sentence added to clarify the caseworker should always use the most current information available to determine household income.                                                                                  |                         |
| <b>A-646</b>     | <b>SNAP Budgeting Steps</b> – Categorical Households – Sentence added to clarify categorically eligible households of three or more persons will receive a benefit calculated to be below the current minimum allotment.                     |                         |
| <b>A-650.1.2</b> | <b>Chart #2 Budgeting of Expenses</b> – Section added at end of section to document workarounds needed to properly budget and income of Fleeing Felons, Drug Felons and ineligible ABAWD individuals.                                        | <b>E&amp;P PT 10/08</b> |
| <b>A-910</b>     | <b>Eligibility Requirement</b> – Statement added to clarify that a fixed mailing address is not required for SNAP households. Note added to clarify that client’s statement is allowable as verification of residency for SNAP participants. |                         |
| <b>A-930</b>     | <b>Verification of Residency</b> – SNAP section updated to state verification of residency is only required at new application and when a household reports a new address.                                                                   |                         |
| <b>A-1800</b>    | <b>Entire chapter updated to change “Redetermination” to “Review of Eligibility.”</b>                                                                                                                                                        | <b>E&amp;P PT 01/10</b> |
| <b>A-1821</b>    | <b>Date Eligibility Begins</b> – Section updated to clarify the initial months benefits are always prorated even if the household is categorically eligible and entitled to the minimum allotment.                                           |                         |
| <b>A-1822</b>    | <b>Proration</b> – Section updated to clarify the initial months benefits are always prorated even if the household is categorically eligible and entitled to the minimum allotment.                                                         |                         |
| <b>A-1822.2</b>  | <b>Prorated Benefits</b> – Clarification added regarding households who are ineligible for the application month and/or the following months must have eligibility determined for the third month.                                           |                         |
| <b>A-1824</b>    | <b>Length of Certification</b> – Section updated to clarify that the first month of eligibility is the first month of the certificate period.                                                                                                |                         |

Effective Date – July 1, 2010

Instructions for Manual Maintenance -- Replace superseded pages (33) with transmitted pages (33).

(MTL/E&P 10/04)

**SEPTEMBER RELEASE**  
**ELIGIBILITY AND PAYMENTS MANUAL**  
TRANSMITTAL LETTER 10/05

September 1, 2010

TO: CUSTODIANS OF ELIGIBILITY AND PAYMENTS MANUAL  
FROM: ROMAINE GILLILAND, ADMINISTRATOR  
SUBJECT: ELIGIBILITY AND PAYMENTS MANUAL CHANGES

