

**MANUAL MATERIAL TRANSMITTED**

MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 162-A		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
APPENDIX-A A5-A6	1	1/99	APPENDIX-A A5-A6	1	1/2000
			APPENDIX-A A7	1	1/2000
3 - 4	2	4/97	3 - 4	2	1/2000
i	4	5/99	i	4	5/99
ii	4	7/97	ii	4	1/2000
3	4	9/95	3	4	1/2000
4	4	5/99	4	4	1/2000
17	4	4/97	17	4	1/2000
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APPENDIX A	10	1/2000	APPENDIX A	10	1/2000
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		5/98	ii	13	1/2000
23 - 24		5/98	23	13	5/98
			24	13	1/2000

**DATE: JANUARY, 2000 TO: ALL INCOME MAINTENANCE MANUAL HOLDERS**

This change is being made to replace pages which were misprinted in Change #162. All other pages and the change #162 DW-17 are correct.

SAVE	Systematic Alien Verification for Entitlement Program
SCA	School Clothing Allowance
SDX	State Data Exchange
SFU	Standard Filing Unit
SGA	Substantial Gainful Activity
SLIMB	Specified Low-Income Medicare Beneficiary
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Account Number
SUA	FS Standard Utility Allowance
TANF	Temporary Assistance for Needy Families
TEFAP	Temporary Emergency Food Assistance Program
Title XIX	Section of the Act dealing with Medicaid
Title XX	Section of the Act dealing with Social Services Programs
TM	Transitional Medicaid
TPL	Third-Party Liability
TRIP	Transportation Remuneration Incentive Program
UCI	Unemployment Compensation Insurance
UMWA	United Mine Workers of America
UPV	Unintentional (FS) Program Violation
USDA	United States Department of Agriculture
VA	Veteran's Administration
VISTA	Volunteers In Service To America
VQ	Voluntary Quit
WC	Workers' Compensation
WG	TANF or WV WORKS Check Amount, when there is earned income (C-219 System)

WIC            Women, Infants and Children Program  
W&T           Work and Training  
WtW           Welfare to Work

B. PROCEDURES FOR COUNTY TRANSFERS AND CASE CLOSURES

The following information provides procedural instructions for case actions common to all programs.

1. County Transfers

When a recipient moves to another county, data system action is taken immediately to transfer the case and change the address. The county office in the client's new location must be notified by GroupWise of case name, case number, new address, effective date of the transfer and any other pertinent information the new county of residence needs before receipt of the case record, such as vendor payment status, redetermination due or overdue, a domestic violence situation, etc. The county office in the new location must also be notified when the Food Stamp benefit group contains an ABAWD. A redetermination must be completed when an ABAWD moves from an NILC to an ILC.

The Worker forwards the case record and any separate file which contains information about a domestic violence situation to the new county, within 10 days. A memorandum is attached to the case record. In addition to case name and case number, the memorandum must include the new address, type of benefit and/or services being received and the date the case is due for redetermination. When a benefit group moves from a WV WORKS county to a TANF county or vice versa, the originating county is responsible for notifying the new county that a redetermination must be completed. If the client is in a nursing facility, this is indicated. A copy of this memorandum is retained in the closed files of the originating office. If the case is active with Social Services or BCSE, the Worker must notify the other units of the transfer by DHS-1.

2. Case Closures

When a client's circumstances change so that he becomes ineligible, the case is closed. In some situations, the case is automatically closed by the data systems. However, most case closures are completed by the Worker. Case closures usually involve failure to continue to meet an eligibility requirement. These are addressed in the Program-specific items which follow. The closures described below are related to general requirements, common to all Programs.

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- The Worker must not request verification if the case record or other documentation shows that verification has previously been supplied. It may, however, be requested if the verification provided or shown in the Department's records is incomplete, inaccurate, outdated or inconsistent with recently reported information. Unchanged information is not verified unless it is incomplete, inaccurate, outdated or inconsistent with recently reported information.
  
- If the client requests a receipt for verification he leaves at the county office or with the Worker, the Worker must provide a signed statement for the client showing the following information:
  - Name of person who leaves the information
  - Case name
  - Date received
  - Specific description of the information, including the date, title and source of any documents
  - Any other information the Worker wishes to include
  
- When the client alleges domestic violence, the Worker, in order to insure the safety of the individual, must never contact the abuser, his relatives or friends: See Section 4.2,E,7 for acceptable method of verification in domestic violence situations.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Good Cause For Voluntarily Quitting Employment	FS, AFDC Medicaid and WV WORKS	<p>FS: When an applicant quits employment within 60 days prior to the application date or a recipient quits a job at any time.</p> <p>AFDC Medicaid: When an applicant quits employment within 30 days prior to the application date or a recipient quits a job at any time.</p> <p>WV WORKS: When an applicant quits employment within 45 days prior to the application date or a recipient quits a job at any time.</p>	Employer's statement, grievance board decisions, statements of witnesses, BEP decision
6. Hours Worked	FS	When an AG member is an ABAWD	Pay stubs, written statement from employer, work record sheet, ES-17

APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	AFDC MEDICAID LIMIT	WV PAYMENT	100% SON	185% SON	TRIP
1	687	824	914	1,030	1,271	1,374	2,060	149	224	581	1,075	532
2	922	1,106	1,226	1,383	1,706			201	276	786	1,454	789
3	1,157		1,539	1,735	2,140			253	328	991	1,834	864
4	1,392		1,851	2,088	2,575			312	387	1,196	2,213	939
5	1,627		2,164	2,440	3,010			360	435	1,401	2,592	1,014
6	1,862		2,477	2,793	3,445			413	488	1,606	2,971	1,089
7	2,097		2,789	3,145	3,879			462	537	1,811	3,351	1,164
8	2,332		3,102	3,498	4,314			477	552	2,016	3,730	1,239
9	2,567		3,414	3,850	4,749			477	552	2,221	4,109	1,314
10	2,802		3,727	4,203	5,184			477	552	2,426	4,488	1,389

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST		MNIL		QMB	SLIMB	QI-1	QI-2	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	E & D	1 Mo.							
1	127	893	687	1,133	200	687	688-824	825-927	928-1202	512	355	756
2	234	1,199	922	1,521	275	922	923-1106	1107-1245	1246-1613	769	533	1,014
3	335	1,504	1,157	1,909	290						566	1,273
4	426	1,810	1,392	2,297	312						711	1,531
5	506	2,115	1,627	2,684	360						819	1,790
6	607	2,421	1,862	3,072	413						939	2,048
7	671	2,726	2,097	3,460	461						1,046	2,307
8	767	3,032	2,332	3,848	477						1,165	2,565
9	863	3,338	2,567	4,236	527						1,273	2,824
10	959	3,644	2,802	4,624	577						1,394	3,082

**NURSING HOMES**  
 Min. SMS - \$1,383  
 Max. SMS - \$2,103  
 MAX. FMA/each - \$461  
 OLE - \$175