

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE

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4.1 INTRODUCTION

NOTE: Verification, except for identity, prior to approval is waived for Food Stamp Expedited Service cases. See Chapter 1.

Verification of a client's statement is required when:

- Policy requires routine verification of specific information. See Section 4.2.
- The information provided by the client is questionable. To be questionable, it must be:
 - Inconsistent with other information provided by the client; or
 - Inconsistent with information received by the Department from other sources; or
 - Incomplete; or
 - Obviously inaccurate.
- Past experience with the client reveals a pattern of providing incorrect information or withholding information. A case recording must substantiate the reason the Worker questions the client's statement.
- The client does not know the required information.

It is an eligibility requirement that the client cooperate in obtaining necessary verifications. The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information. Refusal to cooperate results in denial of the application or closure of the active case.

By signing an application the client gives the Department permission to verify information, when necessary. However, some agencies require a signed statement from the client before releasing any information. Form ES-7, Authorization for Information, is used when necessary.

No case may be determined ineligible when a person outside the benefit group or Income Group fails to cooperate with verification. The following persons are not considered outside the benefit group or Income Group for these purposes:

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Good-Faith Effort To Sell Real Property	FS, TANF	Prior to exemption of real property	Newspaper ads, statement of realtor, other media notices. TANF Only: Client must sign form ES-22, Agreement to Sell Property
6. Savings Bond Bought From Client's Own Funds. Verify date of purchase and cash-in value.	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB	When bond is at least 6 months old: Prior to approval, when client reports additional bonds. If bond is not 6 months old: Verify 6 months from date of issue.	Bond, financial institution
7. Bona Fide Loan	TANF	When client says he has a loan.	Written agreement, ES-AP-75
8. Uniform Gifts To Minors Act Funds	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB	When client reports having such funds, prior to exclusion	Written agreement must specifically state that such funds are part of the Uniform Gifts To Minors Act.
9. PASS Account For FS: Verify that PASS was developed through SSA.	FS, SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB	Prior to exclusion	Copy of plan

B. INCOME

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Earned Income. Verify source and amount.	All Programs and coverage groups with an income test	Prior to approval, at redetermination. FS, WV WORKS and TANF QR cases: Amount from the month prior to the month the QR form is due. Medicaid: When a change in the amount is reported. FS, WV WORKS and TANF non-QR cases: When a change is reported, verify rate of pay, source, job status	Pay stubs, written statement from employer, self-employment records, Work Record Sheet ES-17
2. Unearned Income Verify source and amount.	All Programs and coverage groups with an income test	Prior to approval, at redetermination, when a change in the source or amount is reported. FS Only: The change in the amount must be more than \$25 for verification to be required.	Award letter, computer matches, written statement from source, CSED information, written statement from contributor, SDX, BENDEX, SSIS Provider Match printout, SSI printout

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. Utility Expenses	FS	When the benefit group chooses to claim expenses in excess of the SUA, and this results in an income deduction or a larger deduction. When an increase of more than \$25 is reported, and expenses in excess of the SUA are claimed. When excess expenses cannot be verified within processing time limits, the SUA is used, if the client is otherwise eligible for it. When the expense is for an unoccupied home.	Current bills or receipts
5. Child Support Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments.	FS	Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid.	Court order or legal separation agreement, cancelled checks, pay stubs showing wage withholding, signed receipt or statement from the custodial parent.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. Release Date Of Incarcerated Parent	TANF	Prior to approval when deprivation is based on incarceration; when deprivation factor changes to incarceration; prior to addition of individual with deprivation factor of incarceration	Statement from penal institution, Parole Officer, client's attorney, Prosecuting Attorney
5. Court-Ordered Community Service Or Unpaid Public Work	TANF	Prior to approval when such situation is alleged.	Court records, statement from Prosecuting Attorney or client's attorney
6. Principal Wage Earner	TANF when deprivation factor is unemployment	Prior to approval when both parents have worked; when deprivation factor changes to unemployment and both parents have worked.	Pay stubs, written statement from employers, W-2 form. See item 2 above.