Material Transmitted

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|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| A-711.1           | <b>Requirement to Pursue Income</b> – Under “Exception”, first bullet, second sentence removed because it is not a choice to receive either SSI or cash.                                                                                                                                                                                                                                                                                                                                                     |                                                                               |
| A-721.1           | <b>Alpha Listing of Types of Income and Income Status</b> – Non-Citizen Sponsor’s Income Coding Key for TRM/CHAP changed from “E” (Exempt) to “M” (May Be Countable).<br>Changed the position in the “Alpha Listing” for “Non-Citizen Sponsor’s Income”.<br>Added to the “Alpha Listing” Collection of Cans at the request of field staff.                                                                                                                                                                   |                                                                               |
| A-723             | <b>Non-Citizen Sponsor’s Income</b> – Removed references to eligibility in 1997 as it no longer applies to current or new applications.                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |
| A-737.5           | <b>In-Home Family Preservation Program (FPP)/Supported Living Arrangement (SLA</b> – Removed “Continued on Next Page) as the semi-colon already indicated additional information would follow.                                                                                                                                                                                                                                                                                                               |                                                                               |
| A-757.2           | <b>Calculating Self-Employment Income</b> – Reworded for clarification; When calculating self-employment income, add any capital gains the household expects to receive during the certification period or the next review of eligibility when determining monthly budgetable income. Use this amount, unless the individual reports a chance in an unanticipated capital gain or a different amount than anticipated.                                                                                       |                                                                               |
| A-757.4.1         | <b>Determining If Income From Property Is Earned or Unearned</b> – Reworded and repositioned sentences to consider the income earned if the person spends an average of at least 20 hours per week in management or maintenance activities and allow the standard earned income deduction. Otherwise, count as unearned income.                                                                                                                                                                              |                                                                               |
| TABLE OF CONTENTS | <b>Table of Contents</b> – A-2600 changed to “Non-Needy Realative Caregiver (NNRC) and Kinship Care”; A-2620.1 removed the word Resource as specific resource information is not contained in the manual section. Only a reference to manual section A-500 Resources is mentioned and, A-2630.2 was changed to “Income Limits and Eligibility Tests”.                                                                                                                                                        |                                                                               |
| A-2600            | Changed the definition of Non-Needy Caretaker (NNCT) to Non-Needy Relative Caregiver (NNRC) and replaced caretaker relative with relative caregiver throughout this manual section.                                                                                                                                                                                                                                                                                                                          | <b>Public Hearing was held on 6/23/09 adopted and became effective 7/1/09</b> |
| A-2600            | <b>Non-Needy Caretaker</b> – Changed to “Non-Needy Relative Caregiver (NNRC) and Kinship Care” to more accurately describe the eligibility requirements and benefit decisions contained within this manual section.                                                                                                                                                                                                                                                                                          |                                                                               |
| A-2610            | <b>Introduction</b> – Changed heading to “Non-Needy Relative Caregiver” to more accurately define the eligibility requirement for NNRC eligibility that follows. In the second paragraph, changed the word “factor” to “requirements” that more accurately defines action necessary by case managers.                                                                                                                                                                                                        |                                                                               |
| A-2620.1          | <b>Removed from the hearing the word “Resource”</b> because this section doesn’t outline the resource limits but rather refers to the Resource section in the manual. Added clarification when the 275% Poverty test must be considered. Added clarification to the 275% test of whose income is considered, exceptions, how eligibility or ineligibility occurs and manual sections supporting the decision.                                                                                                |                                                                               |
| A-2630            | <b>Kinship Care Program</b> – removed wording and added it into section 2630.2.                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |
| A-2630.1          | <b>Who is Eligible</b> – Corrected NNCT to NNRC and caretaker to relative caregiver.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |
| A-2630.2          | <b>Income Limits and Eligibility Tests Benefit Amount</b> – Changed to “Eligibility” to “Income Limits and Eligibility Tests.” Corrected NNCT to NNRC and caretaker to relative caregiver, <b>added</b> clarification a higher payment is effective the month after procedures of how the 275% of Poverty is established and when it must be reestablished. Moved sentences and paragraph within and from other sections to create a better flow of the eligibility decision process and benefits decisions. |                                                                               |
| A-2630.3          | <b>Eligibility Dates</b> – Corrected NNCT to NNRC and caretaker to relative caregiver and bolded the examples.                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |



|                |                                                                                                                                                                                                                                         |  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>B-461.1</b> | <b>Definition</b> – Second paragraph updated to correct misprint of date for sponsored deeming requirements. Section updated for clarification.                                                                                         |  |
| <b>B-461.2</b> | <b>Non-Citizens Not Affected by Sponsor Deeming</b> – Header updated to “Non-Citizens”.                                                                                                                                                 |  |
| <b>B-470</b>   | <b>Able-Bodied Adults Without Dependents</b> – ARRA designation removed. ARRA policies for AAWDS end September 30, 2010.                                                                                                                |  |
| <b>B-472.1</b> | <b>Statewide ABAWD Exemption</b> – Effective October 1, 2010, the entire state of Nevada is exempt from ABAWD limitations due to the state’s high unemployment rate. This exemption will be in place until at least September 30, 2011. |  |

Effective Date – September 1, 2010

Instructions for Manual Maintenance -- Replace superseded pages (19) with transmitted pages (19).

(MTL/E&P 10/05)

**NOVEMBER RELEASE**  
**ELIGIBILITY AND PAYMENTS MANUAL**  
TRANSMITTAL LETTER 10/06

November 1, 2010

TO: CUSTODIANS OF ELIGIBILITY AND PAYMENTS MANUAL  
FROM: ROMAINE GILLILAND, ADMINISTRATOR  
SUBJECT: ELIGIBILITY AND PAYMENTS MANUAL CHANGES

