

1.2 GENERAL INFORMATION

This Section contains general information, applicable to all Programs and coverage groups.

A. APPLICANT AND POTENTIAL APPLICANT'S RIGHTS

In addition to addressing all questions and concerns the client may have, the Worker must explain the benefits of each Program and inform the client of his right to apply for any or all of them.

1. Right To Apply

No person is denied the right to apply for any Program administered by the Office of Family Support. Every person must be afforded the opportunity to apply for all Programs on the date he expresses his interest.

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn, approved for a DCA payment, or held pending additional information, the AG must not be required to make a separate application for Food Stamps. Food Stamp eligibility must be determined using the application already completed.

When it is not feasible for the applicant to be interviewed on the date he expresses his interest, he must be allowed to complete the process at a later date. An appointment may be scheduled for his return, or the client may return at his convenience, depending upon the procedure established by the CSM. The same procedure must be used for all applicants within the county. If a follow-up appointment is scheduled and the applicant appears for the interview, he must be seen on that day and not required to return again to complete the application process.

NOTE: Food Stamp applicants must be given a scheduled interview when it is not feasible to conduct an interview on the date the application is made. Any special needs such as, but not limited to, the applicant's work schedule, must be accommodated.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the OFS-2, form OFS-5 must be signed by the applicant and filed in the record with the OFS-2 after it is printed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed.

2. Right To Information

All those who have applied for benefits, or who inquire about the requirements for receiving benefits, must have the requested information provided. This includes a general explanation of the eligibility requirements and answers to specific questions. If the Worker does not know the answer to the specific question, he may request that his Supervisor submit the question to the Policy Unit. However, applicants and potential applicants must not be referred to the Policy Unit for a direct response.

3. Right To Consideration For All Programs

It is the Worker's responsibility to explain and make available all of the Department's programs for which the applicant could qualify. Unless the applicant specifically states he is not interested in being considered for WV WORKS, including DCA; Food Stamps; Medicaid; or SCA, during the appropriate time period, the Worker must evaluate potential eligibility for each of these. The evaluation of eligibility is accomplished in RAPIDS.

Mail-in applications for any program must be evaluated for all other programs based on the available information.

The Worker has a choice of 3 codes for the affected programs on ACPA:

- N--The applicant has specifically requested that his eligibility not be considered for the benefit.
- Y--The applicant has specifically requested that his eligibility be determined for the benefit. If it is determined that the applicant is not eligible, this benefit is denied. If he is eligible, the Worker must confirm eligibility to approve receipt of the benefit. Once the decision is made, the AG is considered to be Determined, or in Determined AG Status.
- E--The applicant or the Worker wants to determine potential eligibility for a program. If not determined potentially eligible, no further action is needed; no client notification is required. If he is determined potentially eligible, the Worker must confirm while in "E" status to issue client notification. No benefit is issued to an AG coded as "E" even when the AG is confirmed, and the calculated benefit amount is not used in any other RAPIDS functionality and is not included in the notice of potential eligibility. Once the decision is made, the AG is considered Evaluated, or in Evaluated AG Status.

The AG Status Codes displayed on AGECE in RAPIDS indicate if an AG is Determined or Evaluated as follows:

Eligibility Status	Determined AG Status	Evaluated AG Status
Pass	OP	PO
Fail	CL	PC
Denied	DE	PD
Pend	PE	PP
Spenddown Pending	MD	PM

When an Evaluated AG passed and is confirmed, a client notice is issued from RAPIDS to inform the applicant that he may be eligible for a benefit for which he did not apply and that he must contact his local office for information or to apply.

B. OVERVIEW OF THE ELIGIBILITY DETERMINATION PROCESS

The components of the eligibility determination process and a brief description of each follow:

1. Application Process

This process determines initial eligibility for one or a combination of programs. The process usually involves the signing of an application form by the client and a face-to-face interactive interview with a Worker.

The application may be held, pending receipt of necessary information or verification, but there are processing time limits which must be met. All applications must have a final disposition and the client must be notified of the decision.

2. Redetermination Process

Periodic reviews of total eligibility for recipients are mandated by law. These are redeterminations and take place at specific intervals, depending on the Program or coverage group. Failure by the client to keep an appointment for a redetermination usually results in ineligibility. If the client keeps his appointment and continues to be eligible, benefits must be uninterrupted and received at approximately the same time.

