

1.25 WV WORKS

When WV WORKS applicants are also Food Stamp **and/or Medicaid applicants, requirements in 1.4 also apply to the Food Stamp portion of the case and the requirements in Sections 1.6-1.22 apply to the Medicaid portion.**

A. APPLICATION FORMS

An OFS-2 is used.

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG must not be required to make an additional application for Food Stamps. Food Stamp eligibility must be determined based on the information provided for the other programs.

B. COMPLETE APPLICATION

The application is complete, when the client signs an OFS-2 or OFS-5 which contains, at a minimum, his name and address.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The OFS-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed.

An application is considered incomplete when the client chooses not to sign the OFS-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording in Case Comments 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 application is the date that the OFS-2, which contains, at a minimum, the applicant's name and address, is signed. Benefits are prorated from the date of application when all other eligibility requirements are met.

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

Because approval depends upon making the application, attending orientation, and negotiating a PRC, as well as providing verifications, all of which may not be available to the client on the date of application, form OFA-RFA-1 is available to protect the date of application for proration purposes. There must be a full application made subsequent to each OFA-RFA-1. If the client fails to follow through with the application, a RAPIDS entry must be made to withdraw or deny the OFA-RFB-1.

Use is limited as follows:

- May only be used when an OFS-2 is not completed at the time the client expresses an interest in applying for WV WORKS.
- May only be used for WV WORKS applicants and for those who are applying for WV WORKS and Food Stamps at the same time. It must not be used to protect the date of application for Food Stamps only or for a combination of Food Stamps and Medicaid only.

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.

The specified relative with whom the child lives must participate in the intake interview.

If the child is living with both parents or a parent and a stepparent, both must be interviewed unless:

- One parent or stepparent is hospitalized; or
- One parent or stepparent is incarcerated; or
- One parent or stepparent is employed and his working hours preclude participation in the interview during the agency's normal working hours.

When the specified relative with whom the child lives has a legal committee, the committee must be interviewed.

If the child is living with only one specified relative who is unable to participate in the interview, a representative may participate in the intake interview.

A written statement, signed by the specified relative, which gives the representative authority to apply on his behalf, is required.

F. WHO MUST SIGN

The individual(s) who is interviewed must sign the OFS-2. If the child(ren) lives with both parents or a parent and a stepparent, both must sign, even if separate interviews are conducted.

G. CONTENT OF THE INTERVIEW

In addition to the requirements outlined in Section 1.2, the following specific requirements apply.

- BCSE: Explain redirection requirements, good cause, penalties for failure to cooperate without good cause, possible referral to BCSE for signature of paternity acknowledgment, and obtain the signature on the OFS-AP-1 of the relative with whom the child lives.
- Work Requirements: Explain the purpose of WV WORKS; DCA payments, if appropriate; TM, child care assistance and job placement.
- Personal Responsibility Contract (PRC): Explanation 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.

- 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 AG becomes pregnant.
- Caretaker Relative Option:

NOTE: When a parent(s) is included with his own child(ren), the OFS-WVW-10 must not be signed. When the AG includes a parent(s), his child(ren) and other children for whom the parent is a specified relative, the parent is required to be included and form OFS-WVW-10 must not be signed. The form is used only when a caretaker relative receives cash assistance only for children to whom he is not a parent.

For cases in which the caretaker relative is not a natural or adoptive parent, form OFS-WVW-10 must be explained. The form must be signed and completed prior to approval, but not necessarily during the intake interview. The Worker must explain the option of being included or excluded from the AG and answer the client's questions about the consequences of each choice. Refusal, or other failure, of the caretaker relative to sign the form results in denial of eligibility for the caretaker relative for at least 12 months. Eligibility continues to be denied beyond 12 months, for as long as the caretaker fails to choose. The original form must be filed in the case record and the client must be given a copy. See Section 9.21 for details about the limited choice for the caretaker.

- Domestic Violence: Explain that information is available throughout the office and from the Worker regarding domestic violence and that this subject is discussed with all clients. No individual is specifically targeted to receive the information. Disclosure of domestic violence may have an affect on any PRC, work requirements or time limits the client is expected to meet while a WV WORKS recipient. A referral to the appropriate community resource or domestic violence program must be made to develop a plan to assist the client in meeting any WV WORKS requirements. See Sections 13.8 for temporary exemptions to the WV WORKS work requirements and Sections 15.6 and 15.7 for WV WORKS time limits.
- Direct Deposit: The Worker must provide an enrollment brochure and explain the following about direct deposit:

- The advantages of receiving the WV WORKS and CSI benefits by direct deposit and that enrollment is optional. The client uses a bank of his choice and once the benefit is deposited, the client is responsible for all dealings with his bank and for all fees and penalties associated with his own bank account. The WV WORKS benefit is deposited on the last State work day of the month prior to the month the benefit is due. The CSI benefit is available on approximately the 20th calendar day of the month.
- That the client can choose between direct deposit and EBT.
- How to enroll and dis-enroll in direct deposit
- That the effective date of the first direct deposit is dependent upon the date of submission for the enrollment form and the accuracy of the information provided and is the responsibility of the Auditor's Office. It is generally the month following the month of enrollment. The client will continue to receive the WV WORKS and CSI by EBT until direct deposit is effective. He may contact his bank or the Auditor's Office to determine when the benefit has been deposited. After the initial WV WORKS benefit, only the monthly WV WORKS and CSI benefits are direct deposited.
- Information which must be reported to the State Auditor's Office after enrollment
- When the benefit cannot be deposited into a bank account after enrollment, a check is written and the client must re-enroll in direct deposit. Until the client submits updated information to re-enroll, he will receive a check at his mailing address.
- The Treasure's Office e-mail address at which the client may obtain information about banks in the area in which he lives which provide no- or low-cost services. The Worker may access the information for the client.

- Explain the following about EBT:
 - That the WV WORKS, DCA and CSI cash benefits will be deposited into an EBT account and accessed with an EBT card. If the WV WORKS and CSI benefits are direct deposited, the initial WV WORKS benefit and any WV WORKS and CSI supplemental benefits go in the EBT account.
 - When the first card and PIN will be received and that the first card must be activated prior to use.
 - When the benefits will be available in the account
 - The importance of choosing an authorized cardholder who can also access the EBT account
 - Services which are available by calling the Automated Response Unit (ARU) or by talking with a Customer Service Representative (CSR). These services include, but are not limited to, activation of a new card, statusing a lost/stolen/damaged EBT card, obtaining a new or different PIN, cancellation of an authorized cardholder and checking an account balance(s).

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

By the 10th working day following the date of the initial contact when a client expresses an interest in applying for WV WORKS, the Worker must have completed all of the following duties. The initial contact by the client may be in person or by telephone to start the 10-day period.

- Acceptance of the application **or OFA-RFA-1**. This must be completed prior to orientation and prior to negotiation of the initial PRC; and
- The client's orientation, when it appears he will be eligible; and
- The initial PRC, when it appears he will be eligible.

Data system action must be taken to approve, deny or withdraw the application within 30 days of the same date.

EXCEPTION: When the delay is a result of factors outside the control of the Department and the applicant, or when the client requests a delay, any of the above actions may be postponed. When action is postponed due to the client's request, his request must be recorded on CMCC.

EXAMPLE: An applicant telephones the office on June 26th to find out how to apply for WV WORKS. At that time, an appointment is scheduled for him to meet with a Worker on July 5th. The next group orientation after the application is completed is July 12th, which is past the 10-day time limit. Therefore, the Worker must complete an individual orientation session for this applicant, preferably at the intake interview on July 5th.

EXAMPLE: An applicant contacts the office by telephone on September 10th to find out how to apply for WV WORKS. At that time an appointment is scheduled for him to meet with a Worker on September 13th and to attend group orientation on Sept. 19th. The applicant is caring for his mother until she can be placed in a nursing home. Placement is expected on September 25th, so he requests that his appointments be rescheduled for later that same week. He is then scheduled to meet with the Worker on September 26th and to attend group orientation later that same day. Although the application process is completed outside the time limit, it is due to the client's request which is recorded on CMCC.

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.

K. PAYEE

The payee is the individual in whose name the WV WORKS benefit is issued. The payee must use his legal name whenever possible, unless there is some circumstance that justifies the use of another name. If so, the decision to allow use of another name is made by the Policy Unit, based on information submitted by the local office. See below for the EBT payee.

The parent with whom the child is residing is the payee. When the child lives with 2 parents, the parents choose

the payee. When the child lives with a parent and a stepparent, the parent is the payee. When the child lives with one relative other than a parent, the specified relative is the payee. When a child lives with two specified relatives other than a parent, they must choose who will be the payee.

For EBT purposes, certain information about RAPIDS primary person is automatically sent to the EBT vendor in what is called a demographic record. This information is used to set up the EBT account, mail the EBT card and to identify the payee and authorized cardholders for security purpose when a call is made to the ARU. See Chapter 21 for card replacement procedures. The card is sent to the payee, regardless of whether or not he is the primary person. A primary person who is not a payee is issued an EBT card as an authorized cardholder. See item T.

NOTE: Payments are not issued to minor parents. Instead, the parent or other responsible adult with whom the minor parent lives, or who supervises the minor parent's living arrangement, is the payee. The minor parent is not a cardholder for EBT benefits.

When a substitute payee is appropriate at application, see Chapter 2.

L. REPAYMENT AND PENALTIES

Before the case is approved, the Worker must determine if there is a WV WORKS, TANF or AFDC/U claim outstanding against any member of the AG. If so, the Worker must initiate appropriate repayment procedures prior to approval.

If the client has been making voluntary payments, he must be informed that repayment must be made, when possible, from his monthly benefit, i.e., recoupment.

When the AG has been sanctioned for failure to cooperate with WV WORKS, the case is subsequently closed and a reapplication made, that AG remains sanctioned until the sanction period ends.