Material Transmitted

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| <b>A-125</b>     | <b>Duplicate Assistance Screening – Added</b> to the Medicaid programs listed on “Exception” stating. “When a child(ren) moves from one household to another household” and added an example.                                        |                                |
| <b>A-126</b>     | <b>Employment Security Division (ESD) Printouts/Interface – Added</b> a sentence – If a current interface is received during the review of eligibility (ROE) process and it indicates a change in income, act on the change.         | <b>IM #08/10</b>               |
| <b>A-421.2</b>   | <b>Secondary Verification of U.S. Citizenship or Nationality</b> – Note added regarding Puerto Rican birth certificates. Effective September 30, 2010 all Puerto Rican birth certificates, issued prior to July 1, 2010 are invalid. | <b>E&amp;P IM 17/10</b>        |
| <b>A-421.6.1</b> | <b>Puerto Rico</b> – Note added regarding Puerto Rican birth certificates. Effective September 30, 2010 all Puerto Rican birth certificates, issued prior to July 1, 2010 are invalid.                                               | <b>E&amp;P IM 17/10</b>        |
| <b>A-435.1</b>   | <b>Process for Determining Status</b> – Note added stating that additional verification is not needed for Cuban Entrants under this section.                                                                                         |                                |
| <b>A-435.2</b>   | <b>Steps for Determining Applicant Eligibility</b> – Contact information updated for the Office of Refugee Resettlement.                                                                                                             |                                |

| Manual Section                  | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                         | Obsolete PT, P&P,<br>PUT or IM |
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| A-439.7.3                       | <b>Countable Quarters Based on Earnings</b> – The minimum earnings needed for a countable quarter updated for 2009 and 2010. Paragraph updated from “18 years ago” to 1978.                                                                                                   |                                |
| A-440                           | <b>Iraqi and Afghani Special Immigrants</b> – Section updated to reflect a change to these individual’s status. The eight month limitation of eligibility for benefits has been removed and these immigrants are eligible under the same criteria as all refugees.            | <b>E&amp;P IM 23/10</b>        |
| A-537                           | <b>Life Insurance – Removed</b> the reference of the manual section containing the “Cash Surrendered Value (CSV) Chart”, because the chart was previously removed from the policy manual.                                                                                     |                                |
| A-542.1                         | <b>Exemption Based on Good Faith Effort to Sell</b> – Clarified in the 2 <sup>nd</sup> bullet, 2 <sup>nd</sup> sentence to repay the Division from the net proceeds, the amount of TANF cash assistance paid during the six-month period.                                     |                                |
| A-542.4                         | <b>Worker Actions Following Approval – Removed</b> the “NOTE”. See CSV Chart in manual section C-710 as it had been removed.                                                                                                                                                  |                                |
| A-630                           | <b>SNAP Income Deductions/Expenses</b> – Standard deduction amount updated by annual COLA adjustments                                                                                                                                                                         | <b>E&amp;P IM 21/10</b>        |
| A-630.1                         | <b>Shelter Costs</b> – Maximum Excess Shelter Expense updated based on annual COLA adjustments.                                                                                                                                                                               | <b>E&amp;P IM 21/10</b>        |
| A-649.2 <sup>2</sup> –<br>A-660 | <b>All Sections</b> – Headers on all pages updated. Previous release incorrectly changed these headers.                                                                                                                                                                       |                                |
| A-650.1.2                       | <b>Chart #2 – Budgeting of Expenses</b> – Chart beginning with #9, manual reference updated from A-778 to A-630.2.                                                                                                                                                            |                                |
| A-670.2                         | <b>Determining the Amount of Deemed Sponsor Income</b> – TANF side updated to coincide with existing SNAP policy for consistency. The greater of the income calculated from either a direct cash contribution or from budget form #2632-EE will be budgeted to the household. |                                |
| A-800                           | <b>Employment &amp; Training</b> – General clarifications of the section to include examples.                                                                                                                                                                                 |                                |
| A-814                           | <b>Support Services</b> – Clarification on TANF-related NCP’s support services                                                                                                                                                                                                |                                |
| A-816.1                         | Clarification to state exemption code 26.                                                                                                                                                                                                                                     |                                |
| A-817.3                         | <b>All Family Participation Rate and Hours Per Week Table</b> – Added note referencing A-821.2.                                                                                                                                                                               |                                |
| A-819.1                         | <b>Disqualified Adults</b> – Addition and clarification to table on adults disqualified from TANF program.                                                                                                                                                                    |                                |
| A-821                           | <b>Work Activities Leading to economic Independence</b> – Community Services Program clarification of case manager duties and sponsor fact sheet form.                                                                                                                        |                                |
| A-823                           | <b>Community Work Experience Program (CWEP)</b> – Updated section to include requirement for all CWEP participants to complete Memorandum of Understanding (MOU)                                                                                                              |                                |
| A-825                           | <b>Supporting Teens Achieving Real-Life Success (STARS)</b> – Updated reference to section A-826.2.                                                                                                                                                                           |                                |
| A-1843.2                        | <b>How to Take Adverse Action if Advance Notice is Required</b> – Add clarification of 13 and 14 days for mailing of notices when applying adverse action rules.                                                                                                              |                                |
| A-2120                          | <b>PRP Time Frames and Expiration Dates</b> – Clarification to PRP time frame and expiration dates.                                                                                                                                                                           |                                |
| MAPS – 105                      | <b>“Medicaid Categories”</b> – <b>changed</b> the “Exception” from FMC “Family Medical Coverage” criteria to TRM “TANF-related Medicaid because it only applies to TRM.”                                                                                                      |                                |
| MAPS – 315.3                    | <b>“Eligibility”</b> – <b>removed</b> the “NOTE” because the information is already addressed in manual section MAPS – 700 and replaced redetermination with review of eligibility.                                                                                           |                                |
| MAPS – 320                      | <b>“Children”</b> – <b>corrected</b> manual reference from MAPS – 343 and 344 to MAPS 338.2.                                                                                                                                                                                  |                                |
| MAPS – 321                      | <b>“CHAP Application”</b> – <b>Replaced</b> redetermination with review of eligibility.                                                                                                                                                                                       |                                |