The redetermination process involves basically the same activities described in item 1 above. Data system changes and client notification of any changes resulting from the redetermination conclude the process.

3. Case Reviews And Case Maintenance

While a redetermination is a required periodic review of total eligibility, a review may be conducted at anytime on a single, or combination of questionable eligibility factor(s).

NOTE: Food Stamp recipients may be requested, but not required, to complete a face-to-face interview between redeterminations. See Section 2.2,B for an explanation of the procedure used when the Worker or Agency needs to clarify information received about the Food Stamp AG.

The case maintenance process may involve a review or activities that update the Department's information about the recipient's circumstances between the application and first redetermination and between redeterminations. Changes in eligibility or the benefit amount may occur. If so, data system action and client notification of any changes are required.

Some special situations may require a more formal review process. This may be a special procedure to target an error problem.

NOTE: Home visits for Food Stamp AG's may only be made on case-by-case basis and not because an AG fits an error prone or other profile.

NOTE: See Chapter 2 for detailed information regarding the case maintenance process.

4. Resource Development

WV WORKS and Medicaid recipients are responsible for applying for and accepting alternative means of support. This is an eligibility requirement for these Programs. See Chapter 5.

Food Stamp recipients must be encouraged to take advantage of any potential resources that may be available, but failure to apply for or accept such benefits does not affect Food Stamp eligibility.

C. APPLICATION REGISTER AND OTHER COUNTY CONTROLS

1. Application Register

Each county office must maintain a register of applications on Form ES-15, Application Log, or a similar method, containing at a minimum, the same information on the ES-15. The county may choose to have the application register maintained for the entire office or for each WV WORKS or Income Maintenance unit. If retained by each unit, copies of the registers must be compiled at the end of each month and stored together in one location.

2. Home Visit Register

The county office must devise a method to control and monitor inquiries and requests for applications which require a home visit. In addition, any home visit made must be shown on the log.

If any other registers or controls related to the application process are required, they are Program-specific and listed under each Program or coverage group.

The Worker, Supervisor, CSM or RD may establish any other registers necessary for the day-to-day operation of the local office.

D. WORKER RESPONSIBILITIES

The Worker has the following general responsibilities in the application process. Responsibilities that are Program- or coverage group-specific are found in the Program sections of this Chapter.

- Inform the client of the benefits the Department offers.
- Accept an application from any person or his representative who wishes to apply.
- Ensure the client is given the opportunity to apply for all of the Department's Programs on the date that he expresses an interest.
- Obtain all pertinent, necessary information through verification, when appropriate.
- Inform the client of his responsibilities, the process involved in establishing his eligibility, including the Department's processing time limits, and how the beginning date of eligibility is determined.

- 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. When the Worker must make a collateral contact, such as an employer, the Worker must not disclose the client's status as an applicant/recipient of a Department program.
- Maintain the confidentiality of all information received from or about the client. When the Worker must make a collateral contact, such as with a client's employer, the Worker must not disclose the client's status as an applicant/recipient of a Department program.

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; or
- The individual is violating parole or probation; or
- 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. It is the responsibility of the CSM to review and approve the release of all such information.

NOTE: In all situations where case information is released to another organization or agency, the information must have form OFS-CI-1 attached.

When the client discloses a domestic violence situation, extreme caution must be taken to safeguard any information about the individual's location or living situation. The Worker must not contact the individual named as the abuser or his relatives or friends for any information or verification required from the client. The RAPIDS case must be coded with the domestic violence indicator to alert all who access the case about the client's situation. The indicator is coded on ANDA with either of the following:

DA-Domestic Violence Disclosed - Referral Accepted

DR-Domestic Violence Disclosed - Referral Refused

The codes indicate disclosure of domestic violence and whether or not the client accepted a referral to a community domestic violence agency. See Section 13.8,G.

- 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.

NOTE: Copies of any information which involve a domestic violence situation must never be placed in the case record to insure the safety of the client and to insure that the alleged abuser does not gain access to information which may compromise the safety of the client. If it is necessary to maintain records for the purpose of documentation of the situation for a WV WORKS temporary exemption from work requirements, the information must be maintained in a separate file which is secured and available only to Supervisors. Information maintained in a separate file regarding domestic violence may be presented as evidence at a Fair Hearing, so long as the client agrees to use of the information for such purpose.

- Ensure that proper case recordings are made to document the Worker's actions and the reason for such actions.