M. BEGINNING DATE OF ELIGIBILITY

Once eligibility is established, i.e., the date all eligibility requirements are met, the application is approved. If the first benefits must be prorated, they are prorated from the date of application. See item C above. There are other circumstances which also affect the beginning date of eligibility.

- When a parent or other caretaker relative included in the payment quits or refuses employment or training for employment, without good cause, in the 30-day period prior to the date of application, the AG is ineligible until 45 days after the employment or training is no longer available. **Benefits may not be issued for any part of the 45-day waiting period.** See Chapter 13 for the determination of good cause.

NOTE: This applies to full-time or part-time employment.

EXCEPTION: AG's which meet all of the following criteria are not subject to the 45-day ineligibility period. Instead, the AG is reopened and a sanction subsequently applied.

- . The AG was closed due to earnings of a parent, or a non-parent caretaker included in the payment; and
- . The parent, or included non-parent caretaker, quits his job without good cause; and
- . The quit occurs within the effective month of closure; and
- . The parent, or non-parent caretaker, reapplies for a monthly WV WORKS check during the effective month of closure.

Because the parent, or included non-parent caretaker, is a recipient until the last day of the effective month of closure, his violation is treated as it would be for any other active recipient, i.e. a sanction is imposed. If another sanction(s) has been previously imposed, this sanction is imposed at the next highest level.

The AG is approved for the month following the effective month of closure and then is notified of the imposition of the sanction at the next level. As any other active recipient, he must be provided an opportunity to establish good cause and/or comply during the 13-day advance notice period prior to imposition of the sanction.

EXAMPLE: A parent is placed in full-time employment on March 5th. His anticipated earnings make him ineligible and the AG is closed on March 7th, effective March. On March 22nd the parent comes to the office to ask for WV WORKS benefits again and states that he quit his job on March 19th. The Worker determines that he did not have good cause for quitting, but that he met all other eligibility requirements. His eligibility starts April 1st since he already received benefits for March. There is no sanction applied to the April benefits for this offense, but the Worker notifies him immediately about the imposition of a sanction beginning in May and schedules a good cause hearing.

EXAMPLE: A parent is placed in full-time employment with a produce shipping company. Two months later, he is laid off. The 45-day waiting period does not apply.

EXAMPLE: A caretaker relative included in the payment is hired by a temporary agency. Three months later the temporary job ends. The 45-day waiting period does not apply.

EXAMPLE: A parent has been working 25 hours per week at a fast-food restaurant. He quits and it is established he did not have good cause. The 45-day waiting period applies.

- 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. See Section 10.21.
- When an assistance group becomes ineligible due to failure of a parent or caretaker, without good cause, to meet the 24-month work requirement, the beginning date of eligibility cannot be any earlier than the first day on which he participates in an activity which meets the 24-month work requirement.

If the non-parent caretaker is no longer in a 12-month period for which he chose to be included, eligibility for the otherwise eligible child(ren) may begin as soon as the 12-month period ends, so long as the caretaker chooses exclusion from the assistance group.

NOTE: When a non-parent caretaker's 12-month period for which he opted inclusion ends, he may again receive WV WORKS for the otherwise eligible child(ren), even when not meeting the 24-month work requirement, as long as he chooses to be excluded from the AG. If he reapplies during the 12-month period for which he chose inclusion, or after the 12-month period ends and he again chooses to be included, he must meet the 24-month work requirement to receive WV WORKS for the child(ren).

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), if any, under which WV WORKS recipients receive Medicaid. See Sections 1.6 through 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 OFS-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 AG or Income Group who frequently change jobs or work intermittently.
- QA has found a client error in the case.
- The composition of the AG or Income Group has frequently changed and is likely to continue to change.
- A substantial change is expected.
- The AG has expenses exceeding its income.
- RAPIDS schedules a redetermination due to receipt of another benefit under the same case number.

O. EXPEDITED PROCESSING

There are no requirements for expedited processing. Cases are approved in the order in which eligibility is established.

P. CLIENT NOTIFICATION

See Chapters 6 and the RAPIDS User Guide.

Q. DATA SYSTEM ACTION

Data system action is required to complete the application process. All applications, whether approved, denied or withdrawn, must be entered in RAPIDS.

R. REDETERMINATION VARIATIONS

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

1. Redetermination List

RAPIDS selects cases due for redetermination on the Friday which falls between the 8th and 14th of the month prior to the month the redetermination is due. The redetermination list is displayed on the Worker's alert screen.

2. Scheduling Interviews

Use the ES-10 or the RAPIDS letter CSLC or CSLD to notify the client of the appointment.

3. Completion Of The Redetermination

If the client continues to be eligible, the Worker must take data system action to indicate changes in the client's circumstances or to indicate that the redetermination was completed. If the client is no longer eligible, the case is closed after proper notification.