E. WORK REQUIREMENTS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Illness Or Impairment Of An Individual	FS, TANF, WV WORKS	<p>Prior to exempting the individual from JOBS or FSE&T requirements.</p> <p>TANF Only: In addition, at 6-month intervals, beginning with the first month of exemption, or at each redetermination, whichever is earlier.</p> <p>WV WORKS Only: In addition, at 3-month intervals, beginning with the first month of exemption, or at each redetermination, whichever is earlier.</p> <p>FS Only: When illness or impairment is not obvious, at yearly intervals beginning with the first month of exemption.</p>	Joint decision by Worker and Supervisor when supported by definitive medical information; MRT decision for TANF and WV WORKS.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Good Cause For Voluntarily Quitting Employment	FS, TANF and WV WORKS	<p>FS: When an applicant quits employment within 60 days prior to the application date or a recipient quits a job at any time.</p> <p>TANF: When an applicant quits employment within 30 days prior to the application date or a recipient quits a job at any time.</p> <p>WV WORKS: When an applicant quits employment within 45 days prior to the application date or a recipient quits a job at any time.</p>	Employer's statement, grievance board decisions, statements of witnesses, BEP decision
6. Hours Worked	FS	When a benefit group member is an ABAWD	Pay stubs, written statement from employer, work record sheet, ES-17

G. CATEGORICAL RELATEDNESS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Disability, Blindness	SSI-Related Medicaid, CDCS	Prior to approval; when MRT or BMS requires revaluation.	Receipt of RSDI, MRT decision, BMS decision
2. Pregnancy	Poverty-Level Pregnant Women, Deemed Poverty-Level Pregnant Women	Prior to approval	Statement from attending physician or other person medically qualified to diagnose pregnancy

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
3. Application For Potential Resources	TANF; WV WORKS; Medicaid, except as specified in Chapter 5.	When a benefit group member appears to be eligible for a benefit which would reduce or eliminate the client's need for public assistance. For UCI benefits: Application must be made within 30 days of the date of referral. All other benefits: Application must be made within a reasonable period of time, determined by the Worker and client	Written statement from agency which accepted the client's application, telephone contact with such agency
4. Good Cause For Refusal To Cooperate With CSED	TANF, AFDC-Related Medicaid, SSI Medicaid (for a child), WV WORKS	When caretaker relative does not cooperate and claims good cause.	Police reports, collateral statements from persons knowledgeable about the client's situation, counselor's reports, medical records

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
6. Tax-Exempt Status Of GLF	FS	Prior to approval of benefits for residents of GLF's	Copy of State certification or other authorization to operate the facility, written statement from IRS.
7. Out-Of-Pocket Medical Expenses	Medicaid	When the Department causes a delay in Medicaid coverage, and the client incurs medical expenses, which would have been paid by Medicaid, had the Department acted timely.	Original bills from the medical provider and proof of payment by the client. Receipts from the medical provider.
8. Which Parent Will Receive Benefits for Child In Joint Custody Cases	WV WORKS	Prior to approval, at redetermination, when a change is requested by parents.	Statements from parents; collateral statements from friends, neighbors, family; court order.
9. Marriage	WV WORKS	Prior to approval of Marriage Incentive	Marriage certificate; other official documents

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
14. Offer or Guarantee of Employment or Other Income	WV WORKS	Prior to approval of DCA payment	Contact with future employer or entity from which the income is expected.

5.1 INTRODUCTION

The resource development process is designed to enable TANF, WV WORKS and Medicaid clients to achieve financial independence.

The Worker assists clients in developing alternate or additional sources of income to reduce or eliminate the need for TANF, WV WORKS and Medicaid. Sections 5.2 - 5.5 contain the procedures and requirements which are applicable to the resource development process. Section 5.6 contains a description of the benefits for which a client may qualify, and referral instructions.

Responsibility Contract (PRC). As such, the application is not held pending until the client initiates development of the resource. The same items listed in item 1 above are exceptions for WV WORKS clients, except that WV WORKS clients, unlike TANF and Medicaid clients, must apply for and/or accept SSI benefits.

5.3 THE WORKER'S RESPONSIBILITIES

The responsibilities of the Worker in the resource development process include the following:

A. IDENTIFICATION OF POTENTIAL BENEFITS

The Worker will make this determination of potential eligibility as appropriate, but at least at application and redetermination.

B. PROCEDURES AFTER IDENTIFICATION:

The Worker must:

- Explain to the client how to apply for the benefit.
- Explain to the client the consequences of failure to develop the resource.
- Initiate the referrals to potential resources when appropriate.
- Record in the case record all action taken in the process of developing potential resources.
- Aid the client who needs help with the referral.
- Enter the proper code in the Case Action Block of the data systems. See Chapter 23.
- Monitor the client's progress and take any indicated action.
- Apply the penalty shown in Section 5.4 when the client fails, without good cause, to pursue the resource.