NOTE: Information about a domestic violence situation or the whereabouts of an individual or family who has left a domestic violence situation for a safer residence must never be recorded in the case record in order to insure the safety of the individual or family. If it is necessary to

make contacts with a domestic violence agency or Social Services in conjunction with a temporary exemption from work requirements for WV WORKS, the information must be maintained in a separate file which is secured and available only to Supervisors. Information maintained in a separate file regarding domestic violence may be presented as evidence at a Fair Hearing, so long as the client agrees to use of the information for such purpose.

- Ensure that information about available community resources addressing domestic violence is available to all persons who request it, or who, in the Worker's judgment, may benefit from it. In addition, the Worker must make an immediate referral to the appropriate domestic violence or community agency when the client requests such assistance. When possible, the referral must be made the same day. If the agency cannot make arrangements to see the client the same day, a referral to Social Services must be made the same day, if possible.

E. CLIENT RESPONSIBILITY

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

- Denial of the application
- Closure of the active AG
- Removal of the individual from the AG
- Repayment of benefits
- Reduction in benefits

The action taken by the Worker depends on the specific requirement. These actions are found with the specific policy or in this Chapter under the program-specific information.

Prior to taking any of the actions described above, the Worker must determine whether or not the client is able to cooperate. If he is able, but has not complied, the appropriate action described above is taken. If not, the Worker must assist the client in obtaining the required information.

F. APPLICANT RECEIVES BENEFITS FROM ANOTHER STATE

When an applicant states that he is or has been receiving Food Stamps, cash assistance and/or Medicaid from another state and presents a letter which shows the last date for which he received benefits, contact with the other state is usually necessary only to inquire about repayment of benefits in that state, if the issue is not addressed in the letter. However, if cash assistance is involved, a contact is also necessary to determine the amount and the number of months received. The Worker must obtain the following information by telephone from the other state. The American Public Human Services Association (APHSA) Directory contains current telephone numbers. This information may also be found on state web sites on the internet.

- Date on which the client last received or will receive his last benefits
- Effective date of the termination of benefits

NOTE: The effective date of benefit closure in West Virginia is the month for which the client last received benefits. This may not be true in other states.

- The individuals included in the benefit
- Whether or not any of the client's last benefits were returned to the agency
- For WV WORKS cases: the Worker must determine how many months the client received TANF payments in the other state.

NOTE: States had 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. Appendix C contains information about when other states converted to TANF funding.

- For Food Stamp cases with ABAWDs only: The Worker must contact the other state to determine and record when the individual's 36-month period began, how many months of his 3-month limit without meeting the work requirement he has used, and if any of the benefits he received were prorated.

NOTE: Counting months for which benefits were prorated toward the 3-month limit, is an option for each state. If the client's previous state of residence include a month of prorated benefits the Worker asks only for the number of whole months of receipt. Therefore, regardless of the option chosen by the other state, the Worker must not count a prorated month.

If he is residing in an ILC, eligibility must be determined according to Section 9.1,A,2,n. If he is residing in an NILC, the time limit does not apply, but he retains the 36-month period which began in the other state.

- Whether or not the client owes a repayment to any Program

Each Program has specific requirements related to receipt of benefits from other states. Refer to Date of Application under each Program section below.

G. CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE

Prior to data system entry for disposition of another application, the Worker must determine if there is an existing case number for the client.

When an existing case number is found in another county, the Worker must request immediate data system transfer to the client's new county of residence. The case record must be mailed to the new county of residence within 10 working days. This may be accomplished by memorandum, electronic mail release or by telephone.

H. WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT COUNTY OFFICE

The following procedures are used when an applicant mails or makes his application in the office of a county in which he does not reside.

- When a mail-in application is received in the incorrect county office, it must be mailed to the correct county office the same day it is received. In addition, the correct county office must be notified the same day by electronic mail that the form is being mailed.
- If the client visits the incorrect office to apply, the application must be accepted and an intake interview completed. The Worker must complete a system transfer to the correct county office on the date the application is made. The correct county office must be notified by electronic mail that the case is being transferred. The client must be informed of additional requirements he may have to complete in the correct county.

- If the client telephones the incorrect office, the Worker must give him the address and telephone number of the appropriate office. If he requests an application be mailed to him and does not choose to contact the appropriate office to have this done, one is mailed to him from the contact office, along with instructions to return it to the address of the correct county office. The Worker must notify the other office, by electronic mail, so the county may add the client's name to the application register. If the client, after explanation of the available Programs, wants to apply for Food Stamps, the contact county screens for Expedited Service eligibility, explains this to the client and notifies the correct county office that this was done. Expedited benefits are issued by the county of residence within prescribed time limits, based on the date of application established by the contact office.

I. GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW

Regardless of the Program or coverage group for which the client applies, the Worker is responsible for the following when an interview is conducted:

- Screening the client for all OFS benefits and explaining that he may be eligible for more than one benefit. The client must be given the opportunity to apply for any Programs in which he expresses an interest, even if the Worker is able to pre-determine his ineligibility.
- Reviewing the OFS-2 to make certain that the client understood each question and answered to the best of his ability. If the client is unable to complete the form himself, and there is no one else to help him, the Worker must complete the form based on information provided by the client.
- Explaining the applicant's responsibility to provide complete and accurate information and the penalties for failure to do so.
- Discussing all statements on the OFS-RR-1 with the client to be sure he understands each one and marks each appropriately.
- Explaining fully the benefits of the Program(s) for which the client applies. This includes: when benefits are received, how received, description of the benefit, how to use the benefit, as well as any other pertinent information related to receipt and use of the benefit.
- Explaining how eligibility for the Program(s) is determined and, if applicable, how the amount of the benefit is computed.

- Explaining the applicant's responsibility to report changes in his circumstances.
- Providing the applicant with a list of verifications needed to determine eligibility, using form ES-6 or the RAPIDS verification checklist. He must also be told the penalty for failure to provide the verifications and what he must do if he finds he cannot obtain it by the deadline.
- Explaining other resources within the agency from which the client may benefit.
- Finding resources to meet the client's emergency needs by referral to a community resource or by an application for Emergency Assistance.
- Ensuring that information about available community resources addressing domestic violence issues is made available to all persons who could benefit from it.
- Referring all clients who request assistance in dealing with domestic violence to a local domestic violence agency, so that an interview may be conducted the same day. When this is not possible, referring the client to Social Services.

J. HOME VISITS

Home visits may be conducted for any Program during any phase of the eligibility determination process when the Worker or Supervisor believes a home visit is advisable. The client may also request one due to illness or inability to travel, when he has no one to act on his behalf.

NOTE: Home visits for Food Stamp AG's may only be made on a case-by-case basis and not because an AG fits an error prone or other profile.

The client may refuse entry to the Department's representative without losing eligibility, as long as he provides the information which prompted the home visit within a reasonable amount of time, to be mutually agreed upon by the client and the Worker.

Eligibility is not affected for any Program by the client's failure to be home for a home visit, unless:

- At least two attempts have been made; and
- At least the second visit was scheduled; and
- The client has not contacted the county office to make other arrangements.

The ES-HV-1 may be left at the client's home, after the first attempt, to advise the client of a return visit. If the ES-HV-1 is used for this purpose, a copy must be retained by the Worker.

NOTE: For the Food Stamp Program, home visits must be scheduled. For all other Programs, the visit may be scheduled or unscheduled, at the Worker or Supervisor's discretion. If a home visit is made for another Program, and information is obtained which affects Food Stamp eligibility or benefit level, it is acted upon whether or not the home visit was scheduled.

K. MAIL-IN APPLICATIONS

The Department responds to requests for applications to be mailed to potential applicants and accepts applications submitted by mail. Most Programs and coverage groups still require a face-to-face interview. This may be accomplished by the client's visiting the office, by his appointment of an authorized representative to apply on his behalf or by the Worker's making a home visit. Whether or not a face-to-face interview is required is found in Program-specific sections of this Chapter, along with any information which is specific to a particular Program or coverage group. The following is a general description of the mail-in application process.

NOTE: The same basic process applies when the client or his representative picks up and/or drops off an application for the client, without a contact with the Worker, and when the client requests in writing that an application form be mailed to him. The following description does not indicate which form is mailed, because the form depends upon the benefit for which the client wishes to apply. The appropriate forms are shown with each Program and coverage group found in the Program-specific sections which follow.

- If an individual telephones a DHHR county office to request an application be mailed to him, the Worker will inform him of the following:
 - If he wishes, a Worker will complete the application for him in a face-to-face interview, either in the office or in his home; and
 - The mail-in application procedure will result in a delay in processing his application due to a delay in receipt of the form through the mail, and a possible face-to-face interview.
- If the individual still prefers to make an application by mail, an application form is mailed to him on the date of his telephone call. If the client requested the application by letter, an application form is mailed to him on the day the letter is received in the county office.