4. Overdue Redeterminations

For AG's which do not close automatically, RAPIDS issues an alert when the redetermination has not been completed. Upon receipt of the alert the Worker must redetermine eligibility 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

The following explains about the WV WORKS benefit and how it is issued. The WV WORKS benefit is issued by EBT, described in item b below, unless the client chooses direct deposit. If the client chooses direct deposit, his monthly WV WORKS benefit is deposited into his own bank account. The direct deposit process is described in item a below.

1. The WV WORKS Benefit

NOTE: Any WV WORKS benefit issued by a check prior to 5/03 is indicated in RAPIDS on screen IQAF with a warrant number which begins with a 3. Screen IQAD shows a P in the issuance method field.

a. Direct Deposit

The client may choose direct deposit, even though EBT is available. When he chooses direct deposit, the monthly WV WORKS and CSI benefits are deposited in the client's own checking or savings account. The account must be in the name of the payee for the WV WORKS benefit.

(1) Enrollment in Direct Deposit and Effective Date

The client must complete an enrollment form, attach any other appropriate information requested on the form and mail it directly to the State Auditor's Office. If he returns the form to the local office, the Worker forwards the form to the Auditor's Office. Questions about the direct deposit process or the individual's effective date, after submission of the enrollment form, must be directed to the Auditor's Office at the toll-free number, 1-800-500-4079 or at 304-558-2251. Enrollment forms must be ordered directly from the Auditor's Office by the local staff.

Direct deposit is generally effective the month following the month in which the form is submitted, when all account information is valid. Until direct deposit is effective, the client receives an EBT deposit. See item b below.

(2) Receipt of the Direct Deposit Benefit

The benefit is deposited into the account and available to the client on the last State work day of the month which is prior to the month for which the benefit is due. Workers will use RAPIDS Table TBIC to determine the last State work day. No check stub or deposit information is mailed to the client. Questions regarding deposit of the benefit must be directed to the individual's bank or the Auditor's Office.

Direct deposit of the WV WORKS benefit is indicated in RAPIDS on screen IQAF with a warrant number which begins with a 5. Screen IQAD shows an F in the issuance method field.

When the direct deposit transaction cannot be completed, the Auditor's Office does the following:

- Removes the client's name from the direct deposit data base; and
- Supplies the Accounts Receivable Office with a list of direct deposit transactions which cannot be completed.

Based on the error report list generated by the Auditor's Office, the Accounts Receivable Office updates the benefit issuance history in RAPIDS to indicate that direct deposit was not completed, i.e., returned. The returned benefit is cancelled. The Worker receives an alert from RAPIDS. The Worker must contact the client to resolve the issue of the returned benefit. After contact with the client, and if appropriate, the Worker reissues the benefit to the client in the form of a check, using appropriate RAPIDS procedures. See the RAPIDS User Guide.

Any time that a direct deposit transaction cannot be completed, the client is removed from direct deposit and he must re-enroll to receive his benefit in this manner. Until such time as he re-enrolls, he will receive an EBT deposit.

NOTE: Only the monthly WV WORKS and CSI benefits may be received by direct deposit.

(3) Dis-enrollment from Direct Deposit

The client must request removal from direct deposit by submitting a written request directly to the Auditor's Office at the address shown on the enrollment form or by calling the Auditor's Office. Identifying information may be requested.

b. EBT Benefits

All benefits which are not issued by direct deposit are deposited into an EBT account. Any newly opened case has an EBT account set up and the WV WORKS, DCA and CSI payments are deposited into the EBT account. This applies to the initial benefit for those AG's who choose direct deposit also. Benefits are accessed with the EBT card. There is no warrant number for an EBT benefit. EBT is indicated on RAPIDS screen IQAD with a B as the issuance method.

c. The Initial Benefit

(1) Amount

The initial WV WORKS benefit amount may be different than the ongoing benefit amount.

The initial WV WORKS benefit is prorated from the date that all eligibility requirements are met, including signing the PRC and participating in orientation.

The Worker must inform the client of the benefit of returning all necessary information as soon as possible.

The monthly benefit amount is determined according to instructions in Chapter 10 and prorated. Special needs are not prorated. Instead, the full special need amount is added to the prorated amount.

The date eligibility is established must be coded in RAPIDS.

The system's response to approvals includes both the prorated benefit amount for the first month and the full benefit amount for the following month.

(2) Method of Issuance

The initial benefit is issued by RAPIDS.

d. 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)

DCA is available to an applicant at the Worker's discretion only. It is not a program for which the client applies and is found eligible or ineligible. The Worker and/or Supervisor must determine if a DCA payment is appropriate and offer it to an applicant. The applicant may choose to accept or decline without any effect on his eligibility for an ongoing WV WORKS check.

NOTE: When a case is approved for DCA, the AG must not be required to file a new application for Food Stamps. Food Stamp eligibility must be determined based on the information provided on the WV WORKS application.

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

Diversionsary Cash Assistance (DCA) is a payment method available only to WV WORKS applicants. This method allows a maximum lump sum benefit of an amount equal to the maximum WV WORKS benefit amount, based on family size, multiplied by 3. The amount of the DCA payment is based on need and is not automatically issued at the maximum amount. The AG becomes ineligible for 3 months, regardless of the amount of payment issued.

