

5.00 DETERMINATION OF ECONOMIC NEED

Introduction

The Economic Need Policy considers the financial need of the consumer and his/her household to determine the extent of consumer participation in the cost of vocational rehabilitation services.

General Policy

Economic need status will be determined for all consumers based on the adjusted gross income of the consumer's household as reported to the Internal Revenue Service. This should be discussed with consumers during intake.

When to Determine Economic Need

The determination of economic need may be completed at any point but must be completed when it is determined that the plan of services will include items which are contingent upon economic need.

Redetermination of Economic Need

Economic need status will be redetermined:

1. annually, or
2. when there is a change in the consumer's circumstances which would affect economic need status.

Exception

An individual who met the criteria for economic need at the time of application who becomes employed as part of the individual's plan for employment will not have that new income counted in redetermining economic need.

Applicants for Post-Employment Services are not included in this exception. A new determination of economic need status must be made when providing Post-Employment Services (see Chapter 11.00 Post-Employment Services).

Transmittal #12

Effective Date: 1/7/11

Persons Who Are Exempt From the Economic Need Test

CBVH will provide services to individuals who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) without consideration of their financial resources. Copies of benefits statements must be provided to CBVH to verify benefits status.

How Economic Need is Determined

Economic need is determined by the CBVH counselor by comparing the adjusted gross income of the consumer's household as reported on the most recent Federal Tax return with the economic need allowance level appropriate for that consumer.

The economic need allowance level is based upon the number of wage earners in the consumer's household and household size.

Allowable Income Deductions

Four income adjustments will be applied, as appropriate, to the adjusted gross income. These income adjustments are:

1. non-reimbursed medical and dental expenses
2. court ordered obligations other than alimony
3. post-secondary educational expenses of other family members or loans being repaid by the consumer for their own post-secondary educational expenses (up to the maximum reimbursement which CBVH allows for college students).
4. unusual one-time expenses incurred during the period for which the available resources are calculated that are not within the discretion of the consumer or his/her family such as flood/fire damage not covered by insurance, loss due to theft, necessary replacement of a well. These expenses must be approved by the District Office manager prior to including them in the economic need calculations.

DETERMINATION OF ECONOMIC NEED

5.00.03

Economic Need Allowance

The economic need schedule is as follows:

For one wage earner:

- if the household size is one, the allowance is \$38,000.
- if the household size is two, the allowance is \$51,000.
- if the household size is three, the allowance is \$62,000.
- if the household size is four, the allowance is \$72,000

For two or more wage earners:

- if the household size is two, the allowance is \$58,480..
- if the household size is three, the allowance is \$69,480.
- if the household size is four, the allowance is \$79,480

In households with more than four members, add \$7,480 to the allowance for each additional member.

Consumer's Household

1. Wage Earners: The following individuals, when residing with the consumer, are considered to be members of the consumer's household when determining household wage earners:
 - a. consumer
 - b. consumer's spouse
 - c. consumer's parents, stepparents or legal guardians

Note: Resources from non-supporting divorced parents or spouses who have abandoned and are not contributing to the household are not considered in the economic need calculations.

2. Household Size: Household size is determined by the number of individuals listed on the Federal Tax Form or the Income Calculation Form for all wage earners.

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Refusal to Provide Information

If the consumer refuses to provide the information necessary to determine participation, no service requiring such determination may be authorized. If the consumer cannot obtain the information from another member of the household the counselor and senior counselor should attempt to persuade the household member to release the information. If the household member still refuses to provide the information, no service requiring economic need determination may be authorized.

Confidentiality of Information

CBVH will strictly observe the confidentiality of all financial information obtained from the consumer and household members.

Collection of Financial Information

The consumer and his/her household members should be the primary source of information regarding resources. The counselor must ask the consumer to produce evidence of the resource information (e.g., copies of tax returns, benefits statements, wage statements, etc.) and these must be scanned into the ECF. If the consumer claims to be independent from family resources, they should be asked to demonstrate emancipation or their means of self-support.

Economic Status Report

The Economic Status Report (pages 5.00.12-5.00.13) is a financial statement of the consumer's adjusted gross household income and documentation for the record of services of the consumer's economic need status.

Income Calculation Form

The Income Calculation Form (pages 5.00.14-5.00.15) is a financial data collection form. It should be completed by each wage earner who has not filed a Federal tax return. Information from the Income Calculation Form should then be entered on the Economic Status Report to determine whether the consumer meets economic need.

