

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE

CHANGE NUMBER: 21

DELETE

INSERT OR CHANGE

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			Appendix D	23	4/96

DATE: March, 1996

TO: All Income Maintenance Manual Holders

11. Section 9.1,A,4 has been revised again based on a change in final federal regulations. The earlier changes were based on proposed regulations. The regulations were changed based on comments from state agencies prior to being finalized. Changes were made in the definition of an institution of higher education (item a); the exceptions based on: CWS participation, employment or training participation and caring for children (item b); definition of "parent" for student exception purposes (item b). Two additional examples were added to item c.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

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6.3 NOTICE OF ACTION RESULTING FROM A REDETERMINATION OR CASE MAINTENANCE ACTIVITY

Two (2) forms are basic to client notification of a change in benefits, whether this change occurs at redetermination, or as a result of a case maintenance activity. These are the ES-NL-B and the ES-NL-C.

The ES-NL-B is used to notify the client of an increase in benefits, of action taken resulting in no benefit change, and, in very few instances, of a decrease or case closure.

The ES-NL-C is used to notify the client of case closure or a decrease in benefits when advance notice is required.

Closely involved in the determination of whether an ES-NL-B or an ES-NL-C is used is the ES-NL-5, Waiver of 13-Days Advance Notice. In addition to these forms, the ES-6 Notice of Information Needed, and the ES-10, Appointment Letter, may be used for client notification. The use of each of these forms is detailed below.

A. ES-6, NOTICE OF INFORMATION NEEDED

If, at redetermination, or the time of any other change in client circumstances, it becomes clear that further information or verification is needed, the ES-6 is used to notify the client in writing of the needed information and the date by which the information must be received.

1. Food Stamp Redeterminations

The date entered must be at least 10 days from the date of the ES-6. If the information is not available by the date indicated, and the client has not contacted the Worker, the case is closed (before automatic closure by the data system), or the deduction disallowed. The client must be notified of the denial or disallowance by form ES-NL-B. Benefits must not be continued beyond the certification period, unless a redetermination is completed and the client remains eligible.

2. Case Maintenance for All Programs and Redeterminations for AFDC/U and Medicaid

The date entered must be no earlier than 10 days from the date the ES-6 is completed.

C. ES-NL-B

NOTE: The ES-NL-B must always be used with a Hearing/Pre-Hearing Conference request form, ES-NL-B1 and the appropriate computation forms.

E. FAIR HEARING/PRE-HEARING CONFERENCE REQUEST FORMS

Three different forms are used to request a Fair Hearing and/or a Pre-Hearing Conference as follows:

- The ES-NL-A1 is always used when an ES-NL-A is used.
- The ES-NL-B1 is always used when an ES-NL-B is used.
- The ES-NL-C1 is always used when an ES-NL-C is used.

If more than one notification letter is sent at the same time, the appropriate Fair Hearing/Pre-Hearing Conference Request Form must be sent with each notification letter.

EXAMPLE: The client experiences a change which increases his AFDC check amount. His Food Stamp benefits decrease, solely due to the increase in the AFDC check. The Worker prepares an ES-NL-B to address the increase in AFDC and attaches form ES-NL-B1. In addition, the Worker completes an ES-NL-C to address the decrease in Food Stamp benefits and attaches an ES-NL-C1.

F. ES-10, APPOINTMENT LETTER

The ES-10 is used to notify the recipient of the time and place of an appointment. These appointments are usually scheduled for redeterminations. However, the form can be used to notify the client of an appointment when a face-to-face contact is indicated for a case maintenance activity.

If the client fails to keep the appointment, the Worker must send an ES-NL-C prior to case closure, except for case closures resulting from failure to keep an appointment for a Food Stamp redetermination. An ES-NL-B is used in this situation.

For Food Stamp cases, the ES-10 serves as the first notification of the end of the certification period. Therefore, the ES-FS-3 must always accompany the form.

The ES-10 is completed in duplicate with a copy filed in the case record.

There are three forms used to calculate the amount of income deemed to an SSI-Related Medicaid client, as follows:

- IM-SSIR-1A Deeming to Spouse
- IM-SSIR-1B Deeming to Child
- IM-SSIR-1C Deeming to Spouse and Child

E. ES-NL-GA-1, GA FOR DA COMPUTATIONS

This form must be sent with each ES-NL-A sent to the client for approval of GA for DA benefits and to each applicant denied for income reasons.

