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DATE: September, 1998

TO: All Income Maintenance Manual Holders

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1.1 INTRODUCTION

This Chapter describes the application and redetermination processes for the Food Stamp Program, WV WORKS and all Medicaid coverage groups, except those related to long-term care. See Chapter 17. Also included is specific information about each benefit.

General requirements that are not specific to any Program or coverage group are included together. The general section is followed by a section describing all of the Department's application forms. Policies and procedures specific to each Program or coverage group are also included.

The application may be held, pending receipt of necessary information or verification, but there are processing time limits which must be met. All applications must have a final disposition and the client must be notified of the decision.

1.3 APPLICATION FORMS

The forms listed below are used to make an application for the Food Stamp, AFDC/U and Medicaid Programs. Within the Medicaid Program, some coverage groups use special forms. No Program-specific instructions for completion or usage are described here. Refer to application procedures under each Program and coverage group.

A. CAF

The Common Application Form (CAF) is generated by RAPIDS after completion of the interactive interview and is the primary application form. However, when circumstances do not permit completion of the application process in RAPIDS, the ES-2 is used as the application form.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

B. ES-2

When circumstances do not permit completion of the application process in RAPIDS, the ES-2 is used to make an application for most IM Programs. Since this form is used for all 3 major Programs, denial of an application for one Program may lead to approval for another.

The ES-2 is client-completed and may be used to determine eligibility for Food Stamps, WV WORKS and all Medicaid coverage groups which require completion of an application form.

NOTE: Even though Poverty-Level pregnant women and children, QC's, QMB's and SLIMB's have separate application forms, these special forms need not be completed if an ES-2 is completed for another Program or coverage group. However, when the client is only interested in applying for one of these programs, their special applications are used as found below.

The ES-2 serves four purposes:

- It is used for gathering client information. This data is used to determine eligibility and the need for other services offered by the Department.

Each CSM must establish a process to ensure prompt mailing to the TPL Unit.

C. OFS-MCAT-2

The OFS-MCAT-2 is used for QMB, SLIMB, QI-1 and QI-2 applications only. The form is self-explanatory.

D. ES-PW-4

The ES-PW-4 is used for Poverty-Level pregnant women, Poverty-Level children, QC's and CHIP.

E. CHIP-1

The CHIP-1 is used for CHIP applications. It can also be used for Poverty-Level Pregnant Women, Poverty-Level Children and QC's.

F. REAPPLICATIONS NOT REQUIRING A NEW FORM

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG must not be required to make an additional application for Food Stamps. Food Stamp eligibility must be determined based on the information provided for the other programs.

NOTE: Cases reopened without completion of an application form must remain in the same redetermination cycle in effect when the case was last closed. The only exception is for Medicaid cases for which the last case action was a denial due solely to failure to meet spenddown within the application processing time limit. In this case, the POC and/or POE is backdated, if appropriate, based on the date the client requests reconsideration of his application.

Reapplications do not require completion of a new application form when all of the following conditions are met:

- The reapplication occurs no later than the second month following the month of the most recent case closure.
- The case was closed for reasons other than failure to complete a redetermination, and a redetermination was not due when the case was closed.
- The benefit group, needs group and income group composition, income and other eligibility factors have not changed appreciably.

- Sufficient information about eligibility requirements for the new Program or coverage group is on the latest CAF or ES-2.
- Verification required for the new Program or coverage group is in or recorded in RAPIDS or the case record.
- The CAF or ES-2 contains the signatures required for the new Program or coverage group, and the appropriate

- Categorically Eligible AG's, as defined in item R,3, do not require a new form when all of the following conditions are met:
 - They had a WV WORKS application pending; and
 - They were denied Food Stamps; and
 - Subsequent to that denial, they are determined eligible to receive WV WORKS; and
 - They are otherwise Categorically Eligible.

The Worker provides benefits using the original application and any other pertinent information provided subsequent to that application. Benefits are paid from the date for which WV WORKS eligibility is established or the date of the original Food Stamp application, whichever is later. Changes must be recorded in Case Comments.

- When an individual's Food Stamp work requirement penalty expires, he is added to the AG without having to complete an application, unless he is the sole benefit group member.
- When the case is closed for failure to return the ES-FS-2 as a 12-month review (See Section 2.2,B), an ES-2 or CAF is not required when the completed ES-FS-2 is returned by the last day of the 13th month.

B. COMPLETE APPLICATION

When the applicant signs an ES-2, CAF or OFS-5 which contains, at a minimum, his name and address, his application is complete.