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.

WV WORKS eligibility must be established and an initial assessment conducted by the Worker before DCA is considered.

DCA is available only one time for an applicant family. Acceptance of the DCA payment in lieu of ongoing WV WORKS payments is an option for the client.

The DCA benefit is deposited into the EBT cash account once the county is converted to EBT.

For applications approved on or after July 1, 2000 the DCA does not count toward the 60-month lifetime limit or the 24-month limit.

Transitional Medicaid is available only when all the requirements in Section 16.5,C are met. Eligibility is not automatic.

DCA payments are not subject to repayment unless fraud is established.

a. Determining Financial Eligibility for the DCA

Financial eligibility for the DCA is determined

by comparing the gross, non-excluded, countable income of the AG to 100% of the AFDC/U Standard of Need (SON), based on the number of people in the AG.

If the income is equal to or less than the appropriate SON, the AG is financially eligible for the DCA. If the income exceeds the appropriate SON, DCA must not be considered because the client is not eligible for WV WORKS.

It is not necessary to determine the ongoing WV WORKS check amount the AG is eligible to receive to determine DCA eligibility; the only income test is the comparison of gross income to the SON.

b. Determining the DCA Amount

The DCA amount is determined as follows:

- Determine the maximum WV WORKS amount that is payable to a family of the same size.

NOTE: No incentives or reductions are applied when determining the DCA amount.

- Multiply the amount by 3. This result is the maximum DCA payment allowed for the case.

- Determine the amount needed to meet the temporary financial need. The amount may include expenses related to future employment needs and ongoing household expenses.

NOTE: Because payment is limited to one-time-only, the Worker must be certain to include all such needs in this determination. Supplemental payments may 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.

NOTE: Regardless of the amount of the DCA payment, acceptance of DCA does not count toward the 60-month lifetime limit or the 24-month limit. This applies only to applications on 7/1/00 or after. An application approved prior to 7/1/00 has all 3 month counted, even if the payment includes months on or after 7/1/00.

- 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. Support services must not be considered to be a resource that can be used to meet the additional need not covered by the DCA. When there is no other resource available to meet the need, or when support service payments are the only alternative to meeting the need, DCA is not appropriate.

The client is approved for an ongoing WV WORKS check. There are no circumstances under which the maximum DCA payment amount may be exceeded.

c. Determining if DCA is Appropriate

The following guidelines are used to determine if DCA is appropriate.

- The AG must demonstrate a need which cannot be met with current or anticipated family resources.
- A member of the AG must be employed or have a verified promise of employment or other verified source of income within two months of application.
- The AG 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 BCSE belongs to the family and is not used to reimburse the Department for the DCA.

- The AG does not include any member who is serving a WV WORKS sanction, including a check reduction. The entire AG remains ineligible until the sanction period ends. When the reason for the most recent AG closure is imposition of the 3rd or subsequent sanctions, no member of the sanctioned AG may be approved or included in a DCA AG upon reapplication. Once WV WORKS has been approved again and eligibility is lost for a reason other than imposition of another sanction, the AG may be considered for DCA upon reapplication. If an adult or child would be required to be included in a WV WORKS AG, he is required to be included in a DCA AG and cannot be excluded simply to qualify for DCA. This applies even when no member of the applicant AG has previously received a DCA payment.
- The applicant must agree to have the WV WORKS application withdrawn. When a DCA payment is accepted, the recipient AG members are ineligible for 3 months, regardless of the DCA amount or the number of months the payment represents. They remain ineligible for 3 months even if they no longer live together. The presence of one AG member who benefitted from a DCA as an adult or emancipated minor in the past 3 months, renders ineligible any new AG the member may join. Ineligibility lasts for the remainder of the 3-month period. The first month of WV WORKS ineligibility is the first month for which the DCA can be considered.

EXAMPLE: A WV WORKS AG is closed due to imposition of the 4th sanction. During the time the AG is closed, the client finds part-time employment and is later offered a better-paying full-time job out of state. He reapplies at the end of his ineligibility period and asks to be considered for a DCA payment to accept the job out of state. Because the benefit stopped due to a sanction, DCA is not appropriate. The AG is approved for an ongoing WV WORKS check. Once he becomes an active recipient, he may be eligible for a support service payment to pay relocation expenses, if he is otherwise eligible for such payment.

EXAMPLE: A WV WORKS AG is in the 1st month of a 2nd sanction and requests closure of the case because they are moving out of state. The next month they return to WV, find a job, and reapply for WV WORKS. DCA is not appropriate until the end of the sanction period.

The AG may be approved for an ongoing WV WORKS check with a 2nd sanction applied to it.

d. Method of Issuance

DCA payments are issued by RAPIDS. After conversion to EBT, DCA payments are deposited in the EBT account.

NOTE: Only the monthly WV WORKS benefit may be received by direct deposit.

e. Verification of Temporary Needs

The DCA payment is not limited to only those needs which can be verified. In addition, the amount of the DCA is not limited to only verifiable costs.

