

# FAMILY ASSISTANCE STANDARDS

## DESK GUIDE

AG/HH Size	1	2	3	4	5	6	7	<b>Maximum Dependent Care Deduction</b>	
FF Gross (GIS)-07/01/06	1197	1515	1782	2002	2185	2337	2466	FS/FF: \$200 for child under age 2 \$175 for age 2 and over.	
FF Net (CNS) -07/01/06	647	819	963	1082	1181	1263	1333		
FF Grant - 07/01/99	95	142	185	226	264	305	345	<b>Maximum Shelter Deduction</b>	
FF Diff Pay - 07/01/99	140	192	232	242	291	305	345	Non-special Household: \$417 eff. 10/01/06 Special HH: No maximum, Homeless HH: \$143 BUA: \$126 Phone Standard: \$25	
MNIS - 07/01/99	241	258	317	325	392	408	467		
AFDC-MO Addtl. Earning Disregard - 07/01/02	*See Memorandum MA-02-12 dated 6/30/02							FS Standard Deduction: HH size 1-3: \$134; HH size 4 - \$139 HH size 5: \$162; HH size 6+: \$186	
PLIS 200% QDWI 03/01/07	*TCS Children Std. (Reverification Only) 3/1/06								
PLIS 185% Pregnant, infant to age 1- 03/01/07	1574	2111	2647	3184	3720	4257	4793	<b>FF Work Deduction</b> : \$150/indv; MA T - \$90/indv.  Standard Maintenance Amount (SMA) - \$1650.00 Excess Shelter Amount (ESA) 30% of SMA= \$495.00 Eff.1-1-07: Spousal/Dependent Income Allocation- <b>\$2541</b> Eff.1-1-07: Spousal Allocation from <b>\$20,328 to \$101,640</b>	
PLIS 135% QI 03/01/07	1149	1540	1932	2323	2715	3106	3498		
PLIS 133% - 03/01/07								Eff.1-1-07: Full SSI/FBR Individual <b>\$623</b> ; Couple <b>\$934</b> Deemed to Child/Spouse <b>\$311.50</b> ; Medicare Prem. <b>\$93.50</b> ; Medicare Ded. <b>\$992</b> ; MN income cap for Institutionalized <b>\$1869</b>	
Age 1 to 6th B-day	1132	1517	1903	2289	2674	3060	3446		
PLIS 120% SLMB 03/01/07	1021	1369	1717	2065	2413	2761	3109	<b>Resources</b> Families First: \$2000; Food Stamps: \$2000 for non-special HH; \$3000 for elderly or disabled HH member; MN: \$2000 for 1 person, \$3000 for 2, add \$100 per additional individual; QMB/SLMB: \$4000 for 1 person; \$6000 for 2	
PLIS 100% QMB, age 6 to 19th B-day 03/01/07	851	1141	1431	1721	2011	2301	2591		
FS Gross - 10/01/06	1062	1430	1799	2167	2535	2904	3272	<b>Vehicles</b> Families First/MA T: \$4600 - equity/loan Food Stamps: All family vehicles are excluded	
FS Net - 10/01/06	817	1100	1384	1667	1950	2234	2517		
FS Allotment - 10/01/06	155	284	408	518	615	738	816	<b>Override Screens</b>  * <b>These overrides require supervisor approval</b> <b>AEOAG</b> : Change a new or delete a pending AG Change composition of pend AG (EA to DM) <b>AEWFT</b> : Change eligibility of AG (pass to fail) or (fail to pass) <b>AEWIF</b> : Change eligibility of individuals (pass to fail) or (fail to pass)	
FS SUA - 7/01/06	272	282	292	302	312	322	332		
<b>Electronic Benefit Availability</b> FS: Last 2 digits of case number determine date put on EBT card; FF: Available 1st day of month			00-09 <b>1st</b>	10-19 <b>2nd</b>	20-29 <b>3rd</b>	30-39 <b>4th</b>	40-49 <b>5th</b>	* <b>These overrides do not require supervisor approval</b> <b>AEOCI</b> : Remove sibling with income MA C (Code child in question as RC and code 396) Transfer individual from MA J to MA T Transfer EA: MA T to MA A, MA B, MA D (Code parent in question as XA, code 597) <b>AEOMM</b> : Remove padded members MA J, MA T, MA L; Change parent's participation in MA T Remove eligible child in MA T	
			50-59 <b>6th</b>	60-69 <b>7th</b>	70-79 <b>8th</b>	80-89 <b>9th</b>	90-99 <b>10th</b>		
<b>Month</b>	<b>Client Sched</b>		<b>Adv Action</b>		<b>Cut-off</b>			* <b>These overrides do not require supervisor approval</b> <b>AEOCI</b> : Remove sibling with income MA C (Code child in question as RC and code 396) Transfer individual from MA J to MA T Transfer EA: MA T to MA A, MA B, MA D (Code parent in question as XA, code 597) <b>AEOMM</b> : Remove padded members MA J, MA T, MA L; Change parent's participation in MA T Remove eligible child in MA T	
January	01/12/07		01/18/07		01/19/07				
February	02/09/07		02/15/07		02/16/07				
March	03/09/07		03/19/07		03/23/07				
April	04/13/07		04/19/07		04/20/07				
May	05/11/07		05/18/07		05/18/07				
June	06/15/07		06/18/07		06/22/07				
July	07/13/07		07/19/07		07/20/07				
August	08/10/07		08/17/07		08/17/07				
September	09/14/07		09/17/07		09/21/07				
October	10/12/07		10/18/07		10/19/07				
November	11/09/07		11/16/07		11/16/07				
December	12/14/07		12/20/07		12/21/07				
<b>Hotline Numbers</b>		<b>Dial 9-1</b>	<b>MCO's</b>					<b>Differential Pay</b> : time limit exemptions: child-only cases; disabled caretakers; caretaker caring F/T for disabled family member(s); caretaker 60 or older.  <b>Transitional Child Care</b> : An AG closed for any reason - except failure to cooperate w/CS gets 18 mos. TCC. Include newborn added to case. Must be income eligible!  <b>Transitional Medicaid</b> : An AG closed for any reason - unless all AG members die or move out of state - gets 18 mos. of TM. Include newborn added. Caretaker not eligible, if non-cooperative with CS.	
Service Center & TennCare Info		866-311-4287	1	Omni					
Child Support		800-838-6911	2	Blue Care (not Knox/E TN)					
Medicare/Crossover		800-523-2863	6	UNISON (Better Health Plan)					
OCI		866-452-6482	8	John Deere					
MTO		800-342-3276	9	TLC Family Care Health					
QMB		800-624-5547	11	TennCare Select					
EBT		888-997-9444	14	Preferred Health Partnership					
Medicare		800-772-1213	15	Prudential					
TennCare Solutions		800-878-3192	19	Blue Care (Knox & E TN)					
TennCare Consumer Advocacy		800-722-7474	20	VHP Community Care					
TnCare Consumer Adv. Fax		615-383-9714							
ACCENT Helpdesk		800-253-8702							