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**I. Intake**

**A. Definitions**

Terms Defined by Law (WV Code 9-6-1)

*Abuse:* The infliction or threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident. (Similar definition is contained in §61-2-29 that addresses penalties for abuse or neglect of incapacitated adult or elder person)

*Emergency or Emergency Situation:* A situation or set of circumstances which present a substantial and immediate risk of death or serious injury to an incapacitated adult.

*Incapacitated Adult:* Any person who by reason of physical, mental or other infirmity, is unable to physically carry on the daily activities of life necessary to sustaining life and reasonable health. (Note: Incompetence of an adult is determined by a legal proceeding and is not the same as a determination of incapacity. Similar definition of "incapacitated adult" is contained in §61-2-29 abuse or neglect of incapacitated adult or elder person regarding criminal penalties)

*Legal Representative:* A person lawfully invested with the power and charged with the duty of taking care of another person or with managing the property and rights of another person, including, but not limited to, a guardian, conservator, medical power of attorney, trustee or other duly appointed person.

*Neglect:* Means 1) the failure to provide the necessities of life to an incapacitated adult or facility resident with the intent to coerce or physically harm the incapacitated adult, facility resident, or 2) the unlawful expenditure or willful dissipation of the funds or other assets owned or paid to or for the benefit of an incapacitated adult or facility resident. (Similar definition is contained in §61-2-29 abuse or neglect of incapacitated adult or elder person regarding criminal penalties).

*Nursing Home or Facility:* Any institution, residence, intermediate care facility for the mentally retarded, care home or any other adult residential facility, or any part or unit

thereof, that is subject to the provisions of articles 5-C, 5-D, 5-E, or 5-H, Chapter 16 of the West Virginia State Code (nursing homes, assisted living [previously residential boarding and care and personal care homes], registered unlicensed homes that serve elderly and disabled adults).

*Responsible Family Member:* A member of a resident's family who has undertaken primary responsibility for the care of the resident and who has established a working relationship with the nursing home or other facility in which the resident resides. For the purpose of §9-6, a responsible family member may include someone other than the resident's legal representative.

#### Terms Defined by Law (WV Code 61-2-29(2))

*Caregiver:* An adult who has or shares actual physical possession or care of an incapacitated adult or elder person on a full-time or temporary basis, regardless of whether such person has been designated as guardian of such adult by any contract, agreement or legal proceeding. Caregiver includes health care providers, family members, and any person who otherwise voluntarily accepts a supervisory role toward an incapacitated adult or elder person.

*Custodian:* A person over the age of eighteen (18) years who has or shares actual physical possession of care and custody of an elder person on a full-time or temporary basis, regardless of whether the person has been granted custody of the elder person by any contract, agreement or legal proceeding.

*Elder:* A person age sixty-five (65) or older.

#### Terms Not Specifically Defined in the Law But Defined for Casework Purposes

*Adult Protective Services - Preventive Services:* A range of supportive services provided to an adult who does not meet all four (4) criteria to qualify as an Adult Protective Services client but for whom sufficient risk exists that it is **likely** that an Adult Protective Services situation will result without intervention.

*Adult Protective Services:* Specific intervention activities designed to protect mentally and/or physically incapacitated adults or facility residents from abuse, neglect or financial exploitation resulting in neglect by others and from self-neglect. The specific intervention activities utilized are investigation, client assessment, and time limited case management.

*Basic Needs:* The essential requirements necessary to sustain life, health and well-being such as food, clothing, shelter, and necessary medical care.

*Domestic/Family Violence:* Occurrence of one or more of the following acts between family or household members: 1) causing physical harm to another with or without dangerous or deadly weapons, 2) placing another person in reasonable apprehension of physical harm, 3) creating fear of physical harm by harassment, psychological abuse or threatening acts, 4) committing either sexual assault or sexual abuse, or 5) holding, confining, detaining or abducting another person against that person's will.

*Emancipated Minor:* A child over the age of sixteen (16) who has been emancipated by 1) order of the court based on a determination that the child can provide for his physical well-being and has the ability to make decisions for himself or 2) marriage of the child. An emancipated minor has all the privileges, rights and duties of an adult including the right to contract.

*FACTS:* Stands for the Family and Children's Tracking System and is the automated client information system used by the West Virginia Department of Health and Human Resources, Bureau for Children and Families.

*Financial Exploitation:* A type of neglect of an incapacitated adult involving the illegal, unethical and/or improper use of or willful dissipation of an individual's funds, property or other assets by a person, formal or informal caregiver, family member, or legal representative – either directly (i.e. as the perpetrator) or in-directly (i.e. by allowing or enabling the condition which permitted the financial exploitation).

*Homeless:* A situation wherein a person does not have access to, nor the resources to obtain, shelter. In this definition, shelter does not include any makeshift accommodations such as a car, tent, or box.

*Illegal aliens:* People who cannot produce a (green card) temporary residency document within the State of West Virginia.

*Imminent Danger:* Circumstances exist which indicate the presence or risk of death or serious physical injury.

*Self-Neglect:* The inability of an incapacitated adult to meet his/her own basic needs of daily living due to mental or physical incapacity.

*Sexual Abuse:* The coercion of an incapacitated adult or facility resident into having sexual contact with the perpetrator or another person. A caregiver of the incapacitated person or facility resident must be involved either directly (i.e. as the perpetrator or sexual partner) or indirectly (by allowing or enabling the conditions which result in the sexual coercion). Since sexual assault is a criminal matter, intervention by APS should be done in collaboration with law enforcement.

*Substantiation:* A determination that an incapacitated adult or facility resident meets all four (4) of the APS eligibility criteria.

*Verbal Abuse:* The threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident. The threat to inflict physical pain or injury includes, but is not limited to, threatening to withhold food, hydration and/or medical treatment. The threat to imprison includes, but is not limited to, isolation. The verbal threat(s) must be perceived by the client or others to be real. Non-malicious teasing does not constitute verbal abuse.

*Verification of Allegations:* A determination based on the information gathered during an investigation, the reported allegation is in fact true. It is possible to verify one or more allegations but not substantiate the report as a whole. Example: the allegation may be verified but the circumstances do not meet the definition of abuse or neglect, i.e. 1) "no food in the house" but adult goes out for meals or, 2) the abuse or neglect did in fact occur but the adult is physically incapacitated only and chooses not to accept further intervention by APS.

## **B. Introduction and Overview**

Provision of homeless services to adults presents considerations and challenges for the social worker that is unique to this population. While the Department is mandated by the Hodge Decree to assure the protection of homeless individuals, it is important to assure that the individual's rights, as guaranteed under the Fourteenth Amendment of the United States Constitution and the West Virginia Constitution, are not infringed upon unnecessarily. A client who has decision-making capacity, therefore, has the option of accepting or refusing certain intervention and services when offered.

Because of these varied and complex considerations, it is vital that the Department be able to proceed in a timely manner but also with sensitivity, understanding, and knowledge when intervening with adults. Whenever the Department becomes involved, the intervention provided should be at an appropriate level to meet the needs of the individual, utilizing community resources whenever possible. Meeting all these requirements frequently calls for maintaining a delicate and skillful balance by the social worker.

In general, the client's consent must be obtained before services are provided. This is obtained by the client's signature on the Homeless application

The assignment of assessments/cases is done with service and continuity in mind. Assessments/cases are not assigned or reassigned arbitrarily and when appropriate, a worker is assigned at Intake or very early in the contact.

A reasonable attempt will be made to accommodate individuals with disabilities and examples of this include: Auxiliary aids for individuals with disabilities where necessary to ensure effective communication with individuals with hearing, vision or speech impairments will be arranged and provided. All offices have the capability to accommodate individuals that utilize TTY equipment. If further assistance is needed, the worker will contact the local Division of Rehabilitation as well as the West Virginia Commission for Deaf and Hard of Hearing at 558-1675. The TTY toll free number is 1-866-461-3578.

Culturally competent practice is ensured by recognizing, respecting and responding to the culturally defined needs of individuals that we serve. If someone is in need of an interpreter, the worker must contact local resources to locate an interpreter. Examples

include, but are not limited to, the Board of Education, local colleges and Division of Rehabilitation. If a local community resource cannot be located, the worker will seek other resources such as the Department of Justice Immigration and Naturalization Service at 347-5766, 210 Kanawha Boulevard, W. Charleston, WV 25302. If an interpreter is used, confidentiality must be discussed with this individual, reminding them that all information is confidential and must not be shared with anyone.

### **C. Statutory Basis and Mission Statement**

#### **1. Mandates for the Department:**

The Hodge Decree (Tracy Hodge, Et Al, etc. vs. Leon H. Ginsberg, Commissioner West Virginia Department of Welfare, No. 15776 is a Writ of Mandamus, granted to the Petitioners on January 27, 1983, which directed the Commissioner of Welfare (presently the Department of Health and Human Resources) to provide emergency shelter, food and medical care to the Petitioners.

#### **2. Mission Statement**

It is recognized that there is no single cause for homelessness but it is precipitated by a number of factors, such as: unemployment/underemployment; personal and family difficulties; alcoholism; drug abuse; family abuse; the lack of affordable housing; inappropriate behavior; mental disorders; or a combination of these or other factors. It is also recognized that a person is accountable for his/her inappropriate behavior and this policy is not intended to mandate benefits to those who are homeless as a result of their unwillingness to change such behavior.

The West Virginia Department of Health and Human Resources acknowledges the following to be its mission in providing homeless services to West Virginia citizens:

- To fairly and reasonably assess an applicant's claim for homeless services;
- To provide emergency food, shelter and medical care to homeless individuals in a manner respecting the dignity and the rights of those receiving services;
- To develop an individual service plan with each homeless client which defines the goals, services and tasks enabling the client to become self-

- supporting or to be otherwise cared for and which recognizes the responsibilities of both the client and the Department in realizing the plan's objectives; and
- To work with state and community organizations in developing and utilizing resources and providing services which are reasonable and cost effective given state and local conditions.

#### **D. Eligibility Criteria**

In order to be eligible to receive homeless services, the individual must meet the following criteria:

- Be eighteen (18) years of age or older or an emancipated minor or members of an
- eligible family group;
- Meet the definition of homeless;
- Lack sufficient resources to obtain needed emergency shelter, medical or food.

Whenever these criteria are met and the intake is assigned for assessment, an assessment is to commence and be completed within a specified period of time. (See policy sections titled Response Times and Initial Assessment for detailed information).

The application for benefits shall be taken at the office where initial contact with the applicant occurs. If a transfer to another area is practicable, refer to County Transfer section of this policy.

When community resources are available that will meet the client's need, the applicant is not eligible for homeless program benefits.

