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PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
iii - iv	1	9/95	iii - iv a	1	4/97
xiii - xiv	1	9/95	xiii	1	9/95
xv - xvii	1	1/97	xiv - xvi	1	4/97
1 - 2	1	9/95	1	1	4/97
5	1	10/96	2	1	9/95
6	1	9/95	5 - 6 a	1	4/97
43 - 45	1	9/95	43	1	9/95
46	1	1/97	44 - 50 a	1	4/97
47	1	9/95	53 - 54 a	1	4/97
48 - 48 a	1	3/96	55 - 58 a	1	4/97
49 - 50	1	9/95	113	1	4/97
53 - 56	1	9/95	123 - 138	1	4/97
57	1	6/96	A-1 to A-6	1	4/97
58	1	9/95	Appendix C		
113 - 116	1	9/95	C-1 to C-3	1	4/97
123 - 133	1	9/96			
A-1	1	12/96			
A-2	1	9/95			
A-3	1	12/96			
A-4 - A-6	1	9/95			
IM-WVW-1	FORM	1/97	IM-WVW-1	FORM	4/97
IM-TANF-1	FORM	1/97	IM-TANF-1	FORM	1/97
IM-WVW-2	FORM	1/97	IM-WVW-2	FORM	1/97
IM-WVW-3	FORM	1/97	IM-WVW-3	FORM	4/97
			IM-WVW-4	FORM	4/97

DATE: January, 1997

TO: All Income Maintenance Manual Holders

This change is being made to add clarification to Chapter 1 about WV WORKS. These changes incorporate some of the questions asked and changes made at the two WV WORKS training sessions in Flatwoods in early 12/96, as well as other changes or clarifications.

Q.	DATA SYSTEM ACTION	32
R.	SPECIAL CONSIDERATIONS	32
	1. Joint SSI/FS Application/Redetermination Process	32
	2. Mail-In Food Stamp Applications	35
	3. Categorical Eligibility	35
S.	REDETERMINATION VARIATIONS	39
	1. Redetermination Cycle	39
	2. Redetermination Printout	39
	3. Scheduling Interviews	39
	4. Completion	40
	5. Overdue Redetermination	42
	6. Transferred Cases	42
T.	THE BENEFIT	42
	1. Initial Benefits	43
	2. Ongoing Benefits	43
U.	PERSONAL RESPONSIBILITY CONTRACT (PRC)	44
V.	ORIENTATION	44
1.5	TANF	45
A.	APPLICATION FORMS	45
B.	COMPLETE APPLICATION	45
C.	DATE OF APPLICATION	45
D.	INTERVIEW REQUIRED	45
E.	WHO MUST BE INTERVIEWED	45
F.	WHO MUST SIGN	46
G.	CONTENT OF THE INTERVIEW	46
H.	DUE DATE OF ADDITIONAL INFORMATION	47
I.	AGENCY TIME LIMITS	47
J.	AGENCY DELAYS	47
K.	PAYEE	47
L.	REPAYMENT AND PENALTIES	48
M.	BEGINNING DATE OF ELIGIBILITY	48

1.9 QUALIFIED CHILDREN 59

A. APPLICATION FORMS 59

B. COMPLETE APPLICATION 59

C. DATE OF APPLICATION 59

D. INTERVIEW REQUIRED 59

N.	REDETERMINATION SCHEDULE	101
	1. Non-Spenddown	101
	2. Spenddown	101
O.	EXPEDITED PROCESSING	101
P.	CLIENT NOTIFICATION	101
Q.	DATA SYSTEM ACTION	101
R.	REDETERMINATION VARIATIONS	101
	1. Non-Spenddown	101
	2. Spenddown	102
S.	THE BENEFIT	103
	1. Non-Spenddown	103
	2. Spenddown	104
1.22	SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED	105
A.	APPLICATION FORMS	105
B.	COMPLETE APPLICATION	105
C.	DATE OF APPLICATION	105
D.	INTERVIEW REQUIRED	105
E.	WHO MUST BE INTERVIEWED	105
F.	WHO MUST SIGN	106
G.	CONTENT OF THE INTERVIEW	106
H.	DUE DATE OF ADDITIONAL INFORMATION	106
I.	AGENCY TIME LIMITS	107
	1. Application Processing Limits	107
	2. MRT Time Limits	107
J.	AGENCY DELAYS	108
K.	PAYEE	109
L.	REPAYMENT AND PENALTIES	109

