

2. Right To Information

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

3. Right To Consideration For All Programs

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

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

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

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

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

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

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

4. Right to Fair and Equitable Treatment of Applicants and Recipients

a. Introduction

Federal law and the West Virginia Human Rights Act, West Virginia Code §5-11-1, bar discrimination on the basis of age, race, sex, disability, religious creed, national origin, and political belief. The following civil rights laws are applicable to Medicaid, Food Stamp benefits and WV WORKS cash assistance.

- The Age Discrimination Act of 1975, 42 U. S. C. §6101 et seq.
- Section 504 of the Rehabilitation Act of 1973, 29 U. S. C. §794
- The Americans with Disabilities Act of 1990, 42 U. S. C. §12101 et seq.
- Title VI of the Civil Rights Act of 1964, 42 U. S. C. §20000d et seq.

West Virginia has established procedures for ensuring fair and equitable treatment of applicants and recipients of public assistance. The West Virginia Department of Health and Human Resources must ensure that no person shall, on the

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grounds of age, race, color, sex, disability, religious creed, national origin, or political belief, be subjected to discrimination. Compliance with these laws assures equal opportunity for persons with disabilities.

Federal law protects individuals with a disability and defines that as a person who has;

- a physical or mental impairment that substantially limits one or more of the major life activities of that individual; or
- a person who has a record of such an impairment; or
- a person who is being regarded as having such an impairment.

There are two key issues regarding discrimination against people with disabilities:

- Individualized treatment: Individualized treatment requires that individuals with disabilities be treated on a case-by-case basis, based upon facts and objectivity. Such individuals may not be treated differently on the basis of generalizations or stereotypes.
- Effective Opportunity and Access: Effective opportunity and access means that individuals must be given the same access and opportunities to programs of assistance as individuals who do not have disabilities.

It is the responsibility of the Worker to consider whether a person may have a disability, and how a person's disability may affect his ability to comply with rules, fill out forms, attend scheduled appointments, etc. If the Worker determines that a person has a disability that affects his ability to comply, the Worker has the authority to make reasonable modifications or accommodations to ensure that the person receives equal access to all programs and services. Any evidence must be documented in the case file or record, or in RAPIDS in Case Comments. In addition, screen ANDA in RAPIDS allows the entry of at least two informational flags per individual. These flags include:

BL	Blind	HC	Physical Disability
DE	Deaf-Hearing Impaired	MD	Mental Disability
FL	Foreign Language	NL	Not Literate
HB	Homebound	WC	Uses a Wheelchair

A flag may be entered to alert the next Worker that special accommodations are needed.

b. Methods and Examples of Accommodations

At this time West Virginia does offer the following methods of accommodations to all persons in local offices:

- Sign Language Interpretation

WV Commission for Deaf and Hard of Hearing
(304) 558-1675
Contact Person: Roy Forman

There is a directory which contains a list of certified and approved sign language interpreters.

- Visual Impairment Services

All general public information should be made available in accessible formats such as large print, cassette recording, computer diskette and Braille. Public entities are responsible for providing these upon request, unless doing so causes an undue burden. Public entities are prohibited from charging a fee for auxiliary aids and services.

- Interpreter Services With Phone Companies

Verizon offers interpreter services free of charge. An Interpretation Unit is accessible through Verizon's main phone number.

EXAMPLE: An individual applies for WV WORKS. He has a learning disability and is unable to read, comprehend or complete the application. A reasonable accommodation is for the Worker to read the application to the individual and to explain the information fully.

EXAMPLE: A client is physically unable to come to the local office for appointments made to keep her benefits. A reasonable accommodation is for the Worker to arrange to do a phone interview and/or a home visit, if necessary.

EXAMPLE: A client who has limited mobility comes into the office for a redetermination of benefits. An accommodation for this person is to ensure that an interview room equipped for disabled individuals is available for this client at the time of his appointment. If no such room is available, the Worker may assist the client to an appropriate work station to conduct the interview.

c. Complaint Procedures

Any person, who believes that he has been the subject of discrimination on the basis of race, color, national origin, sex, age, religion, political affiliation or disability, has a right to file a complaint. This complaint can be filed by the individual or his representative.

Procedures to file a complaint are:

The individual may make the complaint using form IG-CR-3, by phone or in person to the Civil Rights Compliance Officer, within 180 days of the incident to the following address or phone number.

