

MANUAL MATERIAL TRANSMITTED					
MANUAL: Income Maintenance			CHANGE NUMBER: 44		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
i	2	3/96	5	2	10/96
ii	2	9/95	6	2	9/95
5 - 6	2	9/95	19	2	10/96
19 - 22	2	9/95	20 - 21	2	9/95
33 - 36	2	9/95	22 - 22 a	2	10/96
43 - 46	2	9/95	33	2	9/95
			34 - 36 a	2	10/96
			43 - 45	2	10/96
			46	2	9/95
61 - 62	23	9/95	61	23	9/95
143 - 144	23	9/95	62	23	10/96
			143	23	10/96
			144	23	9/95
			IM-CM-2	FORM	9/96
DATE: June, 1996			TO: All Income Maintenance Manual Holders		

On May 17, 1996, OFS notified Regional Directors (RD) and Community Services Managers (CSM) of a proposed solution to a problem that had been an issue for quite some time. The RD's and CSM's were asked to comment on the proposal and to offer alternative suggestions. The issue and comments are briefly discussed below; the final procedural changes are contained in this release.

**Problem Statement:** The Department's current policy related to additions of individuals to medical cards requires the client to report changes in household composition and the Worker to take action based on that report. While current policy does not prohibit the Department from actively seeking information about household composition changes, it treats such changes like all

After a while, they no longer contact the county office, but they do contact Client Services, BMS, OFS, the Secretary's office or the Governor's office. This disrupts everybody's work flow and can be avoided with prompt Worker action.

Most of the comments we received concerned who would be responsible for follow-up action. Since we stated in the beginning that this would be left up to the CSM and/or RD, we did not discuss these comments. However, one issue was raised that we had not considered. It concerns those counties with hospitals that serve people from all over the state. When we suggested that the Hospital Workers be responsible for finding out about the birth of a child, we never intended that all of the work would fall on the Hospital Workers in Charleston, Wheeling, Parkersburg, Huntington and other larger locations in the State. We had thought that each county would have a person contact such hospitals to get information about their own county. After this interpretation was brought to our attention it occurred to us that the hospitals may not tolerate contact from so many different people. Therefore, in making decisions about who should have the responsibility to follow-up on these births, it will be necessary to work with the hospital staff. In addition, such a burden cannot be placed on the Hospital Workers in the larger cities without involving the CSM for whom the Hospital Worker works. Careful planning and coordination will be necessary. If any CSM's or RD's plan to meet to discuss how to work out this issue, a member of the IM Policy Unit can be made available to assist, if necessary and if requested.

This final policy contains some changes from the proposal that was distributed for comment. Basically, the final version requires that each county have an individual who is responsible for making sure that there is follow-up on births and that the newborn is added to the case within 5 working days after obtaining the information. This person's name, telephone and fax numbers will be maintained on a list by OFS and will be made available to MCH, Client Services, BMS and other groups upon request. Instructions to these groups will be that any call related to the addition of a newborn to a case are to be referred to these individuals. The list will not be sent to providers as originally proposed. The CSM will be responsible for notifying the IM Policy Unit of any changes in the contact person or how to reach that person. The names, telephone numbers and fax numbers are due in OFS no later than September 15, 1996. Please send them to Brenda Crawford, WE#0732. Please note that each contact person must have a back-up and telephone calls/faxes must be automatically referred to the back-up in the absence of the contact. We do not need information about the back-up, but no one should be told that there is no one available to discuss the situation.

<b>2.1</b>	<b>INTRODUCTION</b>	1
A.	GENERAL SOURCES OF INFORMATION	1
B.	PROCEDURES FOR COUNTY TRANSFERS AND CASE CLOSURES	3
1.	County Transfers	3
2.	Case Closures	3
C.	PROCEDURES FOR ADDING NEWBORN CHILDREN (AFDC/U AND MEDICAID ONLY)	5
<b>2.2</b>	<b>FOOD STAMPS</b>	6
A.	SOURCES OF INFORMATION	6
B.	REPORTING REQUIREMENTS	7
1.	QR	7
2.	Non-QR	7
3.	Timely Reporting And Follow-Up	8
C.	AGENCY TIME LIMITS	9
D.	TYPES OF CHANGES	9
1.	Change In Case Name	9
2.	Change In Category Or Deprivation Factor	9
3.	Change In Benefit Group	9
4.	Change In Income	10
5.	Change Of Address	10
6.	Continuation Of Benefits	10
7.	Selling Food Stamps	11
8.	Food Stamps Returned To The County Office By The Client	11
9.	Cost-Of-Living Increases In Federal Benefits	11
10.	Change In Work Registration Status	12
E.	CORRECTIVE PROCEDURES	12
1.	Restoring Lost Benefits	12
2.	When Lost Benefits Are Not Restored	12a
3.	Time Limits For Restoring Benefits	12a
4.	Corrective Actions To Restore Benefits	14
5.	How Benefits Are Restored	15
<b>2.3</b>	<b>AFDC/U</b>	16
A.	SOURCES OF INFORMATION	16
B.	REPORTING REQUIREMENTS	19
1.	What Must Be Reported	19
2.	Timely Reporting	19
C.	AGENCY TIME LIMITS	19