In addition, it must be sent with each ES-NL-C sent for notification of ineligibility due to income reasons.

F. ES-NL-AC-1, ASSET COMPUTATIONS

Asset computations must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

The Worker must designate the program(s) for which the form is being completed and the appropriate asset limit. If two or more programs' assets are being shown on the same form, and an asset is excluded for one program but not others, the Worker must show for which program(s) the asset was counted under "Additional Information." This same section is also used for any special considerations given to an asset, such as "jointly-owned but fully available", or "cash-in value only counted".

In the column headed, "Value (How Obtained)," the Worker must indicate the source of information used to determine the value, such as NADA Book, Client's Statement, Bank Statement of (DATE), Vehicle Estimate.

G. ES-NL-C/U-2, AFDC/U REPAYMENT AMOUNT COMPUTATIONS

Computation of the AFDC/U overpayment amount must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of the receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

be a boarder, it is necessary to determine if an individual pays a reasonable monthly payment for board.

A reasonable monthly payment is defined as one of the following:

- More than two meals daily: An amount equal to or exceeding the maximum monthly coupon allotment for the appropriate size of the boarder benefit group; or
- Two meals or less daily: An amount equal to or exceeding two-thirds of the monthly coupon allotment for the appropriate size of the boarder benefit group.

NOTE: Foster children are considered boarders, regardless of the amount of monthly payment.

4. Student Eligibility

In applying the student policy, it is first necessary to determine if any member of the Food Stamp benefit group is a student. If so, whether or not the student policy applies must be determined as found below in item a.

Student participation in the Food Stamp Program is limited to individuals who meet the criteria in item b.

a. Determination of Applicability of the Student Policy

If a member of the Food Stamp benefit group is a student and meets any one of the following criteria, he is not considered a student for Food Stamp purposes, and eligibility is determined as for any other individual. He does not have to meet one of the exceptions to the restriction on student eligibility in order to qualify.

- He is under age 18.
- He is over age 50.
- He is physically or mentally disabled. See Chapter 12.

week period Mr. A is only attending classes, he is considered a student.

Any other student must meet one of the exceptions to the restriction on student eligibility in item b to qualify for Food Stamps.

b. Students Eligible to Participate

Students who meet one or more of the following criteria are eligible to participate, provided all other eligibility factors are met:

- The student is employed at least 20 hours per week and is paid for the employment.

Unlike normal work registration, a student cannot substitute wages equivalent to 20 times the minimum hourly wage, but must actually work 20 hours, regardless of the amount of wages.

However, self-employed persons must be employed at least 20 hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours.

- The student is participating in a state- or federally-financed CWS program during the regular school year. Participation means that the student has been approved for CWS during the school term and anticipates actually working during that time. To qualify for this exception, the student must be approved for CWS at the time of application. The exception begins with the month in which the school term begins or the month CWS is approved, whichever is later. Once begun, the exception continues until the end of the month in which the school term ends, or it becomes known that the student refused an assignment. The exception is lost between school terms

NOTE: The last exception only may apply to a non-parent.

- The student is the natural or adoptive parent or the stepparent of and is responsible for the care of a dependent benefit group member under the age of 6.
- The student is the natural or adoptive parent or the stepparent of and is responsible for the care of a dependent benefit group member between the ages of 6 and 12 and adequate child care is not available to enable the student to attend class and satisfy the 20-hour work requirement or participate in a state- or federally-financed CWS program during the regular school year.
- The student is the single parent (natural, adoptive or stepparent), regardless of marital status, and is responsible for a dependent child under age 12, regardless of the availability of adequate child care, and is enrolled full-time, as defined by the institution.

This applies in situations where only one natural, adoptive or stepparent, regardless of marital status, is in the same benefit group with the child.

If no natural, adoptive or stepparent is in the benefit group with the child, another full-time student in the same benefit group as the child qualifies for this exception, if the other full-time student has parental control over the child and the student is not living with his spouse.

student eligibility, so they are not eligible.

EXAMPLE: A man and woman receive AFDCU and have four children, one of whom is a 21-year-old college student who lives at home. The student meets none of the criteria for an exception to the student policy. The student cannot be included in the Food Stamp benefit group, but, if they are otherwise eligible, Food Stamps can be approved for the husband, wife and three other children.