2. TANF and AFDC/U-Related Medicaid

If the individual who did not comply is a parent of the dependent children, the application is denied or the case closed.

If the individual is a caretaker relative, other than a parent, he is excluded from the benefit group.

The benefit group or individual remains ineligible until corrective action is taken.

purpose of these benefits is to maintain income to families during temporary periods of unemployment.

1. Who is Eligible

In order to receive UCI benefits, the individual must meet the following requirements:

- Must be unemployed or under-employed
- Must be able and willing to work.
- Must have worked in employment covered by the Unemployment Compensation regulations.
- Must have earned at least \$2,200 in his base period. The base period is the first four out of the last five completed calendar quarters preceding the date of the claim.

2. Who Must be Referred

All TANF and WV WORKS unemployed parents and any other persons who appear to meet the above criteria. The client must be given form ES-6.

3. Procedures for Filing a Claim

All claims for UCI Benefits must be filed at the local State Employment Programs Office.

F. RAILROAD RETIREMENT, DISABILITY AND SURVIVORS BENEFITS

Railroad Retirement, Disability and Survivors Benefits may be available to a railroad worker, his surviving widow and dependent children. These benefits are administered through the Railroad Retirement Board.

1. Description Benefit

There are five types of benefits that are made available through the Retirement Board.

a. Railroad Retirement Benefits

Retirement Benefits are available to individuals who are railroad workers who are at least age 65, and have at least 10 years of railroad service.

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6.2 NOTIFICATION OF ACTION TAKEN ON AN APPLICATION

Five (5) forms are used for notifying an applicant of the status of his application. They are the ES-6, ES-6A, ES-NL-6, ES-NL-A, and ES-20.

The final disposition of the application is reported to the client only on the ES-NL-A or the ES-NL-6. When the ES-NL-A is used, it must always be accompanied by the ES-NL-A1.

A. ES-6, NOTICE OF INFORMATION NEEDED; ES-6A, SPENDDOWN EXPLANATION

The ES-6 may be used during any phase of the eligibility determination process. At the time of application, it is given or mailed to the applicant to notify him of information or verification he must supply to establish eligibility. The client must receive the ES-6 within five (5) working days of the date of application, when the ES-6 is mailed.

NOTE: If the client fails to adhere to the requirements detailed on the ES-6, the application is denied or the deduction disallowed, as appropriate. The client must be notified of the subsequent denial by form ES-NL-A.

This form also notifies the client that his application will be denied or a deduction disallowed, if he fails to provide the requested information by the date specified on the form. The Worker determines the date to enter to complete the sentence, "If this information is not made available to this office by _____..." as follows:

1. Food Stamps

The date entered here must be 30 days from the date of application.

If the information is not provided by the date indicated, and the client has not contacted the Worker to explain the delay, the application is denied, if an eligibility factor is involved, using an ES-NL-A. If eligibility is established, but the client does not provide proof of entitlement to a deduction, the deduction is not allowed, but the case is approved, using an ES-NL-A.

NOTE: Federal regulations require that the ES-6 be given to the client no later than 30 days after the date of application. He must also be allowed 30 days to respond to the ES-6. Therefore, benefits

B. ES-NL-6 - NOTICE OF WITHDRAWAL OF APPLICATION

If the applicant withdraws his application, the Worker must give or mail him an ES-NL-6.

C. ES-NL-A

NOTE: The ES-NL-A must always be used with a Hearing/Pre-Hearing Conference Request Form, ES-NL-A1, and the appropriate computation forms.

The ES-NL-A is used for approvals and denials for all programs. The form is self-explanatory, but must be completed in such a way as to provide the client with a full understanding of the reason for the action taken. The Worker must use terms understandable to the client and avoid the use of agency jargon. Examples of proper and improper completion of sections of the form are shown below:

Improper Completion of the Form

The action taken in your case is: your application has been denied.

The action was taken because: failure to cooperate.

The Department's policies requiring this action are found in Chapter 1 of the Manual.

In the space provided, the Worker must indicate the name, address and telephone number of local agencies or organizations which provide legal services without charge. Refer to Appendix A.

Proper Completion of the Form

The action taken on your case is: your Food Stamp application has been denied. You do not meet the Food Stamp eligibility requirements.