d. Closure at Client's Request

The Worker must close the case when the client requests that such action be taken. The Worker should encourage the client to state the reason he is making the request, but acts on the case closure even if he does not. Advance notice is required.

C. PROCEDURES FOR ADDING NEWBORN CHILDREN (AFDC/U AND MEDICAID ONLY)

Each CSM is responsible for assigning one person in each of the counties under his supervision to seek out information about newborn children. This individual is responsible for ensuring that information about newborn children is added to the AFDC/U or Medicaid case and that the information is entered into the appropriate data system within 5 working days of the date information is obtained. This individual is also expected to work with medical providers and clients in the county to develop mutually agreeable procedures for obtaining the necessary information as quickly as possible. The CSM must also have a back-up designee when the contact person is unavailable.

A statewide list of the contact people is maintained by the IM Policy Unit and shared as appropriate. Each CSM is responsible for notifying the IM Policy Unit as soon as changes occur.

A printout titled Births Due In (mm/yy) is produced monthly which shows all families expecting a birth in the following month. Special coding in Blocks 49 and 55 in the C-219 system and Block 35 in the M-219 system is the basis for production of the printout. See Sections 2.3,A and 2.4,A.

This process is required only for AFDC/U and Medicaid cases. However, at the discretion of the CSM and Regional Director, the process may also be followed for the Food Stamp Program. The C-219 system codes for Blocks 49 and 55 are valid for any C-219 system case and will cause the case to appear on the printout.

- SDX Need to Open, WESDX101P3: Received weekly and lists SSI recipients. The Worker must remove the SSI recipient from AFDC/U cases. SSI income must be coded for Food Stamps, if appropriate. See Chapter 1.
- County List of SSI Recipients, WESDX100P1: Received monthly and lists all recipients of SSI. It provides income information and may be used to verify income for Food Stamps. See 2.
- ARTS Exception Report, WEA627P2: Received monthly and lists cases with repayment which do not match ARTS information. Worker must check case and take appropriate action to enter case in ARTS, remove repayment if complete, or correct C-219 or ARTS case information.
- 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 circumstances must be reported.

For AFDC/U cases which receive Food Stamps, the data system issues form ES-CG-CM-1 when properly coded. See Chapter 23. The form must be returned in 10 days, and requests information about shelter/utility expenses and household composition. When the form is not returned timely, the Worker must contact the client for the information using form ES-6. See Chapter 6.

3. Change In The Category Or Deprivation Factor

When the case category and/or deprivation factor changes, the case prefix and/or deprivation factors must be changed in the data system as appropriate. See Chapter 23.

The following changes in deprivation factor require special procedures:

- Deprivation Factor Changes to Absence: The specific cause of absence must be established and data system action taken to change the benefit codes. CAO referral procedures apply. See Chapters 15 and 23.
- Deprivation Factor Changes to Unemployment of a Parent: A new ES-2 must be completed and signed by the parents. See Chapter 1. The date the ES-2 is signed is the date of application, and is used to determine if the definition of unemployment is met. Attachment to the labor force is determined using the date of application for all persons, except those who received AFDC based on incapacity during the period immediately preceding the application based on unemployment. For these persons, the attachment to the labor force is determined as of the date of the most recent application based on incapacity. Between the date the ES-2 is signed and transmission of the category transfer, the unemployed parent is considered an applicant. See Chapter 15.
- Deprivation Factor Changes to Incapacity: When an absent parent moves into the home and reports that he is incapacitated, a new ES-2 is completed and an incapacity decision must be made before he is added to the benefit group. If a decision about incapacity cannot be made within 30 days of the date the absent parent moves into the home, and he meets the definition of unemployment, the deprivation factor is changed to unemployment

determine Food Stamp eligibility, an F case is opened and Food Stamp benefits are uninterrupted. A new ES-2 is not required. See Chapter 1 for establishing the redetermination date.

