

24.4 LOCAL OFFICE RESPONSIBILITIES IN THE WORK PROGRAM ASPECT OF WV WORKS

In addition to the responsibilities contained in other chapters of this Manual, the Worker has responsibilities related to the work program aspect of WV WORKS.

The Worker must assist the client in all reasonable ways to achieve self-sufficiency. To accomplish this, the Worker must assess the client's knowledge and skills, work with the client and make informed recommendations about courses of action appropriate for each individual to develop a plan that is expected to lead to self-sufficiency. In addition, he must enter into an agreement with the client concerning his involvement in the process of becoming self-sufficient, monitor the client's progress to determine changing needs and the need for support service payments and take appropriate follow-up action based on the client's actions.

The eligibility requirement of the negotiated agreement, the Personal Responsibility Contract, is detailed in Chapter 1. Other requirements, particularly those dealing with the client's continuing eligibility, are found throughout this Manual. Chapter 13 contains other information about the eligibility aspect of the work requirements. The following sections in this Chapter are devoted to work activities and follow-up actions and contain information necessary for the Worker to assist the client in becoming self-sufficient and in developing opportunities for him.

A. CASE MANAGEMENT

The Work Programs (WP) sub-system in RAPIDS assists the Worker in managing the work program aspect of WV WORKS.

To meet the goals of the WV WORKS Program, a Worker performs the following activities for WV WORKS families:

- Determines initial and ongoing case and individual eligibility. When the WV WORKS family also receives Food Stamps and/or Medicaid, eligibility for these Programs is also determined and maintained by the same Worker
- Negotiates the PRC with the client to determine the best means to achieve self-sufficiency and accept personal responsibility. The initial PRC, including Part II, must be manually completed by the Worker. Once this is completed and all other eligibility requirements are met, the case is confirmed in RAPIDS and the referral to the WP subsystem is accomplished. The Worker may complete WP information after that time, but must not require the client to visit the office again to be present during the WP enrollment process.

When the Worker determines that the client has a disability and wishes to participate in the WV WORKS program activities, the PRC must be negotiated in a way that is appropriate for that individual and his needs to help him move toward self-sufficiency. In these cases, PRCs must be developed to address not only tasks that lead to employment but also considers the disabled individual's need for health care. Referrals should be made for all services and benefits for which the AG may be eligible, including assessment testing, even if those services are available only through other agencies. These referrals are made on the DFA-WVW-ADA-1 and the outcomes of these referrals are tracked on the DFA-WVW-ADA-1A.

Changes to Part II of the initial PRC are made using WP screens WPJS and WPAS. Such changes are attached to the initial PRC.

- Establishes for the client only reasonable and appropriate requirements related to the client's capability to perform the tasks on a regular basis, including physical capacity, psychological fitness, maturity, skills, experience, family responsibilities and place of residence. In addition, reasonable and appropriate requirements take into account the client's proficiency and child care and other support services needs.

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.

- Monitors compliance with the PRC
- Provides continuous assessment of the client's needs and goals and negotiates adjustments to the PRC as necessary
- Determines which clients are temporarily exempt from meeting the work requirement and assists the client in becoming able to participate
- Determines good cause for failure to comply with the PRC
- Applies sanctions as appropriate
- Develops employment and other work activity opportunities for the client within the community
- At the discretion of the CSM, WV WORKS staff may continue to carry the Medicaid and/or Food Stamp portion of the case once WV WORKS benefits are stopped, to allow for continuity and follow-up on the client's progress.
- Makes referrals to other community services

- Provides payment for support services, as appropriate
- Identifies potential resources and makes appropriate referrals to secure them

Completion of the EHI Screening is voluntary. Clients declining to complete the EHI must be asked by the Assessment Specialist to sign the waiver form, DFA-WVW-40. The original waiver is returned to the Worker. A copy is given to the client. The Worker must record in CMIC that the EHI was offered to the client, but he declined. The Worker must have the client sign the DFA-WVW-40 when the client declines to complete the EHI screening.

Should the client indicate to the Worker that he wishes to decline to have the Assessment Specialist complete the EHI, the Worker must ask the client sign the DFA-WVW-40. However, the Worker must explain to the client the importance of the client completing this screening and that the results of this screening could help provide further referrals and services to him. Refusal to sign the DFA-WVW-40 will not result in a sanction.

NOTE: Under no circumstances will WV WORKS staff or ABE teachers administer the EHI screening. If the client fails to show up for the EHI and/or Learning Needs Screening only, at the first opportunity, the Worker must attempt to have the client sign the DFA-WVW-40.

Work-Eligible Individuals are referred for additional EHI screening(s) under the following conditions:

- The Worker becomes aware of changes in the client's mental health condition which indicate that new or additional mental health issues may exist.
- The client previously declined to complete the EHI, but is now willing to complete the screening.

