

## 2.3 TANF

### A. SOURCES OF INFORMATION

In addition to the sources in Section 2.1, case maintenance action may also originate from the following sources:

- Information from the Office of Community Support: This includes, but is not limited to, Child Care, CPS and Foster Care.
- Information from CSED: This may include the return of the absent parent, the receipt of child support in excess of the TANF or WV WORKS check or a change in an individual's deprivation factor.
- Information from JOBS/FSE&T: This may include a change in JOBS/FSE&T registration status, a request for application of a penalty or sanction or a report of new income or a change in income.
- Form ES-CG-CM-1: Although the purpose of this form is to collect information for the Food Stamp Program, the client may report other changes which affect the check.
- Form ES-FS-2: Although the client uses this to report changes in his Food Stamp case, he may report information which also affects the check.
- Monthly Case Action Report, WEA380P1: This printout is received in the county office monthly. It is accompanied by a computer-generated dump sheet for each case on the printout. The information sheet shows the reason(s) the case is selected. The following types of case maintenance are identified by this printout:
  - Quarterly Reporting: Cases required to QR are noted with an asterick on the printout. See Chapter 7 for the QR process.
  - Check E6 Status: The Worker must evaluate and change the client's JOBS registration status when this exemption no longer applies.
  - Duplicate SSN: The same SSN has been entered in one or more other cases in the C-219 system. Check to assure that the client's SSN is correct in the data system and change if appropriate. Take any other corrective action necessary.

- Check Blocks 49/55: Alerts the Worker when either of these Blocks is coded for a potential resource, case change, etc.
  - AFDC/U Child Reaching Age 18: The Worker must evaluate the case to see if the child is eligible to remain in the benefit group until age 19. Otherwise, remove the child from the benefit group. When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group, after proper notice.
  - Invalid SSN: SSN coded for an individual has not been verified by SSA files. The Worker must obtain the correct SSN for data system entry.
  - ES-CG-CM-3 Due: Cases with children between the ages of 16 and 18 in the benefit group are sent this form in January, April, July and October. The Worker must review the returned form to determine school or training attendance, or employment, and make appropriate JOBS registration or benefit group changes.

When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group or the case closed, after proper notice, whichever is appropriate.
  - ES-CG-TM-1 or ES-CG-TM-3 Due: See Chapter 16, Appendix A for schedule of letters sent to TM recipients.
  - Closed Extended Medicaid: Indicates that a case is in the 4th month of eligibility for Extended Medicaid and will automatically close at the end of the month.
- C-219 Active Cases and SSIS Provider Match, WEZR6331P1: Received monthly. Clients who are vendors for Social Service programs such as Child Care and Chore Services. Requires Worker action when income was not reported or when incorrect amounts are reported.
- BENDEX RSDI C/U Cases, WEBEN4P2: Received monthly and shows RSDI information for matched cases. Requires

Worker action when income was not reported or when incorrect amounts are reported. See Chapter 3.

- C-219 BEERS Match, WEBER15P1: Received quarterly, and lists client's employers and earnings record. Worker must check cases for unreported income. May require IFM referral or initiation of repayment. May identify potential resources.
- PA Active AFDC Incapacity Cases, WEAR3221P1: Received quarterly and lists all clients with incapacity deprivation factor. Worker must process MRT reevaluation when due.
- Workers' Comp Match, WER1581DP1: Received monthly, and lists recipients of WC benefits. Worker must check case, verify reported information and take appropriate action.
- Employment Security Cross Match, WEAR2871P1: Received daily for approvals and quarterly for active cases with UCI benefits. Worker must check case, verify reported information and take appropriate action.
- Supplemental Wage Match, WEAR3202P1: Received quarterly and lists clients, their employers and quarterly wages. Worker must check case for unreported or misreported earnings and possible IFM referral for repayment. May be used to verify labor force attachment.
- UCI Cross Match, WEAR2875P1: Received monthly and lists clients who receive UCI. Worker must check cases for unreported income or to verify UCI amount.
- UCI Wage Exception Report, WEA710P1: Received monthly and lists cases with information which does not match BEP information, i.e., SSN matches, but name is different. Worker must correct case information, if appropriate.
- Client Notification, WEAL03P1: Received daily and lists cases coded for computer-generated letters. Cases with an asterisk do not receive a CG notice and Worker must send a manual letter.
- SDX Need to Open, WESDX101P3: Received weekly and lists SSI recipients. The Worker must remove the SSI recipient from AFDC/U cases. SSI income must be coded for Food Stamps, if appropriate. See Chapter 1.