When possible, the Worker must verify the need and the amount. However, some anticipated expenses cannot be verified. The Worker is expected to use prudent judgement in determining which needs can be verified and which amounts need verification.

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 through 1.22 for information, according to the appropriate Medicaid coverage group.

4. Electronic Benefits Transfer (EBT)

Beginning October 1, 2002, with the pilot counties of Cabell and Wayne, current and new recipients of WV WORKS will receive an EBT card, known as the Mountain State card, to access all WV WORKS, CSI and DCA benefits. The benefits will be in an EBT account and accessed by using the EBT card and a Personal Identification Number (PIN), similar to a personal debit or ATM card. The AG may still choose direct deposit for the monthly WV WORKS benefit. The following outlines procedures which are specific to EBT. Additional information about how EBT affects other policy and procedures is found in specific Manual sections which apply.

a. EBT Definitions and Terminology

The following is a list of commonly used terms or acronyms associated with EBT.

Administrative Terminal - EBT vendor system used to inquire into EBT account information, reactivate dormant accounts, inactivate EBT cards and in some instances, make changes to the EBT account.

ARU - Automated Response Unit. The EBT vendor operates the ARU 7 days a week, 24 hours a day. Functions of the ARU include, but are not limited to, account balance inquires, card inactivation, lost, stolen or damaged card replacements and PIN changes.

ATM - Automated Teller Machine. May be used to access cash EBT benefits.

Authorized Cardholder - An individual, who, in addition to the payee, may be issued an EBT card and access an EBT account.

CSR - Customer Service Representative for the EBT vendor who is reached through the ARU toll-free number.

Coupon Conversion - When EBT Food Stamp benefits must be issued as Food Stamp coupons due to a move from the EBT area when the client cannot access EBT.

Demographic Information - Identifying information about the AG's primary person and the payee which is sent to the EBT vendor in order to set up an EBT account and mail the EBT card. This includes the primary person's SSN and date of birth and the payee's name and address.

Dormant Account - When benefits are not used from the EBT account for 180 days, the account is inactivated and is not accessible to the AG. The benefits remain available and the account is reactivated at the client's request.

EBT - Electronic Benefits Transfer or the use of a card to access WV WORKS, CSI and DCA cash benefits and Food Stamp benefits.

Expunged Account - When benefits are not used from the EBT account for 270 days, the benefits are removed from the account and are not available to the AG.

IDE - Inactive, dormant and expunged.

Inactive Account - When benefits are not used from the EBT account for 45 days, the AG and Worker are notified of the inactivity. The benefits remain available to the AG.

Mountain State Card - The West Virginia EBT card.

PIN - Personal Identification Number. This number must be used to access EBT benefits with the EBT card. This is not the RAPIDS PIN number.

POS - Point of Sale. This is used to spend cash or Food Stamp benefits at a store.

Status the EBT Card - Inactivate the card so that it cannot be used. This occurs when a replacement card is requested, a payee is changed or an authorized cardholder is removed or changed.

b. EBT Card Issuance

(1) Initial Card Issuance

The EBT card is issued when the first benefit to be issued into an EBT account is approved. It is mailed the day after the approval in RAPIDS. If an active AG moves from a non-EBT area into an EBT area, the card is issued after the RAPIDS deadline date for the change to the EBT area. The PIN is mailed within 2 days after the card is mailed. Once the benefit account is set up and benefits are deposited into the EBT account, they are accessed with the EBT card. The client must call the vendor's ARU to activate the initial card prior to use.

All cards and PINS are mailed to the payee following the address hierarchy in RAPIDS. See the RAPIDS User Guide. See item (2) below when the AG has a legal guardian or protective payee coded in RAPIDS. This includes the card(s) for any additional authorized cardholder(s). It is the responsibility of the payee to distribute the cards to any other cardholder(s).

- (2) Effect on Card Distribution of Legal Guardian or Protective Payee Coded in RAPIDS

When the Worker indicates in RAPIDS that the AG has a legal guardian or protective payee, all cards are mailed to the address of that individual. Current policy contains no reference to a specified legal guardian as a payee.

Any other representative or protective payee is indicated in RAPIDS as a protective payee.

- (3) Authorized Cardholder

The AG may designate an additional individual(s) as an authorized cardholder for EBT. The authorized cardholder has his own card and PIN and accesses the EBT account for the specified benefit(s) without restriction. For this reason the choice of an authorized cardholder and its importance must be stressed with the applicant or recipient. The authorized cardholder is designated, changed or removed on RAPIDS screen AIRQ.

NOTE: When the individual designated as primary person for the AG has a legal guardian or protective payee coded in RAPIDS, the card for the AG is mailed to that person. In this situation, if the primary person or other individual must have a card, the information must be entered on screen AIRQ as an authorized cardholder. All cards are mailed to the address of the legal guardian or protective payee.

WV WORKS AG's may select only one authorized cardholder for WV WORKS. If the AG receives both Food Stamps and cash assistance, they may select one authorized cardholder for each benefit.