#### **1. Persons not eligible for homeless benefits include, but not limited to:**

- Those less than eighteen (18) years of age who are not legally emancipated. (This does not include those who are members of an eligible family group);
- Those that do not meet the definition of homeless;
- Those who are only at risk of eviction but not yet homeless;
- Those who refuse to provide information necessary to develop/follow a service plan, access resources or determine eligibility;

- Those refusing to agree to, or comply with, the service plan;
- Those attempting to obtain benefits by giving false information and/or withholding information relevant to eligibility;
- Transients who are eligible for Emergency Assistance which will meet their needs;
- Those whose pursuit of, or participation in, educational programs prohibits or restricts their seeking, accepting or maintaining employment or otherwise fulfilling the condition of their service plan; those who have access to resources such as grants, scholarships, loans, etc. to meet housing needs. Special exception may be requested for applicants/clients still in high school who are within one year of graduation;
- Those whose release from a jail or prison is conditional to their providing for their own shelter/dwelling needs. Housing requirements are normally addressed by the supervising authority rather than the Department of Health and Human Resources;
- Those who have been offered/provided transportation to a location where their needs are/can be met and who refuse such services;
- Illegal aliens. Only those aliens who can produce a temporary residency document may be eligible to receive benefits. (Refer to the Immigration and Nationality Act, Section 2, (8 U.S.C. 1324); If an individual cannot produce a temporary residency document, contact must be made with the Immigration and Naturalization Services to determine if the individual will be deported. If not, consideration must be given to providing homeless services.
- Those who have temporarily lost housing as a result of natural/man-made disaster. (A referral to Emergency Assistance is appropriate, as well as to Red Cross and other community resources); If services cannot be provided by other agencies or community resources, then Homeless services may be provided.
- Those who have been placed in or have access to, subsidized housing by the Homeless Program where rent payments are paid or subsidized by other housing programs (HUD, etc.); and
- Those with housing/shelter needs can be met by another program, such as Emergency Assistance, CPS, etc.

## **2. Parolees/Probationers**

Parolees/Probationers are under the direct supervision and authority of parole or probation officers. Therefore, it is important that benefits afforded such persons be

coordinated with the supervisory authorities. Parolees/probationers, if they are otherwise eligible, may be provided homeless benefits in accordance with the following conditions:

1. Benefits cannot be provided or guaranteed, nor can an application for services be accepted, while the person is incarcerated;
2. Except in an emergency, prior to receiving benefits a parole/probation applicant **MUST** provide written consent to apply to the Homeless Program from his/her supervising officer, **AND** a copy of the order of release, or probation order, including rules or regulations conditional to such release and supervision. These rules and regulations shall become part of the Homeless Program service plan and violation thereof may result in negative program action
3. If parole/probation rules, regulations or conditions conflict with the Homeless Policy or prohibit the carrying out of the service plan, benefits shall not be provided;
4. The worker shall provide a copy of the client's service plan, including any revisions or negative actions, to the supervising parole/probation office;
5. The supervising parole/probation officer must agree in writing to the requirements of the service plan;
6. It is important that the Homeless Program case worker and supervising parole/probation officer coordinate their efforts.

#### **E. Required Information**

The initial interview is the first important step in providing services to homeless people. A thorough screening must be conducted in order to gather information regarding the applicant's need for services.

During the Intake process, information gathered must be as complete and thorough as possible. At a minimum, the following information must be gathered during the Intake process and documented in the client's case record:

- Name(s) of client(s);
- County of last residence;
- Current living arrangements;
- Subsidized housing;
- Current location of the client(s);
- Age/date of birth of client(s);
- Current address of the client(s), as well as any recent addresses;
- Phone number for the client(s);

- Other individuals involved in or who have knowledge of the client's circumstances;
- Income and/or assets of the client(s) or source and date of most recent income;
- Reason income has stopped;
- If client(s) has been a resident in a shelter previously (either in WV or outside WV);
- If client(s) currently receives benefits from DHHR (either in WV or outside WV);
- If client has been incarcerated (date, place, etc.);
- Criminal history of client(s);
- Behavior problems;
- Physical and mental description of the client;
- Legal Representatives, if known;
- Connection to any formal/informal support systems;
- Specific needs of the client(s); and
- Any other relevant information.

When all referral information is gathered and documented in the client's case record, a reasonable search must be completed to determine if there are other referrals/assessment/cases for the identified client. If so, information available must be reviewed.

At the conclusion of gathering the referral information, the intake worker may indicate if, in his/her opinion, the information reported meets the definition of homeless.

The following procedures are to be used during the Intake interview:

1. The Social Worker and applicant complete the ES-CHET-1a and the Homeless program Application (SS-HP-4);
2. The Social Worker will explain the program requirements which include utilization of appropriate community resources and consequences for failure to accept offered services;
3. Additional inquiries/referrals should be made, if appropriate, to other entitlement programs to avoid duplication of services;
4. The completing of the SS-HP-4 requires the signatures of **all adults** in the household/benefit group for whom services are provided. The ES-CHET-1 requires the signatures of all adults for whom payment is provided through this

payment system. The same persons should also sign a general release of information forms;

5. At this point, the emergency needs of the client will be identified and evaluated for services to be provided.

## **F. Referral Triage/Disposition**

The DHHR Supervisor or Shelter Director (or their designee) is the primary decision-maker at the intake stage of the homeless services casework process. The Supervisor's/Shelter Director's role includes 1) ensuring that all referrals are appropriately considered to determine if the referral is to be assigned for an Initial Assessment or screened out and 2) for those assigned for assessment, determination of the immediate response time for the initial contact based on the degree of risk indicated in the referral information. Screening of the referral must be done promptly, but in no instance is screening of the referral to exceed five (5) calendar days from the date of referral. Response times applicable to Homeless Services policy have been established. These are described in detail in the following sections.

### **1. Response Times:**

The assessment must begin the day the client is in the DHHR office or contracted shelter. If an individual contacts the Department/shelter by phone, the individual must be advised they need to come to the local DHHR office or shelter to make an application.

### **2. Supervisor's/Shelter Director's (or designee) Role:**

The supervisor/shelter director (or designee) is the primary decision-maker at the intake stage of the homeless process. This is consistent with other Department policies which recognize the unique blend of experience, skill, and leadership which supervisors provide.

The Supervisor/Shelter Director (or designee) will:

1. Review the information collected at intake for thoroughness and completeness.
2. If not previously completed by Social Worker/Shelter Staff, conduct a search to determine if other referrals/assessments/cases already exist for the identified client.

3. Determine if the intake will be accepted for a homeless assessment or if the referral will be screened out and not accepted for a homeless assessment. In determining whether to accept or screen out a homeless referral, the supervisor must consider:
  - the presence of factors which do/could present a risk to the client(s);
  - whether the information collected appears to meet the criteria for homeless services; and
  - the sufficiency of information in order to make a screening and decision; and
4. Accept all intakes for a homeless assessment that appear to meet the criteria for homeless services.
5. Document the decision regarding screening.
6. If the intake is “screened out”, thoroughly document the basis for that decision.
7. Ensure that referrals are made to other resources within and outside of the Department, if appropriate and document what referrals were made.
8. If the intake was not “screened out”, ensure that the Social Worker/Shelter Staff begins the assessment immediately.

## **II. Assessment**

When the intake is received, if there is any missing information, such as name, last known address, birth date, etc. and the worker learns any of this information at any time, this information must be documented in the client’s case record.

### **A. Conducting the Initial Assessment**

Once the intake is assigned to a Social Worker/Shelter Staff, completion of the Initial Assessment is to begin promptly and must be completed and documented within fifteen (15) calendar days from the date of the intake. Completion of the Initial Assessment involves gathering a variety of information about the client and his/her current status. Information is to be gathered by conducting a series of interviews with the client, CPS and APS Staff (if applicable) caregiver/provider (if applicable), others having knowledge of the situation, and other significant individuals. Information gathered during this Initial Assessment process will be focused on determining 1) the cause(s) of homelessness, 2) whether or not homeless services are indicated based on the client’s circumstances, 3) identify services needed and methods to be utilized to remedy the homeless situation, 4) identify the resources available to meet the client(s) needs, such as family, friends,

community and/or government agencies, etc., 5) encourage the client to assume responsibility to the extent possible for his/her own welfare, 6) if homeless services are not indicated, what other services may be needed with appropriate referrals made, and 7) the role the Department is to play beyond the Initial Assessment.

If not obtained in the Intake, the Social Worker/Shelter Staff should gather and document demographic information about the client's prior living arrangements, current living arrangements and verify if this is an available resource for continued use, living environment, capacity, functioning, health, finances, education, employment and military information. In addition if the client has a caregiver, whether formal or informal, this must also be documented.

If a decision maker does/does not exist, documentation is required. When a decision maker does exist, the worker must obtain a copy of the document in order to recognize the authority of the decision maker and file this document in the case record.

In addition to gathering information, several critical questions must be considered when completing the Initial Assessment and determining whether the case is to be opened for homeless services or the Initial Assessment closed. These include the following:

- Can the client's homeless situation be met through current resources available to him/her or potential resources he/she may apply for? (For example: financial, social, family, etc.)
- Does the adult appear to meet eligibility criteria for homeless services?
- Has there been a medical determination that the adult does/does not have decision-making capacity?
- Does the adult have an acting substitute-decision maker? (guardian, conservator, de facto guardian, de facto conservator, health care surrogate, medical power of attorney, power of attorney, representative payee, etc.)
- Does the adult have any advance directive in effect? (Living Will, DNR, Power of Attorney, Medical Power of Attorney, etc.)
- If homeless services will not be provided, are referrals to other resources needed?

Eligibility for services will be determined by the applicant's statement of need and the providing of information to allow the intake worker to determine eligibility. If the Social Worker/Shelter Staff has information contradicting the applicant's claim of need, verification may be required. This verification may be requested from anyone having knowledge of the applicant. Services may be provided while awaiting verification. If the

applicant refuses to provide required information or refuses to agree to comply with the case plan, services shall be denied.

## **B. Client Assessment Processes**

### **1. Information to be Collected:**

#### Identifying Information

Demographic information about the client, his/her family and his/her unique circumstances is to be documented if available and not already documented at intake. This includes information such as: (not an all inclusive list)

- name;
- most recent address (mailing and residence);
- date of birth/age;
- family members;
- other significant individuals;
- legal representatives/substitute decision-makers (if applicable);
- identification numbers (SSN, Medicaid, Medicare, SSA Claim, etc.);
- gender/ethnicity;
- marital status;
- advance directives in effect, if applicable; and,
- other relevant information.

#### Services Requested and Reason

Document the specific service(s) being requested. This should include information such as the following:

- the specific type(s) of assistance being requested;
- why assistance is being requested;
- how needs currently/previously were met or recently met; and,
- other relevant information.

## Living Arrangements

Worker will document information about the client's living arrangements. This should include information about where the client most recently resided such as the following:

- client's most recent location (own home, relative's home, hospital, etc.);
- was this setting considered permanent/temporary?;
- if this setting is no longer available to the client, verify and document the reason;
- type of setting (private home/residential facility);
- household/family composition;
- physical description of residence (single family dwelling, duplex, townhouse, apartment, retirement community, foster home, group home, nursing facility, etc.);
- interior condition of the residence;
- exterior condition of the residence;
- type of geographic area (rural, urban, suburban, etc.);
- access to resources such as family/friends, transportation, shopping, medical care/services, social/recreational, religious affiliations, etc.