EXAMPLE: The situation is the same as the previous example, except that the college student is 17 years old. He is eligible to be included in the Food Stamp benefit group because he is under 18. See item a.

EXAMPLE: A woman who is a student wants Food Stamps for herself and her 10-year-old child. While the student is at school, her mother who lives across town takes care of the child. The student has the responsibility for the care of a dependent child between the ages of 6 and 12. Adequate child care is available, but because the student is a single parent, she qualifies for participation.

EXAMPLE: A man, woman and their 10-year-old child apply for Food Stamps. While the woman who is a student is in school, her mother, who lives across town, takes care of the child. She is only willing to keep her while she is in classes, but not while she works. The man works and there is no other available child care. The student qualifies to be included due to the lack of adequate child care.

EXAMPLE: Same situation as above, except that the grandmother is willing to keep the child for as long as necessary for the woman to work. The exception is not met, so the student cannot receive Food Stamps.

EXAMPLE: A FS benefit group consists of a child (age 10), his mother and his stepfather. The stepfather is a full-time

5. Residents of a Group Living Facility (GLF)

a. Who is An Eligible Resident

A resident of a GLF, as defined in Chapter 14, is eligible when he is:

- Blind; or
- Meets the Food Stamp program definition of disabled found in Chapter 12.

NOTE: Only the Food Stamp recipient must meet one of the above requirements, not all of the GLF residents.

If a client receives RSDI, SSI or any other benefit based on age and wishes to receive Food Stamps, he is eligible only if:

- He also meets the definition of disabled found in Chapter 12; or
- It is a requirement that the resident be disabled or blind to reside in the GLF, and the GLF determined that the aged client meet its definition of disability or blindness; and
- He is a resident of a non-profit Adult Family Care or Personal Care Home approved by the Office of Community Support.

b. Determining the Benefit Group

The GLF may:

- Serve as the authorized representative for its residents; or
- Allow all or part of the residents to apply on their own behalf; or
- Allow all or part of the residents to apply through their own authorized representative.

The staff of the GLF determines if any individual or group of individuals may apply

Projected income is determined as follows:

Step 1: See above.

Step 2: See above.

Step 3: Earnings of $\$700 \div 4 = \175 average.
 UCI of $\$150 \div 2 = \75 average.
 Earnings of $\$1200 \div 12 = \100 average.

Step 4: Weekly earnings of $\$175 \times 4.3 = \752.50 converted.
 Biweekly UCI of $\$75 \times 2.15 = \161.25 converted.
 Annual contract earnings = $\$100$ converted.

Step 5: $\$752.50$
 $\underline{+100.00}$
 $\$852.50$ Projected monthly earned income

Step 6: $\$161.25$ Projected monthly unearned income

B. INCOME DISREGARDS AND DEDUCTIONS

Certain items may be allowed as income deductions to arrive at a benefit group's countable income. A deduction is allowed even if the payment is made from assets (**EXCEPTION:** educational expenses). The expense must be billed or be due during the certification period in which the deduction is claimed. In addition, deductions from the benefit group's income are applied only if the expense has been or will be met by the benefit group's own resources.

Some expenses cannot be anticipated or occur too late in the month to use as deductions in the following month. They are used as deductions for the first month for which a change can be made effective.

At initial application, expenses paid during previous months are not used. Expenses paid or due during the month of application are used. In some situations, expenses from previous months are used to anticipate ongoing expenses.

In addition, any Food Stamp benefit group may choose to have fluctuating expenses averaged, except for educational expenses. Expenses are averaged by dividing the expenses over the number of months they are intended to cover. When expenses are prorated, they are prorated over the certification period, or the remainder of the certification period, as appropriate.

