

1.1	INTRODUCTION.....	1
1.2	GENERAL INFORMATION	2
A.	APPLICANT AND POTENTIAL APPLICANT'S RIGHTS.....	2
1.	Right To Apply	2
2.	Right To Information	3
3.	Right To Consideration For All Programs	3
B.	OVERVIEW OF THE ELIGIBILITY DETERMINATION PROCESS	4
1.	Application Process	4
2.	Redetermination Process.....	4
3.	Case Reviews and Case Maintenance	5
4.	Resource Development	5
C.	APPLICATION REGISTER AND OTHER COUNTY CONTROLS.....	6
1.	Application Register.....	6
2.	Home Visit Register	6
D.	WORKER RESPONSIBILITIES.....	6
E.	CLIENT RESPONSIBILITY	9
F.	APPLICANT RECEIVES BENEFITS FROM ANOTHER STATE.....	10
G.	CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE	11
H.	WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT COUNTY OFFICE	11
1.	Applications Made In Person Or By Mail	11
2.	Applications Submitted By Use Of inROADS.....	12
I.	GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW	12
J.	HOME VISITS	13
K.	MAIL-IN AND inROADS APPLICATIONS	14
1.	Applications Submitted By Mail	14
2.	Applications Submitted By inROADS	14

3.	Applications Submitted By inROADS From A Community Partner	16a
4.	Electronic Signature.....	16b
5.	RAPIDS INBX Indicators for inROADS	16b
L.	CLIENT NOTIFICATION, WRITTEN AND VERBAL.....	16b
M.	COMPLETION OF THE APPLICATION PROCESS.....	16c
N.	COMMUNICATION WITH SSA	16c
O.	DOMESTIC VIOLENCE ASSISTANCE	17
P.	DETERMINING RACE AND ETHNICITY FOR FEDERAL REPORTING	17
1.	Race	17
2.	Ethnicity	18
1.3	APPLICATION FORMS	19
A.	OFS-2.....	19
1.	OFS-2 Generated By RAPIDS.....	19
2.	OFS-2 Shelf Document.....	19
B.	DFA-RR-1	20
C.	DFA-QSQ-1.....	20
D.	WV-KIDS-1	20
E.	inROADS APPLICATION	21
F.	REAPPLICAIONS NOT REQUIRING A NEW FORM	21
G.	ADDITION OF ANOTHER BENEFIT TO AN ACTIVE CASE WHEN NEW APPLICATION FORM IS NOT REQUIRED	22
1.4	FOOD STAMP APPLICATION PROCESS.....	24
A.	APPLICATION FORMS.....	24
B.	COMPLETE APPLICATION	25
C.	DATE OF APPLICATION	26

Application/Redetermination Process

D.	INTERVIEW REQUIRED	27
E.	WHO MUST BE INTERVIEWED	28
F.	WHO MUST SIGN.....	28a
G.	CONTENT OF THE INTERVIEW	28a
H.	DUE DATE OF ADDITIONAL INFORMATION	30
I.	AGENCY TIME LIMITS	30
J.	AGENCY DELAYS	30
K.	PAYEE	30
L.	REPAYMENT AND PENALTIES	31
1.	Repayment	31
2.	Penalties	31
M.	BEGINNING DATE OF ELIGIBILITY.....	31
N.	REDETERMINATION SCHEDULE	32
O.	EXPEDITED PROCESSING	34
1.	Eligibility Requirements.....	34
2.	Screening For Expedited Service	35
3.	Variations In Usual Procedures	35
P.	CLIENT NOTIFICATION	38
Q.	DATA SYSTEM ACTION.....	38
R.	SPECIAL CONSIDERATIONS	38
1.	Joint SSI/FS Application/Redetermination Process	38
2.	Mail-In Food Stamp Applications	41
3.	Categorical Eligibility.....	42
4.	Procedures For Missed Scheduled Interviews	45
S.	REDETERMINATION VARIATIONS	46
1.	Redetermination Cycle.....	46
2.	Redetermination Alerts	46