The action was taken because: you did not verify the amount of your earnings by 2/10/95. Income must be verified before a Food Stamp case can be approved. The penalty for not doing this is denial of the application.

The Department's policies requiring this action are found in Section(s) _____ of the Income Maintenance Manual.

2. Denials

The Worker completes the ES-NL-A by indicating the program for which benefits are being denied; the reason for denial, the name of the person whose income, assets or other circumstances prevent approval; the Manual section on which the denial is based.

For individuals meeting the ABAWD criteria, an insert explaining the work requirement, time limitation on benefits and how to regain eligibility must be included.

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.

There is a special form used to impose WV WORKS sanctions, the OFS-WVW-NL-1. Details appear in a separate section below.

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; ES-6A, SPENDDOWN EXPLANATION

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. The ES-6A is used in addition to the ES-6 when it is necessary to explain the spenddown process to the client.

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.

FOOD STAMPS	TANF, WV WORKS	MEDICAID
<p>Case Closure</p> <p>Decrease in Food Stamp Allotment</p> <p>NOTE: The following are not adverse actions, but do require client notification:</p> <ul style="list-style-type: none"> - When the coupon allotment does not increase following a TANF, WV WORKS or SSI check reduction for repayment of an error caused by the client's intentional misrepresentation. - When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements. 	<p>Case Closure</p> <p>Reduction in the payment amount</p> <p>Removal of an individual from the TANF or WV WORKS payment when the payment decreases</p> <p>Reduction of the WV WORKS payment due to imposition of a sanction. *</p> <p>Placing the case in protective payment status</p> <p>* Special notice letter is required. See item E below.</p>	<p>Case Closure</p> <p>Removal of an individual from the benefit group</p> <p>Reclassification of a non-spenddown case to a spenddown case</p> <p>Reclassification of a spenddown case in a POE (spenddown met) to a case which is required to spenddown again during the same POC</p> <p>Termination of Medicaid when the client is ineligible for Medicaid under any other coverage group</p>

NOTE: Client notification must be sent even when the only recipient in the case dies. When this happens, the notification letter must be sent to the Executor, estate of (client's name), and the salutation must be "Dear Executor".

The ES-NL-B is used to notify a client of:

1. An Increase in Benefits:

The recipient must be notified in writing any time there is an increase in benefits. The notification must be received by the client prior to or at the same time he receives the increase. An increase in benefits is defined below for each program.

Food Stamps: Increase in coupon allotment.

TANF, WV WORKS: Increase in the check amount or the addition of another person to the TANF or WV WORKS benefit group, when the check amount increases.

Medicaid: Addition of an individual to the Medicaid benefit group.

In the space provided, the Worker must indicate the name, address and telephone number of local agencies or organizations which provide legal services without charge.

The following information must be contained on the ES-NL-B when an increase in benefits occurs:

a. Food Stamps

The present coupon allotment and the increased allotment ("Your Food Stamp coupon allotment is being increased from \$100 to \$120"), the date that the increase is effective, the reason for the increase, the Manual section on which the change is based, and any other action being taken on the case.

b. TANF and WV WORKS

The present check amount and the increased check amount ("Your TANF or WV WORKS check is being increased from \$201 to \$253"), the date that the increase is effective, the reason for the increase, the Manual section on which the change is based, and any other action being taken on the case.

c. Medicaid

The name of the individual being added to the Medicaid benefit group, the date that the change

- A mass change is initiated, such as the annual updates of Food Stamp coupon allotments or deductions, the annual RSDI/SSI updates, a change in the TANF or WV WORKS payment levels, a change in the Medically Needy Income Levels.
- For Food Stamps only, when the benefit is terminated or reduced as a result of a redetermination.

NOTE: When an ES-NL-B is used to notify the client of an adverse action, and the client requests a Hearing or Pre-Hearing Conference, benefits are not continued or reinstated pending a decision.

In the space provided, the Worker must indicate the name, address and telephone number of local agencies or organizations which provide legal services without charge.

The following indicates the information, which must be contained on the ES-NL-B, when it is used as a notice of adverse action.

a. Food Stamps

The fact that the Food Stamp case is closed or the coupon allotment has decreased, the date that the action becomes effective, the reason for the action, the Manual section on which the decision is based, and any other action that is being taken on the case.

