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DATE: APRIL, 2000			TO: ALL INCOME MAINTENANCE MANUAL HOLDERS		

This change is being made to add policy for direct deposit, the new method by which a WV WORKS client may receive his regular monthly benefit. This process is formally know as EFT or Electronic Funds Transfer. In order to clearly distinguish the process from the upcoming EBT process, the term **direct deposit** is used throughout the policy.

The development of this process was a cooperative effort by the Office of Financial Services, the Office of Family Support Policy Unit, RAPIDS and the State Auditor's Office. An informational brochure was sent to all WV WORKS recipients on January 18, 2000 and staff were informed by the Office of Financial Services about the anticipated start of the direct deposit process at that time.

CHAPTER 2

Section 2.17,B: In item 1, What Must Be Reported, changes in bank account information must be reported to the State Auditor's Office when the client participates in direct deposit. In item 2, Timely Reporting, references to Quarterly Reporting were removed.

Section 2.17, D: Changes were made to items 1, 2, 3, 4 and 5 to update form numbers, terminology and to add RAPIDS information and remove C-219 information. In item 1, a reference to vendor payments was removed. In item 5, instructions to open a Food Stamp only case number were removed since all benefits are received in RAPIDS.

Section 2.17,D,7,b: Duplicate and incorrect text was removed. Terminology was updated where appropriate. Vendor payments are no longer used for cash assistance sanctions and RAPIDS can be coded for a substitute payee for protective payments. Therefore, the vendor payment procedure is no longer needed and all references to the process were removed. All references to the C-219 system and coding were removed.

Section 2.17,D,7,c: Since only adult SSI recipients are excluded from the WV WORKS AG, text was changed to indicate that only an SSI child's needs are not removed, not all SSI individual's needs.

Section 2.17,E: Terminology was updated and NOTES were added to specify that only monthly WV WORKS benefits are direct deposited. Incorrect item references were changed. Items 2,3,4 and 5 were changed to reflect current procedures now used with RAPIDS. Checks can no longer be held under any circumstances. Item 6 is a new policy for direct deposits for which the transaction cannot be completed.

CHAPTER 21

Section 21.3: Item C has been changed to Check Remailing Procedures to distinguish that procedure from the new item D, Check Replacement Procedures. All subsequent items in the section have new letter designations accordingly. In item G, Alternate Issuance, direct deposit was added. Item H, Direct Deposit Replacements was added.

The Auditor's Office makes every attempt to resolve problems with direct deposit and either effect the deposit or indicate an unsuccessful deposit to the Accounts Receivable Office. Although it is extremely unlikely that a completed deposit would be indicated by the Auditor's Office and not be credited to the client's account, a procedure is outlined for replacing the benefit if this situation occurs. Under no circumstance is the benefit replaced by another direct deposit. An affidavit is being developed for use in this situation and will be available by the date of the first deposits in June, 2000. Staff will be notified by GroupWise of the form number and availability date.

Appendix A: An indicator was added to show that benefits received by direct deposit are never replaced by another direct deposit.

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- on the OFS-AP-1 of the relative with whom the child lives.
- Work Requirements: Explain the purpose of WV WORKS; DCA payments, if appropriate; TM, child care assistance and job placement.
 - Personal Responsibility Contract (PRC): Explanation and completion of the PRC is not required to be part of the intake interview, but it may be done at the same time. See item T below for details about the PRC requirements.
 - Repayments: Discuss any outstanding repayments. See item L below.
 - Eligibility: Explain beginning date of eligibility and the importance of establishing eligibility as soon as possible.
 - Medicaid: Explain that Medicaid eligibility is a separate determination and how and when the medical card is issued, if appropriate.
 - Lump Sum: If the client indicates he may be receiving a lump sum payment, explain the lump sum policy.
 - Pregnancy: Explain the need for the client to report immediately when anyone in the AG becomes pregnant.
 - Caretaker Relative Option:

NOTE: When a parent(s) is included with his own child(ren), the OFS-WVW-10 must not be signed. When the AG includes a parent(s), his child(ren) and other children for whom the parent is a specified relative, the parent is required to be included and form OFS-WVW-10 must not be signed. The form is used only when a caretaker relative receives cash assistance only for children to whom he is not a parent.

