

Removal of an individual from the Medicaid benefit group: The name of the individual being removed.

Change to a spenddown case: The fact that the eligibility status has changed, reason for and the effective date of the change, beginning and ending dates of the new POC.

NOTE: If the closure is due to excessive assets, the notification letter must specify the asset limit and the total value counted for all the client's assets. In addition, the letter must contain the following statement: "You may request a detailed accounting of the asset calculations used by the Department. If you so request, this will be mailed to you within five (5) working days of receipt of your request. You may request this in writing, by phone or in person."

3. Changes Not Affecting the Benefit Level

a. Food Stamps Only

The following are not adverse actions, but do require client notification:

- When the coupon allotment does not increase following an AFDC/U, WV WORKS or SSI check reduction for repayment of an error caused by the client's misrepresentation
- When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements.

When used to notify the client of these actions, the ES-NL-B must specify that Food Stamp benefits would normally increase following a reduction in income, but that, due to the fact that the client caused these reductions by his own actions, benefits will not increase. The Worker must also indicate which agency made the determination of the client's failure to comply.

b. All Programs, Including Food Stamps

The client must be notified of all changes made to his case, even when the benefit level is not affected, such as a transfer to another county or a change in payee. When used for this purpose, the following information must be shown on the form: Specific information about what the change is "Your case is being transferred to Lincoln County from Kanawha County", the date the change is effective, the reason for the change "You recently moved to Sod, which is in Lincoln County," the Manual section on which the change is based, any other action. "After you receive this letter, any questions should be directed to the Lincoln County office."

c. TANF, WV WORKS

The client must be notified when Brinkley procedures begin. The following statement must be included on the notification letter.

"Because the amount of child/spousal support received on your behalf by the Department is more than your check amount, you are no longer eligible to receive a check. However, to make sure your support can be expected to continue, you will receive your cash assistance check from DHHR for up to four more months. The last month that you will receive such a check is _____, unless you receive another written notice. At the time your check actually stops, you will be offered the opportunity to a Fair Hearing about the termination.

Each of the months that you continue to receive a check from the DHHR will count toward your 60-month lifetime limit, and you will still be required to meet a work requirement, if applicable. You may choose to stop this continuation of cash assistance at any time, by contacting your Worker and/or returning the cash assistance checks you receive."

D. ES-NL-C

NOTE: The ES-NL-C must always be used with a Hearing/Pre-Hearing Conference request form, ES-NL-C1, and the appropriate computation forms.