- Prescription and over-the-counter drugs, if prescribed by a qualified health professional.
- Hospital or outpatient costs, nursing care and nursing facility care. This is also allowable if paid on behalf of an individual who was a member of the benefit group immediately prior to admission to a facility. The facility must be recognized by the State.
- Medical supplies, sick-room equipment (including rental charges) or other equipment prescribed by a qualified health professional, such as oxygen tanks, hospital bed, wheelchair, etc.
- Health and hospitalization insurance premiums
- Medicare premiums, except when the Department is paying the premium
- Dentures
- Hearing aids and batteries
- Purchase and maintenance of prosthetic devices
- Purchase and maintenance of a seeing-eye or hearing dog, including the cost of dog food and veterinarian bills.
- Prescription eyeglasses
- Reasonable cost of transportation and lodging to obtain medical treatment or services. If a client can verify that a charge was made for transportation, but the provider will not state the amount, 20 cents per mile is allowed as a medical deduction.
- Maintaining an attendant, homemaker, home health aid, housekeeper or child care services necessary due to age, infirmity or illness. If the benefit group provides the majority of the attendant's meals, an amount equal to the maximum monthly coupon allotment for one person is also used as a medical deduction.

(1) Estimated Expenses

The client may claim a medical deduction by providing a reasonable estimate of medical expenses for the certification period. Such expenses may include current verified medical expenses, anticipated changes in ongoing expenses, an anticipated new source of ongoing expenses or an anticipated one-time-only expense. The client must verify that

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16.1 INTRODUCTION

The West Virginia Medicaid Program provides payment for covered medical services to certified medical providers for eligible individuals who are aged, blind or disabled and to eligible members of families with dependent children.

The determination of which medical services are covered under Medicaid and which medical providers are certified to accept Medicaid patients is the responsibility of the Office of Medical Services and is not addressed in this Manual. Unless otherwise specified, the coverage group receives all services covered under Medicaid.

For eligibility for nursing home services and MR/DD and HCB Waiver coverage groups, refer to Chapter 17.

This Chapter provides an overview of the Medicaid Program. In addition, each coverage group has specific requirements which must be met and procedures to follow that may not apply to other Income Maintenance programs or other Medicaid coverage groups. These are contained in this Chapter.

In addition to the coverage groups described in this Chapter which make up the Medicaid Program, the Department has special procedures in place to pay for certain necessary drugs for individuals not eligible for Medicaid. These costs are paid from State money only and cover only the costs shown in items A and B below. Procedures to obtain payment for these expenses are also described below. Workers must submit information about all persons who might qualify for payment of such services. None of the costs paid for through this process may be used to meet spenddown.

A. SPECIAL APPROVAL, IMMUNOSUPPRESSANT DRUGS FOR TRANSPLANT PATIENTS

Individuals who have received a transplanted organ and who are not eligible for Medicaid may have the cost of anti-rejection drugs paid by the Department. To qualify, it must be established that the client does not have sufficient income available to pay for the medication.

To have the client considered for this special approval, the Worker must submit a memorandum to the Director, IM Policy Unit, OFS. The memorandum must contain the following information:

- Client's name, address and telephone number

16.2 RELATIONSHIP WITH THE OFFICE OF HANDICAPPED CHILDREN (OHC)

A child may be simultaneously eligible for and receiving services from the Medicaid Program and from the Office of Handicapped Children (OHC). The child may already be receiving Handicapped Children's services when application is made for an OIM Program. In addition, at the time of application, and anytime thereafter, the Worker may determine that a child could benefit from Handicapped Children's services.

A. NON-OHC RECIPIENTS WHO ARE APPLICANTS FOR OIM PROGRAMS

Anytime a child's eligibility is being considered for any Income Maintenance Program and the Worker believes the child could benefit from services provided by the OHC, the Worker must refer the child to the OHC. Refer to the OHC Manual for covered medical conditions.

The referral is accomplished by completion of the following OHC forms:

- HC-10 - Handicapped Children's Application
- HC-11 - Eligibility Review
- HC-11A - Eligibility Review Supplement

If the child is applying for AFDC/U or Medicaid, a memorandum must be attached to the forms listed above indicating the status of the application. If the child is later approved for OHC services and AFDC/U or Medicaid, the OHC must be advised by memorandum of any change in the status of the case and the reason for such change.

B. OHC RECIPIENTS WHO ARE APPLICANTS FOR AFDC/U OR MEDICAID

When a family applies for AFDC/U or Medicaid and is already an active OHC case, the Worker must notify the OHC if the application is approved and must specify the eligibility dates. This is accomplished by memorandum and the Worker must indicate whether or not the child's case is pending spenddown. If the child does have a spenddown, the Worker must notify the OHC by memorandum as soon as the spenddown is met.