Transmittal #12

Effective Date: 1/7/11

Consumer Participation in Services Contingent Upon Economic Need

Individuals whose adjusted gross household income falls below their allowance level meet economic need and can obtain services that are contingent upon economic need without having to participate in the cost of those services as long as they continue to meet economic need.

Individuals whose adjusted gross household income equals or exceeds their allowable level do not meet economic need and will not receive services contingent upon economic need unless they provide for the costs of such services.

Note: Consumers whose adjusted gross household income equals or exceeds their allowance level should be reconsidered if changes in the economic need standard occur during the time their case is open.

Comparable Benefits

Where appropriate, a full consideration of comparable benefits must be made prior to utilizing vocational rehabilitation funds for individuals who meet economic need.

Provision of Service Under Economic Need

There are specific services which are contingent upon economic need. There are also specific services which are not contingent upon economic need. For a complete listing of the services and their governing guidelines, see pages 5.00.06 - 5.00.10.

Post-Employment Services

The decision to provide post-employment services (PES) is not contingent upon economic need. However, each specific or support service provided under the category of PES may or may not be contingent upon economic need.

SERVICES CONTINGENT UPON ECONOMIC NEED

5.00.06

The services listed below, if provided, will only be provided to persons who meet economic need. Full consideration and application of comparable benefits will be required.

1. Medical restoration and other medical services.

Medical and hospitalization services will be provided only when not covered by Medicaid, Medicare or other public or private medical or hospitalization plans. The deductible portions of Medicare or private insurance coverage may be authorized. Medicaid allowances are considered payment in full and cannot be supplemented.

a. Medical Services - medical care for acute conditions arising during the course of vocational rehabilitation that can be corrected or substantially improved within 30 days.

Physical restoration services may be provided if directly related to the success or completion of the vocational rehabilitation plan. Services may include the following:

1. Physician's services
2. Surgery and treatment
3. Hospitalization
4. Prosthetic/Orthotic appliances (including hearing aids)
Exception: Hearing aids are not contingent upon economic need for individuals who meet the CBVH definition of deafblind and are coded as deafblind on the RSA-911.
5. Nursing or convalescent home care
6. Dental care
7. Psychiatric/psychotherapeutic services (non-assessment)

2. Equipment - including equipment recommended by rehabilitation engineering or technology evaluations (Assistive equipment provided in conjunction with rehabilitation teaching and orientation and mobility services is exempt.)

3. Training - including tuition and related fees at colleges and universities (Training at approved community rehabilitation programs, work study training, on-the-job training, orientation and mobility and rehabilitation teaching training, are exempt from this requirement.)

Transmittal #3

Effective Date: 10/16/00

SERVICES CONTINGENT UPON ECONOMIC NEED

5.00.07

4. Books and Supplies
5. Maintenance - (except in support of services which are not contingent upon economic need and assessment services, including extended evaluation)
 1. During training programs, including college training
 2. As a support service when providing medical care for an acute condition arising during the course of vocational rehabilitation, not to exceed 30 days
 3. In connection with placement, until the consumer receives his/her first paycheck
 4. For consumers in self-employment, not to exceed 60 days from the time the consumer begins employment
6. Transportation - (except in support of services which are not contingent upon economic need; assessment services, including extended evaluation and to attend an initial review, administrative review, mediation or administrative hearing)
7. Self-Employment Services
 - a. Purchase of initial stock
 - b. Business-related tools and equipment
 - c. Shelter as defined on page 10.02.10
 - d. Initial business license(s)
 - e. Installation and a maximum of three months maintenance of business phone
 - f. Utilities (a maximum of three months)
 - g. Business related insurance (a maximum of one year) such as fire, theft, burglary, and liability
 - h. Rent (a maximum of three months)
 - i. Advertising
 - j. Office supplies (not including office equipment)
 - k. Legal services - legal costs associated with establishing a business enterprise (i.e. closing costs for property transactions, transfer costs, loan closings)
 - l. Accounting services - costs associated with establishing an accounting system and maintenance for a three month period

Transmittal #3

Effective Date: 10/16/00

SERVICES CONTINGENT UPON ECONOMIC NEED

5.00.08

8. Other Goods and Services
9. Services to Family Members
10. Home Modifications

SERVICES PROVIDED WITHOUT REGARD TO ECONOMIC NEED

5.00.09

The services listed below may be provided by CBVH without considering a person's financial resources after a full consideration and application of available comparable benefits has been made.