- County List of SSI Recipients, WESDX100P1: Received monthly and lists all recipients of SSI. It provides income information and may be used to verify income for Food Stamps. See 2.
- ARTS Exception Report, WEA627P2: Received monthly by the Repayments Officer and lists cases with repayment which do not match ARTS information. The Repayment Officer must check case and take appropriate action to enter case in ARTS, remove repayment if complete, or correct C-219 or ARTS case information.
- Births Due In (mm/yy), WEA396P1: Received monthly, after deadline. Cases with special coding in Blocks 49 or 55 in the C-219 system appear on the printout. The special coding indicates that a child is due to be born in the following month. Form IM-CM-2 is mailed to the client at the same time the printout is produced. The individual designated by the CSM is responsible for clearing this printout by making sure that the newborn child is added to the check and/or medical card and that the change is transmitted within 5 working days of its birth. If the family is also receiving Food Stamps, the child must be added to the Food Stamp benefit group at the same time.

Other printouts which are received may provide information which is used in the case maintenance process, but do not require a specific case action. These include:

- C/U County Payroll, WEA140P1
- PA Food Stamp Authorization, WES142P1
- Daily Pickups (Food Stamps), WEA930AP1
- PA Cases Having A-K in Block 45, WEAR2802P1

## B. REPORTING REQUIREMENTS

### 1. What Must Be Reported

All changes in income, assets, household composition and other circumstances must be reported.

## 2. Timely Reporting

All changes in a client's circumstances must be reported immediately, even if the case is a QR case. In addition, new earned income must be reported within 10 days of the date new employment begins to avoid certain penalties. See Chapter 10. Cases with earned income must QR.

When a dependent child, included in a TANF payment, will be absent from the home for a period of 30 consecutive calendar days or more, the parent or other caretaker must notify the Department by the end of the 5-calendar-day period that begins with the date it becomes clear to the parent/caretaker that the child will be absent for at least 30 days. Failure to report timely results in indefinite ineligibility for the parent(s) or other caretaker.

### C. AGENCY TIME LIMITS

The agency must act on reported changes effective with the next month's benefit, when advance notice requirements permit. Benefits must be restored to the client or repaid to the agency when changes cannot be made in a timely manner. See Chapter 20.

### D. TYPES OF CHANGES

#### 1. Change In Case Name

The case name may be changed from one individual to another at the request of the individuals involved or when a change in circumstances requires it.

A new ES-2 must be completed and signed by the individual now being designated as payee, unless his signature is on the most recent ES-2. However, if the case is in a protective payment status due to non-cooperation with JOBS, CSED, or a Social Service request, the substitute payee is not required to sign the ES-2. If a case is on vendor payments, with the Financial Clerk as payee, the Financial Clerk is not required to sign the ES-2.

#### 2. Change Of Address

A change of address is made in the data system as soon as the client reports it. Any other changes which the client reports, in addition to the address change, are

also acted on at the same time, when notice requirements permit. A change made prior to the deadline date is effective the following month.

When the address change is made after the deadline date, the change is effective 2 months after the change is made. See item E for instructions for returned benefits.

For TANF cases which receive Food Stamps, the data system issues form ES-CG-CM-1 when properly coded. See Chapter 23. The form must be returned in 10 days, and requests information about shelter/utility expenses and household composition. When the form is not returned timely, the Worker must contact the client for the information using form ES-6. See Chapter 6.

### 3. Change In The Category Or Deprivation Factor

When the case category and/or deprivation factor changes, the case prefix and/or deprivation factors must be changed in the data system as appropriate. See Chapter 23.

The following changes in deprivation factor require special procedures:

- Deprivation Factor Changes to Absence: The specific cause of absence must be established and data system action taken to change the benefit codes. CSSED referral procedures apply. See Chapters 15 and 23.
- Deprivation Factor Changes to Unemployment of a Parent: A new ES-2 must be completed and signed by the parents. See Chapter 1. The date the ES-2 is signed is the date of application, and is used to determine if the definition of unemployment is met. Attachment to the labor force is determined using the date of application for all persons, except those who received TANF based on incapacity during the period immediately proceeding the application based on unemployment. For these persons, the attachment to the labor force is determined as of the date of the most recent application based on incapacity. Between the date the ES-2 is signed and transmission of the category transfer, the unemployed parent is considered an applicant. See Chapter 15.
- Deprivation Factor Changes to Incapacity: When an absent parent moves into the home and reports that he is incapacitated, a new ES-2 is completed and an incapacity decision must be made before he is

added to the benefit group. If a decision about incapacity cannot be made within 30 days of the date the absent parent moves into the home, and he meets the definition of unemployment, the deprivation factor is changed to unemployment while the incapacity evaluation continues. If he does not meet the definition of unemployment, the case is closed until a decision is reached by MRT.