| Manual Section | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Obsolete PT, P&P,<br>PUT or IM                                                                                                                                                                                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MAPS – 322     | “ <b>DISPOSITION</b> ” – <b>added</b> “NOTE” Household’s applying for TRM who are ineligible due to excess income in the initial month but eligible for CHAP (through the trickle down process in NOMADS) whose income decreases in the second month and are eligible for TRM ongoing are not required to complete a new application for assistance.                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |
| MAPS – 400     | <b>Qualified Medicare Beneficiaries</b> – Update MAPS QMB chapter to align with MAABD and add explanation of buy-in process. No new application is needed to continue QMB coverage when Medicaid is ending.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |
| MAPS – 820     | “ <b>Application</b> ” – <b>added</b> a NOTE: all Breast and Cervical Cancer applications are processed by the Carson City District Office.                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>E&amp;P IM 22/10</b>                                                                                                                                                                                                                                  |
| MAPS – 823     | “ <b>ELIGIBILITY REQUIREMENTS</b> ” – <b>added</b> “must be a Nevada resident” and <b>clarified</b> – Women screened or diagnosed for breast or cervical cancer outside of Women’s Health Connection provider for a confirmatory diagnosis. This diagnosis will be completed by one of their providers and they will be considered screened by the Center for Disease Control (CDC) and become a Women’s Health Connection client. Once this occurs, the Women’s Health Connection provider will submit a referral to DWSS for the Breast and Cervical Cancer program. | <b>E&amp;P IM 30/10</b>                                                                                                                                                                                                                                  |
| MAPS – 825     | “ <b>MEDICAID ELIGIBILITY</b> ” – <b>clarified</b> Prior Medicaid eligibility (three months prior to the application month) can begin the first day of the month or months the assistance group has verification of services provided in the month(s) for which Medicaid is requested.                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          |
| MAPS – 828     | “ <b>REDETERMINATION</b> ” <b>changed to</b> “REVIEW OF ELIGIBILITY” – that was approved in a Public Hearing and adopted effective 3/2/2010.                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Public Hearing held 01/16/2010, approved and adopted effective 3/1/2010 changing “Redetermination every 12 months to a Review of Eligibility every 12 months”. TANF State Plan amended and approved effective 03/01/2010 PT 01/10 &amp; IM 08/10.</b> |
| MAPS – 829     | <b>Do Not Apply the Following Eligibility Requirements – Replaced</b> Food Stamps with SNAP due to passage of Food, Conservation and Energy Act of 2008 (FCEA).                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |
| MAPS – 900     | <b>Entire Section Updated</b> by replacing the word <b>caretaker</b> with <b>caregiver</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Public Hearing was held on 6/23/09, adopted and became effective 7/1/09</b>                                                                                                                                                                           |
| MAPS – 910     | “ <b>POST MEDICAL – EXCESS CHILD SUPPORT COLLECTION THROUGH CSEP</b> ” – <b>Clarified</b> in the “Note” a TANF NEON household is not eligible for “Post Medical” when child support or spousal support is paid directly to the household and not surrendered.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |
| MAPS – 911     | “ <b>Post Medical – Excess Child Support Eligibility Criteria</b> ” – First bullet, <b>clarified</b> the household is eligible for “Post Medical” for 4 months following TANF or TANF-related Medicaid if the termination was wholly or in part because child support collected/paid exceeded the TANF grant or the TRM income limits.                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          |