3.	Scheduling Interviews	46
4.	Completion.....	47
5.	Overdue Redetermination.....	48
T.	THE BENEFIT	48
1.	Initial Benefits	49
2.	Ongoing Benefits	49
3.	Electronic Benefits Transfer (EBT)	51
U.	PERSONAL RESPONSIBILITY CONTRACT (PRC)	54
V.	ORIENTATION.....	54
1.5	RESERVED FOR FUTURE USE	55
1.6	AFDC MEDICAID.....	56
A.	APPLICATION FORMS.....	56
B.	COMPLETE APPLICATION	56
C.	DATE OF APPLICATION	56
D.	INTERVIEW REQUIRED.....	56
E.	WHO MUST BE INTERVIEWED	56
F.	WHO MUST SIGN.....	57
G.	CONTENT OF THE INTERVIEW	57
H.	DUE DATE OF ADDITIONAL INFORMATION	57
I.	AGENCY TIME LIMITS	58
J.	AGENCY DELAYS	58
K.	PAYEE	58
L.	REPAYMENT AND PENALTIES	58
M.	BEGINNING DATE OF ELIGIBILITY.....	58
N.	REDETERMINATION SCHEDULE	59

O.	EXPEDITED PROCESSING	59
P.	CLIENT NOTIFICATION	59
Q.	DATA SYSTEM ACTION.....	59
R.	REDETERMINATION VARIATIONS	59
1.	Completion Of The Redetermination	59
2.	Overdue Redeterminations	59
S.	THE BENEFIT	59
1.	Retroactive Benefits.....	59
2.	Ongoing Benefits	60
3.	Ending Date Of Eligibility	60
T.	PERSONAL RESPONSIBILITY CONTRACT (PRC).....	60
U.	ORIENTATION.....	60
1.7	MEDICAID FOR DEEMED AFDC RECIPIENTS	61
A.	EXTENDED MEDICAID	61
1.	Redetermination Variations.....	61
2.	The Benefit	61
3.	Ending Date Of Eligibility	61
B.	CHILDREN COVERED AS RECIPIENTS OF ADOPTION ASSISTANCE	61
C.	CHILDREN COVERED AS RECIPIENTS OF FOSTER CARE PAYMENTS ...	61
1.8	TRANSITIONAL MEDICAID (TM)	62
1.9	QUALIFIED (QC) AND POVERTY-LEVEL (PL) CHILDREN, REGARDLESS OF BIRTHDATE	63
A.	APPLICATION FORMS	63
1.	Choosing The Correct Form	63
2.	Special Outreach/Application Procedures	63
B.	COMPLETE APPLICATION	64

C.	DATE OF APPLICATION	64
D.	INTERVIEW REQUIRED.....	64
E.	WHO MUST BE INTERVIEWED	64
F.	WHO MUST SIGN.....	65
	1. Application Form or INROADS Signature Page	65
	2. Electronic Signature	65
G.	CONTENT OF THE INTERVIEW	65
H.	DUE DATE OF ADDITIONAL INFORMATION.....	66
I.	AGENCY TIME LIMITS	66
J.	AGENCY DELAYS	66
K.	PAYEE	66
L.	REPAYMENT AND PENALTIES	66
M.	BEGINNING DATE OF ELIGIBILITY.....	66a
N.	REDETERMINATION SCHEDULE	66a
O.	EXPEDITED PROCESSING	66a
P.	CLIENT NOTIFICATION	67
Q.	DATA SYSTEM ACTION.....	67
R.	REDETERMINATION VARIATIONS	67
S.	THE BENEFIT	68
1.10	POVERTY-LEVEL PREGNANT WOMEN	69
A.	APPLICATION FORMS.....	69
B.	COMPLETE APPLICATION	69
C.	DATE OF APPLICATION	69

D.	WHO MUST BE INTERVIEWED AND SIGN THE APPLICATION	70
1.	Poverty-Level Pregnant Woman Age 18 And Over.....	70
2.	Poverty-Level Pregnant Woman Under Age 18 And Living At Home With A Parent(s).....	70
3.	Poverty-Level Pregnant Woman Under Age 18 And Not Living At Home With A Parent(s).....	70
E.	BEGINNING DATE OF ELIGIBILITY.....	70
1.	Application While Pregnant.....	70
2.	Application After Pregnancy Ends	70
F.	EXPEDITED PROCESSING	70
G.	SPECIAL PROCEDURE.....	71
H.	CLIENT NOTIFICATION	71
I.	REDETERMINATION SCHEDULE	71
J.	THE BENEFIT	71
1.11	RESERVED FOR FUTURE USE	72
1.12	CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN.....	73
A.	APPLICATION FORM	73
B.	THE REDETERMINATION PROCESS	73
C.	THE BENEFIT	74
1.	Initial Benefit	74
2.	Ongoing Benefit	74
3.	Ending Date Of Eligibility	74
1.13	SSI RECIPIENTS	75
A.	APPROVALS FROM DATA EXCHANGE.....	75
B.	APPROVALS AT THE REQUEST OF THE BMS MEDICARE BUY-IN UNIT ...	75
C.	OTHER APPROVALS	75