1. Assessment for Determining Eligibility and VR Service Needs
 - a. assessments
 - b. medical examinations
 - c. psychological and psychiatric evaluations
 - d. initial low vision evaluations and low vision follow-ups
Note: Initial low vision evaluations and low vision follow-ups are always considered to be assessment services.
 - e. rehabilitation engineering evaluations and consultations
 - f. transportation and/or maintenance when provided in conjunction with an evaluation or other assessment service
 - g. all services provided in Extended Evaluation
2. Personal Assistance Services
3. Counseling, Guidance and Referral Services
4. Social Casework Services
5. Placement Services
6. Training at approved community rehabilitation programs, work study training, on-the-job training, orientation and mobility and rehabilitation teaching training
7. Interpreter's Services
8. Tutorial Services
9. Reader Services

Reader services may be provided as a support service to consumers not attending college when essential for completing vocational training or placement up to a maximum of \$1,000 per calendar year.

Transmittal #1

Effective Date: 4/15/99

SERVICES PROVIDED WITHOUT REGARD TO ECONOMIC NEED

5.00.10

Under certain conditions CBVH may supplement State Education Department Readers Funds. The total amount of reader funds provided by CBVH and the State Education Department for consumers attending college should not exceed \$2,000 per academic year.

The hourly rate for reader services should be negotiated on an individual basis by the consumer and the reader.

For further information see Section 8.09 - Reader Services.

10. Transportation Services in support of other services which are not contingent upon economic need; assessment services including extended evaluation, and to attend an initial review, administrative review or administrative hearing.
11. Maintenance Services in support of other services which are not contingent upon economic need and assessment services including extended evaluation.
12. Low Vision Devices.
13. Adaptive Equipment provided in conjunction with rehabilitation teaching and orientation and mobility services.
14. Hearing Aids for individuals who meet the CBVH definition of deafblind and are coded as deafblind on the RSA-911.

Transmittal #1

Effective Date: 4/15/99

INSTRUCTIONS FOR COMPLETING THE ECONOMIC STATUS REPORT 5.00.11

Instructions for Completing the Economic Status Report

Use the following procedures for completing the Economic Status Report:

If the consumer refuses to provide financial information:

1. Check the "Refusal to Provide Financial Information" box
2. Date the form (complete the counselor and consumer signature fields).
3. Provide a copy of the completed form to the consumer

If the consumer is an SSI or SSDI recipient:

1. Check the SSI/SSDI Disclaimer box
2. Date the form (complete the counselor and consumer signature fields).
3. Attach supporting documentation to the form (verification of receipt of SSI or SSDI)
4. Provide a copy of the completed form to the consumer

If the consumer provides a completed tax return to enable you to determine his/her economic need status

1. Enter the adjusted gross income for all members of the consumer's household into the appropriate fields.
2. If the consumer is a minor and you are entering information from a parent/step-parent or guardian's tax return, select the appropriate person from the pick list in field 1C.
3. Enter the consumer's household size, in 1D.
4. Enter any applicable income exclusions, in fields 3A-3D
5. Verify that the form correctly designates the consumer as either meeting economic need or not meeting economic need
6. Date the form (complete the counselor and consumer signature fields).
7. Attach supporting documentation (tax return documents) to the form.
8. Provide a copy of the completed form to the consumer

Note: If federal tax returns have not been filed for any household member, complete an Income Calculation form for that individual prior to completing the Economic Status Report form.

Transmittal #12

Effective Date: 1/7/11

Economic Status Report (form 1018)

5.00.12

Name: _____ Consumer # _____

_____ **REFUSAL TO PROVIDE FINANCIAL INFORMATION:** I understand that if I do not provide the financial information necessary to make a determination of Economic Need, I do not meet economic need.

_____ **SSI/SSDI DISCLAIMER:** I am a recipient of SSI or SSDI. I understand that I automatically meet Economic Need.

ADJUSTED GROSS INCOME

Based on calendar year: _____

Can be obtained from: 1040 EZ, Line 3 _____
1040A, Line 13 _____
1040, Line 31 _____
ICF, Form _____

- 1A. Consumer _____
- 1B. Spouse _____
- 1C. Parent/Step-parent/Guardian _____
- 1D. Total Household Members _____
- 2. Total Adjusted Gross Income _____

INCOME EXCLUSIONS

- 3A. Non-reimbursed medical or dental expenses _____
- 3B. Court ordered obligations other than alimony _____
- 3C. Post-secondary education expenses of other family members (up to CBVH service maximums) _____
- 3D. Unusual one-time expense (Needs DM approval) _____
- 4. Total Income Exclusions (Add lines 3A + 3B+ 3C) _____
- 5. SUBTRACT LINE 4 FROM LINE 2 _____
- 6. Economic Need Allowance Level (Enter from schedule) _____
- 7. Total Item 5 LESS Economic Need Allowance _____

If Item 7 is less than zero, you meet Economic Need.