The closure notice sent to the client must state that the benefit group continues to be eligible for Food Stamps. The computer-generated approval letter for F cases notifies the client of the benefit and the certification period, if the benefit does not change. If the benefit increases or decreases, the Worker must send a manual letter. See Chapter 6.

## 2.4 MEDICAID

Individuals who receive Medicaid experience the same kinds of changes between application and redetermination and between redeterminations as individuals who receive Food Stamps and AFDC/U. The differences are as follows:

- For Medicaid, there is no benefit level determined. Therefore, the individual is either eligible or ineligible. Every reported change results in a redetermination of eligibility.
- For most Medicaid coverage groups, eligibility of family members is determined on an individual basis. Therefore, the same change could impact each family member differently.

See Chapter 17 for case maintenance requirements for nursing care services, ICF/MR, HCB Waiver or MR/DD.

The Worker has no case maintenance requirements for illegal aliens emergency coverage or QDWI.

Specific items other than the eligibility determination are addressed here.

### A. SOURCES OF INFORMATION

In addition to the sources listed in Section 2.1, the information found in Section 2.3 may also be used for Medicaid. The following printouts are also a source of information for Medicaid.

- Transitional Medicaid, WER0506P1: Received monthly and lists clients receiving TM.
- Medically Needy Spenddown Cases, WEM773: Received monthly and lists cases in spenddown status.
- Need to Evaluate, WESDX34P1: Received weekly and lists SSI recipients whose Medicaid eligibility must be evaluated. See Appendix A.
- Annual Review of Potential Pickle Eligibles, WE5: Received annually and lists potential PAC eligibles.
- 64 Yr. Old Listing Requiring Action, WA202: Received monthly and lists clients who should be referred to SSA for Medicare enrollment.



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.

B. REPORTING REQUIREMENTS

All changes in the client's circumstances such as, but not limited to, income, assets, household composition and change of address must be reported.

Changes are reported as soon as possible after the client becomes aware of them. This allows the agency to make a change and allows for advance notice, if the reported information results in an adverse action.

C. AGENCY TIME LIMITS

The Worker must take action on reported changes as soon as possible. When the Worker is aware of anticipated changes which may effect eligibility, a control is set to take action at the appropriate time.

D. TYPES OF CHANGES

1. Change In Case Name

The case name may be changed from one individual to another at the request of the individuals involved or when a change in circumstances requires it.

A new ES-2, ES-PW-4, or ES-MCAT-2 must be completed and signed by the new payee unless his signature is on the most recent ES-2, ES-PW-4, or ES-MCAT-2.

If the client's name changes, no new ES-2, ES-PW-4 or ES-MCAT-2 is necessary.

For QMB or SLIMB, a new ES-2 or ES-MCAT-2 must be signed by the spouse, if he becomes eligible for QMB or SLIMB, even though he will be added to the existing case.

2. When The Client's Coverage Group Changes

Due to limitations of the Department's data systems, the following coverage group transfer rules must be applied. They apply when a TRANS transaction is used and/or when the coverage group changes.

**EXCEPTION:** Changes in income do not effect the eligibility of Poverty-Level and Deemed Poverty-Level pregnant women.

**NOTE:** For QMB and SLIMB, the RSDI COLA's are disregarded in determining income eligibility through March of the year they become effective.

5. Case Closures

When the recipient's circumstances change to the point that he becomes ineligible, the case is closed. There are instances in which Medicaid cases are closed by the data system. This occurs when:

## 2.8 QUALIFIED CHILDREN AND POVERTY LEVEL CHILDREN

### A. CLOSURES

If a child is receiving inpatient services on the date he would lose eligibility due to attainment of the maximum age, eligibility must continue until the end of that inpatient stay.

If a child leaves the home, he is removed from the benefit group after proper notification. If he is the only member of the benefit group, the case is closed after proper notification.

### B. CHANGE IN INCOME

Special procedures must be followed when the child's sibling(s) has income of his own. These procedures must be followed to avoid illegally deeming income from one sibling to another. These procedures are also described in Chapter 10.

**NOTE:** The Worker must determine financial eligibility prior to entry into the M-219 System. No entries are accepted in the income Blocks of cases containing a Poverty-Level Child.

### C. OTHER CHANGES

A Qualified Child, regardless of the date of birth, who becomes pregnant and who is also eligible as a Poverty-Level pregnant woman requires a special benefit code of MC instead of PS, DQ, or DC. This change is made as soon as possible after the change is reported. A separate Poverty-Level pregnant woman case is not opened; the change is made in the QC case.