1.25	WV WORKS	123
A.	APPLICATION FORMS	123
B.	COMPLETE APPLICATION	123
C.	DATE OF APPLICATION	123
D.	INTERVIEW REQUIRED	123
E.	WHO MUST BE INTERVIEWED	123
F.	WHO MUST SIGN	124
G.	CONTENT OF THE INTERVIEW	124
H.	DUE DATE OF ADDITIONAL INFORMATION	125
I.	AGENCY TIME LIMITS	125
J.	AGENCY DELAYS	125
K.	PAYEE	125
L.	REPAYMENT AND PENALTIES	126
M.	BEGINNING DATE OF ELIGIBILITY	126
N.	REDETERMINATION SCHEDULE	127
O.	EXPEDITED PROCESSING	127
P.	CLIENT NOTIFICATION	128
Q.	DATA SYSTEM ACTION	128
R.	REDETERMINATION VARIATIONS	128
	1. Redetermination Printout	128
	2. Scheduling Interviews	128
	3. Completion Of The Redetermination	128
	4. Overdue Redeterminations	128
S.	THE BENEFIT	129
	1. The WV WORKS Check	129
	2. Diversionary Cash Assistance (DCA)	131
	3. The Medical Card	133
T.	PERSONAL RESPONSIBILITY CONTRACT (PRC)	133
U.	ORIENTATION	135

1.1 INTRODUCTION

This Chapter describes the application and redetermination processes for the Food Stamp Program, the TANF Program, WV WORKS and all Medicaid coverage groups, except those related to long-term care. See Chapter 17. Also included is specific information about each benefit.

General requirements that are not specific to any Program or coverage group are included together. The general section is followed by a section describing all of the Department's application forms. Policies and procedures specific to each Program or coverage group are also included.

- Adhere to the Department's policies and procedures to establish eligibility, including those regarding timely action and/or decision.
- Assist the client in obtaining information required to establish his eligibility.
- Maintain the confidentiality of all information received from or about the client.

EXCEPTION: Written requests for information about Food Stamp recipients from federal, state or local law enforcement officers is provided when the officer provides verification that:

- The individual is fleeing to avoid prosecution, custody or confinement for a felony,
- The individual is violating parole or probation,
- The individual has information necessary for the officer to conduct an official duty related to either of the two statements immediately above.

The Worker provides only the individual's last known address and SSN and, if available, a photograph of any member of the individual's household.

- Notify the client of the eligibility decision as soon as possible, but at least within the processing time frames for each Program or coverage group.
- Ensure that copies of all pertinent information are placed in the client's case record or given to appropriate staff to file.
- Ensure that proper case recordings are made to document the Worker's actions and the reason for such actions.

E. CLIENT RESPONSIBILITY

The client's responsibility is to provide information about his circumstances so the Worker is able to make a correct decision about his eligibility. When the client is not able to provide required verification, the Worker must assist him. The client must be instructed that his failure to fulfill his obligation may result in one or more of the following actions:

- Whether or not any of the client's last benefits were returned to the agency
- For TANF/WV WORKS cases only: the Worker must determine how many months the client received TANF payments.

NOTE: States have until July, 1997 to convert from AFDC/U to a TANF-funded program. Therefore, for benefits received prior to 7/97, the Worker must also determine how many months of the cash assistance payments were funded under TANF.

1. Initial Benefits

Initial benefits are usually received within 3 days of entry in the data system.

a. Amount

A determination of the initial Food Stamp benefit month must be made to determine if initial benefits must be prorated. Any month determined to be an initial month must have benefits prorated. The amount of the initial allotment is prorated over the remainder of the month from the date of application. The full month's countable income is used to determine the full month's allotment. The amount of the initial benefit due the recipient is based on the number of days left in the approval month from the date of application as compared to the full month's benefit. The amount of the prorated CA is determined by comparing the benefit group's full month CA to the day of the month of application. Use Appendix D of Chapter 10. An initial prorated CA of \$1-\$9 is not issued.

b. Method of Issuance

The method of issuance of the initial Food Stamps depends on the timing of the approval. If the approval for the current month is entered in the data system prior to the data system deadline for the current month, the system automatically calculates and issues the prorated benefits. If the approval for the current month cannot be transmitted prior to the data system deadline, the Worker must calculate the prorated benefit amount and issue that prorated amount using a WEKR transaction. See Chapter 23 and item a above.

