

The Case Maintenance Process

**2.1 INTRODUCTION ..... 1**

A. GENERAL SOURCES OF INFORMATION ..... 1

B. PROCEDURES FOR COUNTY TRANSFERS AND CASE CLOSURES..... 2

    1. County Transfers..... 2

    2. Case Closures ..... 3

C. PROCEDURES FOR ADDING NEWBORN CHILDREN (TANF, WV WORKS AND MEDICAID ONLY) ..... 5

**2.2 FOOD STAMP BENEFITS ..... 7**

A. SOURCES OF INFORMATION ..... 7

B. REPORTING REQUIREMENTS ..... 8

    1. Reporting Groups ..... 8

    2. Changes Acted On For All Reporting Groups ..... 10

    3. Timely Reporting And Follow-Up..... 11

    4. 12-Month Review Of Eligibility ..... 11

C. AGENCY TIME LIMITS..... 12

    1. Increase In Benefits..... 12

    2. Decrease In Benefits ..... 13

D. TYPES OF CHANGES..... 13

    1. Change In Case Name ..... 13

    2. Change In EBT Authorized Cardholder ..... 14

    3. Change In Categorical Eligibility ..... 15

    4. Change In AG..... 15

    5. Change In Income..... 15

    6. Change In Work Requirement Status ..... 15

    7. Change in Work Hours (ILC Only)..... 16

    8. Cost-Of-Living Increases In Federal Benefits ..... 16

    9. Change of Address..... 16

    10. Continuation of Benefits..... 16

    11. Complaints Regarding Trafficking Food Stamp Benefits ..... 17

    12. Food Stamp Benefits Returned To The Local Office By The Client... 17

    13. Inactive, Dormant And Expunged EBT Accounts ..... 18

    14. EBT Cards Received In The Local Office ..... 19

The Case Maintenance Process

- E. CORRECTIVE PROCEDURES .....21
  - 1. Restoring Lost Benefits .....21
  - 2. When Lost Benefits Are Not Restored.....21
  - 3. Time Limits For Restoring Benefits.....22
  - 4. Corrective Actions To Restore Benefits.....24
  - 5. How Benefits Are Restored .....24
  - 6. Food Stamp Benefits Returned to the State Office by the Postal Service .....25
- 2.3 RESERVED FOR FUTURE USE.....39
- 2.4 MEDICAID .....40
  - A. SOURCES OF INFORMATION .....40
  - B. REPORTING REQUIREMENTS .....40
  - C. AGENCY TIME LIMITS.....40
  - D. TYPES OF CHANGES.....41
    - 1. Change In Case Name .....41
    - 2. Change Of Address .....41
    - 3. Change In The Assistance Group, Needs Group Or Income Group.....41
    - 4. AG Closures .....42
    - 5. Cost-Of-Living Increases In Federal Benefits .....43
  - E. CORRECTIVE PROCEDURES .....43
    - 1. Reimbursement For Out-Of-Pocket Expenses .....43
    - 2. Holding The Medicaid Card .....44
    - 3. Procedures For Cards Which Are Returned, Incorrect Or Not System-Issued.....44
    - 4. Incorrect Eligibility Dates .....45
- 2.5 RESERVED FOR FUTURE USE.....46
- 2.6 DEEMED AFDC MEDICAID RECIPIENTS.....47
  - A. EXTENDED MEDICAID .....47
  - B. ADOPTION ASSISTANCE .....47