When the deprivation factor is unemployment, and the unemployed parent becomes incapacitated, the case remains active, with the individual claiming an incapacity included, while incapacity is being established.

#### 4. Change In The Benefit Group

- Additions: Additions to the benefit group are effective the month the change occurs, provided the individual is otherwise eligible.

An individual who is added to an existing benefit group is treated as an applicant. No ES-2 is required. Benefits for the individual are prorated from the date that eligibility for the benefit member is established, but not earlier than the date the individual entered the home. See Section 2.1,C for information about adding newborn children.

- Deletions: Deletions from the benefit group are effective the month after the change occurs and the advance notice period expires. Repayment is sought for any overpayment that occurs.

When the TANF recipient is removed from the benefit group due to SSI approval, the Worker must notify SSA of the individual's removal from the benefit group. This is accomplished using form ES-AP-19.

#### 5. Continued Benefits After Case Closure

- a. Continuation of Food Stamp Benefits After TANF Closure

If a TANF case, also certified for Food Stamps, is closed and there is sufficient information to continue Food Stamps a Food Stamp only is opened, with no interruption in benefits. No interruption



in benefits means that the client must receive his first issuance of non-assistance Food Stamps anytime in the calendar month immediately following the effective month of closure of the TANF case.

**EXAMPLE:** A TANF client reports assets of \$1,200. Verification of assets was requested and provided before the determination of ineligibility. This was the only change in the benefit group's circumstances. The assets are excessive for TANF. Since all necessary information is available to determine Food Stamp eligibility, a Food Stamp only case is opened and Food Stamp benefits are uninterrupted. A new ES-2 is not required. See Chapter 1 for establishing the redetermination date.

The closure notice sent to the client must state that the benefit group continues to be eligible for Food Stamps. The computer-generated approval letter for F cases notifies the client of the benefit and the certification period, if the benefit does not change. If the benefit increases or decreases, the Worker must send a manual letter. See Chapter 6.

b. Continuation of Medicaid Eligibility When the TANF Case is Closed

TANF cases which are closed must be evaluated to determine eligibility under other Medicaid coverage groups. If eligible for Medicaid, the Worker must open a case and ensure that the eligible individual receives uninterrupted Medicaid coverage. If an individual is not eligible for any Medicaid coverage group, the ES-NL-C sent to the recipient must indicate which individuals are not eligible for Medicaid.

If the Worker does not have sufficient information to determine Medicaid eligibility, a letter must be sent indicating the information that is needed to determine Medicaid eligibility. If it is necessary to request additional information for the Medicaid eligibility determination, the Worker cannot close the case until the requested information is received. The Worker must give the recipient a reasonable time to respond to the request.

**NOTE:** In addition to case closures, children being removed from the TANF benefit group must be evaluated for Medicaid eligibility under other coverage groups.

**EXAMPLE:** The TANF benefit group is required to QR and fails to return the QR-1. When the Worker prepares the case for closure, he must determine if they are eligible for Medicaid. Since QR is not a Medicaid requirement, the Worker must open the appropriate Medicaid case in the M-219 system for uninterrupted Medicaid coverage. A new ES-2 is not required.

**EXAMPLE:** A TANF case is closed because the absent parent returned home and is employed. Since the benefit group no longer has a deprivation factor for TANF or AFDC/U-Related Medicaid, the Worker must evaluate eligibility for other Medicaid coverage groups.

c. Ineligibility for Food Stamps

When the TANF recipient is ineligible for Food Stamps for any reason, such as excess income, the Food Stamps are removed from the TANF case, and the TANF case, if eligible, remains open.

6. Change In Work Registration Status

The Worker is responsible for ensuring, on an ongoing basis, that the participation status of each recipient, mandatory or exempt, is correct in the system. See Chapters 13 and 23.

7. Special Procedures

a. Child Care

When a TANF client requests, or the Worker otherwise recognizes the need, a referral for assistance with child care expenses is made to Social Services. The referral is made using a DHS-1 which shows the client's name, case number, address, telephone number and the reason child care is needed. The Child Care Worker is responsible for determining eligibility for such assistance and for notifying the client of his status.

b. Protective Payments

**NOTE:** The client may request a Fair Hearing any time he is placed on protective payments or he questions the substitute payee selected.