## Client Functioning

Worker will document information about the client's personal characteristics. This should include information about how the client's personal needs are currently met, including an assessment of their strengths, needs and supports in areas such as:

- activities of daily living (ADL);
- whether or not his/her needs are currently being met and by whom;
- care giver functioning, if applicable;
- ability to manage finances;
- ability to manage personal affairs;
- behavior problems;
- ability to make and understand medical decisions; and,
- assessment of decision-making capacity.

## Physical/Medical Health

Worker will document information about the client's current physical and medical conditions. This should include information about the physical condition and description

of the client as observed by the worker during face-to-face contact as well as information about his/her diagnosed health status. Included are areas such as:

- observed/reported physical conditions of the client;
- primary care physician;
- diagnosed health conditions;
- current medications;
- durable medical equipment and supplies used/needed; and
- nutritional status.

### Mental/Emotional Health

Worker will document information about the client's current and past mental health status. This should include information about how the client is currently functioning, his/her current needs and supports, and his/her past history of mental health treatment involvement, if applicable. Included are areas such as:

- current treatment status;
- current mental health provider, if applicable;
- mental health services currently receiving;
- medication prescribed for treatment of a mental health condition;
- observed/reported mental health/behavioral conditions; and,
- mental health treatment history;
- addictions.

### Financial Information

Worker will document information about the client's current financial status. This should include information about the client's resources and their ability to manage these independently or with assistance. Included are areas such as:

- financial resources - type and amount;
- other resources available to the client - non-financial;
- assets available to the client;
- health insurance coverage;
- life insurance coverage;
- pre-need burial agreements/burial arrangements in effect, if applicable;
- information about client's ability to manage his/her own finances;
- outstanding debts/expenses;
- court ordered obligation for child support/alimony; and,

- who manages client's finances.

#### Educational/Vocational Information

Worker will document information about the educational/vocational training the client has received or is currently receiving. This should include information such as:

- last grade completed;
- field of study;
- history of college attendance/graduation;
- history of special licensure/training; and,
- current educational/training needs.

#### Employment Information

Worker will document information about the client's past and present employment such as:

- current employment status;
- current employer;
- prior employment history; and,
- current employment needs.

#### Military Information

Worker will document information about the client's military history, if applicable. This should include information such as:

- branch of service;
- type of discharge received;
- service related disability, if applicable; and,
- Veteran's eligibility for benefits (contact local veteran representative).

#### Legal Information

Worker will document information about the client's current legal status. This should include information about all known legal representatives, and the specific nature/scope of that relationship. This should include information such as:

- assessment of client's decision-making capacity by the social worker;
- information about legal determination of competence, if applicable;
- information about efforts to have client's decision-making capacity formally evaluated;
- identification of name and decision-making capacity of individuals who assist the client with decision-making;
- current legal status and previous convictions; and,
- court hearing information.

## 2. Initial Determination of Eligibility

If possible, the Social Worker/Shelter Worker should make a determination the day of application if the client is eligible for services. **Community/ Departmental resources must be utilized first to meet the client's need.**

Community/Departmental resources include, but are not limited to:

- Family and/or friends;
- Entitlement Programs (Social Security, Veteran Benefits, etc.);
- Community Mental Health Centers;
- Food Pantries;
- Clothing Centers;
- Health-Care Clinics;
- Adult Basic Education;
- Community/Contracted Shelters;
- American Red Cross;
- Churches;
- Emergency Assistance;
- HUD Housing;
- Other Community Resources.

If services are provided, a short term service plan must be completed. Refer to Short Term Service Plan section in this policy. If the client is referred to a homeless shelter or is at the homeless shelter, the following steps are not required; however, **if DHHR is making direct payment for benefits for the client, the following steps must be completed.**

Prior to the termination of the assessment interview, a follow-up appointment **must** be scheduled for the client to be interviewed by the assigned Social Worker to determine need and edibility for continued services.

This appointment shall be on a date prior to the expiration of the service provided. If the client fails to return for the scheduled interview, the case will be for closed due to loss of contact.

Authorization of payment for services will be made via the DF-67 form, following local office protocol for issuance of the DF-67.

If it is not possible to complete the preliminary assessment during the workday and the client has an immediate need, the agency will provide the necessary benefits (i.e., emergency shelter, food, and/or medical services) for the applicant(s) until the next working day. In the above situations, the client may decide against returning to the office in order to complete the assessment. As payment for benefits to a vendor may have already been committed, the ES-CHET-1 will need to be completed and entered in the system. Although payment will be authorized via the DF-67, entry of the ES-CHET-1 will allow for accountability of expenditures.

The ES-CHET-1 and the SS-HP-4 will be the forms used for the screening of homeless applicants to provide the initial information for entry into the CHET System for the client and vendor. Once the ES-CHET-1 is completed by the Social Worker, signed by the client and entered into the CHET System, it must be filed in accordance with approved office filing procedures.

The DF-67 will be used to authorize payment through the CHET System. It may also be used to enter information regarding the vendor.

Although the SS-HP-4 is used in determining eligibility, it is the primary document in designing the short term service plan, along with the client's input.

### **3. Short-Term Service Planning**

As a part of the Initial Assessment, the Social Worker is to develop a short-term service plan. This is required if 1) a case will be opened for any individual/benefit group receiving

homeless services **or** 2) a case will not be opened but there is some additional follow-up that is required in order to bring the initial assessment to resolution.

Benefits shall be purchased only if community resources are not available to meet the client's needs.

Benefits in the assessment phase may be purchased by utilizing a voucher for up to, but no more than seven (7) consecutive days. If it is indicated that services will be needed after the seven (7) days, the social worker must give the client(s) an appointment to return to the office within seven (7) calendar days. All community resources must be explored, including contact with contracted homeless shelters to determine if there is a vacancy upon the client's return to the office. If a transfer to another area is practicable, refer to County Transfer section of this policy.

Consideration is to be given to both short and long term planning including the development for eventual discharge from homeless services as appropriate. These two situations are described below:

Department will provide social services beyond initial assessment:

In this situation, the short-term service plan is to briefly document the tasks that are to be accomplished in the immediate future. This plan should be of a very limited duration, and should in no instance exceed thirty (30) days. This short term service plan will be in effect until the regular service plan is completed in the case focus.

Department will **NOT** provide social services beyond initial assessment:

In this situation, the short-term service plan is to document the tasks that have been accomplished during the initial assessment process. A brief statement of the task is to be documented on the plan (i.e. seek employment, apply for potential benefits, seek housing, etc.). Specific information regarding a) who was contacted, b) when contact was made and c) the results of the contact(s) are to be made on the Recording Log. In this situation, the short-term service plan will end at the point the initial assessment is completed.

**Note:** The short-term service plan is **primarily** intended to be a way for the worker to document what tasks will occur during the Initial Assessment and prior to opening as a case. It is part of the Initial Assessment and does not require signatures.

#### **4. Conclusion of Initial Assessment**

The final step in the Initial Assessment process is to determine, based on the information gathered, whether or not homeless services will be provided by the Department or through a shelter. In order for a homeless case to be opened, the client(s) must have been determined to meet the applicable eligibility criteria. (See Eligibility Criteria for detailed information). All available resources must be thoroughly explored to determine if there are any resources available that will meet the client's need. If it is cost effective, the worker is to utilize services offer by contracted shelters in West Virginia to determine if the client's basic needs can be met prior to issuing a voucher.

#### **5. Initial Assessment Disposition Options**

When the Initial Assessment is completed, all the information and findings are to be documented in the client's record. All areas identified as a problem area in the Initial Assessment process must be addressed on the service plan. The social worker will then submit the Initial Assessment, along with their recommendation about disposition of the assessment, to the supervisor for approval. The possible dispositions available to the social worker are:

- close the Initial Assessment and open a Homeless Service case; (to be used by DHHR and shelter staff)
- close the Initial Assessment and refer to a homeless shelter, with case management services provided by the homeless shelter; (to be used by DHHR staff only)
- close the Initial Assessment and refer to other resources (internal/external to Department); or
- close the Initial Assessment with no additional action needed. Examples of what this includes, but are not limited to: client refused services offered, loss of contact with client after assessment completed, etc.
- incomplete assessment (client left the shelter/DHHR office before the assessment could be completed or loss of contact).

Refusal of services may mean the client did not accept placement in a homeless shelter, in the county in which they live.

The disposition shall be based on all the information gathered during completion of the Initial Assessment. From this information, the social worker will determine eligibility of the client for homeless services provided by the Department. Notification of the disposition is to be provided to the client or their legal guardian by completion of the Notification of Application for Social Services (SS-13).

### **III. Case Management**

Case management is the primary service provided by the Department for clients who have been opened for homeless services. It consists of identification of problem areas/needs, identification of appropriate services and resources to address the identified problems/needs, referral of the client to appropriate service agencies, and coordination of service delivery, thus enabling the client to become self-supporting. It is important to note that homeless case management is voluntary on the part of the client, or on the part of their legally appointed representative. Case management can not be forced upon an unwilling client who has not been determined to be incapacitated; however, if the client does not accept case management services, consideration will have to be given to closing the homeless case.

Case management in homeless services is to be time-limited. Homeless services are not to exceed six (6) months, unless good cause can be documented. Examples of good cause include, but are not limited to: Goals on the Service Plan have not been attained, but progress has been made, housing cannot be located, etc. The end goal of case management for these cases is to link clients with appropriate supportive services.

The purpose of case management is to meet the homeless needs of clients and to develop with the client a plan of action (service plan) enabling the client to be self-supporting through employment or enrollment in an eligible entitlement program.

Education for Homeless Children and Youth.

The McKinney-Vento Federal Legislation contains provisions that facilitate children and youth in homeless situations remaining in their schools of origin, according to their best interest. For detailed information contact the local school board. Information is also available at [www.naehcy.org](http://www.naehcy.org) (National Association for the Education of Homeless Children and Youth) and [www.serve.org/nche/](http://www.serve.org/nche/) toll free telephone number 1-800-308-2145 (National Center for Homeless Education). Information is also available from the West Virginia Department of Education, Office of Institutional Education, 1900 Kanawha Blvd. E., Building 6, Room 318, Charleston, WV 25305, telephone number: (304) 558-2691.

## A. Comprehensive/Global Assessment

A Comprehensive Assessment must be completed for each individual/and or family whose case has been opened for homeless services. This information can be documented on the SS-HP-4. In order to develop a detailed understanding of the client and their needs, the social worker must conduct a face-to-face contact with the client and other relevant parties in order to complete a global assessment. Each individual contact is to be documented by the end of the next working day following completion of the contact. Information gathered during the Initial Assessment will be used as the basis for the client's service plan.

### 1. Time Frames:

A Comprehensive Assessment, including the development of the service plan, must be completed for each individual/family that is opened for homeless services. This assessment must be completed within seven (7) calendar days following the date the case is opened. If changes in the client's circumstances occur that would impact the information documented on the Comprehensive Assessment after it has been completed in the case, these changes are to be documented within forty-eight (48) hours.