For cases in which the caretaker relative is not a natural or adoptive parent, form OFS-WVW-10 must be explained. The form must be signed and completed prior to approval, but not necessarily during the intake interview. The Worker must explain the option of being included or excluded from the AG and answer the client's questions about the consequences of each choice. Refusal, or other failure, of the caretaker relative to sign the form results in denial of eligibility for the caretaker relative for at least

- When the benefit cannot be deposited into a bank account after enrollment, a check is written and the client must re-enroll in direct deposit. Until the client submits updated information to re-enroll, he will receive a check at his mailing address.
- The Treasure's Office e-mail address at which the client may obtain information about banks in the area in which he lives which provide no- or low-cost services. The Worker may access the information for the client.

H. DUE DATE OF ADDITIONAL INFORMATION

The client and the Worker agree on the date by which additional verification must be obtained.

I. AGENCY TIME LIMITS

Data system action must be taken to approve, deny or withdraw the application within 30 days of the date of application.

EXCEPTION: When the delay is a result of factors outside the control of the Department and the applicant.

J. AGENCY DELAYS

If an application has not been acted on within the required time limit due to agency error, corrective action must be taken immediately.

K. PAYEE

The payee is the individual in whose name the WV WORKS check is written. The payee must use his legal name whenever possible, unless there is some circumstance that justifies the use of another name. If so, the decision to allow use of another name is made by the Policy Unit, based on information submitted by the local office.

The parent with whom the child is residing is the payee. When the child lives with 2 parents, the parents choose the payee. When the child lives with a parent and a stepparent, the parent is the payee. When the child lives with one relative other than a parent, the specified relative is the payee. When a child lives with two specified relatives other than a parent, they must choose who will be the payee.

NOTE: Payments are not issued to minor parents. Instead, the parent or other responsible adult with whom the minor

established he did not have good cause. The 45-day waiting period applies.

- When a client, who became ineligible due to receipt of a lump sum payment, requests recomputation of the period of ineligibility, the beginning date of eligibility can be no earlier than the date of the request. See Section 10.21.
- When an assistance group becomes ineligible due to failure of a parent or caretaker, without good cause, to meet the 24-month work requirement, the beginning date of eligibility cannot be any earlier than the first day on which he participates in an activity which meets the 24-month work requirement. If the non-parent caretaker is no longer in a 12-month period for which he chose to be included, eligibility for the otherwise eligible child(ren) may begin as soon as the 12-month period ends, so long as the caretaker chooses exclusion from the assistance group.

NOTE: When a non-parent caretaker's 12-month period for which he opted inclusion ends, he may again receive WV WORKS for the otherwise child(ren), even when not meeting the 24-month work requirement, so long as he chooses to be excluded from the assistance group. If he reapplies during the 12-month period for which he opted inclusion, or after the 12-month period ends and he again opts to be included, he must meet the 24-month work requirement to receive WV WORKS for the child(ren).

Because eligibility for WV WORKS has no bearing on Medicaid eligibility, the beginning date of Medicaid eligibility must be determined according to the coverage group(s) under which WV WORKS recipients receive Medicaid. See Sections 1.6 through 1.22.

N. REDETERMINATION SCHEDULE

Cases are normally redetermined annually. The redetermination schedule is set automatically by the data system, unless the Worker and Supervisor agree that a redetermination must be completed earlier. When a case is reopened without an OFS-2 or CAF, the Worker must ensure that the client continues in the same redetermination cycle.

Cases may be redetermined more frequently at the discretion of the Worker and Supervisor when any of the following occur:

- There are persons in the benefit or income groups who frequently change jobs or work intermittently.

overdue. Upon receipt of the alerts the Worker must redetermine the cases immediately. A case is overdue if changes are not transmitted by the last day of the month in which the redetermination was due, regardless of the effective date.

