
Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements

If it is determined by MRT or a doctor's report that the individual will be temporarily unable to engage in gainful employment for a period of time on or following his 60th month of eligibility, he may qualify for an extension of up to six months. The number of months granted will depend on the length of time that MRT has determined him to be unable to engage in a gainful activity. The local office will be responsible for monitoring the medical status of the client each month.

NOTE: WV WORKS participants who have a documented disability must be placed in the AD component in Work Programs in addition to other component codes.

To be eligible for an extension when there are two parents in the household, each parent must meet one of the requirements of extension criteria outlined in this chapter.

4. Disabled

Disabled is defined as unable to engage in gainful employment, as determined by a medically qualified professional.

Because WV WORKS clients must be referred to MRT if unable to participate for longer than a 6 month period it is assumed that an individual who states he is disabled will already have medically established his disability by the 55th month of TANF/WV WORKS receipt. If not, he must apply for SSI and be referred to MRT prior to approval of an extension. An SSI denial based on failure to establish a disability does not automatically preclude an extension on this basis if MRT finds the individual to be disabled. However, the individual must be actively appealing his SSI denial to qualify for an extension. **WV WORKS participants who have a documented disability must be placed in the AD component in Work Programs in addition to other component codes.**

If it is determined that the individual is not disabled, or is able to engage in gainful employment with no limitations, he does not qualify for an extension.

If it is determined that the individual is able to engage in gainful employment with some limitations, he may qualify for an extension of up to 6 months to locate suitable employment and must be referred to the Division of Rehabilitation Services for a vocational evaluation and assessment.

Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements

If MRT has determined, before or during the 60th month of benefits, that the individual will be temporarily unable to engage in gainful employment for a period of time extending beyond the 60th month of eligibility, he may qualify for an extension of up to six months. The number of months granted will depend on the length of time that MRT has determined him to be unable to engage in a gainful activity. The local office will be responsible for monitoring the status of the client on a monthly basis. If an MRT re-evaluation is due during that period and the decision again finds the individual unable to participate, the extension will continue up to six months. During the extension period, the Worker must monitor the case to make sure the client continues to meet all other eligibility requirements.

EXAMPLE: If a person receives their 60th month of benefits in January 2006 and has been found to be disabled or incapacitated by MRT with a re-evaluation due in February 2006, the Committee approves a one month extension through February 2006. In February, MRT determines that the disability continues and sets the next re-evaluation for August 2006. The extension may be extended through July 2006, which would be the sixth month of benefits over the 60 month time limit. **This individual must be placed in the AD component in Work Programs in addition to other component codes.**

If it is determined that an individual is permanently unable to engage in gainful employment, he qualifies for consideration for an extension of up to 6 months to apply for, or appeal prior denials of, statutory benefits. Statutory benefits include, but are not limited to, RSDI, SSI, VA, and/or Railroad Retirement. **This individual must be placed in the AD component in Work Programs in addition to other component codes.**

To be eligible for an extension when there are two parents in the household, both must meet one of the requirements of an extension criteria outlined in this chapter.

5. Pregnancy/Age Of Child

An AG may qualify for an extension when both of the following conditions are met.

- There is only 1 adult or emancipated minor living in the household; and
- The pregnant woman will be in her last trimester of pregnancy in the 60th month of TANF receipt; or

The AG includes a child who will be less than 6 months of age in the 60th month of TANF receipt.

Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements

EXAMPLE: A pregnant woman with one other child also cares for her nephew, age 17. She qualifies for consideration under this extension criteria.

EXAMPLE: A pregnant woman with two other children lives with her boyfriend who is not the legal father of any of the children. She does not qualify for consideration under this extension criteria.

EXAMPLE: A woman with a newborn child lives with her other children and her mother. She does not qualify for consideration under this extension criteria.

When based on a verified pregnancy, the extension remains in effect for up to 6 months. When the pregnancy does not end in a live birth, the extension, if already approved, remains in effect for 2 months following the end of the pregnancy.

When based on age of a child, the extension remains in effect through the month the child reaches 6 months of age.

6. In A Vocational Training/Educational Activity

The extension is based on maintaining satisfactory progress toward course completion in a vocational training or educational activity. Satisfactory progress is defined by the facility or course of study, but must be expected to result in a measurable outcome, such as a diploma, degree, or certificate, that will assist in attaining self-sufficiency.