### 2. Conclusion of Comprehensive Assessment:

When the Comprehensive Assessment is completed, all the information and findings are to be documented in the client's case record. This, along with the service plan that was developed as a result of the assessment findings, is then to be submitted by the social worker and approved by the supervisor within seven (7) calendar days after the case is opened. Areas that were identified as problem areas on the initial assessment that have not been completely resolved are to be addressed on the service plan.

## B. Service Planning

Clients are expected to contribute to the efforts of the Department of Health and Human Resources and shelter by their appropriate behavior and willingness to carry out the goals and conditions of the service plans. To encourage such participation, consequences for non-compliance are part of this policy (refer to Sanctions). The purpose of the face to face contact/service plan is to evaluate the results of initial services, determine the client's continued need for services and develop a service plan enabling the client to become self-supporting or to otherwise receive care. **The client should be advised of the consequences for failure to comply with the service plan.**

1. The purpose of the service plan is to allow the Social Worker/Shelter Staff and the client to identify and document client needs and problems (including behavioral, i.e. alcoholic/drug use; poor life style choices; educational; health; mental health, etc.) that contribute to the client's homelessness or inability to become self-supporting. The plan should also document the specific tasks the client is to achieve to alleviate those problems. If the client is unwilling to follow the requirements of the service plan and/or to cease behavior identified as causing/contributing to his/her homelessness, homeless benefits may be denied or sanctioned. Creative planning is appropriate, utilizing all available resources. One approach may be group client sessions or sessions where representatives from other service delivery agencies such as Employment Security, Education and Vocational Rehabilitation can explain their services and programs.

**Note:** The Social Worker/Shelter Worker shall provide the client a complete explanation of the causes and penalties of the sanction process (refer to Sanctions).

2. The service plan shall be reviewed and updated as often as the case requires. However, follow-up interviews must occur at least twice a month.

Following completion of the comprehensive assessment process, a service plan shall be developed to guide the provision of services in the ongoing stage of the case. Service planning must be primarily directed toward remedy of the identified problems and alleviating the need for homeless services and assist the client(s) to become self-sufficient. In developing a service plan, consideration should be given to the conditions that exist as well as the strengths/capabilities of the client and their family/significant others. Based on the current circumstances, it is appropriate to develop a plan to end homelessness and assure safety of the adult. In addition to addressing the immediate issues, consideration is also to be given to the long term planning, including preparing for eventual closure of the homeless case, as appropriate. Service needs are to be addressed in priority order, beginning with the most urgent issues.

Development of the service plan is to be based on the findings and information collected during the assessment processes (i.e. initial assessment, comprehensive assessment, and case review). Based on the information gathered, goals must be identified and set forth in the service plan. These will provide the milestones for assessing progress and success in the implementation of the plan. The service plan provides a written statement of the goals and desired outcomes related to the conditions identified through the assessment processes. Each problem area included in the service plan for a homeless case must directly relate to the homeless situation that exists.

Development of the service plan is to be a collaborative process between the social worker, the client, and others such as providers (if applicable) or legal guardian. In addition, the principle of self-determination, which is critical in intervention with adults, extends to the client's right to decide who should be included in service planning for them. Those individuals who were involved in the development of the service plan should also be involved in making changes/modifications to the plan.

Document the details of the service plan clearly and specifically delineating the plan components. When completed, forward to the appropriate supervisor for approval. After approval by the supervisor, required signatures must be obtained. Required signatures include the client or his/her legal representative and all other responsible parties identified in the service plan. The signed copy is then to be filed in the client's record. A copy of the completed service plan is to be provided to all of the signatories.

A new service plan must be completed at the monthly review. The service plan is only a part of the review process. The service plan can and should be modified as appropriate, any time there is a significant event or change in the client's circumstances that warrants a change in the service plan. Refer to the section titled Case Review for additional information.

**1. Inclusion of the Incapacitated/Incompetent Adult in Service Planning:**

Inclusion of incapacitated/incompetent adults in the service planning process presents the social worker with some unique challenges. Although legally determined to lack decision-making capacity, the client may have the ability to participate in the development of the service plan and should be permitted and encouraged to participate to the extent possible in its development as well as signing of the completed document. Some special considerations for the social worker include the following:

- When there has been a legal determination that the client lacks decision-making capacity and has a court appointed representative, the representative must be respected as the spokesperson for the client and the representative's consent must be obtained in completion of the service plan. If the court appointed representative is the cause of the homelessness and is unwilling or unable to take/permit the action(s) necessary to carry out the service plan, that individual shall not participate in development of the service plan nor shall they sign the completed document. In this situation, the service plan must address seeking a change in the client's legal representative, with appropriate referrals made and evaluate if an APS referral must be made.
- When the client has an informal representative (e.g. close relative or other long-term caregiver), this individual may be included in the service planning

- process and may sign the service plan. The relationship of the informal representative is to be documented in the client record.
- When the client appears to lack decision-making capacity, but does not have a court appointed or informal representative, the social worker may complete the service plan without the client's written consent. In this situation, consideration for a substitute decision maker must be evaluated and appropriate referrals made.
  - When a client appears to have decision-making capacity and could benefit from intervention but is resistant, it is appropriate for the social worker to try to overcome some of this resistance. Ultimately, however, a client with decision-making capacity has the right to refuse case management services. In this situation, a service plan would not be developed and the homeless case is to be closed.

The situations listed above are the most likely to occur and require consideration by the social worker. Variations, however, may occur and could require consultation between the social worker and his/her supervisor to determine the most appropriate approach. It is imperative that the worker's documentation accurately reflect what has transpired in the case.

## **2. Determining the Level of Intervention:**

The client's needs will be taken into consideration when determining the level of intervention and will be provided at the most cost-effective method, which may include friends, family members, DHHR contracted shelters, non-contracted shelters, etc. If family or friends are not willing and able to assist the client, then a contracted DHHR shelter will be utilized. However, if the contracted shelter that is in closest proximity does not have a vacancy, the worker will contact other contracted shelters in the state to determine if a vacancy exists and if it would be cost effective to place the individual in that shelter.

If housing cannot be arranged at a contracted shelter and the individual is placed in a setting that does not provide meals, the most cost effective method must be utilized for food. Examples include, but are not limited to, food pantries, churches, civic organizations, Food Stamp benefits, soup kitchens, etc. Refer to the Food Section in this policy for additional information.

If the homeless individual is in need of emergency medical care, the most cost effective method must be utilized. This includes community/civic organizations, DHHR Medicaid

Program, Emergency Assistance, family members, churches, Medicare Part D, drug company assistance programs, samples from physicians, mental health agencies, health right clinics, hospital indigent programs, etc. Refer to the Emergency Health Care section in this policy for additional information.

### **3. Required Elements - General:**

The service plan must contain all the following components in order to assure a clear understanding of the plan and to provide a means for assessing progress.

- specific criteria which can be applied to measure accomplishment of the goals;
- specific, realistic goals for every area identified as a problem, including but not limited to those identified through the initial assessment process. This will include identification of the person(s) for whom the goal is established, person(s)/agency responsible for carrying out the associated task(s), identification of services, and frequency/duration of services;
- specific tasks which will be required in order to accomplish the goal. These are tasks or activities that are designed to help the client progress toward achieving a particular goal and should be very specific and stated in behavioral terms (specifically stating what action is to occur e.g. Mary Jones will apply for SSI, housing, employment, treatment, etc., or Sam Harvey will attend AA meetings at least once weekly). These tasks are typically short-term and should be monitored frequently; and
- identification of the estimated date for goal attainment. This is a projection of the date that the worker and the client expect that all applicable tasks will be achieved, that minimal standards associated with change will have been attained.

Other important considerations for the service planning process are:

- the client's real and potential strengths;
- attitudes, influences and interpersonal relationships and their real or potential impact on implementation of the service plan;
- the circumstances precipitating involvement by DHHR and/or Shelter Staff; and
- level of motivation.

### **4. Developing a Plan to Reduce Risk/Assure Safety:**

When it is determined through the assessment process that risk factors exist which compromise the safety of the adult, the identified problem areas must be addressed in

the service plan. When developing a plan to assure safety of the client, it is important to involve them in the discussion of the behaviors which are problematic, options for managing the behaviors and, the formalization of a plan to address the behaviors and their cause(s).

## C. Case Review

### 1. General Considerations:

Evaluation and monitoring of the homeless case and the progress being made should be a dynamic process and ongoing throughout the life of the case. For homeless services, regular monitoring is essential in order to evaluate progress, identify potential problems and seek prompt resolution. At a minimum, the case must be reviewed by the social worker monthly. Review must be completed more frequently if the client's circumstances, living situation, level of intervention, income, etc. should change prior to the monthly review date.

### 2. Purpose:

The purpose of case review is to consider and evaluate progress made toward achievement of goals identified in the service plan. Re-examination of the service plan is a primary component of the review process; however, it is not the entire process. The social worker must consider issues such as progress made, problems/barriers encountered, effectiveness of the current plan in addressing the identified problem areas, and whether or not modifications/changes are indicated.

### 3. Time Frames:

The social worker is to maintain regular contact with the client during the life of the case to monitor the client's progress and to assess the client's compliance with the service plan. At a minimum, the social worker must have face to face contact on a weekly basis for the first month. Thereafter, face to face contact must occur on a bi-monthly basis. Depending on the individual needs, the face to face contact may occur more frequently than on a bi-monthly basis. The frequency of visits should be determined by the level of intervention and contact needed by the client in order to facilitate a smooth adjustment and, to resolve any problems that arise in a timely manner. A formalized case review must occur at least monthly. However, the service plan **can and should** be reviewed and

modified as appropriate, any time there is a significant event or change in the client's circumstances. These time frames have been established as minimum standards. The social worker can and should have regularly scheduled contact with the client between the required reviews in order to monitor progress and identify and resolve potential problem areas promptly. These contacts by the social worker are to be face-to face contact with the client. The interview should be private with the client in the event the client has some issues/problems they feel uncomfortable in discussing in the presence of others, unless the client specifically requests that someone else be present and this must be documented. The need for contact more frequently than the minimum requirement is to be determined based on the unique circumstances of the case. All contacts are to be documented within twenty-four (24) hours of completion of the contact. Documentation is to be relevant and pertinent to completion of the case review.

#### **4. Conducting the Review:**

A formal review of the case must be completed at least monthly following case opening and again at monthly intervals thereafter so long as the case remains open. Finally, the case is to be reviewed prior to case closure. Part of the review process consists of evaluating progress toward the goals identified in the current service plan. This requires the social worker to review the current service plan and have a face-to-face contact with the client, if possible. Follow-up with other individuals and agencies involved in implementing the service plan, such as service providers, must also be completed. During the review process, the social worker is to determine the following:

- summary of changes in the individual or family's circumstances;
- if applicable, assess the need for continued Special Medical and issue another Special Medical Card if
- the period of eligibility has expired.
- summary of significant case activity since the last review;
- assessment of the extent of progress made toward goal achievement;
- whether or not the identified goals continue to be appropriate and, if not, what changes and/or modifications are needed;
- barriers to achieving the identified goals; and,
- other relevant factors.