An application is considered incomplete when the applicant chooses not to sign the ES-2, CAF or OFS-5. When this occurs, it is a withdrawal and appropriate data system action and client notification must be completed. The recording in Case Comments must specify that the client did not want to sign the application and the reason for his decision. The client should always be encouraged to sign the application to avoid a misunderstanding that he was denied the right to apply.

C. DATE OF APPLICATION

The date of application is the date the applicant signs an ES-2 or CAF or OFS-5 which contains, at a minimum, his name and address.

1.9 QUALIFIED AND POVERTY-LEVEL CHILDREN, REGARDLESS OF BIRTHDATE,
and WV-CHIP CHILDREN

A. APPLICATION FORMS

1. Choosing the Correct Form

Form CHIP-1 is used as a mail-in application form. When application is also made for another Program or Medicaid coverage group, an interactive interview is conducted and the CAF or ES-2 is used as the application. When the CAF or ES-2 is used as the application form, it is not necessary for the client to complete a CHIP-1 in addition to the CAF or ES-2.

When application is also made for a PL pregnant woman, form ES-PW-4 may also be used to determine eligibility for her other children as QC, Poverty-Level or WV CHIP children.

A reapplication is treated as any other application, except that, in some situations a new form may not be required. See Section 1.3.

2. Special Outreach/Application Procedures

Form CHIP-1 is available at many community and business sites throughout the State. The form is a mailer with a pre-printed address so that all forms are mailed to a central location for redistribution to county offices for processing. Return postage is pre-paid. Each CHIP-1 contains space for the client to write the name of his county of residence in order to expedite the redistribution from the central receiving site to county offices.

Forms received at the central location are counted and forwarded unopened to the local office on the day of receipt. If the client fails to show his county of residence on the outside of the mailer, the staff at the central location opens the form only to determine the county to which it must be forwarded.

Form CHIP-1 must be made available for pick-up and return by mail in all county DHHR offices. County offices may not require that the client meet with a Worker or register with the receptionist in order to receive a form. The client may complete the CHIP-1 at the county office and leave it there for processing without being required to meet with a Worker or register with the receptionist. The client

1.10 POVERTY-LEVEL PREGNANT WOMEN

All application procedures found in Section 1.9, Qualified Children, apply to Poverty-Level pregnant women with the following exceptions:

A. APPLICATION FORMS

The ES-PW-4 is used for applications. This may be mailed to the applicant, along with the ES-PW-2, Checklist of Information Needed.

A CAF or ES-2 is used when an application is made for another Program at the same time.

B. COMPLETE APPLICATION

Whether the ES-PW-4 is mailed to or completed in the office, it is complete when a completed and signed ES-PW-4 and all verification required to process the application are received in the office.

When form ES-2 or CAF is used, the application is complete when a completed and signed ES-2, CAF or OFS-5 and all verification required to process the pregnant woman's Medicaid application are received.

C. DATE OF APPLICATION

The date of application is the date a completed ES-PW-4 or ES-2 or CAF as specified in item B above, is received in the county office.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

D. WHO MUST BE INTERVIEWED AND SIGN THE APPLICATION

When the ES-PW-4 is used, no interview is required. However, when an interview is conducted, the following persons are interviewed. These individuals must sign the application depending on the age and living situation of the pregnant woman.

1.15 QUALIFIED MEDICARE BENEFICIARIES (QMB) AND SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMB)

A. APPLICATION FORMS

The ES-MCAT-2 is used. The ES-2 or CAF is used when application is also made for another Program.

The ES-MCAT-2 may be mailed to the county office.

When the QMB or SLIMB client requests an application by mail, the Worker must explain:

- The date of application for QMB or SLIMB coverage is the day the signed application form which contains a name and address is received in the DHHR office.
- The processing time frame is 30 days, beginning with the date of application.
- In addition to QMB or SLIMB, he may qualify for other coverage groups, but a face-to-face interview is required.

A reapplication is treated as any other application, except in some situations when a new form is not required. See Section 1.3.

B. COMPLETE APPLICATION

The application is complete when the client signs an ES-MCAT-2, CAF/OFS-5 or ES-2 which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date of application is the date a completed ES-MCAT-2 or ES-2 or CAF/OFS-5 containing, at a minimum, the client's name and address is received in the county office.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

1.16 QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI)

A. APPLICATION FORMS

The CAF or ES-2 is used.

B. COMPLETE APPLICATION

A complete application is made when the client or his representative signs an ES-2, CAF or OFS-5 which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date the client signs the ES-2, CAF or OFS-5 which contains, at a minimum, his name and address is the date of application.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with a subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The QDWI applicant or his representative must be interviewed.

F. WHO MUST SIGN

The QDWI applicant or his representative must sign the ES-2 or CAF/OFS-5.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

- The QDWI recipient has only his Medicare, Part A, premium paid.
- The QDWI recipient receives no medical card.

