Denver County Department of Human Services Family and Adult Services Division Effective Date: December 1, 1997 Effective Revision Date: January 1, 2006 Subject Area: Diversion Subject: State Diversion Program (Policy) Number: 97-1-DVR	Department Manager Division Manager (Legal) Division Manager (FA) Policy Manager
Cross Reference Number:	

BACKGROUND INFORMATION

The Colorado Department of Human Services Staff Manual Volume III, section 3.616.1, states that an eligible applicant for or participant in the Colorado Works Program may volunteer to accept a Diversion grant, if offered by the County, in lieu of long-term cash assistance when the applicant/recipient and the assessment worker determine that a Diversion grant will remedy an immediate need to restore or establish self sufficiency without further cash assistance.

Manual regulations further state that the applicant/recipient must demonstrate a need for a specific item or type of assistance including but not limited to cash, supportive services, housing, or transportation, and that such assistance may be provided in the form of vendor payments. Whenever possible, vendor payments shall be provided in lieu of cash.

POLICY

The diversion payment will be available to both one and two-parent households who are employed or who can provide verification of pending employment that shall begin within 120 calendar days *of the application date or have household income to meet their basic monthly expenses.*

The applicant/recipient shall be well-advised *at the time of application* that participation in the *State* Diversion Program is an option. If he/she chooses a Diversion grant in lieu of long-term cash assistance he/she shall enter into a written mutual agreement known as the Individual Responsibility Contract (IRC) with the county assessment worker that shall:

1. document the reason the participant does not need an ongoing basic cash assistance grant; and

2. define the expectations and the terms of the diversion grant; and

3. **specify the need(s) for and specific type(s) of short term assistance being delivered; and**

4. reside in Denver County

5. specify the possible impacts on other assistance, including Medicaid, Food Stamps, and Child Care.

The applicant/participant shall agree not to apply for any further Colorado Works assistance from any other Colorado county for the number of months assistance covers (no more than 120 days). The timeframes and conditions for diversion approval will be documented in the IRC. All State Diversion payment requests shall be reviewed by and receive approval from the appropriate section manager, before a payment can be issued.

In addition to completing an IRC, the applicant/recipient shall read and sign the Denver Department of Human Services State Diversion Agreement (see DW-164 attached). This document stipulates the amount of the diversion payment, reiterates terms of the agreement, and explains the client's appeal rights. It is also signed/witnessed by the county worker and their supervisor.

Applicants/recipients choosing the State Diversion Grant, in lieu of a TANF cash assistance grant, have the right to apply for or may continue receiving (if eligible) Food Stamps, Medicaid, and Child Care Assistance.

PROCEDURE

If the applicant/recipient and the assessment worker determine that the state diversion payment should *exceed* the equivalent of the client's TANF grant for three months based on actual verified needs, both the IRC and the amount of the anticipated diversion payment shall be reviewed by the appropriate section manager. The original IRC and DW-164 will be kept in the case record and a copy will be given to the client.

A State Diversion grant greater than four months (120 days) of a cash assistance grant for their size household will advance the TANF time clock.

A TANF eligible applicant/recipient who has been denied participation in the State Diversion Program must receive a timely and adequate notice of action and may request a hearing. The hearing request will be handled through the same Family and Adult Services(FA) appeals process that applies to TANF cash assistance, child care assistance, PA Food Stamps, and Medicaid appeals (refer to FA policy 97-1-CW).

Remember: Dispute Resolution Conferences resulting from this request must also be attended by the worker's supervisor or manager who initiated the adverse action. State hearings will also be represented by the supervisor or manager that denied the appealed diversion.

If the applicant/recipient through circumstances beyond his/her control is unable to sustain the agreement of the IRC, they may apply for basic cash assistance *or* an

additional state diversion grant prior to the period of time that was established and agreed upon.

Circumstances beyond a client's control shall be defined as those events the client could not have prevented or foreseen.

The following reasons shall be used in determining **circumstances beyond a client's control** and should be documented in the client's case file:

1. Family emergency, limited to the following: Serious/terminal illness of immediate family member; natural disaster, i.e., fire, flood, etc.; child protection case involvement with activities that are incompatible with the IRC, such as 20 hours of therapy per week.

2. Lack of child care as determined by the County as unavailable (not limited to reasons listed in Volume III, 3.621.22).

3. Job lay-off or lockout. (Striking or leaving a job voluntarily will not meet the definition of "circumstances beyond a client's control.")

4. Other issues may be addressed on a case-by-case basis such as, but not limited to, domestic violence, homelessness, or severe mental/physical disabilities.

The application for an additional state diversion grant shall be reviewed by a FA section manager, (these are persons not directly involved in the initial determination of the application for diversion assistance), before being approved.

While state diversion payments will not advance 24-month or 60-month TANF clocks (CDHS Staff Volume III, section 3.616.1H.) unless greater than four months of cash assistance grant, Denver County shall limit the number of times an applicant/recipient may choose the State Diversion option to three in a lifetime (requests for exception shall be reviewed by the section manager), and shall limit the issuance of such payments to no more than two in one year. State diversion payments from other County Departments must also be included in that count. State diversion payment can be viewed on the individual's CBMS Issuance screen.

Recipients of State Diversion who receive a one time or short term payment are not required to assign child support rights. However, if the recipient/applicant is requesting Medicaid for eligible family members, the county worker must do a IVD referral if appropriate.

REMEMBER TO DETERMINE IF THE HOUSEHOLD IS ELIGIBLE TO CONTINUE TO RECEIVE MEDICAID AND FOOD ASSISTANCE BENEFITS BASED ON JULY 16, 1996 AFDC RULES.

If an ongoing TANF recipient requests a state diversion payment in lieu of continued case assistance, the following steps need to be taken:

1. Have the recipient give you a written request for State Diversion in lieu of their TANF ongoing cash assistance.

2. End the active TANF cash, then process the state diversion in CBMS after wrap-up.

3. Incorporate the State Diversion paperwork in the TANF case file.

Refer questions to:

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DENVER DEPARTMENT OF HUMAN SERVICES
STATE DIVERSION FORM
(This form should be read aloud to the applicant/recipient.)

I (Applicant/Recipient) _____ SSN _____ agree:

I (Applicant/Recipient) _____ SSN _____ agree:

- That I have had available food stamp, medical, child care, and child support services explained to me. I know I have the right to apply for these services.
- To accept a one-time diversion payment in the amount of $_____ from Denver County Human Services to meet immediate needs instead of receiving a TANF monthly cash assistance payment.
- I am employed or have verified that I will be employed within 120 calendar days or have household income to meet my basic monthly expenses.

To have my ongoing TANF cash assistance discontinued effective_____ or to have my application for ongoing TANF cash assistance denied effective _____.

I UNDERSTAND THAT:

- I may reapply for monthly TANF cash assistance.
- If I reapply for monthly TANF cash assistance within the next _____ months, I understand that my application will be reviewed by the Diversion Exception Committee.
- In order to remain eligible for food stamp, child care, and/or medical services I need to immediately report employment and any other income to my worker.
- I have appeal rights.
- I should remain in contact with the Child Support Enforcement Division for help in collecting child support, if applicable.

I understand that this diversion money is being provided to help me meet my current financial obligations while I secure or maintain employment and child support (if applicable).

_____ Participant's Signature

_____ DDHS Worker Signature

_____ DDHS Supervisor Signature

_____ Other Participant's Signature

_____ Date

DW-164