When the application form is returned and contains at least the applicant's name, address and signature, an application has usually been filed and the policy and procedures concerning the formal disposition of the application are applicable.

EXCEPTION: Poverty-Level pregnant women must also have all verification included with the application form. See the Program-specific section for these cases.

- The date of application is the date the application form which contains the applicant's name, address and signature is returned to the county office. The forms must be date-stamped when received.
- The application is logged on the ES-15, Application Register, or other method developed by the local office, and assigned to a Worker for processing and completion.

L. CLIENT NOTIFICATION, WRITTEN AND VERBAL

The client must be notified in writing of the final decision on his application and the reason for it. Notification must be provided for each Program for which the client applied, but notification for more than one Program may be included on one form letter.

NOTE: There is specific, court-ordered client notification policy which must be followed. There are also specific forms which must be used and detailed procedures to follow. Chapter 6 is devoted exclusively to client notification.

During the intake interview or during some other client contact prior to written client notification, the Worker may know whether or not the client is eligible and, if so, the amount of the benefit. The Worker may tell the client the status of his application and/or benefit level, if he so chooses. However, even if the client has been told his status and/or benefit level, he must still receive the information in writing. See Chapter 6.

Under some circumstances, the data system automatically generates notification to the client. See the RAPIDS User Guide.

M. COMPLETION OF THE APPLICATION PROCESS

The application process is completed when all of the following have occurred:

- Action is taken as follows:
 - To approve the application when all eligibility requirements are met; or
 - To withdraw the application at the client's verbal or written request or when he refuses to sign the application form; or
 - To deny the application when at least one eligibility requirement is not met or the client has failed to establish eligibility.
- The client is notified of the action taken.
- The client receives his initial benefit, if eligible.

N. COMMUNICATION WITH SSA

Each CSM is responsible for appointing a contact person to communicate with a contact person in the local SSA Office. This contact person does not interpret policy, but works out communication problems and any problems dealing with the completion and forwarding of forms, including those involved in the joint application process for Food Stamps. The Department's contact works directly with the contact from SSA.

Any matters that cannot be worked out between the local office and the SSA contact person are referred to the OFS Policy Unit and to the SSA District Office by the appropriate staff.

O. DOMESTIC VIOLENCE ASSISTANCE

Information about community resources that address the issue of domestic violence must be readily available in each waiting room of each county office. The information must be written and must be available for the client to take with him discreetly, without having to ask for it. In addition, the Worker must provide such information when it is requested and must offer it to any person who, in the Worker's judgment, could benefit from it. When possible, this must be accomplished during the office interview. In order to insure the safety of the individual to whom information about domestic violence is given, it is suggested that the domestic violence information be part of a packet which contains a variety of information. If, during the interview, the Worker observes language or other behavior which is threatening and discussion of such matters could pose a possible threat to the person who is judged to be in need of information the Worker must avoid direct discussion with the client. In those instances, a referral to the local domestic violence program, other available community resource or to Social Services is in order so that a contact can be made without the threat of additional harm to the client.

Each CSM is responsible for coordinating efforts between OFS staff, Social Services and available community resources. The CSM is also responsible for making sure that up-to-date information about domestic violence services is available at all times.

P. DETERMINING RACE AND ETHNICITY FOR FEDERAL REPORTING

It is the Worker's responsibility to determine the client's appropriate race and ethnic category and correctly code the information in RAPIDS.

1. Race

When a client identifies himself as being of a single race or a combination of races, the appropriate code is entered in RAPIDS. The following are the race codes with which he may identify. The corresponding RAPIDS codes are found in table TETC.

- Asian
- Black or African American
- American Indian or Alaska Native
- White
- Native Hawaiian or other Pacific Islander

- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Asian and Black or African American

2. Ethnicity

The client must be placed in an ethnic category, regardless of the race with which he identifies. RAPIDS codes are found in table TEHC.

- Hispanic or Latino
- None of the above

EXAMPLE: The client identifies his race as Black, with some Hispanic ancestry. His ethnicity is coded as “Hispanic or Latino.”

EXAMPLE: The client identifies his race as White, with no Hispanic background. His ethnicity is coded as “None of the above.”

When the client refuses to identify his race and/or ethnicity, the Worker must use his best judgment in coding the information in RAPIDS.