| Manual Section                 | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                                                                                                                                                                                                          | Obsolete PT, P&P,<br>PUT or IM |
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| <b>MAPS – 912</b>              | “ <b>Effective Date of Post Medical Coverage</b> – <b>clarified #1</b> – Determine if the TANF NEON household is eligible for Post Medical due to excess child or spousal support collected by CSEP or paid to the household receiving TANF-related Medicaid (TRM). <b>Clarified #2</b> , if the first excess amount was...support surrendered <b>or received</b> in the current month Then...the month following the month the support was surrendered <b>or received</b> is the first month of post medical. |                                |
| <b>MAPS – 925</b>              | “ <b>Notice to Households</b> ” – <b>clarified</b> in the chart under OR 2 <sup>nd</sup> bullet – is approved for TANF NEON because they are a minor parent who was approved on another caregivers case and is now approved as the caregiver of her own case corrected manual section to A-300 and reworded the 3 <sup>rd</sup> topic under the bullet to read – a step child or unwed parent’s child (with their legal parent) manual section A-600.                                                          |                                |
| <b>MAPS – 925.6</b>            | “ <b>Action on the 7<sup>th</sup> and 10<sup>th</sup> Monthly Quarterly Reporting Period</b> ” – <b>Added</b> manual references A-300 to both “when a child is not receiving TANF, TANF-related Medicaid is in the home and when a child left the home.”                                                                                                                                                                                                                                                       |                                |
| <b>B-300</b>                   | <b>Entire Chapter</b> – Chapter updated to include TANF benefits issued on EBT.                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>EBT IM 05/01</b>            |
| <b>B-300</b>                   | <b>Entire Chapter</b> – Entire chapter updated to change Food Stamps to SNAP.                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>E&amp;P IM 19.08</b>        |
| <b>B-300</b>                   | <b>Entire Chapter</b> – All references to Food Stamp Coupons deleted. Food Stamp Coupons were de-obligated in June of 2009.                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>B-324.1</b>                 | <b>Benefit Availability</b> – Section removed as this is a duplicate of B-315.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |
| <b>B-329</b>                   | <b>Conversion of EBT Benefits to Coupons</b> – Section removed as Food Stamp Coupons were de-obligated in June of 2009.                                                                                                                                                                                                                                                                                                                                                                                        |                                |
| <b>B-454.6</b>                 | <b>Participation Twice in Same Issuance Cycle</b> – <b>Removed</b> the word “woman” and replaced with battered individual and <b>added clarification</b> , participation twice in the same month does not apply to the sheltered resident if they were designated as the head-of-household in the residence they left.                                                                                                                                                                                         |                                |
| <b>B-471</b>                   | <b>SNAPET Work Codes To Screen and Use In Determining SNAPET Status</b> – Clarification to state exemption code 26.                                                                                                                                                                                                                                                                                                                                                                                            |                                |
| <b>B-620,3</b>                 | <b>Agency Notification – The 13-Day Adverse Notice Period</b> – Added clarification that adverse cannot fall on Friday – central mail is not processed on Saturdays.                                                                                                                                                                                                                                                                                                                                           |                                |
| <b>B-910.1</b>                 | <b>Intentional Program Violation (IPV) Definition</b> – Section updated to be consistent with verbiage cited in I&R Policy manual section 200.                                                                                                                                                                                                                                                                                                                                                                 |                                |
| <b>B-912</b>                   | <b>Referral Procedures For Intentional Program Violation (IPV)</b> – Section updated to be consistent with verbiage cited in I&R Policy manual section 200.                                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>C-110</b>                   | <b>Update</b> Cut-off Chart with 2011 dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
| <b>C-115</b>                   | <b>Update</b> Adverse Chart with 2011 dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
| <b>C-210.2</b>                 | <b>SNAP Standard Deduction, Effective October 1, 2010</b> – COLA Updates completed for October 2, 2010.                                                                                                                                                                                                                                                                                                                                                                                                        | <b>E&amp;P IM 21/10</b>        |
| <b>C-0700 Title</b>            | <b>Cash Surrendered Value (CSV) Chart</b> ” – <b>changed</b> the section title to “Substance Abuse Resources/Indian Definitions and Tribal Entitles and Public Laws (PLs)”.                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>C-700 Table of Contents</b> | A-720, <b>SSA Claim Number Suffixes (Reserved)</b> – No longer in use <b>changed</b> to Reserved.<br>A-730, <b>Processing TANF and Food Stamp Changes (Reserved)</b> – no longer in use <b>changed</b> to Reserved.<br>A-740, <b>IRS Disclosure Procedures (Reserved)</b> – No longer in use <b>changed</b> to Reserved.                                                                                                                                                                                       |                                |
| <b>C-760 and C-770</b>         | <b>C-760, Indian and C-770, Public Law (PLs)</b> – <b>Corrected</b> header from FS to SNAP due to passage of Food, Conservation and Energy Act of 2008 (FCEA).                                                                                                                                                                                                                                                                                                                                                 |                                |
| <b>C-771</b>                   | <b>Part A – General Public Laws (PLs)</b> – <b>Changed</b> Food Stamps to SNAP.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| <b>C-772</b>                   | Part BC American Indian or Alaska Native – Public Laws (PLs) – #3 <b>corrected</b> amount of \$42,000 to \$2,000.                                                                                                                                                                                                                                                                                                                                                                                              |                                |