D.	ESTABLISHING THE DATE OF APPLICATION	76
E.	WHO MUST BE INTERVIEWED	76
F.	WHO MUST SIGN.....	76
G.	DUE DATE OF ADDITIONAL INFORMATION	76
H.	AGENCY TIME LIMITS	76
I.	AGENCY DELAYS	76
J.	PAYEE	76
K.	REPAYMENT AND PENALTIES	76
L.	BEGINNING DATE OF ELIGIBILITY.....	76
M.	REDETERMINATION SCHEDULE	77
N.	EXPEDITED PROCESSING	77
O.	CLIENT NOTIFICATION	77
P.	DATA SYSTEM ACTION.....	77
Q.	REDETERMINATION VARIATIONS	77
R.	THE BENEFIT	78
	1. Retroactive Benefits.....	78
	2. Ongoing Benefits	78
	3. Ending Date Of Eligibility	78
1.14	DEEMED SSI RECIPIENTS.....	79
1.15	QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED INDIVIDUALS (QI-1)	80
A.	APPLICATION FORMS	80
B.	COMPLETE APPLICATION	80
C.	DATE OF APPLICATION	80

D.	INTERVIEW REQUIRED.....	81
1.	DFA-QSQ-1 or inROADS Application.....	81
2.	OFS-2	81
E.	WHO MUST BE INTERVIEWED.....	81
F.	WHO MUST SIGN.....	81
G.	CONTENT OF THE INTERVIEW	81
H.	DUE DATE OF ADDITIONAL INFORMATION.....	82
I.	AGENCY TIME LIMITS	82
J.	AGENCY DELAYS	82
K.	PAYEE	82
L.	REPAYMENT AND PENALTIES	82
M.	BEGINNING DATE OF ELIGIBILITY.....	82
1.	QMB	82
2.	SLIMB.....	83
3.	QI-1.....	83
N.	REDETERMINATION SCHEDULE	83
O.	EXPEDITED PROCESSING	83
P.	CLIENT NOTIFICATION	83
Q.	REDETERMINATION VARIATIONS	83
1.	The Redetermination List.....	83
2.	The Date Of The Redetermination.....	83
3.	Scheduling The Redetermination.....	84
4.	Completion Of The Redetermination	84
R.	THE BENEFIT	84
1.	QMB	84
2.	SLIMB And Q-1.....	84
3.	Ending Date of Eligibility	85

1.16	QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI).....	86
A.	APPLICATION FORMS.....	86
B.	COMPLETE APPLICATION	86
C.	DATE OF APPLICATION	86
D.	INTERVIEW REQUIRED.....	86
E.	WHO MUST BE INTERVIEWED	86
F.	WHO MUST SIGN.....	86
G.	CONTENT OF THE INTERVIEW	86
H.	DUE DATE OF ADDITIONAL INFORMATION	87
I.	AGENCY TIME LIMITS	87
J.	AGENCY DELAYS	87
K.	PAYEE	87
L.	REPAYMENT AND PENALTIES.....	87
M.	BEGINNING DATE OF ELIGIBILITY.....	87
N.	REDETERMINATION SCHEDULE	87
O.	EXPEDITED PROCESSING	87
P.	CLIENT NOTIFICATION	88
Q.	DATA SYSTEM ACTION.....	88
R.	REDETERMINATION VARIATIONS	88
S.	THE BENEFIT	88
1.17	ILLEGAL ALIENS.....	89
A.	APPLICATION FORMS.....	89
B.	COMPLETE APPLICATION	89