2. Ongoing Benefits

a. Amount

Once eligibility is established, the benefit group is eligible to receive Food Stamps for a full month. See Chapter 10.

1.5 TANF

When TANF applicants are also Food Stamp applicants, requirements in 1.4 apply to the Food Stamp portion of the case. For Medicaid benefits, see Section 1.6.

A. APPLICATION FORMS

An ES-2 is used. See Section 1.3,E for reapplications when a new ES-2 is not required.

B. COMPLETE APPLICATION

The application is complete, when the client signs an ES-2 which contains, at a minimum, his name and address.

An application is considered incomplete when the client chooses not to sign the ES-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording on the ES-2 must specify that the client did not want to sign the application and the reason for his decision. The client must be encouraged to sign the application so there is no misunderstanding that he was denied the right to apply.

C. DATE OF APPLICATION

The date of the application is the date that the ES-2, which contains, at a minimum, the applicant's name and address, is signed.

If the client, who became ineligible due to a lump sum payment requests recomputation, the date of application is the date of his request.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The specified relative with whom the child lives must be interviewed.

If the child is living with both parents, both must be interviewed unless:

- One parent is hospitalized; or

- Lump Sum: If the client indicates he may receive a lump sum payment, explain the lump sum policy.
- Pregnancy: Explain the need for the client to report immediately when anyone in the benefit group becomes pregnant.
- TPL: Explain Third-Party Liability procedures.
- Drug Attestation: Form IM-TANF-1 must be completed and signed as part of each application/redetermination for TANF. Failure to complete or sign the form results in ineligibility for the entire benefit group. All caretaker relatives in the home must sign the form.
- Time Limits: The Worker must explain the lifetime time limit of 60 months for receipt of TANF benefits as well as the 24-month time limit for able-bodied adults to be involved in a work activity. If the client has already received some TANF benefits, either in WV or another state, the Worker must determine the number of months of eligibility remaining for the benefit group. See Chapter 15 for details about the limits on receipt of benefits. If the client is eligible for benefits, the Worker must offer him the opportunity to refuse to accept any benefit, so that the time limits are not exhausted.

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; e.g., inability to obtain medical reports.

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.

CSED, and the case is closed and a reapplication made, the case is reopened with a substitute payee or on vendor payment status.

M. BEGINNING DATE OF ELIGIBILITY

Eligibility begins on the day the applicant provides all information required to establish eligibility, except for an incapacity determination.

When a client, who became ineligible due to a lump sum payment, requests recomputation of the period of ineligibility, his date of eligibility can be no earlier than the date of his request.

For applicants whose deprivation factor is unemployment, the beginning date of eligibility can be no earlier than 30 days from the date his full-time employment ended.

When the unemployed parent, who is an applicant, refused or left employment or training for employment, without good cause, in the 30-day period prior to the date of application, the benefit group is ineligible until 30 days after the employment or training is no longer available. See Chapter 13 for the determination of good cause.

For the beginning date of Medicaid eligibility, see Section 1.6.

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 ES-2, 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.
- QA has found a client error in the case.
- The composition of the benefit or income groups has frequently changed and is likely to continue to change.
- A substantial change is expected.

2. Denials

In some situations, data system action to deny an application is not required. This includes:

- When a benefit group active for TM or Extended Medicaid applies for TANF, but is ineligible; or
- When an application is made for TANF and School Clothing Allowance, and the benefit group is eligible for the School Clothing Allowance only.

R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process with the following exceptions.

The date eligibility is established must be coded in Block 36 in the C-219 system, regardless of whether the initial benefit is system-determined and issued, or Worker-determined and issued using an AP-3 transaction.

The system's response to approvals transmitted before deadline includes both the prorated check amount for the first month and the full check amount for the following month. When the approval date in Block 36 is one month and the approval is transmitted the next month, the system responds with the first full month's check only. The Worker must determine the prorated check amount for the initial payment and issue an AP-3. See Chapter 10, Appendix D, to determine the prorated amount. See Chapter 23 for instructions for completion of an AP-3 transaction.