Based on the results of the case review, a new service plan must be developed. (See Service Planning for detailed information).

## **5. Documentation of Review:**

At the conclusion of the review process the social worker must document the findings in the client's case record. This includes reviewing the service plan with the client and documenting any goals that have been achieved or are to be discontinued or modified for some other reason(s). Goals that have not been end dated must be continued on the new service plan and additional goals may be added as appropriate. Documentation of each contact made in completion of the review is to be recorded by the end of the next working day following the contact.

When completed, the social worker must submit the review and new service plan to the supervisor for approval. Once approved, the social worker must secure all required signatures. Finally, a signed copy of the service plan must be provided to the client and to all signatories. The original signed service plan is to be filed in the client's case record. Required signatures include the client or his/her legal representative and all other responsible parties identified in the service plan. The signed copy is then to be filed in the client's record.

## **D. Transfer of Cases Between Counties**

### **1. Sending County Responsibilities:**

When it is necessary to transfer a homeless service case from one county to another when services have been secured, the sending county is responsible for completing the following tasks:

- prior to arranging or actually completing a transfer to a shelter or other housing arrangements in another county, the sending supervisor must contact the supervisor in the receiving county and/or shelter director to notify them that a client is being transferred to their county;
- provide a summary about the client's needs (e.g. reason for the transfer, problems in other settings, disturbing behaviors, family and financial resources, insurance coverage, and legal representative(s), etc. if applicable);
- complete all applicable case documentation prior to case transfer;
- immediately upon transfer of the client to the receiving county, send the updated client record to the receiving county; and,
- notify the DHHR Family Support staff, the Social Security Administration office, and all other appropriate agencies of the client's change of address.

## **2. Receiving County Responsibilities:**

The receiving county is responsible for completing the following tasks in preparation for the transfer:

- notify the DHHR Family Support staff of the client's arrival when the transfer is complete, if benefits are received from Family Support;
- complete all applicable documentation; and,
- assist with arranging or initiating any needed community resources.

When a Homeless case is transferred from one county to another, problems that arise during the first thirty (30) day period following the transfer are to be addressed jointly between the counties. When this occurs, the receiving county may request assistance from the sending county. If such a request is received, the sending county is to work cooperatively with the receiving county to resolve the problem(s). The social worker should maintain frequent contact during this initial adjustment period to ensure a smooth transition. This will permit timely resolution of problems that may occur during this time.

### **Program Benefits**

Benefits under the homeless program usually consist of shelter, food and/or medical care. However, special circumstances may exist justifying other benefits as outlined below.

If a client begins to receive income from any source equal to, or greater than, the approved payment rate schedule in the Housing/Shelter Payment Schedule section of this policy, or, if an applicant has temporarily exhausted such income, homeless benefits may be continued or provided for up to thirty (30) days if the social worker determines the services better assure the client's self-sufficiency.

Benefits shall be purchased only if community resources are not available to meet the client's needs.

### **Shelter**

Shelter consists of no-cost shelter/housing, contract shelters and vendors who have agreed to accept payment and provide shelter for the individual or benefit group. Shelter payments to client's relatives are not permitted. Congregate shelters (missions,

Salvation Army, DHHR contract shelters) are viable resources and shall be utilized. However, factors to be considered for 'out of community placements' include: availability of resources, availability of employment opportunities, documented need to stay in a given community, etc.

At a minimum, shelter purchases for clients shall not pose a threat to health or safety as determined by fire, health, utility officials or governmental code enforcement. At any time, if it is determined by such officials that the shelter does not meet health and safety requirements, the social worker and client shall select a more suitable alternate site.

If an applicant is without shelter as a result of mismanagement of income, a representative payee or conservator referral may be needed. If the mismanagement continues and the client is still in need of homeless services, seeking a representative payee or Conservator is to be included in the Service Plan.

If a client loses access to housing/shelter because of improper conduct, negative action may be imposed if the safety of other residents are at risk. However, great consideration should be given when imposing sanctions or discharging someone from the shelter. Case management and referrals to available resources are vital in these situations. If homeless benefits are going to be discontinued, adverse action notification (SS-13) must be provided to the client prior to discontinuance of homeless benefits.

Authorization for payment to vendors shall be made via a DF-67 based on immediate need, generally up to seven (7) days, with a re-evaluation prior to issuing another DF-67.

#### **E. Security and Utility Deposits**

Payment of security and utility deposits are not automatically authorized. Such payments will be considered only if it is the most cost effective method of providing shelter.

As a general rule, security deposits shall not exceed one-half of the agreed upon monthly rate. Utility and/or security deposits shall not be allowed a client more than one time in any twelve (12) month period.

## F. Housing/Shelter Payment Schedule

The amount allowed for payment under Homeless Policy housing/shelter with utilities is as follows:

- \$301.00 for one and two member households
- \$340.00 for three member households
- \$384.00 for four or more member households

**Note:** Clients for whom shelter has been provided, and chose to vacate, shall not be eligible for payment at another site until the original shelter payment period has ended.

### Client – Subsidized Shelter Benefits

If a client receives income from any source, such as child support, Unemployment benefits, wages, government benefits, etc. Homeless Program benefits may continue if:

1. The client applies a minimum of thirty percent (30%) if they are participating in a savings program or up to fifty percent (50%) if they **are not** participating in a savings program (see below) of his/her income toward the cost of shelter benefits.
2. The client establishes and participates in a savings program.\* the amount of savings to be agreed to by the client and Social Worker/Shelter Staff and documented in the service plan, (clients housed in DHHR-contracted shelters are required to apply at least fifty percent (50%) of their income to a verifiable savings program, the amount to be specified in the service plan) or,
3. Unless/until the client's income from all sources is equal to or exceeds the level of Housing/Shelter Payment Schedule.

\* The savings program is to enable the client to attain his/her goal of self-support by having funds available for rent, utility and security deposits or to meet other emergencies.

### Food

If food benefits cannot be provided by food stamps or foods orders (food orders are provided only until Food Stamp benefits are received), vendor payments of no more than \$15.00 a day per person may be made to grocery stores, cafeterias, or restaurants. If

the food order is issued to a grocery store, the worker must include a statement that only food items can be purchased. The method of food benefits delivery will vary from case to case but will be client-suitable, practicable and most cost effective. Consult with Income Maintenance to determine if expedited food stamps can be issued and the approximate date of delivery to determine the length of time for issuance of the food order.

## **G. Health Care**

As in all benefits, the most cost-effective health care shall be utilized and shall consist of emergency treatment and services performed or authorized by a licensed physician and consistent with the limits of this policy. In all appropriate cases, payments will be made at established Medicaid rates. For the purpose of health care benefits in this policy, “emergency” is defined as ‘life-threatening’ or preventing a ‘life-threatening’ situation to occur.

Approval for exceptions may be granted by the Social Worker’s supervisor but **ONLY** if such service is in keeping with the service plan (such as a physical examination as a condition to employment).

### **1. Emergency Health Care**

All emergency (‘life-threatening’) health care services are authorized and include:

- Physician services.
- Prescription and medicines.
- Outpatient service.
- Emergency room. If a hospital has an indigent program that will pay for this service, DHHR must be the last option for payment.
- Transportation (ambulance, taxi, etc., at accepted community or state reimbursement rates).
- Emergency Assistance.

The report from the attending physician is required before payments can be authorized.

**Note:** If there are any other available resources that will meet this need, they must be explored. Examples include but are not limited to: Health Right clinics, physician's samples of medicine, civic organizations, family, friends, etc.

## Medical Care Payments

All Medicaid-covered services shall be paid through the special ('zero') Medical number system, unless it is an Emergency Room visit, which would have to be paid through the CHET System at Medicaid rates. Non-Medicaid covered services (such as non-prescription, over-the-counter drugs/items) will be paid through the CHET System.

### 2. Special Medical Authorization:

Most adults who are served through Homeless will have or be eligible for some type of medical insurance coverage. If the client does not have coverage for necessary medical care, (prescriptions and limited doctor visits) the social worker must thoroughly explore all potential options for securing appropriate medical coverage. (Examples include, but are not limited to, Medicaid, community/civic organizations, family members, churches, Medicare Part D, drug company assistance programs, samples from physicians, mental health agencies, health right clinics, etc.) If, after this exploration, an active Homeless client requires medical services on an emergency/potentially emergent basis and does not have the resources available to obtain them, a Special Medical Authorization may be requested to cover the cost of eligible services at a rate not to exceed the current Medicaid rate. **For clients that are sixty-five (65) years of age or older, the Special Medical card will not cover any prescriptions that are covered under Medicare Part D, regardless of whether the client is enrolled in or receiving Medicare Part D; therefore, the Special Medical Card must not be issued for any prescriptions covered by Medicare Part D. However, if the homeless individual is in an emergent situation and there are no other resources available to meet the emergent need, the payment may be made through the CHET System to alleviate the emergent need until Medicare eligibility can be established.**

Eligibility for Medicare Part D is based upon the following:

- The individual must be receiving either Medicare Part A or B. To be eligible for either Medicare Part A or B, the individual must be sixty-five (65) years of age OR, if under sixty-five (65) years of age, the individual must be receiving disability Social Security benefits and must have been receiving disability Social Security benefits for two (2) years.

Lack of resources means that:

- the client does not have funds to pay for medical care; and,
- is not eligible for any type of medical coverage; **or**,
- is eligible for medical coverage but benefits are not currently available (recent application-not yet approved for coverage), with the exclusion of Medicare Part D.

The Special Medical Authorization may be used to cover certain medical costs however; all Medicaid eligible services are not necessarily covered by this authorization. The Special Medical Authorization is to be used to provide for medical care needed to treat an emergency or to prevent a medical emergency from occurring. **Examples of costs that are typically covered are medication and limited doctor visits, chuxs and disposable briefs. Examples of costs not covered include hospitalization, nursing home placement, psychiatric/behavioral health services/treatment, dental work, glasses, outpatient surgery, diagnostic testing, etc.**

To request the Special Medical Authorization, the worker must prepare the request and submit it to the supervisor for review and approval. **If the individual is in a contracted shelter and in need of the Special Medical Card, this must be approved by the Adult Services Supervisor.** When requesting a Special Medical Authorization, the following information must be documented:

- client's goal related to providing the requested services;
- list the specific service(s) payment is being requested for and the associated cost(s) (can not exceed current Medicaid rate);
- statement of verification that all potential resources have been explored and there are no other resources available to meet the cost;
- anticipated duration of request (not to exceed thirty (30) days);
- name of provider;
- client income amount and source; and,
- any other relevant information.

Ideally this information should be documented in summary form as a contact and information related to goals would be documented on the service plan screens, etc.).