If Item 7 is equal to or greater than zero, you do not need Economic Need.

Based on the information provided above, you are found to:

_____ Meet Economic Need

_____ Not meet Economic Need and must provide for the costs of services contingent upon Economic Need.

Transmittal #12

Effective Date: 1/7/11

Economic Status Report (Form-1018)

5.00.13

The information I have supplied is complete and accurate to the best of my knowledge. I understand that CBVH will rely on this information when determining my benefits. Filing false information with a state agency to obtain benefits is a violation of New York State law. I agree to inform CBVH of any changes that may affect my available resources.

I authorize the Office of Children and Family Services, Commission for the Blind and Visually Handicapped, to verify this information through a review of FICA or NYS tax records or other appropriate means.

(Consumer Signature) Date

(Counselor/Witness Signature) Date

New York State Office of Children and Family Services
Commission for the Blind and Visually Handicapped
INCOME CALCULATION FORM

(To be used if a recent federal income tax form is not available or income has changed).

Consumer:		Case #							
Income calculated for: 1a) (Check one box only)	<input type="checkbox"/>	Consumer	Income Calculated for Calendar Year:						
	<input type="checkbox"/>	Spouse							
	<input type="checkbox"/>	Parent/Step-parent/ Guardian (identify):							
Dependents:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>								
INCOME:	2.	Wages, salaries, tips, etc.	2						
	3.	a) Taxable Interest Income	3						
		b) Tax exempt interest income							
	4.	Divided Income	4						
	5.	Taxable refunds of state and local income taxes, if any	5						
	6.	Alimony received	6						
	7.	Business Income or (loss)	7						
	8.	Capital gain or (loss)	8						
	9.	Rent, royalties, partnerships, estates, trusts, etc.	9						
	10.	Farm income or (loss)	10						
	11.	Unemployment compensation	11						
	12.	a) Social Security benefits							
		b) Taxable benefits	12b						
	13.	Other Income (list type and amount)	13						
	14.	Add the amounts shows in the far right column for lines 2 through 13. <p style="text-align: center;">This is the individual's total income--></p>	14						
ADJUSTMENTS TO INCOME	15.	Reimbursed employee business expenses	15						
	16.	a) Individual IRA deduction	16a)						
		b) Spouse's IRA deduction	16b)						

Transmittal #1, Effective Date: 4/15/99

INCOME CALCULATION FORM (cont'd)

5.00.15

ADJUSTMENTS TO INCOME (Cont'd)	17.	Self-employed health insurance deduction	17		
	18.	Keogh retirement plan and self-employed SEP deduction	18		
	19.	Penalty on early withdrawal of savings	19		
	20.	Alimony paid: recipient's last name and Social Security Number ---->	20		
	21.	Add lines 15 through 20. These are the individual's total adjustments ---->		21	
ADJUSTED GROSS INCOME	22.	Subtract line 21 from line 14. This is the individual's adjusted gross income --->		22	
MEDICAL, DENTAL, POST-SECONDARY EDUCATIONAL EXPENSES, COURT ORDERED OBLIGATIONS AND UNUSUAL EXPENSES* (Do not include expenses reimbursed or paid by others or alimony) *Deductions for unusual expenses must be approved by the District Manager	23.	a)	Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc.	23a)	
		b)	Other (list - Include hearing aids, dentures, eye-glasses, transportation and lodging, etc.)	23b)	
	24.	Add lines 23a and 23b and enter total here		24	
	25.	Multiple the amount on line 22 by 7.5% (.075)		25	
	26.	Subtract line 25 from line 24. If zero or less, enter 0.			
		Total medical and dental ---->		26	

The information I have supplied is complete and accurate to the best of my knowledge. I agree to inform CBVH of any changes that affect my available resources. I understand that I may be required to submit verification of this information.

 Signature of Consumer
 Parent or Guardian

 Counselor Signature

 Date

Transmittal #12, Effective Date: 1/7/11