(2) Method of Issuance

The initial benefit is issued by the C-219 system when the approval is transmitted prior to the deadline date of the month in which eligibility is established.

When the approval is transmitted after the deadline date of the month on which eligibility is established, the Worker must manually determine the amount of the initial benefit and issue an AP-3.

b. Ongoing Benefit

The ongoing monthly benefit is determined by the data system, based on income coded in the system prior to the deadline date in the month prior to the issuance month.

2. The Medical Card

See Section 1.6.

T. PERSONAL RESPONSIBILITY CONTRACT (PRC)

The PRC is not used for TANF purposes.

1.6 MEDICAID FOR TANF RECIPIENTS

TANF recipients automatically receive Medicaid coverage because the TANF policies regarding income, assets and deprivation of parental support mirror the former AFDC/U Program. Therefore, the application process is the TANF application process found in Section 1.5.

However, the following require special consideration in the TANF application process as they relate to Medicaid eligibility:

- **Withdrawal or Denial of TANF Application:** The client must be evaluated for all Medicaid coverage groups and individuals approved for such coverage, when eligible.
- **Delays Caused By the Agency:** When Medicaid coverage is delayed by the agency, procedures in Section 1.9,J must be followed.
- **Beginning Date of Eligibility:** Medicaid eligibility begins the first day of the month in which eligibility is established. However, eligibility may be backdated up to 3 months prior to the month of the TANF application, when the client met all eligibility requirements in the prior month(s). When the client is eligible for backdated coverage, Block 10 in the C-219 system must be coded with the month, day and year on which the backdated period begins. This date is always the first day of the month of backdated coverage.
- **Client Notification:** The client must be informed that he is eligible for Medicaid coverage and the date that his coverage begins. See Chapter 6.

A. REDETERMINATION VARIATIONS

The redetermination process for Medicaid for AFDC/U recipients is the TANF redetermination process. See Section 1.5.

When the TANF case is closed, based on information given at the redetermination, all benefit group members must be evaluated for all other Medicaid coverage groups. When the client fails to respond to the request to complete a TANF redetermination, his Medicaid is terminated. The notification of case closure must state that Medicaid coverage ends.

B. THE BENEFIT

1. Retroactive Benefits

The first medical card generated by the data system shows retroactive eligibility, based on Block 36 or Block 10, and eligibility through the end of the current month.

2. Ongoing Benefits

The initial medical card shows the eligibility dates for the current month. After the initial month's medical card, a new card is issued monthly which shows the month's eligibility dates. The monthly medical card is received with the TANF check and is part of the mailing package which contains the check.

3. Ending Date Of Eligibility

The ending date of eligibility for Medicaid as a TANF recipient is the last day of the month of the effective date of closure of the TANF case.

C. PERSONAL RESPONSIBILITY CONTRACT (PRC)

The PRC is not used for Medicaid purposes.

D. ORIENTATION

Attending WV WORKS orientation is not an eligibility requirement for Medicaid.

2. The Benefit

a. Brinkley Cases

The date and method of receipt are the same as Medicaid for TANF recipients. See Section 1.6,B.

b. Extended Medicaid

A new medical card is received on approximately the first day of each month.

3. Ending Date Of Eligibility

a. Brinkley Cases

The ending date of eligibility is the last month of the 4-month Brinkley eligibility period. All benefit group members must be evaluated for all other Medicaid coverage groups prior to case closure.

NOTE: When the 4-month Brinkley eligibility period ends, the benefit group is not eligible for another 4 months of Extended Medicaid.

b. Extended Medicaid

The ending date of eligibility is the last day of the 4-month Extended Medicaid period. All benefit group members must be evaluated for all other Medicaid coverage groups.

NOTE: Although the data system enters the deadline date of the month of closure in Block 39, Medicaid eligibility continues through the last day of the month in which the case is closed.

C. CHILDREN COVERED AS RECIPIENTS OF ADOPTION ASSISTANCE

The Office of Social Services is responsible for these cases.

D. CHILDREN COVERED AS RECIPIENTS OF FOSTER CARE PAYMENTS

The Office of Social Services is responsible for these cases.

Phase II coverage ends on the last day of the sixth month of the Phase II period, or on the last day of the effective month of closure, whichever occurs first.

