

MANUAL MATERIAL TRANSMITTED					
MANUAL: Income Maintenance			CHANGE NUMBER: 53		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
71 - 72	1	9/95	71	1	9/95
			72 - 72 a	1	12/96
21	2	9/95	21	2	9/95
22 - 22 a	2	10/96	22 - 22 a	2	12/96
9 - 10	21	6/95	9	21	12/96
			10	21	6/95
DATE: October, 1996			TO: All Income Maintenance Manual Holders		

The IM Policy Unit has begun a systematic review of all forms used for AFDC/U, Food Stamps and Medicaid policy. The review will not, at this point, revise many of the forms, but will focus on determining which forms can be made obsolete and which are still to be used, it will be added to the appropriate section (s) of the IM Manual, if it is not already there.

This change is being made to add forms ES-AP-8 and ES-AP-19 to the IM Manual. These forms are still valid for use.

The following forms are now obsolete and may no longer be ordered. You may remove them from your supply of forms:

ES-AP-9	ES-C-1	ES-CM-1	ES-8
ES-AP-17	ES-C-2	ES-CM-3	ES-9
ES-AP-18	ES-CG-10	ES-CVR-1	
ES-AP-100		ES-CVR-3	

You will receive Manual changes when decisions are made about other forms. We are making forms obsolete by Manual change in order to use the DW-17's as a tracking device.

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

### 1.13 SSI RECIPIENTS

#### A. APPROVALS FROM THE SDX NEED TO OPEN PRINTOUT

The SSI recipient is not required to make an application. Information to approve SSI recipients is received by the Worker on the SDX Need To Open printout. This printout is produced weekly and monthly from SDX tapes from SSA and lists individuals:

- Who are in a current or suspended payment status, other than S09, as of the date of the SDX tape shown in the heading; or
- Whose SSN on the SDX does not match the SSN in the C-219 system of an active recipient of SSI Medicaid as of the date of the C-219 file shown in the heading.

The SDX Need to Open printout lists the following information which is taken from the SDX tape.

- NAME AND RESIDENCE ADDRESS: Name of the SSI recipient. When the individual has a representative payee, this is the address of the SSI recipient.
- SSN: Social Security Number of the SSI recipient
- DOB: Birthdate of the SSI recipient
- SX: Sex of the SSI recipient
- SSI AMT: Amount of the SSI check actually received by the individual, rather than the amount of entitlement
- PAYEE NAME AND ADDRESS: Name and address of the person to whom the SSI check is mailed. This is the address of the SSI recipient, if he does not have a representative payee.
- CLAIM: The SSI recipient's Social Security or Railroad Retirement Claim Number (CAN). This must be entered in the Case Information Block exactly as it appears on the listing.
- MEDEFFDT: The mm/yy shown here is the date the SSI recipient is eligible for Medicaid, however, the dd must always be the first day of the mm shown here.

must notify the former state of residence that a case is open in West Virginia. See Chapter 8.

Some states make a supplemental payment to SSI recipients. Receipt of the state supplement qualifies them for

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 proceeding 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

**EXAMPLE:** An AFDC client reports assets of \$1,200. Verification of assets was requested and provided before the determination of ineligibility. This was the only change in the benefit group's circumstances. The assets are excessive for AFDC. Since all necessary information is available to 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.

- 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 Accounts Receivable with a memorandum requesting a "stop payment" on the original check and advising that the check has been replaced by general assistance funds. File a copy of the memorandum and DF-36 in the case record, and provide a copy of the memorandum to the Financial Clerk. At the option of the CSM. Replacement of benefits may be tracked using form ES-AP-8.
- Prepare a DF-67. Enter Lost Check in item #8. The client's name exactly as it appears on the payroll is entered as both the client and the vendor, and the client signs in both places. The recording must describe how the check was lost and include the warrant number of the check. The Financial Clerk is requested to replace the check the same day.

D. 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.

2. When Check Has Been Cashed

If the original check is cashed, Accounts Receivable notifies the Worker by memorandum and attaches a copy of the cancelled check. The Worker must ask the client to view the signature on the check. Action to be taken depends upon the client's response and the Worker's opinion:

- If the client admits that it is his signature, the Worker refers the matter to Investigations and Fraud Management (IFM).

The Worker must notify Accounts Receivable by memorandum of the referral.