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extension. The local office notifies the client of the approval and the client's responsibilities once the extension begins. The local office is responsible for monitoring the time limit to assure that it is not exceeded and that the client remains eligible for the extension.

If an extension is denied, the client may request a Fair Hearing, but benefits must not be continued pending the Fair Hearing decision.

During a pre-hearing conference, the Worker may determine that a verified change in the client's circumstances has occurred and that a reconsideration of the client's extension request is appropriate. The change must have occurred between the time of the initial request for extension and receipt of the 60th month of WV WORKS benefits. The Supervisor is responsible for approving the submittal of a request for reconsideration to the Extension Committee.

When such a change has occurred and been verified, or the Hearings Officer has ruled the county must request reconsideration, the Supervisor must notify the Committee over GroupWise that a reconsideration is being requested and include a description of the change, how it was verified, and the recommendation of the Supervisor for approval or denial.

Submission of a request for reconsideration late in the 60-month time limit does not result in an automatic extension. No extension is applied unless the Committee approves an extension prior to case closure at the end of the 60th month, or criteria in item C,1,b, applies.

The Committee follows the same procedure for a reconsideration of an extension as for an original request. There is no limit on the number of times an extension request may be reconsidered, provided the AG has not received its 60th month of TANF/WV WORKS.

F. FAIR HEARING PROCEDURES

Any client whose request for extension has been denied for any reason may request a Fair Hearing. Benefits, however, may not be extended beyond the 60th month or be reopened following a 60-month closure while a hearing or a decision by the Hearings Officer is pending.

The Hearings Officer may reverse the decision of the Extension Committee and grant an extension of up to 6 months, or he may rule that the Committee must reconsider the request.

The client also has the right to a Fair Hearing when the reconsideration results in denial of an extension. The Hearings Officer may rule that the extension was denied in error and instruct the local office to extend benefits or reopen the case for the appropriate extension period.

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15.7 REQUIREMENT FOR BEING ENGAGED IN WORK (WV WORKS)

Starting with the first day for which benefits are received, a parent or other caretaker relative who is included in the WV WORKS AG is subject to a work requirement, unless temporarily exempt. See Chapter 13 for the temporary exemptions.

Receipt of any of the benefits listed in Section 15.6 counts as a month of benefits. No month of receipt is exempt from being counted, including months in which the client is temporarily exempt from the work requirement. The 24-month period is the first 24 months of the 60-month lifetime limit described in Section 15.6. To continue to be eligible, the client is required to be engaged in work no later than the beginning of the 25th month of benefit receipt.

Being engaged in a work activity becomes an eligibility requirement after the client has been a recipient of benefits for a total of 24 months unless a determination of good cause is made. The months do not have to be consecutive.

NOTE: For parents or other caretakers who were active cash assistance recipients in 1/97, 1/97 is the first month counted in determining the 24-month limit for being engaged in a work activity. Recipients of TANF cash assistance in other states may have begun the 24-month period on an earlier date and may lose eligibility beginning in 10/98 with the implementation of West Virginia's definition of work for meeting the 24-month work requirement. See Chapter 1, Appendix D to determine the date TANF cash assistance began in states other than West Virginia.

The 24-month work requirement may be met by one or both parents.

Work, for the purpose of meeting the 24-month limit, is defined as participation in one or more activities for a minimum of 5 hours per week (averaged). The Worker should not place those participants who are only completing the minimum number of hours into time-limited activities, such as Job Readiness. The activities in which the parent or caretaker may participate and be considered engaged in work include, but are not limited to, the following:

- Unsubsidized employment
- Subsidized public or private sector employment
- On-The-Job Training programs, such as (Employer Incentive Program) EIP contracts, may be utilized as long as the participant is assigned a number of hours that will meet his participation requirements.

- **Community** Work Experience, such as JOIN, CWEP or other work experience programs available in the community.
- Community Service programs are those structured programs in which WV WORKS participants perform work that provides a direct benefit for the community and are supervised directly by a community agency.
- Provision of child care for another TANF recipient engaged in a Community Service activity.
- Work in exchange for some benefit such as, but not limited to, free rent, utilities, clothing or food. There is no requirement that a monetary amount be assigned to the work for purposes of meeting this requirement.
- Enrollment in any educational activity including high school, high school equivalency training, college, technical or vocational school or job skills training.

Any activity must be structured so that documentation is possible.

Good cause for not being engaged in work which meets the above definition at the end of the 24-month limit is determined according to the criteria in Section 13.10. Clients are not automatically exempt from the five hour per week participation requirement due to being in one of the exemption components in Section 13.8. Good cause must be reviewed monthly and documentation is required. (See Section 13.10)

NOTE: No WV WORKS benefit is to be stopped and no notice of pending stoppage is to be sent for failure to meet the 24-month work requirement without first completing the evaluation procedure outlined below.

The procedure to follow prior to notifying the client of the stoppage of benefits is as follows:

NOTE: FS and Medicaid eligibility must be evaluated separately, based on the policy of those programs.

Step 1: The Worker must conduct a home visit to discuss the 24-month work requirement, explain to the client the consequences of failing to meet this requirement and to gather information described below. An office visit or telephone call may not be substituted for the home visit. See Section 1.2,J for information about the clients rights related to home visits.

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- Step 2: After the home visit, the Worker and/or Supervisor must file a written report in the case record and a detailed recording in CMCC about the circumstances surrounding case closure. This report must contain at a minimum the following information. Any other information deemed appropriate should be included.
 - Case name, RAPIDS case number, county of residence, address, telephone number;
 - Number of parents and number of children in the home:
 - Number of office visits in the past 12 months;
 - Number of home/work site visits in the past 12 months;
 - Number of referrals provided to the AG for help in finding their own placement(s) of 5 hours or more, and date(s) of those referrals;
 - Number of sanctions that have been or are currently being imposed and information about sanctions still pending;
 - Whether or not the client met his work participation requirement in any of the past 12 months, and if so, which months and why the participation ended;
 - Any special or unusual circumstances in the family; and
 - Worker and/or Supervisor decision, including reason, about whether or not the family should continue to be eligible beyond 24 months without meeting the minimum 5 hour work requirement.
- Step 3: If the decision is to close the WV WORKS AG, the appropriate notice procedures are followed.

When the case is closed due to failure to meet the work requirement at the end of the 24-month limit, the parent or caretaker must actually be engaged in work, according to the above definition, prior to approval for the 25th month. See Section 1.25,M to determine the beginning date of eligibility when the client reapplies after losing eligibility because the 24month work requirement was not met.

When the case is closed at or after the end of 24 months for some reason other than failure to meet the 24-month work requirement, and a reapplication is made, the AG must be approved, if otherwise eligible, and the caretaker(s) given the opportunity to engage in a work activity for at least the minimum 5 hours per week. If the AG does not comply, a home visit must be completed prior to case closure.