The maximum number of cards issued for any case is 3.

Once an authorized cardholder is chosen, the payee may stop the cardholder's access to the EBT account by calling the ARU or DHHR Customer Service Center. Local office staff cannot inactivate a card. However, the DHHR Customer Service Center or local office Worker can change or remove a cardholder. If the client first calls the ARU to stop access to the account, he must still contact the local office to remove or change the cardholder.

(4) Cardholder Security

The demographic information sent to the EBT vendor for the primary person in the AG is the Social Security Number, Date of Birth and address to which the card is sent.

No demographic information is sent for any authorized cardholder. The authorized cardholder must know the date of birth of the AG's primary person and the address to which the card(s) is mailed.

If the SSN is requested for a PIN change, the AG's primary person provides his own and the authorized cardholder or representative/protective payee must provide zeros.

T. PERSONAL RESPONSIBILITY CONTRACT (PRC)

NOTE: Guidance for the assessment process which is crucial to the completion of the PRC is found in Section 24.4.

The Personal Responsibility Contract (PRC), form OFA-PRC-1, is a negotiated contract between the adult or emancipated minor members of the WV WORKS AG and the Worker, as the representative of the Department.

There are 2 parts to the form and each serves a different purpose. Refusal or other failure, without good cause, to sign either part of the form results in ineligibility for the entire AG.

Completion and signature of both parts of the form are required prior to approving the WV WORKS AG. However, when the client reapplies for benefits within 3 months of the last day of the effective month of closure, no new PRC is required. Instead, the client must sign the existing PRC again and put the date of his signature.

EXAMPLE: An AG is closed on April 10th. The last day of the effective month of closure is April 30th. If he reapplies on or before July 31st, no new PRC is required.

Failure, without good cause, to adhere to the responsibilities or any tasks listed on the PRC after signature, results in imposition of a sanction against the AG. No sanction may be imposed for failing to adhere to any provision that is not specifically addressed on the PRC at the time the failure occurred. See Chapter 13 for information about sanctions.

The initial PRC must be completed on a paper form, since the WP sub-system is unavailable until the AG has been approved in RAPIDS and completion of a PRC is required prior to AG approval. Once approved, current PRC information must be maintained in RAPIDS. When changes are made to the PRC on a paper form, such as during a home or work site visit, the RAPIDS information must then be updated as soon as possible.

Each part of the form is discussed separately below.

NOTE: A separate PRC is completed for each adult and emancipated minor in a WV WORKS AG.

1. PRC - Part 1

Part 1 of the PRC is the same for all clients. It states the purpose of the WV WORKS Program and lists the client's rights and responsibilities. Each adult and emancipated minor AG member must sign Part 1 of his own PRC. In addition, the Worker must sign the form as the Department's representative. The client's signature indicates that he understands and accepts the responsibility inherent in the Program. The Worker's signature indicates that he has explained the client's rights and responsibilities and the Department's responsibilities to the client. It also indicates that the Worker has addressed all of the client's questions and concerns before requesting him to sign it.

Some of the items listed on the PRC duplicate information on the OFS-2. However, the signature on the OFS-2 does not substitute for the signature on the PRC and vice versa.

2. PRC - Part 2

Part 2 of the PRC is specific to each individual and is the Self-Sufficiency Plan. It lists the goals, as well as the tasks necessary to accomplish the goals, including specific appointments, assignments and activities for the adult/emancipated minor. In addition, Part 2 identifies the circumstances which impede attainment of the established goals and specifies the services needed to overcome the impediments. The services listed on the form may be Support Service Payments or any other type of service provided to the client or to which he has been referred. When there are no support services available at the time to appropriately address the barrier, the Worker must note this on the form and periodically review the availability of needed services.

The client must initial each change to the Self-Sufficiency Plan when it is made on a paper form. His initials indicate his agreement to the revisions.

The Self-Sufficiency Plan is a negotiated contract between the Department and the client. Even though it must be completed prior to approval of the case, it 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 progresses toward his goal.

There are 4 additional considerations for the Worker during the negotiation of the Self-Sufficiency Plan, as follows.

a. Initial Self-Sufficiency Plan (SSP)

A full assessment of the family situation is required to complete a valid, long-term Self-Sufficiency Plan (SSP). To prevent a delay in the receipt of benefits to the client, an initial SSP must be completed prior to approval of the AG. It is understood that the initial SSP will not be as comprehensive as subsequent plans.

Prior to completion of the initial Plan, the Worker must explore the following with the client, at a minimum:

- Does the client state a disability of any kind?
- Is transportation a problem?

- Is child care a problem?
- Does the client state family problems would interfere with an activity?