S. THE BENEFIT

The following explains about the WV WORKS benefit and how it is issued. The initial benefit and any benefit other than the ongoing monthly benefit is a check, as described in item a below. The ongoing WV WORKS benefit may also be received by direct deposit into an individual's own bank account. The direct deposit process and procedures are outlined in item b below.

1. The WV WORKS Benefit

a. The Check

A check is made payable to the individual designated as payee and is mailed to the address in the data system. The check cannot be forwarded to a different address.

The check cannot be assigned to someone else, nor can it be attached for payment of debts by any person outside the DHHR.

The check must be endorsed by the payee. The endorsement must show the name of the payee as it appears on the face of the check. When the payee endorses the check by his mark, the endorsement must be witnessed by two persons whose names and addresses are written below the payee's mark.

WV WORKS checks are received on approximately the first day of the month. Initial checks are received a week to 10 days after the approval transaction. To determine the check amount, see Chapter 10.

A check is indicated in RAPIDS on screen IQAF with a warrant number which begins with a 3. Screen IQAD shows an N in the EFT field.

b. Direct Deposit

The client may choose to have his ongoing monthly WV WORKS benefit deposited directly into his own checking or savings account. The account must be in the name of the payee for the WV WORKS benefit.

- (1) Enrollment in Direct Deposit and Effective Date

direct deposit was not completed, i.e., returned. The returned benefit is cancelled. The Worker receives an alert from RAPIDS. The Worker must contact the client to resolve the issue of the returned benefit. After contact with the client, and if appropriate, the Worker reissues the benefit to the client in the form of a check, using appropriate RAPIDS procedures. See the RAPIDS User Guide.

Any time that a direct deposit transaction cannot be completed, the client is removed from direct deposit and he must re-enroll to receive his benefit in this manner. Until such time as he re-enrolls, he will receive a check.

NOTE: Only the monthly WV WORKS benefit may be received by direct deposit.

(3) Dis-enrollment from Direct Deposit

The client must request removal from direct deposit by submitting a written request directly to the Auditor's Office at the address shown on the enrollment form or by calling the Auditor's Office. Identifying information may be requested.

c. The Initial Benefit

(1) Amount

The initial WV WORKS benefit amount may be different than the ongoing benefit amount.

The initial WV WORKS benefit is prorated from the date that all eligibility requirements are met, including signing the PRC and participating in orientation.

The Worker must inform the client of the benefit of returning all necessary information as soon as possible.

The monthly benefit amount is determined according to instructions in Chapter 10 and prorated. Special needs are not prorated. Instead, the full special need amount is added to the prorated amount.

The date eligibility is established must be coded in RAPIDS.

The system's response to approvals includes both the prorated benefit amount for the first month and the full benefit amount for the following month.

(2) Method of Issuance

The initial benefit is issued by RAPIDS.

b. Determining the DCA Amount

The DCA amount is determined as follows:

- Determine the maximum WV WORKS amount that is payable to a family of the same size.
- Multiply the amount by 3. This result is the maximum DCA payment allowed for the case.
- Determine the amount needed to meet the temporary financial need. The amount may include expenses related to future employment needs and ongoing household expenses.

NOTE: Because payment is limited to one-time-only, the Worker must be certain to include all such needs in this determination. Supplemental payments may not be issued, even if the maximum amount was not used for the first DCA and even if the transaction can be made the same day. In addition, regardless of the amount of the DCA payment, acceptance of DCA counts as 3 months toward the lifetime limit of 60 months and toward the 24-month limit to participate in a work activity.

- Compare the amount of the temporary financial need to the maximum DCA amount. If the DCA is sufficient to meet the need, payment is issued for the amount of the temporary need. If the DCA is not sufficient to meet the need, the Worker and the client may determine that the amount that can be met by the DCA is sufficient and that other arrangements can be made to meet the remainder of the need. Otherwise, DCA is not appropriate, and the client is approved for an ongoing WV WORKS check. There are no circumstances under which the maximum DCA payment amount may be exceeded.

c. Determining if DCA is Appropriate

The following guidelines are used to determine if DCA is appropriate.