P. CLIENT NOTIFICATION

SSA notifies the client that the Department is paying his Medicare premium and the amount that SSA will refund to him. The Worker has no responsibilities in this process.

Q. DATA SYSTEM ACTION

No data system action is required by the Worker.

R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process. It is scheduled when the Buy-In Unit notifies the county that the case is due for a redetermination. The Worker notifies the Buy-In Unit at BMS only if the client becomes ineligible.

S. THE BENEFIT

Medicaid coverage is limited to payment of the Medicare, Part A, premium. The Buy-In Unit at BMS is responsible for this process. No medical card is sent to this coverage group.

Eligibility ends when the Buy-In Unit at BMS notifies SSA that buy-in has terminated.

H. AGENCY TIME LIMITS

Agency time limits are as follows:

- Thirty (30) days, if based on a deprivation factor other than disability.
- Ninety (90) days, if disability must be established.

1.18 INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER
TITLE XIX WAIVERS

The application process for HCB Waiver (Elderly/Disabled) and the MR/DD Waiver (Mentally Retarded/Developmentally Disabled) is found in Chapter 17.

B. COMPLETE APPLICATION

The application is complete when the parent(s) or legal guardian signs an ES-2 or CAF/OFS-5 which contains, at a minimum, the client's name and address.

C. DATE OF APPLICATION

The date a parent(s) or legal guardian signs the application, which contains, at a minimum, the client's name and address, is the date of application.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The parent(s) or legal guardian of the child must be interviewed.

F. WHO MUST SIGN

The parent(s) or legal guardian of the child must sign the ES-2 or CAF/OFS-5.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the Worker must inform the parent(s) or legal guardian that other forms must be provided by the Case Management Agency to determine eligibility, and that the medical eligibility decision is made by BMS.

H. DUE DATE OF ADDITIONAL INFORMATION

The Worker and the parent(s) or legal guardian decide on a reasonable time for the information to be returned.

I. AGENCY TIME LIMITS

The agency must take action to approve, deny or withdraw the application within 30 days of the date of application.

1.20 AIDS PROGRAM

A. APPLICATION FORMS

CAF or ES-2 is completed.

B. COMPLETE APPLICATION

The application is complete when the client or his representative signs a CAF/OFS-5 or ES-2 which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date the client or his representative signs the ES-2 or CAF or OFS-5, or, when the client previously applied for Medicaid and is pending spenddown, the date the client inquires about the AIDS program coverage.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The client or his representative must be interviewed.

F. WHO MUST SIGN

The client or his representative must sign the CAF or ES-2.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

- The applicant must be informed that his application is forwarded to BMS for an eligibility determination.
- All notifications and services are provided by BMS.

Q. DATA SYSTEM ACTION

No data system action is required. BMS manages the provision of services.

R. REDETERMINATION VARIATIONS

No redetermination is completed.

S. THE BENEFIT

1. Special Pharmacy Program

There is no medical card issued.

2. HIV GRANT PROGRAM

There is no medical card issued.

3. Ending Date Of Eligibility

If the client becomes eligible under any other coverage group or meets his spenddown, the Worker must notify BMS immediately by memorandum and specify the beginning date of Medicaid eligibility. Some of the services provided may be paid for with the medical card.

Otherwise, BMS determines when eligibility ends.

- One parent is employed, and his working hours preclude participation in the interview during the agency's normal working hours.
- He is physically/mentally unable to participate in the interview and this is established by a written or

1.22 SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED

A. APPLICATION FORMS

A CAF or ES-2 is used.

A reapplication is treated as any other application except in some situations when a new form is not required. See Section 1.3.

B. COMPLETE APPLICATION

The application is complete when the client or his representative signs an ES-2 or CAF or OFS-5 which contains, at a minimum, the client's name and address.

C. DATE OF APPLICATION

The date that the client or his representative signs the ES-2 or CAF or OFS-5 which contains, at a minimum, his name and address.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

For clients who reapply within 60 days of the previous application which was denied due solely to failure to meet spenddown, the date of application is the date the client requests reconsideration. No ES-2 or CAF is required when the requirements in Section 1.3 are met.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The interview is conducted with the applicant and his spouse, if any, with whom he resides, regardless of whether or not the spouse is also an applicant.

The interview is conducted with the applicant alone, if the spouse cannot be present because:

- He is hospitalized; or
- He is incarcerated; or

H. DUE DATE OF ADDITIONAL INFORMATION

Additional information is due 30 days from the date of application.