| Manual Section                                                                       | BACKGROUND & EXPLANATION of policy changes/<br>Clarifications/updates                                                                                                                                                                                                                                                                                                                 | Obsolete PT, P&P,<br>PUT or IM |
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| <b>F-100</b><br><br><b>F-110</b><br><b>F-113</b><br><b>F-114</b><br><b>F-115-198</b> | <b>Table of Contents</b> – Changed “Overpayment” to “Claims” in entire table of contents to standardize verbiage for recovery purposes.<br>Changed “Overpayment” to “Claims”<br>Changed title to read “When Information is Received Indicating a Claim May Exist.”<br>Created new section number and new title to read “Calculation of Claim Amount.”<br>Deleted                      |                                |
| <b>F-110</b>                                                                         | <b>Definition of Overpayment</b> – Changed “Overpayment” to “Claim” in entire E&P Policy Manual section F-100. This change allows the Division to standardize verbiage for recovery purposes.                                                                                                                                                                                         |                                |
| <b>F-111</b>                                                                         | <b>Definition of Trafficking</b> – Modified verbiage.                                                                                                                                                                                                                                                                                                                                 |                                |
| <b>F-112</b>                                                                         | <b>Definition of Date of Discovery</b> – Modified verbiage                                                                                                                                                                                                                                                                                                                            |                                |
| <b>F-113</b>                                                                         | <b>Definition of a Delinquent Debt</b> – Re-named this section to “When Information is Received Indicating a Claim May Exist.” Created text advising staff how to handle a potential claim and to create a claim packet for submittal to I&R. Deleted all text pertaining to delinquency date.                                                                                        |                                |
| <b>F-114</b>                                                                         | <b>Calculation of Claim Amount</b> – Created new section and text identifying who calculates a claim and what type of claim they will calculate. Added policy and Task Guide references. Added ARRA text. Added NOTE: advising case managers that I&R staff will perform all additional claim related tasks and where to locate additional information pertaining to claims.          |                                |
| <b>F-115 – F-198</b>                                                                 | <b>Establishing Overpayments through Debt Adjustments</b> – Deleted text, as policy was moved to I&R Policy Manual.                                                                                                                                                                                                                                                                   |                                |
| <b>M-100</b>                                                                         | <b>Managed Care Organization (MCO) Enrollment</b> – Added paragraph from MAPS 120 Family members must be enrolled in the same HMO. The choice belongs to the adult head of household or the authorized representative for a minor head of household because it directly related to this section.                                                                                      |                                |
| <b>M-120</b>                                                                         | <b>Changing Managed Care Organizations</b> – Added a paragraph as a result of policy change by DHCFP – “The Division of Health Care Financing and Policy (DHCFP)”, instituted recipient lock-in requirement for managed care. The lock-in requires managed care recipients to remain enrolled in their Managed Care Organization (MCO) for 12 months unless they can prove good cause |                                |

Effective Date – November 1, 2010

Instructions for Manual Maintenance -- Replace superseded pages (108) with transmitted pages (120).

(MTL/E&P 10/06)