In addition, when the child is already an active OHC case, the Worker must notify the OHC by memorandum if the application is denied or withdrawn or the active Medicaid case is closed. The memorandum must indicate the reason for such action.

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the individual, or in the case of a couple, either individual, is likely to return to the home within 6 months. The amount may be deducted for up to 6 months.

When both spouses are institutionalized, only one spouse may receive the OLE. They may choose which spouse receives the deduction.

e. Non-Reimbursable Medical Expenses

When the client is Medicaid eligible, only as determined in items C, 2, 3 or 4 above, incurred medical expenses, including nursing care costs, for which the client will not be reimbursed, are subtracted from his remaining income. The incurred, non-reimbursable medical expenses which may be deducted are the same as those which may be used to meet spenddown. See Chapter 10. When the client becomes eligible for nursing care services after expiration of a penalty period for transferring resources, any nursing care expenses incurred during the penalty period are deducted as non-reimbursable medical expenses.

All non-reimbursable medical expenses are totalled and any cents rounded up before entry in Block 71.

NOTE: The amount of the client's spenddown, if any, which was calculated during the eligibility determination process, is treated as a non-reimbursable medical expense and subtracted from the client's income along with any other medical expenses the client may have. However, the spenddown amount is entered in Block 67, not in Block 71 with the other non-reimbursable medical expenses.

2. Determining The Client's Total Contribution

Because the amount of medical expenses used to meet the client's spenddown cannot be paid by Medicaid, the spenddown amount becomes part of the client's contribution toward his cost of care. This amount is added to the resource amount determined in item 1. above to determine the client's total

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The Worker must also notify the community spouse using form ES-NL-D that the assessment may not be appealed until a Medicaid application is made.

3. Revisions To The Asset Assessment

The asset assessment may be revised when the client, his spouse, the Hearings Officer or the Worker determine, with supporting documentation, that the initial determination was incorrect or based on incorrect information.

4. Additional Asset Exclusions For Institutionalized Spouses

The institutionalized individual is not ineligible for Medicaid due to the assets determined above, if he lacks the ability to or is legally prevented from assigning the assets which would otherwise make him ineligible. In addition, when denial of Medicaid eligibility will work an undue hardship, his assets may be excluded. See Chapter 11 for the definition of undue hardship.

5. Transfers of Assets To The Community Spouse

Once initial eligibility has been established, assets that were not counted for the institutionalized spouse must be legally transferred to the community spouse. Assets cannot merely be attributed to the community spouse, but must actually be transferred to the community spouse, if they are to be excluded in determining continuing Medicaid eligibility of the institutionalized spouse. Assets legally transferred to the community spouse are not treated as uncompensated transfers of resources.

To exclude assets attributed to the community spouse, the institutionalized spouse must indicate his intent to transfer the assets to the community spouse, and the transfer must take place within 90 days, unless a longer period is required to take the action.

6. Additional Asset(s) Received/Obtained

When the institutionalized spouse obtains an additional asset(s) after the community spouse's

1. UPV

There are two types of UPV's, client errors and agency errors. Even though both are UPV's, some policies and procedures differ based on who caused the error.

A UPV claim is established when:

- An error by the Department resulted in the overissuance, except when the Worker failed to have the application form signed.
- An unintentional error made by the client resulted in the overissuance.
- The client's benefits are continued pending a Fair Hearing decision and the subsequent decision upholds the department's action.
- The Department is attempting to establish an IPV. Until this is established, the claim is collected as a UPV.
- It is determined the client did not commit an IPV. The claim is pursued as a UPV.
- The benefit group received Food Stamps solely because of Categorical Eligibility, and it is subsequently determined ineligible for AFDC/U, GA for DA and/or SSI at the time they received it.
- The Department issued duplicate allotments and the benefit group did not return the incorrect allotment.
- The Department continued issuance beyond the certification period when a redetermination is not completed.

2. IPV

IPV's include making false or misleading statements, misrepresentations, the concealment or withholding of facts, and committing any act that violates the Food Stamp Act of 1977, Food Stamp regulations, or any State statute relating to the use, presentation, transfer, acquisition, receipt, or possession of Food Stamps.

The individual(s) who is found to have committed an IPV is ineligible to participate in the program for a

amount of the claim and provides him with a copy of form ARTS-CG-NL1.