NOTE: If the Food Stamp benefits decrease only because of an increase in the TANF or WV WORKS payment, the Worker must complete two separate notices, to be mailed on the same day. The ES-NL-B is used to notify the client of the increase in the check amount. The ES-NL-C is used to notify the client of the decrease in Food Stamp benefits. The ES-NL-B1 is attached to the ES-NL-B and the ES-NL-C1 is attached to the ES-NL-C. Appropriate computation forms must also be attached.

NOTE: If the closure is due to excessive assets, the notification letter must specify the asset

Removal of an individual from the Medicaid benefit group: The name of the individual being removed.

Change to a spenddown case: The fact that the eligibility status has changed, reason for and the effective date of the change, beginning and ending dates of the new POC.

NOTE: If the closure is due to excessive assets, the notification letter must specify the asset limit and the total value counted for all the client's assets. In addition, the letter must contain the following statement: "You may request a detailed accounting of the asset calculations used by the Department. If you so request, this will be mailed to you within five (5) working days of receipt of your request. You may request this in writing, by phone or in person."

3. Changes Not Affecting the Benefit Level

a. Food Stamps Only

The following are not adverse actions, but do require client notification:

- When the coupon allotment does not increase following a TANF, WV WORKS or SSI check reduction for repayment of an error caused by the client's misrepresentation
- When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements.

When used to notify the client of these actions, the ES-NL-B must specify that Food Stamp benefits would normally increase following a reduction in income, but that, due to the fact that the client caused these reductions by his own actions, benefits will not increase. The Worker must also indicate which agency made the determination of the client's failure to comply.

(ii) If Pre-Hearing Conference is Requested:

- Hold Pre-Hearing Conference; and
- If the issue is not resolved, contact the Hearings Officer to see if all issues can be dealt with in one Hearing; and
- Continue benefits at the current level until the subsequent changes are resolved. The Pre-Hearing Conference decision will be final unless the client continues with a Fair Hearing.

If the Department is upheld in the Hearing, the previously proposed action is taken without further notice to the client.

EXCEPTION: Food Stamp Program only: If the Department did not receive a QR form from the benefit group, and the client admits he did not submit the report, benefits are not reinstated or continued. Benefits will be continued or reinstated only after the client submits a report form for the months in question and all subsequent months, through the current one due.

(3) Fair Hearing Request After Receipt of ES-NL-C

(a) Requested Within 13-Day Advance Notice Period

When the client requests a Hearing, or a Pre-Hearing Conference, within the 13-day advance notice period, and the action has not already been taken, benefits must be continued at the previous level unless the client specifically requests they not be continued. He may do this verbally, by checking the appropriate section of the Hearing Request Form (ES-NL-C1), or in some other written manner.

If benefits were previously stopped or reduced at the time the ES-NL-C was

E. OFS-WVW-NL-1

NOTE: The OFS-WVW-NL-1 must always be used with a Hearing/Pre-Hearing Conference request form, ES-NL-C1, and the appropriate computation forms.

The OFS-WVW-NL-1 is used only for WV WORKS and only when the imposition of a sanction for failure to adhere to the terms of the PRC is involved.

Instructions for completion of the ES-NL-B (See item C above) also apply to completion of the OFS-WVW-NL-1. In addition, there is space for the Worker to schedule a Good Cause Interview. The interview must be scheduled for a date that allows the client to attend the interview and to comply with the PRC requirements before the advance notice period expires.

All other policies and procedures that normally apply to the ES-NL-C (See item D above) apply to the use of the OFS-WVW-NL-1.

F. 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 or an OFS-WVW-NL-1 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 TANF check amount. His Food Stamp benefits decrease, solely due to the increase in the TANF check. The Worker prepares an ES-NL-B to address the increase in TANF 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.

G. 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

6.4 COMPUTATION FORMS

The Department is required to provide the client with the calculations used to determine eligibility and benefit level. The following forms must be used. If a computation form is not available, the Worker must prepare a letter explaining the computation. The original is sent with the notification letter, and a copy is retained in the case record.

Each of the following forms is self-explanatory. They guide the Worker through the various steps of the income calculations.

A. ES-NL-C/U-1, TANF INCOME COMPUTATIONS

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

In addition, it must be sent with each ES-NL-C and each ES-NL-B sent for notification of an increase, decrease or closure of TANF benefits, when recalculation of income eligibility or benefit level is required.