See Section 2.1,C for special instructions about the addition of newborn children to Medicaid cases.

## 2.10 NEWBORN CHILDREN

A Newborn child (birth - 12 months) is eligible for Medicaid until he reaches age 1, when all of the conditions in Chapter 16 are met. Therefore, only the routine case maintenance items listed in Section 2.1 apply to Newborn children.

The Newborn must be added to his mother's case according to instructions in Section 2.1,C.

4. Continued Medical Coverage Codes

These codes are used to generate client notification letters automatically and are critical to statistical reports generated from the system. When one of the following codes is used, Block 72 must also be coded appropriately.

Phase I, Transitional Medicaid (TM) when an AFDC/U case becomes ineligible due to the number of hours worked. Reason Code 142. 42

Phase I, TM when an AFDC/U case becomes ineligible due to amount of earnings. Reason Code 143. 43

Phase I, TM when an AFDC/U case becomes ineligible due to loss of earned income disregards. Reason Code 144. 44

Extended Medicaid when an AFDC/U case becomes ineligible due to excess child/spousal support. For use when Block 72 = 4 or Block 7 = B. Reason Code 145. 45

Phase II, TM Reason Code 146 46

5. Pregnant Women

For Deemed Poverty-Level pregnant women, code the mm in which the postpartum coverage is to end.

3. Child Due To Be Born

Enter the mm/yy in which the baby is expected to be born, followed by NB. An entry of NB prompts the case to appear on the printout described in Section 2.1,C.

4. Field Staff Control Codes

Any double letter code other than those listed above.

If none of the first three types of codes apply to a client, the Worker may assign a double letter code to indicate the reason for follow-up action on the case. When a Field Staff Control Code is used, the Worker must record its meaning for future reference.

Entries in this Block are made in the following order:

- Month, 2 positions
- Year, 2 positions
- Code, 2 positions

**EXAMPLE:** An MRT reevaluation is due in January, 1996. The Worker codes Block 35 as follows 0196MR.

ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	N	Y	All	None



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton  
Governor

Gretchen O. Lewis  
Secretary

ACCORDING TO OUR RECORDS, YOUR BABY IS DUE TO BE BORN NEXT MONTH. IT IS VERY IMPORTANT THAT YOU REPORT TO US AS SOON AS POSSIBLE AFTER THE BABY IS BORN. IF THE BABY NEEDS MEDICAL ATTENTION, YOUR MEDICAL CARD WILL NOT PAY FOR IT UNTIL YOU HAVE GIVEN US THE INFORMATION WE NEED TO KNOW. IF YOU ALSO RECEIVE A CHECK OR FOOD STAMPS, WE CANNOT INCREASE THE AMOUNT YOU RECEIVE UNTIL YOU REPORT TO US THAT THE BABY HAS BEEN BORN.

SO THAT YOU DO NOT HAVE TO VISIT THE OFFICE SO SOON AFTER HAVING A BABY, WE ASK THAT YOU FILL IN THE INFORMATION REQUESTED BELOW AND RETURN IT BY MAIL TO YOUR LOCAL HEALTH AND HUMAN RESOURCES OFFICE. YOU MAY ALSO REPORT THIS INFORMATION BY TELEPHONE. PLEASE FILL IN THIS FORM OR CALL US AS SOON AS POSSIBLE AFTER THE BIRTH OF YOUR BABY.

IF YOUR PREGNANCY DOES NOT END IN A LIVE BIRTH, WE ALSO NEED TO KNOW THAT YOU ARE NO LONGER PREGNANT. PLEASE WRITE THAT ON THE FORM FOUND BELOW AND RETURN IT TO YOUR LOCAL OFFICE. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR WORKER AT YOUR LOCAL OFFICE OR CALL TOLL-FREE 1-800-642-8589.

-----  
YOUR NAME: \_\_\_\_\_

YOUR  
ADDRESS: \_\_\_\_\_

TELEPHONE NO. WHERE WE CAN REACH YOU: \_\_\_\_\_

NEW BABY'S NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

NEW BABY'S BIRTHDATE: \_\_\_\_\_

DATE OF APPLICATION FOR SOCIAL SECURITY NUMBER FOR NEW BABY: \_\_\_\_\_

IF PREGNANCY DID NOT END WITH A LIVE BIRTH, SHOW THE DATE YOUR PREGNANCY ENDED:  
\_\_\_\_\_

*PLEASE MAIL TO YOUR LOCAL DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE.*