- The benefit group must demonstrate a need which cannot be met with current or anticipated family resources.
- A member of the benefit group must be employed or have a verified promise of employment or other verified source of income within two months of application.
- The benefit group must be eligible for a WV WORKS check based on the applicant's

order to accept an offer of employment, he must move his family to another state. The following needs are identified: car repairs, overnight lodging for the family for the trip, food for the family for the trip, rent in a new dwelling for a month, utility deposits and some specialized tools for the new employment. The Worker verifies that the applicant has a car and has the client obtain an estimate of the repair costs. He also verifies the cost of the specialized tools for the new employment based on the client's statement that they are necessary. The client does not want his future employer to know that he is receiving help from the Department to accept the job, so the Worker does not contact the employer to confirm the need for the tools. However, he does contact some local employers of the same type to ensure that such tools would be used. Note that, in this case, it is assumed that the client has written verification of his employment. Otherwise, contact with the future employer would be necessary to verify the employment. The Worker and the client agree on the amount needed for the family for overnight lodging, rent, utility deposits and food. These items are not verifiable, since the client does not yet have a place to live in the new state and does not know where he will stay overnight on the drive. It is reasonable to assume that these costs will be incurred in moving to another state, and the amount is negotiated.

3. The Medical Card

Medicaid eligibility for WV WORKS recipients is not automatic with receipt of a payment. See Sections 1.6 - 1.22 for information, according to the appropriate Medicaid coverage group.

T. PERSONAL RESPONSIBILITY CONTRACT (PRC)

NOTE: Guidance for completion of Part 2 of the PRC, the Self-Sufficiency Plan is found in Chapter 24.

The Personal Responsibility Contract (PRC), IM-WVW-2, is an agreement between the adult members of the WV WORKS AG and the Worker as the representative of the Department. There are 2 parts to the form. Refusal or other failure, without good cause, to sign either part of the form results in ineligibility for the entire AG. Refusal or other failure, without good cause, to perform any task or to take any other action, never results in a sanction unless it was included in the PRC at the time the refusal or failure occurred. If it was, the appropriate sanction, as found in Chapter 13, is applied.

1. PRC - Part 1

Part 1 of the PRC is the same for all clients. It states the purpose of the WV WORKS Program and lists the client's rights and responsibilities. Each adult AG member must sign Part 1. In addition, the Worker must sign the form as the Department's representative. The client's signature indicates that he understands and accepts the responsibility inherent in the

Refusal or other failure, without good cause, to participate in the development of the self-sufficiency plan (Part 2 of the PRC) or to sign the plan once it is developed, results in ineligibility for the entire AG.

Refusal or other failure, without good cause, to adhere to the self-sufficiency plan, results in the imposition of a sanction. See Chapter 13 for information about appropriate sanctions.

During the completion of the PRC, the Worker must make every opportunity available for the individual to disclose domestic violence issues which may affect the client's particular requirements as a WV WORKS recipient. It must be stressed with the client that disclosure may be a benefit in the PRC process. If, based on observation of a couple during an interview, the Worker suspects domestic violence is a factor, he may attempt to set up a separate interview at a later date. However, any attempt to do so must be done in a manner which insures the client's safety. Under no circumstances must the individual's safety be compromised or is the client to be penalized for refusal to conduct a separate interview.

NOTE: When the client's plan involves requirements or exemptions due to domestic violence or plan monitoring with a domestic violence agency, the Worker must take special precautions when recording exemption information on the PRC or in RAPIDS. No copy of any such plan is filed in the record. The Worker may make phone contacts to monitor the plan and record only general information, i.e.; the name of the individual to whom he spoke, but not the organization; a statement that the current plan is being followed satisfactorily, etc. When monitoring the plan, the Worker must not contact the abuser, his relatives or friends, nor leave any messages regarding domestic violence on any home answering machine. The domestic violence indicator in RAPIDS serves as documentation of the reason for the requirements or exemption.

U. ORIENTATION

Each adult included in the WV WORKS benefit group must receive orientation to the Program. At the discretion of the CSM, orientation may be conducted in groups or individually.