1.25 WV WORKS

When WV WORKS applicants are also Food Stamp applicants, requirements in 1.4 also apply to the Food Stamp portion of the case. Eligibility for Medicaid is a separate determination. When eligible for Medicaid, the requirements in Section 1.5 apply.

A. APPLICATION FORMS

A CAF or ES-2 is used.

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG must not be required to make an additional application for Food Stamps. Food Stamp eligibility must be determined based on the information provided for the other programs.

B. COMPLETE APPLICATION

The application is complete, when the client signs an ES-2 or CAF or OFS-5 which contains, at a minimum, his name and address.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

An application is considered incomplete when the client chooses not to sign the CAF or ES-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording in Case Comments must specify that the client did not want to sign the application and the reason for his decision. The client must be encouraged to sign the application so there is no misunderstanding that he was denied the right to apply.

C. DATE OF APPLICATION

The date of the application is the date that the CAF or ES-2, which contains, at a minimum, the applicant's name and address, is signed.

If the client, who became ineligible due to a lump sum payment requests recomputation, the date of application is the date of his request.

- BCSE: Explain redirection requirements, good cause, penalties for failure to cooperate without good cause, possible referral to BCSE for signature of paternity acknowledgment, and obtain the signature

- He no longer meets the definition of an ABAWD; or
- He resides in an NILC; or
- He meets the ABAWD work requirement as specified in item (2); or
- He becomes exempt as specified in item (7) below; or
- He has worked 80 hours in a 30-day period. This does not have to be the 30 days immediately preceding the date of application; or he participates for a month in employment or training activities.

Only individuals who have regained eligibility in this manner can qualify for the additional 3-month period specified in item (6) below.

(6) Qualifying For An Additional 3-Month Period While Not Meeting the Work Requirement or Being Exempt

When eligibility is regained having worked 80 hours in a 30-day period, or by participating for a month in an employment or training program, the individual is eligible to receive FS for up to 3 consecutive months without meeting the work requirement or being exempt. This is the last time in the 36-month period that he can be eligible without meeting the work requirement. After this second 3-month limit expires, he may only become eligible again by complying with the work requirement, residing in an NILC, or becoming exempt as specified in item (7) below.

EXAMPLE: An ABAWD uses his 3 months of eligibility in May, June and July, 1997, without meeting the work requirement and his case is closed effective July. He completes 80 hours of work between August 10 and August 31. He reapplies September 1. If otherwise eligible, he

- student participation listed in Chapter 9; or
- Resides in an ILC and is age 48 or over; or
 - Is hired for work at least 30 hours per week; or
 - Is hired for work or is self-employed and receiving earning equal to at least 30 hours times the minimum wage per week.

NOTE: The last 2 exemptions qualify the individual to participate immediately, if otherwise eligible. Because this is an exemption, the individual is not required to complete any work hours to become eligible again. However, this does not qualify the individual for the additional 3 month period specified in item (6) above until he has worked 80 hours in 30 days.

EXAMPLE: An ABAWD residing in an ILC is a recipient of Food Stamps on December 1, 1996 with a redetermination due in March, 1997. At the March redetermination, it is determined the individual did not meet the ABAWD work requirement and was not exempt during December, January and February. His eligibility ends effective March, 1997.

EXAMPLE: An ABAWD receives his first full month's benefits in March, 1997. His 36-month period begins March, 1997. He is certified through May, when it is determined he did not meet the ABAWD work requirement for March, April and May, 1997. His eligibility ends effective May, 1997.

EXAMPLE: The same individual in the example above moves to an NILC and applies for Food Stamps in August, 1997. If otherwise eligible, he may receive for Food Stamps while he resides in the NILC or while the county remains an NILC.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Cecil H. Underwood
Governor

Joan E. Ohl
Secretary

OFFICE OF FAMILY SUPPORT

Document For Protection Of Application Date

In order for you to receive the benefits for which you have applied, it is necessary for you to sign an application form. Since the information you provided during the interview was entered into a computer system, your Worker must print some of the information entered on a document for your signature.

Occasionally, there is a technical failure of the printers, such as happened on this date. Therefore, since some benefit amounts depend upon the date you applied for benefits, you are being asked to sign this statement today, instead of an application form, to protect your actual date of application. You will not be required to return to the office to sign any additional application form.

I attest to the correctness of the information that I provided during the interview. It is true and complete to the best of my knowledge.

I understand the requirements explained above and have been given the opportunity to receive answers to my questions about them.

Applicant Signature

Date

Applicant Address

I have reviewed the information in RAPIDS given to me by the applicant and I attest it is true and complete to the best of my knowledge.

Worker Signature

Date

OFS-5
New 11/98

ORIGINAL: Case Record

COPY: Client