B. ES-NL-FS-1, FOOD STAMP COMPUTATIONS

This form must be sent with each ES-NL-A sent for approval of Food Stamps and to each applicant denied for income reasons.

In addition, it must be sent with each ES-NL-C and each ES-NL-B sent for notification of an increase, decrease or closure of Food Stamp benefits, when recalculations of income eligibility or of benefit level is required.

C. ES-NL-MN-1, AFDC/U-RELATED MEDICAID COMPUTATIONS

This form must be sent with each ES-NL-A sent for approval of AFDC/U-Related Medicaid benefits.

In addition, it must be sent with each ES-NL-C and each ES-NL-B sent for changes in the spenddown amount.

D. IM-SSIR-1, SSI-RELATED MEDICAID COMPUTATIONS AND DEEMING FORMS: IM-SSIR-1A, IM-SSIR-1B, IM-SSIR-1C

The IM-SSIR-1 must be sent with each ES-NL-A sent for approval of SSI-Related Medicaid benefits.

In addition, it must be sent with each ES-NL-C and each ES-NL-B sent for changes in the spenddown amount.

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. IM-WVW-1, WV WORKS COMPUTATION SHEET

This form must be sent with each ES-NL-A sent to the client for approval of WV WORKS 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 and for each change in the benefit level.

F. IM-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, TANF AND WV WORKS REPAYMENT AMOUNT COMPUTATIONS

Computation of the TANF 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.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Dear _____

Date _____

THIS LETTER IS TO NOTIFY YOU OF A PENDING CHANGE IN THE BENEFITS YOU RECEIVE FROM THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES. This action will be taken thirteen (13) days from the date of this letter unless you make a timely request for a fair hearing or a pre-hearing conference. You may also request your benefits be continued at the same rate until the final decision is made either at the fair hearing or the pre-hearing conference, if you decide not to proceed with the fair hearing. This request for continued benefits must also be timely. See below for the time limits.

The proposed change is as follows: (Type or print additional comments in space provided.)

A _____ reduction in your cash assistance check for a period of _____ months.

The new amount of your check will be _____.

The effective date of this change is: _____

The reason for this change is as follows: (Type or print reason in space provided.)

You must comply with the terms of your Personal Responsibility Contract within thirteen (13) days of the date of this letter or show good cause for not being in compliance or this change will occur. If you come into compliance within the 13 day period, your benefits will not be reduced. However, each noncompliance, even if corrected, will be counted in the determination of subsequent noncompliances and sanction amounts. Once a reduction in your benefits has occurred, it will remain in place for the duration of time that it is imposed.

In order to try and resolve this issue and determine if you had good cause for not following the terms of your Personal Responsibility Contract, a Good Cause Interview has been scheduled for _____ (date) at _____ (time) at the office located at

phone number _____. If this appointment is not kept, the penalty stated above, will be applied against your cash assistance check.

The Department's policy requiring this action is found in: (Print or type citation to policy section in space provided.)

-If you request, we will send you a copy of the Manual material. You may also review the materials in your case record during normal business hours.

-The figures on the enclosed sheet show the computations used to determine the amount of your benefits.

-If you do not agree with this decision, you may ask for a Fair Hearing and/or a Pre-Hearing Conference. A form to use to ask for a Fair Hearing and/or a Pre-Hearing Conference is enclosed but you may also ask by phone or in person. The following organization provides legal services without charge to eligible persons _____

-However if your request for a Fair Hearing or a Pre-Hearing Conference is received within thirteen (13) days of the date of this letter you may also request that your benefits not be reduced or terminated before the Fair Hearing. If you request continued benefits, each month you receive benefits will continue to count toward your sixty month lifetime limit for receipt of benefits. If you do not ask for a Fair Hearing or a Pre-Hearing Conference within 13 days, the proposed change will take place.

-You have a right to a Fair Hearing if you ask for one at any time prior to ninety (90) days after the effective date of this change, but your benefits will not be continued at the same rate unless you request a Fair Hearing or a Pre-Hearing Conference within 13 days of the date of this letter.

-Your Family Support Specialist will help you make arrangements for transportation to any Fair Hearing if you cannot provide your own transportation and you so request. Also, your Specialist will help you prepare for the Fair Hearing, if you so request.

-You have the right to be assisted and/or represented by any person of your choice at the Fair Hearing or any other dealings with the Department of Health and Human Resources. This person may be a friend, relative, attorney or any other person.

Sincerely,