The orientation session must explain the following items:

- The purpose of WV WORKS
- That work is the first priority of the Program
- The work requirements applicable to the specific family
- The purpose and use of the Personal Responsibility Contract and its relationship to the imposition of

APPENDIX B

GUIDE FOR SELF-SUFFICIENCY PLAN

Identify Goals
Identify Challenges
Identify Support Services Needed
Assignments/Activities
Target Dates/Completion Dates/Follow-up Dates

MISCELLANEOUS

Domestic Violence
Schedule Date for Orientation
Schedule Date for In-Depth Assessment
ABLE/ABCD/IBCD Testing
Always Consider Sanctions/Compliance/Non-Compliance
Always Consider Exemptions from Work Requirements
/Good Cause for Non-Participation

WORK ACTIVITIES

Subsidized Employment
Unsubsidized Employment
Community Work Experience Program (CWEP)
Joint Opportunities for Independence (JOIN)
Employer Incentive Program (EIP)

JOB SEARCH IS:

Register with Job Service
Apply for Earned Income Tax Credit
Apply for Governor's Summer Youth Program (GSYP)
Apply for Work Study Programs (College Students)
JTPA/Feeder Program
JOB Search - Looking for Work

COMMUNITY SERVICES

Life Skills Classes
Parenting Classes
Dependent Care
Job Readiness
Volunteer Work
Sheltered Workshop
Substance Abuse Treatment/Mental Health Counseling
JTPA/Feeder Program

AT OPTION OF FAMILY SUPPORT SPECIALIST MAY ALSO REQUIRE PARTICIPATION
IN (for everyone)

Counseling
Parenting Classes
Mentoring
Family Planning Classes

MEDICAL

Medical Testing
MRT Referral
Vocational Rehabilitation
Nutrition Classes
Social Security Administration Referrals
Dental/Optometry

APPENDIX C

EFFECTIVE DATES OF
TANF STATE PLANS

STATE	EFFECTIVE DATE
Alabama	11/96
Alaska	11/96
Arizona	10/96
Arkansas	7/97
California	11/96
Colorado	7/97
Connecticut	10/96
Delaware	3/97
District of Columbia	3/97
Florida	10/96
Georgia	1/97
Guam	7/97
Hawaii	7/97
Idaho	7/97
Illinois	7/97
Indiana	10/96
Iowa	1/97
Kansas	10/96
Kentucky	10/96
Louisiana	1/97
Maine	11/96
Maryland	12/96
Massachusetts	9/96
Michigan	9/96
Minnesota	7/97

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- Births Due In (mm/yy), WEA396P1: Received monthly, after deadline. Cases with special coding in Blocks 49 or 55 in the C-219 system appear on the printout. The special coding indicates that a child is due to be born in the following month. Form IM-CM-2 is mailed to the client at the same time the printout is produced. The individual designated by the CSM is responsible for clearing this printout by making sure that the newborn child is added to the check and/or medical card and that the change is transmitted within 5 working days of its birth. If the family is also receiving Food Stamps, the child must be added to the Food Stamp benefit group at the same time.

Other printouts which are received may provide information which is used in the case maintenance process, but do not require a specific case action. These include:

- C/U County Payroll, WEA140P1
- PA Food Stamp Authorization, WES142P1
- Daily Pickups (Food Stamps), WEA930AP1
- PA Cases Having A-K in Block 45, WEAR2802P1

B. REPORTING REQUIREMENTS

1. What Must Be Reported

All changes in income, assets, household composition and other circumstances must be reported.

When the client receives his WV WORKS benefit by direct deposit, he must report changes in bank account information to the Auditor's Office.

2. Timely Reporting

All changes in a client's circumstances must be reported immediately. In addition, new earned income must be reported within 10 days of the date new employment begins to avoid certain penalties. See Chapter 10.

When a dependent child, included in a WV WORKS payment, will be absent from the home for a period of 30 consecutive calendar days or more, the parent or other caretaker must notify the Department by the end of the 5-calendar-day period that begins with the date it becomes clear to the parent/caretaker that the child will be absent for at least 30 days. Failure to report

3. Change In The Category Or Deprivation Factor

There are no categories of WV WORKS assistance, and deprivation factors do not have a bearing on WV WORKS eligibility. Only when Medicaid eligibility for the AFDC Medicaid or AFDC-Related Medicaid coverage group, is being determined for a WV WORKS case, is it necessary to establish a AFDC deprivation factor.