NOTE: It is possible to conduct the interview by telephone when the client offers a compelling reason for not coming to the office. When this occurs, the interview requirements listed above must be followed. Form IG-BR-44 is mailed to the client for his signature(s), along with form IG-BR-44a, which explains the disqualification process.

(2) Use by Hearings Officer

An IG-BR-44 is attached to each notice to the client when an ADH is scheduled. If the client signs the form and returns it prior to the Hearing, the Hearing is not held. The Hearings Officer forwards the IG-BR-44 to the Repayment Officer/Investigator for follow-up.

NOTE: Only the person disqualified may sign the IG-BR-44. When the client waives his right to an ADH, the disqualification penalty cannot be changed by a subsequent Fair Hearing.

b. Determination of IPV by ADH

An ADH is held when:

The Repayment Officer/Investigator has interviewed the client and the client did not sign an IG-BR-44, and did not report for the interview without good cause, and has not rescheduled.

The investigator believes an IPV is involved, but the county prosecuting attorney declines prosecution.

c. How to Request ADH

To request an ADH, the Repayment Officer/Investigator sends the following completed documents to the Hearings Officer:

- IG-BR-29
- IG-BR-30
- IG-BR-44
- A Case Review Summary in duplicate which includes:

Section I: Name, address, case number, and names of Workers involved.

Section II: Case data, date approved, date closed, overissuance period and amount.

Section III: Summary of facts known about the overissuance:

- When, how and by whom overissuance was discovered,
 - Ineligibility circumstances
 - For unreported assets, list assets, value, location and period of ownership,
 - or unreported income, list name and address of source and amount received each month.
- Section IV: Client's understanding of his responsibilities and includes Worker's signature and date summary was completed.

(2) Time Limits

The disqualification must be imposed within 45 days of the date an IPV was established. The 45-day limit for imposing the disqualification begins on the date the Repayment Office/Investigator:

- Secures all necessary signatures on an IG-BR-44; or
- Receives an ADH decision establishing an IPV; or
- Receives a final court order establishing an IPV.

(3) Imposing the Penalty

Once the sanction is obtained, the Repayment Officer takes the following actions:

- Notifies the client of the date disqualification begins, and benefit reduction or termination as a result of the disqualification, using forms ES-NL-C and ES-NL-C1. See Chapter 6.
- Takes data system action to remove the disqualified individual(s).
- Begins repayment of the claim using IPV policy.

NOTE: If the individual is not eligible for Food Stamps at the time the disqualification period begins, the disqualification period begins at the same time it would if he were a Food Stamp recipient and continues until it expires, regardless of the eligibility status of the individual or his benefit group. Likewise, once an eligible individual is disqualified, the disqualification period continues until it expires, regardless of the eligibility status of the individual or his benefit group.

EXAMPLE: A court order is received by the Investigator on 8/1/95 indicating an individual is guilty of his first IPV. When

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Nvi/TPX MENU FOR WE#

Panelid - TEN0041
Terminal - LO420100
Model - 3278-2A
System - WVISC

Cmdkey=PF24
Print=PA2

Jump=PA1
Cmdchar=\

Menu=PF4

Sessid	Sesskey	Session Description	Status
X TSO	PF 13	TSO/ISPF at WV IS&C	
OSCAR	PF 15	OSCAR PRODUCTION	
PHONE	PF 16	State Telephone Directory Inq.	
OFFICE	PF 17	Office Auto. (Per. Serv,DW/370)	
ZIPCODE	PF 18	ZIP+4 Inquiry	
WVFIMS	PF	CICS Production for WVFIMS	
MOBIUS	PF 24	INFOPAC-RDS Report Distribution	
OSCARTST	PF	OSCAR TEST ENVIRONMENT	
OSCARTRN	PF	OSCAR TRAINING ENVIRONMENT	
CICSTEST	PF	CICS Test (Test-TOR)	
CICSTST2	PF	CICS Test (Test-TOR)	
CICSPROD	PF	CICS Production for Hum. Serv.	
SETUP	PF 23	Personal TPX Profile Maintenance	
TSO-ALT	PF 14	Alternate TSO Logon	
WVNET	PF	WV Educational Net	
Command ==>			
PF1=Help	PF7/19=Up	PF8/20=Down	PF10/22=Left
			PF11/23=Right
			H =Cmd Help