Civil Rights Compliance Officer
West Virginia Department of Health & Human Resources
Office of Inspector General
State Capitol Complex
Building 6, Room B-817
Charleston, West Virginia 25305
(304) 558-2018

For Food Stamp Benefits only, send a copy to:

The Regional Civil Rights Director
Food and Nutrition Services
Mercer Corporate Park
300 Corporate Boulevard
Robbinsville, New Jersey 08691-1598

The individual may also report concerns for federal review to the following address:

Secretary
Department of Health and Human Services
Washington, DC 20201

A written complaint should include the following information:

- The name of the person(s) felt to have been treated unfairly
- The date and description of the alleged discriminatory action
- The name(s) of other persons, if any, who were present when this action occurred
- The date the complaint is made
- The signature of the person or representative making the complaint

Each complaint received must be investigated and corrective action taken, if appropriate. The investigations and corrective actions are handled in conjunction with DHHR's Office of Inspector General, Civil Rights Compliance Officer.

Each office must post the ADA/Section 504 Notice in a prominent area to provide information regarding rights under the ADA and Section 504.

B. OVERVIEW OF THE ELIGIBILITY DETERMINATION PROCESS

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

1. Application Process

This process determines initial eligibility for one or a combination of programs. Depending on the program or coverage group for which an individual applies, the process may involve an interview with a signed application, a signed mail-in application or submission of an online application using inROADS. See item K below for inROADS applications.

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

2. Redetermination Process

Periodic reviews of total eligibility for recipients are mandated by law. These are redeterminations and take place at specific intervals, depending on the Program or coverage group. Failure by the client to complete a redetermination usually results in ineligibility. If the client completes the redetermination process by the specified program deadlines and remains eligible, benefits must be uninterrupted and received at approximately the same time.

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

3. Case Reviews And Case Maintenance

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

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

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

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

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

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

4. Resource Development

Medicaid recipients are responsible for applying for and accepting alternative means of support. This is an eligibility requirement for **this Program**. See Chapter 5.

WV WORKS recipients are responsible for taking necessary steps to apply for alternate available resources. This resource development is part of the Personal Responsibility Contract. See Section 5.2 for details and exceptions.

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

C. APPLICATION REGISTER AND OTHER COUNTY CONTROLS

1. Application Register

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

2. Home Visit Register

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

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

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

D. WORKER RESPONSIBILITIES

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

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

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

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

E. CLIENT RESPONSIBILITY

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

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

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

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

F. APPLICANT RECEIVES BENEFITS FROM ANOTHER STATE

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

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

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

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

NOTE: States had until July, 1997 to convert from AFDC/U to a TANF-funded program. Therefore, for benefits received prior to 7/97, the Worker must also determine how many months of the cash assistance payments were funded under TANF. Appendix C contains information about when other states converted to TANF funding.

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

- Explaining the applicant's reporting requirements.
- Providing the applicant with a list of verifications needed to determine eligibility, using form ES-6 or the RAPIDS verification checklist. He must also be told the penalty for failure to provide the verifications and what he must do if he finds he cannot obtain it by the deadline.
- Explaining other resources within the agency from which the client may benefit.
- Finding resources to meet the client's emergency needs by referral to a community resource or by an application for Emergency Assistance.
- Ensuring that information about available community resources addressing domestic violence issues is made available to all persons who could benefit from it.
- Referring all clients who request assistance in dealing with domestic violence to a local domestic violence agency, so that an interview may be conducted the same day. When this is not possible, referring the client to the **Division of Children and Adult Services**.
- Providing each Medicaid applicant with a copy of the Department's Notice of Privacy Practices (NOPP). This includes clients who are completing a redetermination of Medicaid eligibility. In addition, the Worker must answer any questions the client may have about the document or about HIPAA or must refer the client to another source of information, such as the Regional or State-level DHHR HIPAA Privacy Officer. When no in-office Intake Interview is conducted, the Worker must mail the NOPP with a notice about how to obtain more information. This must be done at each mail-in or online Medicaid application and redetermination.

J. HOME VISITS

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

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

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

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

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

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

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

K. MAIL-IN AND inROADS APPLICATIONS AND REDETERMINATIONS

1. Applications Submitted By Mail

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

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

O. DOMESTIC VIOLENCE ASSISTANCE

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

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

P. DETERMINING RACE AND ETHNICITY FOR FEDERAL REPORTING

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

1. Race

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

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

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

2. Ethnicity

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

- Hispanic or Latino
- None of the above

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

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

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