When TM coverage terminates for any reason, all benefit group members must be evaluated for coverage under all other Medicaid coverage groups.

1.23 RESERVED FOR FUTURE USE

DUE TO THE DELETION

OF THIS SECTION,

PAGES 114 - 116

HAVE BEEN DELETED.

1.25 WV WORKS

When WV WORKS applicants are also Food Stamp applicants, requirements in 1.4 also apply to the Food Stamp portion of the case. Eligibility for Medicaid is a separate determination. When eligible for Medicaid, the requirements in Section 1.5 apply.

A. APPLICATION FORMS

An ES-2 is used.

B. COMPLETE APPLICATION

The application is complete, when the client signs an ES-2 which contains, at a minimum, his name and address.

An application is considered incomplete when the client chooses not to sign the ES-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording on the ES-2 must specify that the client did not want to sign the application and the reason for his decision. The client must be encouraged to sign the application so there is no misunderstanding that he was denied the right to apply.

C. DATE OF APPLICATION

The date of the application is the date that the ES-2, which contains, at a minimum, the applicant's name and address, is signed.

If the client, who became ineligible due to a lump sum payment requests recomputation, the date of application is the date of his request.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

NOTE: Information in this item applies only to the intake interview. While it is possible to have only one parent participate in the intake interview, it will usually be necessary for both parents to be interviewed about the PRC and other WV WORKS requirements. A representative of the specified relative may participate in the intake interview, but the specified relative must be interviewed about the PRC and other WV WORKS requirements.

complete or sign the form results in ineligibility for the entire benefit group. All caretaker relatives in the home must sign the form.

- Personal Responsibility Contract (PRC): Explanataion 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.
- Quarterly Reporting: Explain the QR process.
- 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 benefit group becomes pregnant.
- TPL: Explain Third-Party Liability procedures.

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.

M. BEGINNING DATE OF ELIGIBILITY

Eligibility begins on the first day, after application is made, that the benefit group meets all eligibility requirements, including signing the PRC (See item T below) and participating in orientation (See item U below). There are 3 circumstances which also impact on the beginning date of eligibility.

- When a parent left or refused employment or training for employment, without good cause, in the 30-day period prior to the date of application, the benefit group is ineligible until 45 days after the employment or training is no longer available. See Chapter 24 for the determination of good cause.
- The beginning date of eligibility can be no earlier than 45 days from the date an adult caretaker relative leaves full-time employment, regardless of the relationship to the child or the reason for leaving the employment.
- 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.

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 Section 1.6 - 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 ES-2, the Worker must ensure that the client continues in the same redetermination cycle.

Recipients who transfer from a WV WORKS county to a TANF county, and vice versa, must be scheduled for redetermination in the month following the month of transfer. The redetermination is completed using the policy in effect in the county to which the client transfers. See Chapter 13 for the effect on sanctions which are in effect at the time of the case transfer.

1. Redetermination Printout

On approximately the 15th of the month prior to the month the redetermination is due, printout AP-300 and a case dump sheet for each case on the printout is sent to each county, showing the WV WORKS cases due for redetermination for the following month.

2. Scheduling Interviews

Use the ES-10 to notify the client of the appointment. Failure to keep or reschedule the appointment for the interview results in case closure after the proper notification.

3. Completion Of The Redetermination

If the client continues to be eligible, the Worker must make necessary data system changes to indicate changes in the client's circumstances. At a minimum, Block 37 must show the mm/yy the redetermination was due. If the client is no longer eligible, the case is closed after proper notification.

4. Overdue Redeterminations

On approximately the 15th of the month following the month the redetermination was due, printout WEA212P1, Overdue for Review, is received in the county office. This listing shows the case number, case name and the date the redetermination was due. Upon receipt of this listing, the Worker must correct cases with incorrect coding and redetermine the remaining 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

1. The WV WORKS 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 is printed and mailed in a mailing package with the medical card, if Medicaid eligible.

transmitted the next month, the system responds with the first full month's check only. The Worker must determine the prorated check amount for the initial payment and issue an AP-3. See Chapter 10, Appendix D, to determine the prorated amount. See Chapter 23 for instructions for completion of an AP-3 transaction.

(2) Method of Issuance

The initial benefit is issued by the C-219 system when the approval is transmitted prior to the deadline date of the month in which eligibility is established.