C.	DATE OF APPLICATION	89
D.	WHO MUST BE INTERVIEWED	89
E.	WHO MUST SIGN.....	89
F.	CONTENT OF THE INTERVIEW	89
G.	DUE DATE OF ADDITIONAL INFORMATION	89
H.	AGENCY TIME LIMITS	90
I.	AGENCY DELAYS	90
J.	PAYEE	90
K.	REPAYMENT AND PENALTIES	90
L.	BEGINNING DATE OF ELIGIBILITY.....	90
M.	REDETERMINATION SCHEDULE	90
N.	EXPEDITED PROCESSING	90
O.	CLIENT NOTIFICATION	90
P.	DATA SYSTEM ACTION.....	91
Q.	REDETERMINATION VARIATIONS	91
R.	THE BENEFIT	91
S.	ENDING DATE OF ELIGIBILITY	91
1.18	INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX WAIVERS	92
1.19	CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCS)	93
A.	APPLICATION FORMS	93
B.	COMPLETE APPLICATION	93
C.	DATE OF APPLICATION	93
D.	INTERVIEW REQUIRED.....	94

E.	WHO MUST BE INTERVIEWED	94
F.	WHO MUST SIGN.....	94
G.	CONTENT OF THE INTERVIEW	94
H.	DUE DATE OF ADDITIONAL INFORMATION	94
I.	AGENCY TIME LIMITS	94
J.	AGENCY DELAYS	94
K.	PAYEE	95
L.	REPAYMENT AND PENALTIES	95
M.	BEGINNING DATE OF ELIGIBILITY.....	95
N.	REDETERMINATION SCHEDULE	95
O.	EXPEDITED PROCESSING	95
P.	CLIENT NOTIFICATION	95
Q.	DATA SYSTEM ACTION.....	95
R.	REDETERMINATION VARIATIONS	96
1.	The Redetermination List.....	96
2.	The Date Of The Redetermination	96
3.	Scheduling The Redetermination.....	96
4.	Completion Of The Redetermination	96
S.	THE BENEFIT	96
1.	Retroactive Benefits.....	96
2.	Ongoing Eligibility	96
3.	Ending Date Of Eligibility	96
1.20	AIDS PROGRAM	97
A.	APPLICATION FORMS	97
B.	COMPLETE APPLICATION	97
C.	DATE OF APPLICATION	97

D.	INTERVIEW REQUIRED.....	97
E.	WHO MUST BE INTERVIEWED	97
F.	WHO MUST SIGN.....	97
G.	CONTENT OF THE INTERVIEW	97
H.	DUE DATE OF ADDITIONAL INFORMATION	98
I.	AGENCY TIME LIMITS	98
J.	AGENCY DELAYS	98
K.	PAYEE	98
L.	REPAYMENT AND PENALTIES	98
M.	BEGINNING DATE OF ELIGIBILITY.....	98
N.	REDETERMINATION SCHEDULE	98
O.	EXPEDITED PROCESSING	98
P.	CLIENT NOTIFICATION	98
Q.	DATA SYSTEM ACTION.....	99
R.	REDETERMINATION VARIATIONS	99
S.	THE BENEFIT	99
	1. Special Pharmacy Program	99
	2. HIV Grant Program	99
	3. Ending Date Of Eligibility	99
1.21	AFDC-RELATED MEDICAID	100
A.	APPLICATION FORMS.....	100
B.	COMPLETE APPLICATION	100
C.	DATE OF APPLICATION	100
D.	INTERVIEW REQUIRED.....	100

E.	WHO MUST BE INTERVIEWED	100
F.	WHO MUST SIGN.....	101
G.	CONTENT OF THE INTERVIEW	101
H.	DUE DATE OF ADDITIONAL INFORMATION	102
I.	AGENCY TIME LIMITS	102
J.	AGENCY DELAYS	102
K.	PAYEE	102
L.	REPAYMENT AND PENALTIES	102
M.	BEGINNING DATE OF ELIGIBILITY.....	102
1.	Non-Spenddown	102
2.	Spenddown.....	102
N.	REDETERMINATION SCHEDULE	103
1.	Non-Spenddown	103
2.	Spenddown.....	103
O.	EXPEDITED PROCESSING	103
P.	CLIENT NOTIFICATION	103
Q.	DATA SYSTEM ACTION.....	103
R.	REDETERMINATION VARIATIONS	103
1.	Non-Spenddown	103
2.	Spenddown	104
S.	THE BENEFIT	105
1.	Non-Spenddown	105
2.	Spenddown	105
1.22	SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED.....	107
A.	APPLICATION FORMS	107