**Note:** In a situation where a client needs services from more than one vendor (i.e. an office visit with a physician and prescriptions from a pharmacy) a separate Special Medical Authorization request will be required for each vendor, with approval from the Adult Services Supervisor.

If approved:

Once approved by the Adult Services Supervisor, a copy must be filed in the client's case record. Finally, the worker will furnish the Authorization letter to the vendor(s) who will be providing the service, as well as the client.

Vendors need to be made aware that there is generally a delay of about five (5) working days between when the Special Medical Authorization is generated by the Bureau for Children and Families and when this information is received by the Bureau for Medical Services. Therefore, if the Special Medical Authorization is used immediately upon issuance, the vendor may need to wait a few days to submit the request for reimbursement otherwise, Medicaid may not have received verification that the service has been authorized.

If denied:

The social worker may provide additional information and re-submit the request if the denial was based upon insufficient information, otherwise the social worker must seek alternate resources to cover the services requested.

**Note:** If the Homeless case is closed and the Special Medical Authorization is still in effect, the worker must send written notification to the vendor, the client or their legal representative, and the Bureau for Medical Services advising them that the authorization is no longer in effect and the date on which coverage ends.

The Adult Authorization for Service Form (SS-AS-001)

1. If the use of the 'zero' medical number is approved by the local authorized representative, the vendor's invoice must be attached to a copy of the SS-AS-001 which the vendor will submit for payment.
2. The original of the SS-AS-001 should be kept in the case file.
3. A copy of the SS-AS-001 should be mailed to the Bureau of Medical Services or wherever that office should require.
4. The use of the 'zero' number may be authorized for up to, but no more than, sixty (60) days from the date of authorization, except for pharmaceutical purchases.
5. Although the 'zero' number may be issued for the purchases of medicines/pharmaceuticals, the time restriction sixty (60) days does not apply. In such cases the approval period may not exceed three (3) months at a time, based on client's circumstances and need.

## H. Other Program Benefits

The service plan may identify certain problems which make it difficult for the client to achieve independence. Thus, other program benefits may be needed to address the problems and help the client become self-supporting. Program benefits other than shelter, food or routine medical care must be approved by the Adult Service Supervisor/Shelter Director prior to the delivery of services. Such benefits may include transportation.

Transportation services may be authorized when it is essential to carry out the goals and/or conditions of the Service Plan. If the client is eligible, NEMT (Non-Emergency Medical Transportation) should be utilized. The client must be referred to Income Maintenance to make an application for this service. For example: The plan may specify that the client seek counseling for mental health or substance abuse problems and no method of transportation is available. Upon the approval of the Adult Service Supervisor/Shelter Director transportation services may be authorized. If NEMT or other community resources are not available, payment may be made through the CHET System. All efforts to locate other resources to provide transportation must be documented. The disposition code is entered in the CHET System and a vendor payment made via DF-67 – CHET System for payment codes). In such circumstances, the rate of payment for use of a private vehicle cannot exceed the state's reimbursable rate allowed state employees. The use of common carriers is encouraged if more cost-effective and practicable.

**Note:** DHHR is payer of last resort. All community resources must be explored prior to authorizing payment for transportation.

## I. Sanctions

A sanction is a negative action resulting in the temporary withholding of benefits because of client non-compliance with the service plan, violation of Homeless policy, or fraud. Sanctions shall be approved by the Adult Service Supervisor prior to imposition. When case management is provided by contract (shelters and/or case management) approval is provided by the Director of that Shelter.

All negative actions are to be in accordance with the procedures practiced by the Department including the right of clients to have thirteen (13) days in which to appeal the action. Sanctions, case closure or any negative action, other than the denial of an application, may not take effect until expiration of the thirteen (13) day notice. If an appeal is requested by the client the allocation and benefits are to continue until the hearing decision is rendered.

**NOTE:** A client whose case has been closed may re-apply for benefits at any time. A client, against whom negative action (sanction) has been imposed, shall not be eligible for benefits until the sanction period has ended.

#### Imposed Sanctions:

In order to be reasonable and prudent in the delivery of services, a sanction shall be imposed:

1. When non-compliance with the service plan occurs without good cause, and/or;
2. When a client loses access to housing/shelter as a result of inappropriate, violent, threatening behavior or not participating in the savings program, and/or;
3. When the client fails to accept, or abide by, the shelter rules which results in eviction (not minor infractions), and/or;
4. When the client receives or attempts to receive benefits fraudulently.

If a sanction is imposed because the client fails to comply with the conditions of the service plan, **not resulting in eviction**, the sanction will become effective beginning at the start of the next rental period.

During the sanction period the Social Worker will continue with the service plan if the client chooses, in an effort to resolve the problem that led to the sanction.

If a sanction is imposed on a client, and there are children in the benefit group, and the worker has reason to believe the children may be at risk, a report must be made to Child Protective Services.

Sanctions Shall Be Imposed as Follows:

1. The first sanction period shall be one (1) month.
2. The second sanction period shall be six (6) months.
3. Any subsequent non-compliance shall be for twelve (12) months.

**Note:** If a client loses access to housing/shelter as a result of violent behavior, or if fraud is used to receive benefits, the sanction period shall be twelve (12) months.

Notification of Sanctions

1. Client Notification

The client will be notified in writing of any imposed sanction, the effective date and the period of sanction. The SS-HP-2 is to be used for this purpose. If possible, the client is to be given the notification of sanction immediately. Otherwise, the notification must be mailed to the client's last known address.

2. Landlord Notification

If appropriate, the landlord shall be notified in writing of the client's sanction and also if the sanction is withdrawn and benefits restored. The SS-HP-3 is to be used for this purpose.

Post Sanction Services

Following a sanction period the client may request to continue services. If the need for services still exists, the client and Social Worker/Shelter Staff will develop a service plan taking into consideration any changes in the client's situation and the reason for the initial sanction. If the client refuses to agree to the service plan, the request for continued homeless services may be denied, and an additional sanction may be imposed or the case may be closed.

## **J. Confidentiality**

Legal provisions concerning confidentiality have been established on both the state and federal levels. In federal law, provisions are contained in the Social Security Act and the federal regulations promulgated related to implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On the state level, provisions related to confidentiality are contained in Chapter 200 of the Department of Health and Human Resources, Common Chapters.

- In many instances, courts will seek information for use in their proceedings. The process by which a court commands a witness to appear and give testimony is typically referred to as a subpoena. The process by which the court commands a witness who has in his/her possession document(s) which are relevant to a pending controversy to produce the document(s) at trial is typically referred to as subpoena duces tecum.
- Records shall be released to a court only upon receipt of a valid subpoena duces tecum or court order. Immediately upon receipt of a subpoena or subpoena duces tecum the social worker/shelter staff must follow the protocol established to contact the Assistant Attorney General (Regional Attorney) in order to determine if further assistance or review is necessary. For example, in some instances the request for document(s) in a subpoena duces tecum may not be relevant or their release may violate state or federal law. The attorney should make this determination and may file a motion to quash the subpoena duces tecum when this is appropriate.
- If there is insufficient time to consult the Assistant Attorney General (Regional Attorney), seek the advice of the local prosecuting attorney. If there is insufficient time to obtain legal advice from either the Assistant Attorney General (Regional Attorney) or the local prosecutor prior to the hearing, the Department must comply with the subpoena or the subpoena duces tecum. Failure to do so may result in the social worker/shelter staff or the Department being held in contempt. Also, the Department should always comply with an order of the court unless that order is amended by the court or over-turned. Questions regarding the validity of a court order may be submitted to the Bureau for Children and Families for possible submission to the Assistant Attorney General (Regional Attorney) for review.
- For reporting and statistical purposes, non-identifying information may be released for the preparation of non-client specific reports.

The statutes further permit the circuit court or supreme court of appeals to subpoena the case record, but shall, before permitting their use in connection with any court proceeding, review them for relevancy to the issues being addressed in the proceeding

and may, based upon that review, issue an order to limit the examination and use of the information contained in the case record.

#### **K. Exceptions to Policy**

In some circumstances exceptions to policy may be requested. Exceptions will be granted on an individual case by case basis and only in situations where client circumstances are sufficiently unusual to justify the exception. However, such exceptions are to be requested **ONLY** after other methods and/or resources have been exhausted. The policy exception request is to be submitted by the Social Worker/Shelter Staff to the Adult Services Supervisor. Upon supervisory approval, the request will be forwarded to the appropriate individual for final approval/denial (either the Adult Services Consultant or Regional Program Manager.). Policy exception requests must include:

- explanation of why the exception is requested;
- alternate methods resources attempted;
- anticipated impact if the policy exception is not granted;
- efforts to resolve the situation;
- information supporting the request;
- the time period for which the exception is being requested; and
- other relevant information.

In an emergency situation, the request for a policy exception may be made to and approved by the local supervisor and Adult Services Consultant or Program Manager verbally. Once verbal approval is granted, the request for policy exception and all supporting information must be submitted to the local supervisor in writing within two (2) working days. After the local supervisor has given written approval via e-mail, then the request must be forwarded to the appropriate Regional individual (Adult Services Consultant or Program Manager). Once approval has been obtained by the appropriate Regional individual, a hard copy of the approvals must be filed in the client's case record.

#### **IV. Case Closure**

##### **A. Assessment Prior to Case Closure**

A final assessment must be completed as part of the case review process prior to closure of the case. When completing the final assessment, the elements that led to opening of the homeless case should again be considered and evaluated based upon current information.

Upon completion, the Social Worker/Shelter Staff must document the results of this assessment in the client's case record and submit to the supervisor for approval of recommendation for case closure. Upon supervisory approval, the case is to be closed for homeless services. When the need for aftercare is identified, the worker and the client will work together to develop an aftercare plan.

### **B. Case Closure - General**

The decision to close the Homeless Services case is to be determined through the case review process. At the point in time the service goal is attained and/or the client has achieved self-sufficiency, client is no longer homeless, requests closure, is under a sanction that would cause closure, loss of contact, upon death of the client, etc., the social worker/case manager is to recommend closure of the Homeless Services case. The review and the reason(s) for case closure are to be documented in the client's case record. Upon completion of the review, the social worker's/case manager's recommendation to close the case are to be forwarded to the supervisor for approval.

Client Notification:

Negative action occurs when:

1. The client's inappropriate behavior results in the loss of, or access to, shelter/housing;
2. The client is not in compliance with the service plan (such as failure to seek/obtain employment or follow through in applying for entitlement benefits);
3. Case closure occurs for any other reason.

A client against who a sanction has been imposed **SHALL NOT** be eligible for benefits until the sanction period has ended.

When the decision results in case closure, an attempt must be made to notify the client of the impending action. The SS-13 is the appropriate tool for written notification. The SS-13 must be given to the client personally or mailed to the last known address thirteen (13) days prior to the effective date of closure.

### **C. Disposition Codes**

Disposition codes are necessary to identify the benefit(s) provided and are entered in the “vendor name” section of the ES-CHET-1 under the heading “DCD.” The following disposition codes will be used.