These factors, as well as any other information readily available, must be considered when negotiating the initial SSP.

b. First Full Self-Sufficiency Plan (SSP)

After the assessment process described in Section 24.4,B has been implemented, the Worker is required to complete a full SSP. The first full SSP must be completed and signed within 45 days of the date of application and must be based on information determined through the assessment process, including the information obtained from form OFA-WVW-3A.

c. Subsequent Changes To the Self-Sufficiency Plan (SSP)

Changes may be made to the SSP when the client and the Worker agree that changes are appropriate. These changes may be a result of identifying a new impediment to a goal, acceleration of the progress toward self-sufficiency, or on any other change in the client's circumstances. It may also be changed based on the addition of available services to the area or the loss of such services.

d. Domestic Violence Considerations

During the completion of the SSP, the Worker must make every opportunity available for the individual to disclose domestic violence issues which may affect the client's particular requirements as a WV WORKS recipient. It must be stressed with the client that disclosure may be a benefit in the negotiation process.

If, based on observation of a couple during an interview, the Worker suspects domestic violence is a factor, he may attempt to set up a separate interview at a later date. However, any attempt to do so must be done in a manner which insures the client's safety. Under no circumstances must the individual's safety be compromised or is the client to be penalized for refusal to conduct a separate interview.

NOTE: When the client's SSP involves requirements or exemptions due to domestic violence or plan monitoring with a domestic violence agency, the Worker must take special precautions when recording exemption information on the form or in RAPIDS. No copy of any such plan is filed in the record. The Worker may make phone contacts to monitor the plan and record only general information, i.e.; the name of the individual to whom he spoke, but not the organization; a statement that the current plan is being followed satisfactorily, etc. When monitoring the plan, the Worker must not contact the abuser, his relatives or friends, nor leave any messages regarding domestic violence on any home answering machine. The domestic violence indicator in RAPIDS serves as documentation of the reason for the requirements or exemption.

U. ORIENTATION

The purpose of Orientation to WV WORKS is to inform all applicants about the Program, the general policies and program requirements.

Orientation is part of the application process. It is an opportunity to make sure that each person understands the services available and the program requirements. It also gives the applicant an easy way to ask questions and receive answers. This will also begin the assessment process by allowing the Worker to determine the issues most important to the applicant.

Each adult and emancipated minor in the WV WORKS AG must receive orientation to the Program. At the discretion of the CSM, orientation may be conducted in groups, individually, or in a combination of the two. The important point in either process is that information be presented uniformly and the applicant leaves with a good understanding of the Program, his general requirements and services available to him. Not only is it important that each applicant in a District or Region receive the same kind of information, it is equally important that all applicants statewide receive the same kind of orientation information. For that reason, the two forms described below are used to accomplish uniformity. Their use is mandatory.

Attending a WV WORKS orientation and signing the OFS-WVW-4 are eligibility requirements, so eligibility may not be established until these are completed. However, when the client reapplies for benefits within 3 months of the last day of the effective month of closure, he is not required to complete another orientation session.

EXAMPLE: An AG is closed on April 10th. The last day of the effective month of closure is April 30th. If he reapplies on or before July 31st, no new orientation is required.

1. OFS-WVW-4, Orientation to WV WORKS

This form contains a brief summary of some of the requirements unique to WV WORKS. The Worker must explain the information included on the form and add additional information in response to specific questions. Under no circumstances may delivery of the form to the client with no discussion of the information substitute for a full, uniform orientation to the Program.

In addition to the information on the form, the following is required: When a PRC has not already been completed and will not be completed during the orientation session, provide the client with a blank copy of the PRC. This will allow time for him to be prepared for the PRC interview.

Appropriate distribution is listed on the form.

2. OFS-WVW-4A, WV WORKS List of Local Services

This form is merely a template to assist local offices in producing a list of local services which the client may need or be required to use. The final form may be prepared by each District office or be prepared regionally, depending upon the availability of the services. It is designed to be developed once and reproduced for use during Orientation, but must be updated as changes occur.

The template contains information in parentheses after each main heading. This information is what is required to be included on the form or discussed with the client. It should not appear on the final form used by Workers.

When the template states to "list" information, it is expected that the local office will type the information on the form. When the template states "discuss" or "tell" it is expected that the Worker will verbally provide information.

When a particular service is not available locally, the local office may list the nearest location where such services are available or may type on the form: "Not Available Locally." In some locations in the State, there may be more service locations than it is practical to list on the form. When this is true, list all locations on a separate sheet(s) of paper and on the form refer to the attachment.

The applicant is expected to initial each item after it is discussed with him, but his eligibility is not affected if he does not. Under no circumstances may delivery of the form to the client substitute for a discussion of all the items on the form.

In addition to the items listed on the OFS-WVW4A, there needs to be a complete discussion of domestic violence issues including the following, at a minimum:

A discussion of the Department's efforts to protect the safety of clients in domestic violence situations by choosing the Family Violence Option included in welfare reform legislation. Explain that literature is available in different locations throughout the office and from the Worker. The discussion should include the benefits of disclosure of domestic violence as it relates to work participation requirements and program time limits. It should also include information about how to disclose, i.e., to the Worker, other individual, etc. It is important that the Worker inform the client that this information is given to everyone who applies and does not indicate the Worker has any knowledge or suspicion of domestic violence. This is especially important when 2 parents or 2 non-parent caretakers are being interviewed.