C.	FOSTER CARE.....	47
<b>2.7</b>	<b>TRANSITIONAL MEDICAID.....</b>	<b>48</b>
<b>2.8</b>	<b>QUALIFIED CHILDREN AND POVERTY LEVEL CHILDREN .....</b>	<b>49</b>
A.	CLOSURES .....	49
B.	CHANGE IN INCOME .....	49
C.	OTHER CHANGES.....	49
<b>2.9</b>	<b>POVERTY-LEVEL PREGNANT WOMEN.....</b>	<b>50</b>
A.	CHANGE IN THE AG.....	50
B.	CHANGE IN INCOME AND/OR DEDUCTIONS .....	50
<b>2.10</b>	<b>CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN (CEN).....</b>	<b>51</b>
<b>2.11</b>	<b>SSI RECIPIENTS AND DEEMED SSI RECIPIENTS .....</b>	<b>52</b>
<b>A.</b>	<b>PROCEDURE WHEN CLIENT MOVES.....</b>	<b>52</b>
1.	Change Of Address.....	52
2.	Loss Of Contact.....	52
3.	The SSI Recipient Moves To Another State .....	52
<b>B.</b>	<b>ACTION REQUESTED BY THE <b>BMS</b> MEDICARE BUY-IN UNIT .....</b>	<b>52</b>
<b>C.</b>	<b>CLOSURE OF THE SSI MEDICAID CASE.....</b>	<b>52</b>
<b>2.12</b>	<b>QUALIFIED MEDICARE BENEFICIARIES (QMB) .....</b>	<b>54</b>
<b>2.13</b>	<b>SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB).....</b>	<b>55</b>
<b>2.14</b>	<b>CHILDREN WITH DISABILITIES COMMUNITY SERVICE PROGRAM (CDCS) .....</b>	<b>56</b>
<b>2.15</b>	<b>AIDS PROGRAM.....</b>	<b>57</b>

**2.16 AFDC-RELATED AND SSI-RELATED MEDICAID**.....58

A. CHANGE IN INCOME AND DEDUCTIONS.....58

B. CHANGE IN DEPRIVATION FACTOR .....58

C. MRT REQUIREMENTS.....58

D. CLOSURES .....58

**2.17 WV WORKS** .....60

A. SOURCES OF INFORMATION .....60

B. REPORTING REQUIREMENTS .....62

    1. What Must Be Reported .....62

    2. Timely Reporting .....63

C. AGENCY TIME LIMITS.....63

D. TYPES OF CHANGES.....63

    1. Change In Case Name .....63

    2. Change Of Address .....64

    3. **Change In The AG** ..... 64

    4. **Continued Benefits After Case Closure** .....65

    5. **Change In The Personal Responsibility Contract And Self-Sufficiency Plan**.....65

    6. **Special Procedures** .....66

    7. **Cost-Of-Living Increases In Federal Benefits** .....69

    8. **EBT Cash Conversion Request**.....69

    9. **Change In EBT Authorized Cardholder** .....69

    10. **Inactive, Dormant And Expunged EBT Accounts**.....69

E. CORRECTIVE PROCEDURES .....71

    1. Correcting The **Benefit** Amount .....71

    2. Correcting The Address.....72

    3. Correcting The Payee.....73

    4. Canceling The **Benefit** .....73

    5. Holding The **Benefit** .....73

    6. Reissuing A Returned Direct Deposit .....74

    7. Returned EBT Benefits.....74

The Case Maintenance Process

**APPENDIX A      MEDICAID CASE ACTION PRINTOUTS ..... A-1**

- A.    COUNTY LIST OF SSI RECIPIENTS..... A-1
- B.    INVALID MEDICAL CARDS NOT PRINTED ..... A-4
- C.    MAO CASE ACTION REMINDER LISTING ..... A-4
- D.    LIST OF ALL ACTIVE ABD CASES WITH DUPLICATE SSN'S.. A-5
- E.    NEED TO EVALUATE PRINTOUT ..... A-5
- F.    SDX LIST OF T30, S09 AND M01 CASES..... A-6

**APPENDIX B      RSDI/SSI INCREASES 2005 ..... B-1**

- A.    THE RSDI/SSI COLA UPDATE PROCESS..... B-1
- B.    REPORTS AND WORKER ACTION ..... B-1
- C.    COMMONLY FOUND MATCH RESULTS..... B-7