#### **1. Service Codes**

##### **Code for Homeless**

##### **Benefit**

HE	Shelter (emergency and transitional housing)
HS	Shelter (permanent)
HF	Food
	* Medical care/ Outpatient
	* Medical care/Inpatient
	* Medical care/Pharmacy
	* Medical care/Multiple
HU	Utilities
HT	Transportation
HH	Other

\*The zero number is used (Refer to Special Medical Section of this Policy).

## **2. Denial and Withdrawal Codes**

H40 - Failed to meet the definition of Homeless.

H41 - Failed to meet the resource eligibility requirement.

H42 - Failed to accept the homeless program benefit.

H43 - Failed to manage resources after the initial period of eligibility.

H44 - Failed to accept referral to community resources.

H46 - Failed to accept community resource.

H47 - Failed to cooperate with vendor.

H49 - Failed to meet specific eligibility guidelines for shelter.

H50 - Failed to meet specific eligibility guidelines for food.

H51 - Failed to meet specific eligibility guidelines for medical care.

H52 - Shelter and/or food, and/or medical care provided by community resources.

H60 - Withdrawal.

## **3. Closure and Reopen Codes**

H53 - Case closed.

H54 - Case reopened.

H55-59 – Unused.

DF-67 Procedure.

Authorization for payments will be completed as follows:

1. The Social Worker is responsible for submitting, with the completed DF-67 and any verification to the supervisor;
2. The supervisor will review the form for accuracy and completeness;
3. The form will be given to the vendor for a signature and return it to the agency;
4. The form is forwarded to the financial clerk.

#### **D. Legal Process**

There are various legal remedies that may be appropriate for use in Adult Protective Services cases. (Refer to Adult Protective Services Policy for additional information).

Mental Hygiene/Involuntary Commitment Hearing:

Involuntary commitment is a legal procedure whereby an individual who appears to be mentally ill or addicted to such a degree that the individual is a danger to himself/herself or others is taken into custody and placed in a hospital for evaluation and/or treatment after a hearing before a mental hygiene commissioner. Two facts must be present for individuals to be involuntarily committed: a) they are mentally ill or addicted to drugs or alcohol, and b) they are dangerous to themselves or others. Mental illness or addiction alone is not grounds for involuntary commitment. The statutory basis is contained in West Virginia Code §27-5-1 et. seq.

#### **E. Administrative Processes**

There are various administrative processes available to individuals in homeless shelters; however, the following are the most common ones utilized in homeless situations. (Refer to Adult Protective Services Policy for additional administrative processes).

## 1. Power of Attorney

A power of attorney is a document by which one person, as principal, appoints another person as his agent (attorney in fact) and confers upon him the authority to perform certain specified acts or kinds of acts on behalf of the principal. This type of power may or may not grant medical decision making authority to the agent. The statutory basis for this is contained in West Virginia Code §39-1-5.

## 2. Representative Payee

Appointment of a representative payee is an administrative action that may be voluntary but which can be obtained, if necessary, without the individual's consent. This is an individual designated by the Social Security Administration to manage Social Security and/or Supplemental Security Income benefits in instances where the beneficiary is physically and/or mentally incapable of managing these benefits. A representative payee is also required by law (1631 (a) (2) of the Social Security Act) for an individual who has been determined to be a drug addict or an alcoholic. While the appointment of a representative payee does not require court action, it does restrict the individual's rights.

The representative payee that is appointed has control over the Social Security and/or SSI benefit check and is responsible for receiving the payment and using the funds to meet the beneficiary's needs. There does not need to be a finding of incompetence by a court in order to establish a representative payee. Medical evidence from a physician may be used if the physician determines that the beneficiary is not capable of managing his/her benefits. The Social Security Administration (SSA) can appoint anyone it chooses to be representative payee. This means that the SSA is not required to name court appointed guardians or conservators to serve as the payee.

The SSA may be unable to locate a person willing to serve as representative payee. If no relative, friend or neighbor is willing to accept this responsibility, the social worker may be able to assist in the recruitment of a payee, through the use of volunteer services or appropriate community resources such as local mental health facilities, service clubs, or church groups. In the event no representative payee can be found or the appointed payee can no longer serve, the SSA may hold the client's benefits. This may result in the client not having access to his/her resources for a period of time. When an adult is in a placement setting, the residential provider may be named to serve as the representative payee if there is no one else. **In no instance is the Department to be named as representative payee.**

Since a judgment of incompetence by a court is not required for payee appointment, this procedure may appear to be a relatively simple solution in an Adult Service situation, however, it is important to remember that this does limit the client's rights without a review by the court. The beneficiary does have the right to protest the appointment of a representative payee and is entitled to an administrative hearing on the question.

**Note:** While typically representative payees are assigned for the management of Social Security benefits, the Veterans Administration also provides for the assignment of a representative payee to manage Veterans benefits when this is needed.

**Appendix A**

**Contact Information**

**Office of Behavioral Health Services (OBHS)**

350 Capitol Street, Room 350  
Charleston, West Virginia 25301-3702  
(304) 558-0627

**Bureau for Medical Services (Medicaid)**

350 Capitol Street, Room 251  
Charleston, West Virginia 25301  
(304) 558-1700

**Specialized Family Care Program (Medley)**

350 Capitol Street, Room 691  
Charleston, West Virginia 25301-3704  
(304) 558-7980

**WVEMS Technical Support Network of Elkview (EMS/TSN)**

PO Box 100  
Elkview, West Virginia 25071  
(304) 965-0573

**AUTHORIZATION FOR PAYMENT**

Form Control # \_\_\_\_\_

TYPE OF PAYMENT AUTHORIZATION:

IDENTIFICATION:

Case I.D. # \_\_\_\_\_

A. Program	Item of Need	Amount	_____	_____
1. Emergency Assistance	_____	_____	_____	_____
2. Regular L.I.E.A.P.	_____	_____	Vendor Name	Client Name
3. Emergency L.I.E.A.P.	_____	_____	_____	_____
4. Andrew S. Rowan Home	_____	_____	Address	Address
5. Work & Training	_____	_____	_____	_____
6. Homeless Program	_____	_____	Address	Address
7. Routine Non-Emergency			Recordings (Enter any appropriate/required data) _____	
Medical Transportation		Lodging _____	_____	_____
Adult (____)		Transportation _____	_____	_____
Children (____)		Other _____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

Date of Authorization Transmittal \_\_\_\_/\_\_\_\_/\_\_\_\_

Terminal Operator's Initial's \_\_\_\_\_

Vendor Name	Street Address, City, State and Zip	Amount	Date Authorized	Date Paid
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

**Payment Authorization:**

This is your authorization to deliver items specified above in an amount not to exceed \$ \_\_\_\_\_. This order is exempt from collection of West

**Social Services  
Manual**

**Homeless Services Policy**

**Chapter 46,000**

Virginia Consumers and Use Tax. Exempt Certificate No. H.R. 400 348, and is not valid unless signed by client and vendor and returned to: \_\_\_\_\_

I hereby acknowledge receipt of merchandise or services in the amount authorized.

I hereby certify the above services or merchandise to be correct as shown, and that no part of the charges listed has been paid or will be requested of any other persons, agency, and that the amount does not include West Virginia Consumers and Use Tax.

I hereby certify the above services or merchandise and the price of such services or merchandise were rendered/determined without regard to race, color, national origin, sex, age, religious or political beliefs or possible handicap.

I understand that payment of the above service or merchandise as received by me on behalf of the recipient from the Department of Human Services does not in any way imply that the Department or any of its employees is liable or responsible for any damage or loss to me caused by the

\_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_  
Client's Signature Vendor's Signature

Clerk's Signature \_\_\_\_\_ Worker's Signature \_\_\_\_\_

Check # \_\_\_\_\_ Date check process \_\_\_\_\_ Approval \_\_\_\_\_ Date DF-67 approved \_\_\_\_\_

DF-67 (3-86)

YES NO ALL APPLICANTS MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

\_\_\_ \_\_\_ Do you or any member of your household have any money in the bank or cash on hand? If yes, complete this chart:

Household Member's Name	Amount	Account Type	Cash Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

\_\_\_ \_\_\_ Do you or any member of your household own any of the following: Motorcycle\_\_ Camper/Trailer\_\_ Boat\_\_ Autos\_\_\_  
(if yes, please check appropriate space:) Stocks/Bonds\_\_Property\_\_Livestock\_\_Life Insurance\_\_Collections  
(stamps, coins, etc.)\_\_Business Equipment\_\_Other\_\_\_\_\_

\_\_\_ \_\_\_ Is anyone else in your home receiving a check, food stamps, or a medical card from any governmental agency or private pension/retirement/medical plan?

\_\_\_ \_\_\_ I wish to obtain information and/or services regarding family planning.

\_\_\_ \_\_\_ I understand that I may request a hearing if I am not satisfied with any decisions of the local Human Services Office or if I feel that I have been discriminated against because of race, color, national origin, sex, handicap, religious or political belief. I also understand that I may be represented by an attorney at a Fair Hearing and that the Department will not pay the cost of these legal fees.

\_\_\_ \_\_\_ I understand that I have given permission to the Department to contact my church, friend(s), and/or relatives in regard to my need for Emergency/Homeless assistance.

\_\_\_ \_\_\_ I understand that I will not be eligible to receive Emergency Assistance within 12 months after the expiration date of any 30-day period of eligibility unless I qualify for Emergency Assistance created by natural or man-made disasters.

\_\_\_ \_\_\_ I agree to cooperate fully with instructions received from Human Services employees regarding my request for or receipt of Emergency Assistance/Homeless benefits and I am fully aware that my failure to cooperate with or failure to otherwise carry out the Instructions may cause the denial of or loss of Emergency Assistance/Homeless benefits.

I absolve the Department of Human Services of all responsibility and liability for any damage I or anyone in the benefit group may cause to the provided shelter and I understand that I must abide by the shelter rules; if I fail to do this, I may be forced to leave and be denied future benefits.

I certify that the answers provided by me are correct and to the best of my knowledge.

\_\_\_\_\_  
Worker's Signature

November 1, 2007

- 55 -

Applicant's Signature

Date

Date

Recording: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Joe Manchin III  
Governor

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Children and Families  
350 Capitol St Rm 601  
Business WV 25301  
Phone: (304) 558-2330 Fax: (304) 558-5867

Martha Yeager Walker  
Secretary

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

State

\_\_\_\_\_  
Zip

This is to inform you that your Social Service Application, taken on \_\_\_\_\_  
(Date)

will be denied unless the following information which is required for the purpose of  
determining eligibility is either brought in or mailed to this office within the next thirty (30)  
days.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to the information on the back of this letter concerning your right to a  
conference or hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

SS-9 (6-87)

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State Hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAVE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) days from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing within thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, relative, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(DETACH)-----

**IMPORTANT!!**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
350 Capitol St Rm 601  
Business WV 25301

(\_\_\_) I want a pre-hearing conference because:

(\_\_\_) I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE DATE AND SIGN)**



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Joe Manchin III  
Governor**

**Bureau for Children and Families  
Office of Children and Family Policy**

**Martha Yeager Walker  
Secretary**

Date:

**Notification of Application for Social Services**

Dear \_\_\_\_\_;

This letter is to notify you of action taken on your application for social services. Please refer to the item(s) checked below to indicate what action was taken.