To qualify for consideration of this extension, one of the following situations must exist:

- In his 55th month of TANF receipt, the client is attending a vocational training or an educational activity; or
- In his 55th month of TANF receipt, the client is enrolled to begin vocational training or an educational activity.

Vocational training is preparation for a specific occupation. The training is conducted by an instructor in a non-work site or classroom setting.

Educational activities are limited to literacy programs, high school, ABE, vocational, and 2- and 4-year college programs. They do not include online courses.

**Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements**

When the person who is participating in the training/educational activity has a disability which is affecting their ability to make progress or extending the time necessary for them to complete the program, this must be considered when granting an extension. If it is determined the individual is progressing more slowly due to the disability, an extension will be granted. The participant is not required to graduate from the program within or by the end of the extension period.

The extension remains in effect for up to 6 months. The Worker is responsible for monitoring the attendance of the participant during the extension period. Should their enrollment end, the Worker must send notification and close the WV WORKS benefit.

To be eligible for an extension when there are two parents in the household, each parent must meet the requirements under one of the requirements of an extension criteria outlined in this chapter.

7. Agency Error

The Extension Committee only may approve an extension based on agency error if during the extension request process either the local office or the Extension Committee does not act in a timely manner. This must occur between months 55 through 60. No repayment required if extension is not approved. This extension is limited to three months.

8. Vance v. Nusbaum

The Vance v. Nusbaum Court Order was based on the Agreed Order entered March 10, 2004. It directed that all WV WORKS recipients who had reached 60 month TANF limits, prior to April 1, 2004, whose case had been sanctioned during that 60 month period were sent a notice in November 2004 advising them of the opportunity to request a review of any sanction that was applied over the life of their case. Clients were given a 60 day period to request a review of any sanction they believed was unfairly applied due to an existing physical or mental illness or learning disability recognized under the Americans with Disabilities Act (ADA). These 60 month reviews were completed and all clients notified of the decisions by May 2005. Due to time limits imposed by the Court Order, extensions are no longer granted under this provision.

**Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements**

All scheduling, rescheduling and abandonment of the review process must be documented in RAPIDS. If the client refuses to cooperate at all with this case review process, it must be documented in RAPIDS and the Worker is no longer obligated to pursue the review. There are no sanctions or other penalties associated with refusal to cooperate.

E. EXTENSION PROCEDURE

The process for determining if an extension may be applied begins in the 55th month of the 60-month lifetime limit when the client is mailed a special notification letter about the end of his 60-month time limit. The notice is to be returned to the state office for consideration of an extension of the time limit. If the form is returned to any local office, the local office must forward it immediately to the WV WORKS Policy Unit. If the Worker or Supervisor becomes aware of a client who did not apply for an extension but who may be eligible for one, he must notify the WV WORKS Policy Unit immediately by GroupWise for consideration of an extension.

All requests for extension are made to a 9-member committee consisting of 4 regional representatives and 5 appointees from various State offices, including Social Services, WV WORKS, Monitoring, the Medical Review Team, and the WV WORKS Policy Unit.

Once the forms are received in the state office, they are logged in and tracked to make sure information is obtained and a timely decision is made. The client's Worker and the Worker's Supervisor are notified of the request. The Worker completes the Extension Request Form (DFA-EX-1) and forwards it along with any other information requested to the WV WORKS Policy Unit. If the client is requesting an extension due to a late onset illness or disability, the packet should include the MRT decision. The DFA-EX-1 must be signed by the Worker and Supervisor and include the local office recommendation regarding the extension. All requested information must be submitted within 30 days or the local office should notify the WV WORKS Policy Unit regarding the reason for the delay. All such extensions are approved at the State Office level by the Extension Committee.

If the client does not indicate he wants to be considered for an extension and the Worker and/or Supervisor do not recommend an extension for him, the family is ineligible after receipt of the benefit for the 60th month. Advance notice requirements apply, but benefits must not be continued pending a Fair Hearing decision should the AG request a hearing following case closure.

If an extension is requested based on more than one of the possible categories, or it appears to the Worker that the client may be eligible for an extension based on a different provision, it is the Worker's responsibility to provide case

**Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements**

information that addresses both possible categories with an emphasis on the provision that would provide the greatest number of extended months.

If an extension is approved, the Committee notifies the local office of the length of the extension and the requirements for compliance with the terms of the 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.

**Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements**

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.