Protective Payments are payments which are made to a substitute payee or by vendor payment.

(1) Situations Which Require Protective Payments

There are three situations which require that the client be placed on protective payments. These are:

(a) Money Mismanagement

A Social Worker, providing protective services to the family, may request the case be placed in protective payment status.

When the Social Worker determines that protective payments are necessary due to money mismanagement, he sends a DHS-1 to the Worker requesting the case be placed on protective payments and indicates the method, substitute payee or vendor and the date protective payments are to begin. If there is a substitute payee, the name of that person is provided by the Social Worker.

When the case is on vendor payments, the Social Worker is responsible for issuing the DF-38, Department Authorization and/or invoice.

The Worker takes data system action described in Chapter 23.

(b) Non-compliance With CSED or JOBS Requirements

When the client refuses to comply with CSED or JOBS requirements, the case is placed on protective payments and the caretaker relative(s) is removed from the benefit group.

When the case is placed on protective payments because the specified relative refuses to comply with CSED requirements without good cause, or the parent or other caretaker relative refuses to cooperate with JOBS without good cause, the procedures depend on the protective payment method used.

When the case is placed on protective payments, the bills paid are those chosen by the client or with his participation and consent, to the extent possible.

(c) Protective Payments at the Client's Request

When the client requests vendor payments or a substitute payee in writing, the Worker must honor his request. Advance notice is not required to place a client on vendor payments at his own request.

When the client, to whom payment would otherwise be made in an unrestricted manner, requests in writing to be placed on protective payments, the Worker determines whether or not the client prefers vendor payments or a substitute payee. The Worker takes the action as soon as possible after the request. The protective payments are discontinued as soon as possible after the client makes a request in writing.

(2) Methods for Protective Payments

(a) Substitute Payee

(i) Choosing the Substitute Payee

When a substitute payee is used, the selection of a substitute payee is made by the client, or with his participation and consent, to the extent possible. When it is in the best interest of the client for a staff member of a private agency or any other appropriate organization

to serve as a substitute payee, the selection is made, preferably, from the staff of an agency or that part of the agency providing protective services.

The substitute payee cannot be an immediate member of the client's family. Immediate family members include parents, grandparents, children, spouse, uncle or aunt, brother or sister. In addition, the substitute payee cannot be living in the same home with the client.

**NOTE:** The caretaker relative who failed to fulfill CSED or JOBS requirements, and is subsequently removed from the payment, may be payee for the remaining benefit group members when no other substitute payee can be located. The Worker must make all reasonable efforts to locate a substitute payee who meets the criteria in this item (item a.) before the caretaker relative is considered. Use of the caretaker as payee, instead of a substitute payee or vendor payments, requires Supervisory approval and case recording justification. No special coding is required.

No employee of the Department may be a substitute payee, except when it is in the best interest of the client for a staff member of the Department to serve as such. The substitute payee is selected from Protective Service staff. Landlords, grocers or other vendors of goods, services or items who deal directly with the client may not be a substitute payee.

The substitute payee must agree to accept the responsibility, and must be at least age 18.

A review of the way in which a substitute payee's responsibilities are carried out is conducted as frequently as indicated by the client's circumstances, and at least once every 12 months.

(ii) Data System Action

- The substitute payee's name is entered in Block 3. The symbol @ is entered after the name.
- The address in Blocks 4, 5 and 6 is the substitute payee's address.
- The name of the client who would ordinarily be the payee is entered in Block 9.
- An S is coded in Block 41 when the case is being placed on protective payments due to mismanagement.

(b) Vendor Payment Method

(i) General Procedures

When a case is being placed on vendor payments, the Financial Clerk is notified using a DHS-1. The DHS-1 must include the client's name, case number, amount of payment, effective month of vendor payment, and must indicate if the client is getting Food Stamps. The Financial clerk sets up an account for the case from which funds are disbursed for living expenses.

Each month the Worker or Social Service Worker, determines the family's living expenses. After this determination, the Worker completes form DF-38, Department Authorization and/or Invoice. The landlord, utility company, etc.,

submits the form to the Financial Clerk for payment. Expenses are usually paid in the order the client requests.

Money remaining in the client's account after his requested payments, is issued to the client or spouse. Either may sign the DF-38.