- I. Your application for \_\_\_\_\_ has been approved.
- II. Your application for \_\_\_\_\_ has been denied because \_\_\_\_\_  
\_\_\_\_\_
- III. The fee for the service you receive is \$ \_\_\_\_\_ per \_\_\_\_\_.
- IV. You are no longer eligible for \_\_\_\_\_ after \_\_\_\_\_  
because \_\_\_\_\_  
\_\_\_\_\_

Please refer to the information on page two of this letter concerning your right to a conference or hearing.

If you have a concern or complaint about the quality of service you are receiving or whether the service is meeting your needs, please contact me about the Department of Health and Human Resources grievance procedure. In addition, your right to a conference concerning the decision shown above and your right to a hearing are explained on page two of this letter. Should you have any questions, please contact me.

Sincerely,

Worker Name:

Worker Title:

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date

SS-13 (6-87)

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State Hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAVE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) days from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing within thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, relative, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(DETACH)-----

**IMPORTANT!!**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
350 Capitol St Rm 601  
Business WV 25301

(\_\_\_) I want a pre-hearing conference because:

(\_\_\_) I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Joe Manchin III  
Governor**

**Bureau for Children and Families  
Office of Children and Family Policy**

**Martha Yeager Walker  
Secretary**

**AUTHORIZATION FOR MEDICAL SERVICE FOR ADULTS**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Residence, Facility)  
\_\_\_\_\_

This is to certify that the above-named person has NOT been approved, nor has a pending application for a Medicaid Medical card but is eligible for necessary medical services from the West Virginia Department of Health and Human Resources. This letter authorizes the use of \_\_\_\_\_ ONLY for the (Medicaid Billing #) following MEDICAID ALLOWABLE service and is valid for up to, but not more than sixty (60) days from the date of authorization with the exception of pharmaceutical purchases essential to maintain elderly and/or disabled adults placed by the Bureau for Children and Families which may be authorized for up to three (3) months. Months authorized for pharmaceutical purchases \_\_\_\_\_.

A copy of this letter MUST be attached to all medical invoices submitted for payment from state funds. Invoices submitted without this letter will be returned to the medical provider.

SERVICE AUTHORIZED: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date  
SS-AS-001 (4-15-94)



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Joe Manchin III  
Governor**

**Bureau for Children and Families  
Office of Children and Family Policy  
350 Capitol Street, Room 730  
Charleston, West Virginia 25301-3711  
Telephone: (304) 558-4069 Fax: (304) 558-4623**

**Martha Yeager Walker  
Secretary**

**CLIENT NOTIFICATION OF SANCTION**

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

This is to notify you that pursuant to Sections 46,000 of the Social Services Manual, you will not be eligible for the Homeless Program benefits for a period of \_\_\_\_\_ month(s), beginning \_\_\_\_\_. The reason for this action  
(Date)

is your failure to comply with the conditions of your service plan: to-wit: \_\_\_\_\_

During this sanction period your case worker/shelter staff will assist you in resolving the problem(s) that led to this action and continue to offer other services to which you may be entitled.

Your right to a conference concerning the decision and your right to a hearing are explained on the back of this letter.

Sincerely,

\_\_\_\_\_  
(Case Worker/Shelter Staff)

SS-HP-2 (7-90)

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State Hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAVE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) days from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing within thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, relative, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(DETACH)-----

**IMPORTANT!!**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
350 Capitol St Rm 601  
Business WV 25301

(\_\_\_) I want a pre-hearing conference because:

(\_\_\_) I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

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Telephone: (304) 558-4069 Fax: (304) 558-4623**

**Martha Yeager Walker  
Secretary**

**LANDLORD NOTIFICATION OF CLIENT SANCTION**

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

This is to notify you that the Bureau for Children and Families will not be responsible for the payment of housing/shelter benefits for \_\_\_\_\_  
(Client's Name)  
for a period of \_\_\_\_\_ month(s), beginning \_\_\_\_\_  
(Number) (Date)

If you have any questions in this regard, please feel free to call me.

Sincerely,

\_\_\_\_\_  
(Case Worker)

Please be advised that the above sanction against \_\_\_\_\_  
(Client's Name)  
is no longer in effect as of \_\_\_\_\_, and the Bureau for Children and Families  
will be responsible for the payment of housing/shelter benefits as agreed to by the  
undersigned.

Sincerely,

\_\_\_\_\_  
(Case Worker)

\_\_\_\_\_  
(Date)

SS-HP-3 (7-90)

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

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**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, relative, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(DETACH)-----

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(\_\_\_) I want a pre-hearing conference because:

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Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

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Secretary

**HOMELESS PROGRAM APPLICATION**

\_\_\_\_\_  
DATE

**A. GENERAL**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Education: \_\_\_\_\_  
(Last Grade Completed)

Citizenship Status (Indicate if legal alien): \_\_\_\_\_

Benefit Group

Name	Relationship	SSN	How SSN Verified	Citizenship Status

Is the applicant or any member of the benefit group a victim of domestic violence:  
\_\_\_\_ YES, \_\_\_\_ NO If yes, is the victim still in danger? \_\_\_\_\_

**B. RESIDENCY**

1. How long has applicant been at current address? \_\_\_\_\_
2. Where was applicant's previous address? \_\_\_\_\_
3. How long has applicant been homeless? \_\_\_\_\_
4. How many times has applicant moved in the last 12 months? \_\_\_\_\_
5. Why is the applicant homeless? \_\_\_\_\_  
\_\_\_\_\_
6. Where does the applicant consider his/her home community? \_\_\_\_\_
7. Are resources available there? If so indicate type, extent and source (i.e. family, including phone number) \_\_\_\_\_  
\_\_\_\_\_
8. Person to contact in case of emergency (name, address, phone number) \_\_\_\_\_  
\_\_\_\_\_

**C. MEDICAL**

1. List applicant's medical problems: \_\_\_\_\_  
\_\_\_\_\_
2. List medication required: \_\_\_\_\_
3. When did applicant last visit a physician? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
4. Is applicant or member of benefit group currently receiving mental health services? \_\_\_\_\_ If so, indicate person and provider \_\_\_\_\_
5. Has applicant or member of benefit group resided in a mental health facility? \_\_\_\_ If yes, identify person, facility, dates \_\_\_\_\_  
\_\_\_\_\_
6. Is applicant or member of benefit group eligible for/receiving Medicaid/Medicare benefits? \_\_\_\_\_ If yes, indicate person and benefit(s) \_\_\_\_\_  
\_\_\_\_\_

7. Does applicant or member of benefit group have a history of alcohol/drug abuse? \_\_\_\_\_  
\_\_\_\_\_ If yes, indicate when and current treatment (including provider and location) \_\_\_\_\_  
\_\_\_\_\_

**D. CRIMINAL HISTORY**

1. Has applicant or any member of benefit group been convicted of a crime? \_\_\_\_\_

If yes, identify person, crime, location and date of offense \_\_\_\_\_  
\_\_\_\_\_

2. Is applicant or member of benefit group currently on parole/probation? \_\_\_\_\_ If yes, identify person, location and name of supervising officer \_\_\_\_\_  
\_\_\_\_\_

3. Are there parole/probation conditions that conflict with the Homeless Policy? \_\_\_\_\_ If yes, indicate \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The Order or Release to Parole/Probation **MUST** be provided before benefits can be received. A copy of such order shall be included in the case file.

**E. MILITARY SERVICE**

1. Is applicant a veteran? \_\_\_\_\_ Type of Discharge \_\_\_\_\_

2. Date of Discharge \_\_\_\_\_ Serial #: \_\_\_\_\_

3. List any service connected injuries: \_\_\_\_\_

4. List any eligible Veteran's benefits: \_\_\_\_\_

**F. RESOURCES**

1. Has applicant or benefit group member received homeless benefits before? \_\_\_\_\_  
If so, identify person, location, provider and benefits received \_\_\_\_\_  
\_\_\_\_\_

2. Is applicant employed? \_\_\_\_\_ If yes, indicate where, how long and income \_\_\_\_\_  
\_\_\_\_\_

3. Does applicant or any benefit group member have income, funds (bank account, AFDC/U, food stamps, etc.) or access to other resources? \_\_\_\_\_ If yes, indicate person, source and amount \_\_\_\_\_  
\_\_\_\_\_
4. Does applicant or any benefit group member own/have access to a vehicle? \_\_\_\_\_  
If so, indicate who and description of vehicle, including license number \_\_\_\_\_  
\_\_\_\_\_
5. Is applicant or other members of benefit group able to work? \_\_\_\_\_ If yes, identify \_\_\_\_\_  
\_\_\_\_\_
6. What is applicant's primary occupation? \_\_\_\_\_
7. List applicant's job skills \_\_\_\_\_
8. If unemployed, what are the barriers to the applicant's employment? \_\_\_\_\_  
\_\_\_\_\_
9. If eligible for homeless benefits, are services available in the community to meet applicant's needs? \_\_\_\_\_
10. If not, where are services available? \_\_\_\_\_
11. If applicant is denied benefits, where will he/she stay? \_\_\_\_\_
12. Is applicant court ordered to pay child support? \_\_\_\_\_ If yes, indicate amount and recipient's name and address \_\_\_\_\_  
\_\_\_\_\_

**G. COMMENTS**

Additional Comments: \_\_\_\_\_

I certify that the statements and information I have given are true and understand that homeless benefits may be forfeited/lost if I knowingly give false information. I hereby release the Department of Health and Human Resources from any and all liability which may result from services provided or benefits received.

Date \_\_\_\_\_ Client's Signature \_\_\_\_\_

Other Adult Household Members' Signature:

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Worker's Signature \_\_\_\_\_

SS-HP-4 (09/94)

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
HOMELESS SERVICE PLAN**

**Client Name:**

**Case #:**

**Date Initiated:**

**Date Reviewed:**

<b>Problem/Need Statement</b>	:	
Goal	:	
Service	:	
Task	:	
Responsible Party	:	
Frequency	:	
Duration	:	
Goal Begin Date	:	
Estimated Completion Date	:	

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
ADULT SERVICE PLAN**

**Client Name:**

**Case #:**

**Date Initiated:**

**Date Reviewed:**

<b>Problem/Need Statement</b>	:	
Goal	:	
Service	:	
Task	:	
Responsible Party	:	
Frequency	:	
Duration	:	
Goal Begin Date	:	
Estimated Completion Date	:	

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
ADULT SERVICE PLAN**

**Client Name:**

**Case #:**

**Date Initiated:**

**Date Reviewed:**

<b>Problem/Need Statement</b>	:	
Goal	:	
Service	:	
Task	:	
Responsible Party	:	
Frequency	:	
Duration	:	
Goal Begin Date	:	
Estimated Completion Date	:	

\_\_\_\_\_  
Client/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date