When the approval is transmitted after the deadline date of the month in which eligibility is established, the Worker must manually determine the amount of the initial benefit and issue an AP-3.

b. Ongoing Benefit

The ongoing monthly benefit is determined by the data system, based on income coded in the system prior to the deadline date in the month prior to the issuance month.

2. Diversionary Cash Assistance (DCA)

NOTE: There is a lifetime limit of one DCA payment for each benefit group. If a benefit group contains even one member who benefited from a DCA as an adult or emancipated minor, another DCA payment cannot be made to the benefit group.

Diversionary Cash Assistance (DCA) is a payment method available only to WV WORKS applicants. This method allows a maximum lump sum issuance of an amount equal to the maximum WV WORKS check amount, based on family size, multiplied by 3.

DCA provides an opportunity to relieve a temporary financial need as an alternative to receipt of ongoing WV WORKS payments. When the Worker and the applicant are confident that a one-time payment will meet the temporary need, DCA is explored.

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.

b. 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 declaration and the best judgment of the Worker. See Chapter 4 for verification requirements.
- The applicant must agree to accept DCA by signing the Diversionary Cash Assistance Agreement, IM-WVW-3, which lists conditions and expectations.
- Child support received by the parent/caretaker or CSED belongs to the

EXAMPLE: An applicant has agreed to accept a DCA payment instead of an ongoing WV WORKS payment. In 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)

The Personal Responsibility Contract (PRC), IM-WVW-2, is an agreement between the adult members of the WV WORKS benefit group 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 benefit group. Refusal or other failure, without good cause, to

made with the client, but agreement on a preliminary plan must be reached prior to approval.

Part 2 is a working document and revisions are made when either the client or the Worker believes it necessary. Frequent changes are expected as the client moves toward his goals.

Appendix C is a guide for developing Part 2 of the PRC. It lists some considerations which may be appropriate in developing the self-sufficiency plan, but is not an exhaustive list. Workers and clients are not limited to only the items in the guide, and all items listed are not expected to be appropriate for each client.

One PRC is completed for each benefit group. If there is more than 1 adult in the benefit group, both are included on the same form. When Part 2 of the original form is full, attach another Part 2 sheet and number the attachments consecutively so that there is a continuous record of the plan and its changes.

There is space for the client to place his initials on the form. This is required in only 2 instances.

- When there is more than 1 adult in the benefit group, each adult initials the items that apply to him.
- When amendments are made to the original plan, the client must indicate his agreement by initialing the change.

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 benefit group.

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.

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.

APPENDIX A

COMMONLY USED

ACRONYMS AND ABBREVIATIONS

ABAWD	Able-Bodied Adults Without Dependents
ACF	Administration for Children and Families
ACT, the	The Social Security Act
ADH	Administrative Disqualification Hearing
AFDC	Aid to Families With Dependent Children
AFDCU	Aid to Families With Dependent Children - Unemployed Parent
AFDC/U	Includes AFDC and AFDCU
AIDS	Acquired Immune Deficiency Syndrome
AP	Absent Parent
APPALRED	Appalachian Research and Defense Fund
BEP	Bureau of Employment Programs
BFU	Basic Filing Unit
CA	Coupon Allotment
CAN	Social Security Claim Number
CAO	Child Advocate Office (now CSED)
CDCS	Children With Disabilities Community Service Program
CE	Coupon Entitlement
CEN	Continuously Eligible Newborn
CFR	Code of Federal Regulations
CHIP	West Virginia Child Health Initiative Program
CK	AFDC/U Check Amount, when there is no earned income

GA for DA	General Assistance for Disabled Adults
GLF	Group Living Facilities
GSYP	Governor's Summer Youth Program
HCB	Home and Community Based Waiver
HCFA	Health Care Financing Administration
HSS	Homeless Shelter Standard
HUD	Housing and Urban Development
ICF/MR	Intermedicate Care Facility/Mentally Retarded
IEVS	Income and Eligibility Verification System
IFM	Investigations and Fraud Management
IM	Income Maintenance
ILC	Issuance-Limited County
IPV	Intentional (FS) Program Violation
IV-A	Section of the Act dealing with AFDC/U
IV-D	Section of the Act dealing with Child Support
IV-E	Section of the Act dealing with Foster Care
JOBS	Job Opportunity and Basic Skills
JOIN	Joint Opportunities for Independence
JTPA	Job Training Partnership Act
LIEAP	Low-Income Energy Assistance Program
MCH	Maternal and Child Health
MEDICAID	Medicaid
MIS	Management Information Systems
MP	Major Parent
mp	Minor Parent