Menu Utilities Compilers Options Status Help

Enter TSO or Workstation commands below:
ISPF Command Shell

====> %wenhasmt

Place cursor on choice and press enter to Delete command

=>
=>
=>
=>
=>
=>
=>
=>
=>
=>
=>

Command ==>>> Browse SAS data set: WE2.NHASMT Screen 1
Obs 1

SPOUSAL ASSETS ASSESSMENT

INSTITUTIONALIZED INDIVIDUAL

LAST NAME: FIRST NAME: MIDDLE INITIAL:
SSN: BIRTHDATE: SEX:
CERT NBR: NURSING HOME CODE:
DATE ADMITTED TO INSTITUTION:

COMMUNITY SPOUSE LAST NAME: FIRST: MIDDLE INITIAL:
COMMUNITY SPOUSE ADDRESS:

COMPUTATION OF SPOUSAL SHARE OF ASSETS AT TIME OF INSTITUTIONALIZATION

TOTAL COUNTABLE ASSETS \$
SUBTRACT THE GREATER OF \$15,348 OR -
1/2 OF THE TOTAL COUNTABLE ASSETS \$
TOTAL ASSETS INSTITUTIONALIZED INDIVIDUAL CAN KEEP \$

DATE OF ASSESSMENT: AREA COMPLETING ASSESSMENT:
***** <PF15/3>--END ***** <PF19/7>-PREVIOUS OBS <PF20/8>-NEXT OBS

YOU HAVE SELECTED ENTER NEW DATA FROM THE MENU

1. YOU ARE PROMPTED TO ENTER YOUR AREA ID (01 - 27) AT THE BOTTOM
TYPE YOUR AREA ID (2 DIGITS PLEASE)

2. AFTER ENTERING YOUR AREA ID CORRECTLY YOU WILL BE IN FSEDIT

IF YOUR DATASET IS EMPTY (OBS 0 IN THE RIGHT HAND CORNER)
AND THE MESSAGE UNDER THE COMMAND LINE IS

WARNING: NO OBSERVATIONS ON DATASET. PRESS END TO EXIT OR ADD TO ADD.

YOU MUST PRESS <PF21> TO ENTER DATA.

PLEASE ENTER YOUR AREA ID (01 - 27) AND PRESS ENTER - 01

==> INCOME MAINTENANCE BUREAU NURSING HOME ASSESSMENTS <==

- 1 BROWSE MASTER FILE
- 2 ENTER NEW DATA
- X EXIT

ENTER YOUR SELECTION AND PRESS ENTER - X

Menu List Mode Functions Utilities Help

ISPF Command Shell

Enter TSO or Workstation commands below:

====> =X

Place cursor on choice and press enter to Delete command

=> %wenhasmt
=>
=>
=>
=>
=>
=>
=>
=>
=>
=>


```

Nvi/TPX MENU FOR WE#
Panelid - TEN0041
Terminal - LO420100
Model - 3278-2A
System - WVISC

Cmdkey=PF24      Jump=PA1      Menu=PF4
Print=PA2        Cmdchar=\

==> Session TSO has ended <==
Sessid          Sesskey      Session Description      Status
- TSO           PF 13        TSO/ISPF at WV IS&C
- OSCAR         PF 15        OSCAR PRODUCTION
- PHONE         PF 16        State Telephone Directory Inq.
- OFFICE        PF 17        Office Auto. (Per. Serv,DW/370)
- ZIPCODE       PF 18        ZIP+4 Inquiry
- WVFIMS        PF 18        CICS Production for WVFIMS
- MOBIUS        PF 24        INFOPAC-RDS Report Distribution
- OSCARTST      PF 24        OSCAR TEST ENVIRONMENT
- OSCARTRN      PF 24        OSCAR TRAINING ENVIRONMENT
- CICSSTEST     PF 24        CICS Test (Test-TOR)
- CICSSTST2     PF 24        CICS Test (Test-TOR)
- CICSSTST2     PF 24        CICS Production for Hum. Serv.
- SETUP         PF 23        Personal TPX Profile Maintenance
- TSO-ALT       PF 14        Alternate TSO Logon
- WVNET         PF 14        WV Educational Net
Command ==>
PF1=Help      PF7/19=Up    PF8/20=Down  PF10/22=Left  PF11/23=Right  H =Cmd Help

```