B.	COMPLETE APPLICATION	107
C.	DATE OF APPLICATION	107
D.	INTERVIEW REQUIRED.....	107
E.	WHO MUST BE INTERVIEWED	107
F.	WHO MUST SIGN.....	108
G.	CONTENT OF THE INTERVIEW	108
H.	DUE DATE OF ADDITIONAL INFORMATION	108
I.	AGENCY TIME LIMITS	109
	1. Application Processing Limits	109
	2. MRT Time Limits.....	109
J.	AGENCY DELAYS	110
K.	PAYEE	110
L.	REPAYMENT AND PENALTIES	110
M.	BEGINNING DATE OF ELIGIBILITY.....	111
	1. Non-Spenddown	111
	2. Spenddown.....	111
N.	REDETERMINATION SCHEDULE	111
	1. Non-Spenddown	111
	2. Spenddown.....	111
O.	EXPEDITED PROCESSING	111
P.	CLIENT NOTIFICATION	111
Q.	DATA SYSTEM ACTION.....	111
R.	REDETERMINATION VARIATIONS	112
	1. Non-Spenddown	112
	2. Spenddown.....	112

S.	THE BENEFIT	113
1.	Non-Spenddown	113
2.	Spenddown.....	113
1.23	RESERVED FOR FUTURE USE	115
1.24	SPECIAL PROCEDURES IN THE MEDICAID APPLICATION PROCESS.....	116
A.	SPOUSES APPLY - ONE APPROVED, ONE PENDING	116
B.	DEATH OF THE ONLY INDIVIDUAL PRIOR TO APPLICATION OR APPROVAL	117
1.	Who Must Be Interviewed And Sign The Application.....	117
2.	MRT Referral	118
C.	DOCUMENTATION AND REVIEW OF PENDING MEDICAID APPLICATIONS	118
1.	Instructions For Documentation For Pending Medicaid Applications ...	118
2.	Procedure For Review Of Pending Applications	120
D.	DETERMINING REASONABLE PERIOD OF TIME FOR SPENDDOWN ENTRY	120
E.	PRIOR ELIGIBILITY FOR CASES NOT CURRENTLY ELIGIBLE	120
1.	Approvals.....	121
2.	Denials.....	121
3.	Closures.....	121
F.	CHANGING COVERAGE GROUPS AND REDETERMINATION PERIOD.....	121
1.25	WV WORKS.....	122
A.	APPLICATION FORMS	122
B.	COMPLETE APPLICATION	122
C.	DATE OF APPLICATION	122
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	127
I.	AGENCY TIME LIMITS	127
J.	AGENCY DELAYS	128
K.	PAYEE	128
L.	REPAYMENT AND PENALTIES	129
M.	BEGINNING DATE OF ELIGIBILITY.....	129
N.	REDETERMINATION SCHEDULE	131
O.	EXPEDITED PROCESSING	132
P.	CLIENT NOTIFICATION	132
Q.	DATA SYSTEM ACTION.....	132
R.	REDETERMINATION VARIATIONS	132
1.	Redetermination List.....	132
2.	Scheduling Interviews.....	132
3.	Completion Of The Redetermination	133
4.	Overdue Redeterminations	133
S.	THE BENEFIT	133
1.	The WV WORKS Benefit	133
2.	Diversionary Cash Assistance (DCA)	136
3.	The Medical Card	141
4.	Electronic Benefits Transfer (EBT)	141
T.	PERSONAL RESPONSIBILITY CONTRACT (PRC).....	144
1.	PRC - Part 1	145
2.	PRC - Part 2	146
U.	ORIENTATION.....	148

APPENDIX A	COMMONLY USED ACRONYMS AND ABBREVIATIONS	A-1
APPENDIX B	GUIDE FOR SELF-SUFFICIENCY PLAN.....	B-1
APPENDIX C	EFFECTIVE DATE OF TANF STATE PLANS.....	C-1