QA	Quality Assurance
QC	Qualified Child
QDWI	Qualified Disabled Working Individual
QMB	Qualified Medicare Beneficiary
QR	Quarterly Reporting
PRC	Personal Responsibility Contract (PRC)
RAPIDS	Recipient Automated Payment and Information Data System
RD	Regional Director
RESA	Report on Economic Services Activity
RRB	Railroad Retirement Board
RSDI	Retirement, Survivors and Disability Insurance
SAVE	Systematic Alien Verification for Entitlement Program
SCA	School Clothing Allowance
SDX	State Data Exchange
SFU	Standard Filing Unit
SGA	Substantial Gainful Activity
SLIMB	Specified Low-Income Medicare Beneficiary
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Account Number
SUA	FS Standard Utility Allowance
TANF	Temporary Assistance for Needy Families
TEFAP	Temporary Emergency Food Assistance Program
Title XIX	Section of the Act dealing with Medicaid

APPENDIX C

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/Optomety

WV WORKS COMPUTATION SHEET

Eligibility Determination (WV WORKS and DCA)

Case Name _____

Case Number _____

Benefit Group Size _____

- 1. \$ _____ Gross Monthly Non-Excluded Earned Income
- 2. + _____ Gross Monthly Non-Excluded Unearned Income
- 3. \$ _____ Total Monthly Non-Excluded Income
- 4. \$ _____ 100% Standard of Need for Family Size

If Step 3 is greater than Step 4, the family is not eligible. If Step 4 is equal to or greater than Step 3, the family is eligible. Complete Side 2.

Eligible

Ineligible



Complete Side 2

Worker Signature

Date

TANF/WV WORKS
DRUG ATTESTATION

This document is part of the application. It must be signed during the application process.

No one in my household has ever been convicted of a felony drug charge involving possession, use, or distribution of a controlled substance.

Parent/Caretaker Signature

Date

Social Security Number

Other Parent in Two Parent Household's Signature

Date

Someone living in my household has been convicted of a felony drug charge involving possession, use, or distribution of a controlled substance.

That person's name is _____

Parent/Caretaker Signature

Date

Social Security Number

Other Parent in Two Parent Household's Signature

Date

WV WORKS

PERSONAL RESPONSIBILITY CONTRACT - PART 1 of 2

The purpose of WV WORKS is to empower families to become financially independent and self-sufficient through a work oriented, performance based, time limited system that emphasizes employment, child support, and personal responsibility.

CLIENT RESPONSIBILITIES:

- * I understand that WORK is the goal of WV WORKS.
- * I understand that if I am a parent age 20 or above, I will have to get a job or be in a job activity, or both. I also understand that, if appropriate, I must register with my local Job Service Office.
- * I understand that if I quit a job, or refuse a job, without good cause, I will be penalized.
- * I understand that I must develop a Self-sufficiency Plan as part of my Personal Responsibility Contract. The final goal of my plan will be to get a job. My plan will have time limits set for me to do assignments/activities and to reach my goals. I must follow my plan or I will be penalized.
- * I will work with my Family Support Specialist to develop my Self-sufficiency Plan. I understand that my Self-sufficiency Plan will be developed based on my own life situations. My plan may be changed as needed to help me meet my goal of getting a job.
- * I will help to collect child support for my child/children. Unless good cause exists, this means helping to find the parent(s) of my child/children if the parent(s) does not live with me and my child/children, helping to determine who my child/children's mother or father is if it has not yet been determined, and helping to enforce court orders for my child/children's support.
- * I will make sure that my child/children get all their required shots.
- * I will, with the help of an appropriate health care provider, develop and keep a schedule of health care for my child/children to include shots and routine exams. I may also be asked to go to classes that teach me about healthy eating habits.
- * I will keep my child/children in school, or if my child/children is not of school age I will keep them in appropriate child care. If my Family Support Specialist thinks I should, I will also participate in counseling, parenting courses, mentoring, or family planning classes.
- * I will obtain Social Security numbers for everyone in my family.
- * I will report changes in my life situations as they happen. Changes may include, but are not limited to, a change in address, a change in phone number, someone moving in or out of my home, getting or losing a job, a change in work hours, and any changes in income or earnings. If a child is going to move out of my home, I must report this change within five days of my knowing that the child will no longer be living with me.
- * I understand that if I choose not to follow any part of my Personal Responsibility Contract, I will be penalized. Penalties will be:
 - a one third cut in my family's welfare benefits for three months for my first penalty,
 - a two-thirds cut in my family's welfare benefits for three months for my second penalty and,
 - my family's welfare benefits will stop for at least six months if I have a third penalty.