When the client has been on vendor payments for two consecutive months and has requested no payments from the account, it is assumed that the client is no longer in need. The Worker sends an ES-NL-C for case closure. The ES-NL-C must address that the client has not requested expenditures of the check for two months, and is, therefore, presumed to have an alternative means of support. If the client explains the situation satisfactorily to the Worker, the case is not closed.

(ii) Data System Action

- The name of the Financial Clerk followed by the symbol @ is entered in Block 3.
- The county office address is entered in Blocks 4, 5 and 6.
- The client's name is entered in Block 9.
- A V is coded in Block 41 when the case is placed on vendor payments.

8. Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA's). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change.

## E. CORRECTIVE PROCEDURES

### 1. Correcting The Check Amount

Prior to issuing a corrective payment, the Worker must determine if the benefit group owes an overpayment. If so, the corrective payment must be offset by the amount of the overpayment. See Section 20.3, items F,2 and H,1.

#### a. Underpayments

A corrective payment is made to the client when he did not receive a check(s) for which he was eligible, or the check he received was less than that to which he was entitled.

The amount of the corrective payment is the difference between the check the client received and the amount he was entitled to receive, over the period involved, as determined by completion of form ES-C/U-5.

For current TANF recipients, or persons who would have been recipients, had the error causing the underpayment not occurred, the corrective payment is made when it is discovered. It does not matter when the error occurred or who was at fault. For inactive AFDC/U or TANF clients, the corrective payment is made when it is discovered, no matter who was at fault, provided the underpayment occurred on or after June 1, 1988.

**NOTE:** A corrective payment for an addition to the benefit group, is made only for the time the new benefit group member was eligible to be included, but was not.

When the case is inactive at the time the Worker is making the payment, form ES-AP-3 is sent to the Accounts Receivable Office. If the case is active in the data system, an AP-3 transaction described in Chapter 23 is used.

**NOTE:** When a corrective payment is used to offset an overpayment, due to fraud or an intentional client error, the amount offset is counted as Food Stamp income, if the corrective payment would normally have been counted. See Chapter 10 to determine when corrective payments are counted as Food Stamp income.



b. Retroactive Payments

A retroactive payment is made when, at any time during the appeal process, it is found that, due to a Department error, the client did not receive a payment for which he was eligible, or that the payment he received was less than that to which he was entitled. The appeal process begins when the client requests a formal appeal. The retroactive payment covers the period over which the error occurred and is computed in the same manner as a corrective payment. Payment is made using the AP-3 transaction when the case is active. For inactive cases, form ES-AP-3 is submitted to the Accounts Receivable Office.

Retroactive payments are also made when eligibility is determined in a month(s) following the month of application and the client is eligible for benefits in the prior month(s).

2. Correcting The Address

When the TANF check is returned to the Accounts Receivable Office, and an ES-14 has not already been received, form DF-10, Returned Check Notice, is sent to the appropriate county office.

When the Worker receives the DF-10, he must determine the correct disposition of the check, complete the ES-14, and return it and the DF-10 copy to Accounts Receivable. When an ES-14 is sent prior to receipt of the DF-10, the Worker must note See ES-14 Submitted (Date) on the DF-10, and forward the original copy to Accounts Receivable.

The ES-14 must not be delayed for receipt of the DF-10, when the Worker knows that the check was mailed to an incorrect address, and has the information to complete the ES-14 prior to receipt of the DF-10. The Worker checks box 2 in Section A on the ES-14, Returned to the State Office.

3. Correcting The Payee

When a check is issued and the payee must be changed for any reason, i.e., death of the payee or payee leaves the home, the Worker notifies Accounts Receivable using form ES-14.

The ES-14 must indicate that the data system action was taken to correct the case.

**NOTE:** If the payee is deceased, and has endorsed his check prior to his death, no repayment is sought, regardless of his living arrangements. If the endorsed check is returned, and there is another specified relative to whom the payment can be made, Form ES-14 is submitted to the Accounts Receivable Office, to request that the check be rewritten in the other person's name.

#### 4. Cancelling The Check

When the check is returned, the Worker receives form DF-10. If the client does not report a new address after an attempt to contact him, the case is closed. The check must be cancelled. The Worker sends form ES-14 to Accounts Receivable to cancel the check with a copy of the DF-10.

When cancellation is requested, data system action to close the case must be taken before submitting the ES-14.

#### 5. Holding The Check

TANF and WV WORKS checks may not be held under any circumstances.