4. Change In The AG

- Additions: Additions to the AG are effective the month the change occurs, provided the individual is otherwise eligible.

An individual who is added to an existing AG is treated as an applicant. No CAF or OFS-2 is required. Benefits for the individual are prorated from the date that all eligibility requirements are met, including signing the PRC and attending orientation. Eligibility cannot begin earlier than the date the individual entered the home.

- Deletions: Deletions from the AG are effective the month after the change occurs and the advance notice period expires. Repayment is sought for any overpayment that occurs. When a parent leaves the household, referral procedures to BCSE apply.

5. Continued Benefits After Case Closure

- a. Continuation of Food Stamp Benefits After WV WORKS Closure

If a WV WORKS AG, also certified for Food Stamps, is closed and there is sufficient information, Food Stamps must continue uninterrupted.

A new CAF or OFS-2 is not required. See Chapter 1 for establishing the redetermination date.

The closure notice sent to the client must state that the AG continues to be eligible for Food Stamps. If the benefit increases or decreases, appropriate notification must be sent. See Chapter 6.

There are two situations which require that the client be placed on protective payments. These are:

(1) Money Mismanagement

A Social Worker, providing protective services to the family, may request the case be placed in protective payment status.

When the Social Worker determines that protective payments are necessary due to money mismanagement, he sends a DHS-1 to the Worker requesting the case be placed on protective payments and indicates the substitute payee and the date protective payments are to begin. The name of the substitute payee is provided by the Social Worker.

When the case is placed on protective payments, the bills paid are those chosen by the client or with his participation and consent, to the extent possible.

(2) Protective Payments at the Client's Request

When the client requests a substitute payee in writing, the Worker must honor his request and advance notice is not required. The Worker takes the action as soon as possible after the request. The protective payments are discontinued as soon as possible after the client makes a request in writing.

(3) Choosing the Substitute Payee

When a substitute payee is used, the selection of a substitute payee is made by the client, or with his participation and consent, to the extent possible. When it is in the best interest of the client for a staff member of a private agency or any other appropriate organization to serve as a substitute payee, the selection is made, preferably, from the staff of an agency or that part of the agency providing protective services.

Step 2: Determine the amount of the check with the individual not included in the AG. This includes the same applicable incentives, reductions or sanctions which were applied in Step 1, even if not including the individual in the payment could eliminate the incentive, reduction or sanction. In addition, do not apply the 25% reduction simply because the check amount is being computed without including the individual.

Step 3: Subtract the amount in Step 2 from the amount in Step 1. The remainder is the individual's portion of the check.

This amount must be determined for each month for which SSA requests the information.

8. Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA's). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change.

E. CORRECTIVE PROCEDURES

1. Correcting The Check Amount

Prior to issuing a corrective payment, the Worker must determine if the AG owes an overpayment. If so, the corrective payment must be offset by the amount of the overpayment. See Section 20.3, items D,4 and E,3.

NOTE: DCA payments must not be used to offset an overpayment.

a. Underpayments

A corrective payment is made to the client when he did not receive a check(s) for which he was eligible, or the check he received was less than that to which he was entitled.

The amount of the corrective payment is the difference between the check the client received and the amount he was entitled to receive, over the period involved, as determined using RAPIDS procedures. See the RAPIDS User Guide.

2. Correcting The Address

When the WV WORKS check is returned to the Accounts Receivable Office, the return is entered into RAPIDS and the Worker receives an alert.

When the Worker receives the alert, he must determine the correct disposition of the check and enter the appropriate information in RAPIDS. See the RAPIDS User Guide. The new address must be entered into RAPIDS as soon as possible to insure that the check is mailed to the correct address when released by Accounts Receivable.

The Worker receives an alert when the returned benefit is released.