WV WORKS
PERSONAL RESPONSIBILITY CONTRACT- PART 2 of 2
SELF-SUFFICIENCY PLAN

Parent/Caretaker's Name (Printed) _____

Parent/Caretaker's SS Number _____

Target Date to Get a Job _____

GOALS:

No.	Goals	Original Target Date	Amended Target Date	Parent/Caretaker's Initials and Date
1.				
2.				
3.				
4.				
5.				
6.				

ASSIGNMENTS/ACTIVITIES:

No.	Specific Assignment/Activity	Expected Date to Complete	Follow-up Date	Specialist's Initials
1.				
2.				
3.				
4.				
5.				
6.				

**WV WORKS PROGRAM
DIVERSIONARY CASH ASSISTANCE AGREEMENT**

I (Parent/Caretaker) _____ SSN: _____ agree:

I (Other Parent/Caretaker) _____ SSN: _____ agree:

- To accept a one-time diversionary cash assistance payment in the amount of \$_____ to meet immediate needs instead of receiving a regular cash assistance payment from the state. I am employed or have the strong possibility of being employed or expect to have other specific means of self-support within the next two months.
- To have the Office of Family Support withdraw my application for regular cash assistance effective this date.
- I have had explained to me the employment, Food Stamps, medical, child care, and child support services that are available and how to apply.

I UNDERSTAND THAT:

- I may reapply for regular cash assistance.
- I will be ineligible for regular cash assistance for three months beginning with the month diversionary cash assistance payments were issued.
- I understand that acceptance of a diversionary cash assistance payment will count as 3 of my 60-month lifetime limit for receipt of regular cash assistance.
- I need to immediately report employment and other income to my workers in order to be evaluated for continued medical services.
- If I need assistance in collecting child support, the Child Support Enforcement Division is available to assist me in collecting child support.

I understand that this diversionary cash assistance payment is to enable me to meet my current financial needs while I secure employment and/or other means of self-support. I understand that it is a criminal violation of federal and state law to provide false or misleading information for the purpose of receiving benefits. I understand my responsibility to provide complete and truthful information and that information provided by me may be verified.

Parent/Caretaker's Signature

Date

Other Parent/Caretaker's Signature

Date

Family Support Specialist's Signature

Date

WV WORKS ORIENTATION

PURPOSE

The purpose of WV WORKS is to provide assistance to needy families with children so they can be cared for in their own home, reduce dependency by promoting job preparation, work and marriage.

WV WORKS will expect and assist parents and caretaker relatives in at-risk families to support their dependent children. Every parent who receives cash assistance has a responsibility to participate in an activity to help prepare for, obtain and maintain gainful employment. WV WORKS will promote the value and the capabilities of individuals.

The goals of WV WORKS are to achieve more efficient and effective use of public assistance funds, reduce dependency on public programs by promoting self-sufficiency and structure the assistance programs to emphasize employment and personal responsibility.

WORK FIRST

The first priority of WV WORKS is to place participants into employment.

Employment is defined as any job that a participant may be reasonably expected to perform.

Participants must report to required employment interviews, must make good faith efforts to secure employment at those interviews, and must accept any offer of employment or be subject to the appropriate penalty.

WORK REQUIREMENTS

Single Parent Household = 20 Hours Per Week
Two Parent Household = 35 Hours Per Week

Only under certain circumstances will attending school or training meet your work requirements in WV WORKS. Your plans for education must be scheduled after you meet your work requirements.

PERSONAL RESPONSIBILITY CONTRACT

All parents receiving cash assistance must sign the Personal Responsibility Contract. This Contract outlines your personal responsibilities in becoming self-sufficient.