3. Correcting The Payee

When a check is issued and the payee must be changed for any reason, i.e., death of the payee or payee leaves the home, the Worker notifies Accounts Receivable using the appropriate RAPIDS procedure. See the RAPIDS User Guide

NOTE: If the payee is deceased, and has endorsed his check prior to his death, no repayment is sought, regardless of his living arrangements. If the endorsed check is returned, and there is another specified relative to whom the payment can be made, appropriate RAPIDS procedures are used to request that the check be rewritten in the other person's name. See the RAPIDS User Guide.

4. Cancelling The Benefit

When the benefit, either a check or direct deposit is returned, the Worker receives an alert in RAPIDS. If the client does not report a new address after an attempt to contact him, the case is closed. The benefit must be cancelled. The Worker uses appropriate RAPIDS procedures. See the RAPIDS User Guide.

When cancellation is requested, data system action to close the case must be taken. If the benefit, either a check or direct deposit, is returned and cancelled, it is not counted toward the 60-month time limit.

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b. Limits on Replacement

There is no limit on the number of times the value of food lost in a misfortune or disaster may be replaced.

c. Offset

Replacements of destroyed food must not be used to offset claims.

B. WHEN FOOD STAMPS WILL NOT BE REPLACED

Replacement issuances are not provided in the following circumstances:

- When coupons are lost, stolen or misplaced after receipt.
- When coupons are totally destroyed after receipt in some way other than a household disaster or misfortune.
- When coupons sent by registered or certified mail are signed for by anyone residing with or visiting the benefit group's residence.
- When the issuance would normally be replaced but the benefit group has not signed the ES-FS-36 within ten (10) days of the date the client reports.
- When the client has already received the maximum number of countable replacements. See Section 21.2,A,1,b.
- When FCS has issued a disaster declaration and the benefit group is eligible for disaster Food Stamp benefits, the benefit group must not receive the disaster allotment and a replacement allotment.
- When the client does not report the benefit loss within the period of intended use or within ten (10) days of the specific incident.

D. CHECK REPLACEMENT PROCEDURES

- Determine that the check was issued by inquiring benefit issuance history, at IQAF, in RAPIDS. The benefit must be in a disposition of issued (IS) and history updated with the actual check number.
- If the check is not received within five (5) mailing days, including Saturdays, but excluding Sundays and holidays, after the usual check receipt date, prepare original and 4 copies of form DF-36, Lost Check Affidavit. The client's name and the address to which the check was originally mailed must be entered of the DF-36.
- Have the client read or read to him the DF-36, and explain that he must return the original check if later received or found.
- Have the client sign the DF-36 in the presence of the Worker. The client's signature must be exactly as shown on the payroll. Two witnesses are required if the client signs with an X. Signatures on all copies must be original. The Worker must complete the state, county and date sections of the DF-36.
- Send the original and two copies of the DF-36 to Check Control Unit, Accounts Receivable. File a copy of the memorandum and DF-36 in the case record. At the option of the CSM, replacement of benefits may be tracked using form ES-AP-8.
- Send one copy to IFM: Attention: Chief Investigator
- Request stop payment of the check through the RAPIDS stop payment function BISP. Refer to RAPIDS User Guide.
- Request a replacement check through the RAPIDS auxiliary function on BICS. Refer to the RAPIDS User Guide.

E. WHEN ORIGINAL CHECK IS LOCATED

1. When Check Has Not Been Cashed

If the client later receives or finds the original check, he must return it to the county office and endorse it to the Department.

record. The benefit is replaced using appropriate RAPIDS procedures and reason code 916. The benefit is replaced with a check by mail. Under no circumstances is the benefit replaced by an additional direct deposit. If the deposit is not returned from the Auditor's Office, the Accounts Receivable Office will refer the case to IFM. The IFM referral is only for the purpose of seeking repayment as no investigation is required.

APPENDIX A

FOOD STAMP REPLACEMENT DESK GUIDE

REPLACING FOOD STAMPS	Can FS Be Replaced	Report Within 10 Days	ES-FS-36	Replacement Limits	RAPIDS Auxiliary Reason Codes
Undelivered FS (not delivered or delivered and stolen from mail box). Wait 5 calendar days before replacement.	YES	Report during period of intended use	YES Retain in record	YES 2 countable replacements in 6 months	901 ES-FS-10 required
Stolen FS (Burglary, hold-up or snatching)	NO	N/A	N/A	N/A	N/A
Lost FS (lost or misplaced after receipt)	NO	N/A	N/A	N/A	N/A
FS damaged prior to receipt	YES	YES	NO	NO - Can only replace distinguishable coupons. Must present 3/5 of coupon.	900
FS damaged after Receipt	YES	YES	NO	YES - Counts as 1 of 2 replacements in a 6-month period	900
Destroyed FS (Fire, flood, etc.)	YES	YES	YES - Forward original to FS Issuance Unit	Yes - 2 replacements in 6 months in addition to 2 undelivered FS replacements	900
Food destroyed in disaster or misfortune	YES - Cannot exceed one month's allotment	YES	YES Retain in case record	NO	902
Partial Allotment received - envelope tampered with (considered undelivered)	YES Same procedure as undelivered	YES	YES Retain in case record	YES - Counts as 1 of 2 undelivered FS replacements in a 6 month period	914
Partial Allotment received - envelope not tampered with (misstuffed)	Maybe - Supervisor and FS Unit will decide	YES	YES Retain in case record	NO	914

24.14 PAYMENT OF SUPPORT SERVICES

Payment for support services is authorized to assist clients in securing or maintaining employment, or participating in other activities. A client whose case is in a 1st or 2nd sanction period is eligible to receive support services payments. There is no reduction in the amount of the support services payment due to imposition of the 1st or 2nd sanction. Those whose AG's are closed due to imposition of the 3rd or subsequent sanction are not eligible for payment for support services.

Beginning in January, 2000, former WV WORKS recipients are eligible for support service payments indefinitely as long as the conditions in Section 24.16 are met.

Benefit Issuance screens for Work Programs are used to request (BIRQ), stop payment (BIWS) and to replace (BIPL) support service payments. Inquiry screens related to support service payments are IQWH, IQWD and IQVN.

A. GENERAL REQUIREMENTS

The following general information applies to all support services payments.

- Support payments are not required to be paid at the maximum rate available. The amount of the payment is based on the verified need, but may not exceed the maximum amounts.
- When the client participates in more than one activity, payment may be made for each activity. However, the total may not exceed the maximum payment for each expense.

EXAMPLE: Assume the limit is \$300/Federal FY. During one 12-month period, a client participates in job search, CWEP and part-time employment. As a job search participant, he receives \$75 for clothing. While a CWEP participant, he receives an additional \$150 for clothing. When he finds employment he is only eligible for an additional \$75 for his special clothing needs, because the maximum payment for clothing has been reached.
(\$75+\$150+\$75=\$300)

- The need for a payment must be verified. The verification may be obtained from the client, the employer or training facility. An offer of employment may be verified in writing or verbally. The client's student or training status must be verified by the institution or training site.

- Multiple payments may be issued, unless specifically limited to one payment only in item B below.
- Support service payments cannot be made by direct deposit.

B. ALLOWABLE SUPPORT SERVICE PAYMENTS

NOTE: There is no requirement that the support service payment be issued only to those who need it to meet a work participation requirement. Requested payments are made unless there is a substantive reason to deny the payment. Denials of support service payments must be recorded on CMIC.

Additional information about the specific types of support services that are allowed is contained in this item. No other support service payments may be made.

RAPIDS' Work Programs screen BIRQ is used to request support service payments.

The following chart shows the type of support service payments available and lists the WV WORKS activities and RAPIDS components for which such payments may be made.

WV WORKS recipients may be participating in more than one activity simultaneously and entered as such in RAPIDS. However, the WtW participant may not be shown in WtW and any of the following RAPIDS components at the same time:

- AB
- CO
- HS
- JO
- JR
- LS
- PD
- TB

WtW participants may be entered in WtW and any employment-based RAPIDS component at the same time, including CW, JN and EI, and with VT.