NOTE: WV WORKS staff must notify the Assessment Specialist when clients are scheduled to complete the EHI only.

Results of the EHI must be scored and returned to the local WV WORKS staff for follow-up with the client. If the screening indicates a referral is needed in one or more of the areas listed on the scoring key, The Worker must go over the results with the client. If indicated, the Worker must offer the client a referral to the appropriate available mental health agency or professional for diagnosis and follow-up unless the client is already receiving services from a mental health professional. A face-to-face meeting between the Worker and the client is the preferred method of reviewing the EHI. If the client declines a referral and/or follow-up services the Worker must record this in CMIC.

Referrals to the Division of Rehabilitation Services (DRS) may be considered when either mental or physical disabilities are indicated.

A referral to DRS may be made by the Worker if the psychological evaluation/report from the mental health professional indicates there is a disability and the client indicates he is willing to work. This also applies to clients with physical disabilities who want to work.

If the Worker and/or Supervisor is unable to make a determination as to the client's ability to participate in work activities based on the medical documentation available, they must submit the case to MRT. See Chapter 12.10, A. Any participant who has had good cause for not participating for more than 6 months, due to a doctor's statement, must be referred to MRT.

A MRT referral is made for adults not Medicaid eligible whose EHI indicates a referral is needed, once the results have been discussed with the client. MRT will confirm if a referral is needed. This is necessary in order to refer the client to a mental health professional for a diagnosis.

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.

5. Referral For Assessment Testing

Referral for assessment testing is accomplished by forwarding a list of clients scheduled for testing to the Assessment Specialist. The test administrator is responsible for completing a release of information for each client.

6. Worker Follow-Up

When the test results are received, the Worker records the information on the appropriate RAPIDS screen. An interview is scheduled with the client as soon as possible, to discuss the test results as appropriate. At this interview, the client may be provided with a copy of the test results. Staff may contact the Department of Education Assessment Specialist for questions or help in evaluating the results of TABE, Learning Needs Screening, or Work Keys. Special attention should be paid to the recommendations made by the Assessment Specialist on page 4 of the Learning Needs Screening for possible referral to programs and services. Recommendations by the Assessment Specialist must be addressed and appropriate referrals made by the Worker.

7. Referrals to Workforce WV / BEP – Assessment Testing Results

Workforce Investment Act (WIA) - funded employment and training programs require that TABE, and if appropriate, Work Keys be completed by clients referred to and enrolled in those programs. Therefore, the

Any initial doctor's statement that indicates the client is disabled longer than six months must result in a referral to MRT. If the Worker receives a medical statement indicating the client is disabled six months or less, an MRT referral must be made if the client is still claiming he is disabled at the time the statement expires. Staff must not wait until 24 months to refer an individual to MRT. This should be done any time the client claims a disability lasting longer than six months from the application date forward.

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.

A face-to-face evaluation or Supervisor/Worker meeting to review the case must be completed during the 24th or 25th month of receipt of WV WORKS following the same procedure as the 12-month evaluation.

NOTE: If the requirements in Section 13.9,B regarding submitting a MRT application are not met by this time, it must be completed as necessary during the 24 month evaluation.

Another face-to-face evaluation or Supervisor/Worker meeting to review the case must be completed after the client has received WV WORKS for 36 months.

This evaluation must occur during the 36th or 37th month of WV WORKS receipt. It will serve the same purpose and follow the same pattern as the 12- and 24-month evaluation. The 36-month meeting must also include the CSM or his designee.

An additional face-to-face evaluation or Supervisor/Worker meeting to review the case must be completed after the client has received WV WORKS for 48 months. This evaluation must occur during the 48th or 49th month of receipt. It follows the same pattern as the 36-month evaluation.

When an AG is closed prior to the 12, 24, 36 or 48th month and reapplies in the month an evaluation would normally be due, the evaluation is not completed prior to approval. Instead, the AG will be evaluated at the next scheduled interval that is 3 or more months in the future. This also applies when the AG is closed in the 12, 24, 36 or 48th month before the evaluation takes place. The Supervisor may decide on a case-by-case basis that the evaluation that is due in the month of application or within 3 months of that date needs to be completed.

NOTE: When a parent included in the AG resides with a non-recipient Work-Eligible Individual, both must attend the 12, 24, 36, and 48th month evaluation meetings.

EXAMPLE: An AG is closed effective August when the father finds full-time employment. He gets laid off at the end of September and reapplies for WV WORKS in October. The AG is due for a 24-month evaluation in October, but it is postponed until the 48th month because it is the next evaluation interval that is 3 or more months ahead.

EXAMPLE: An AG is due for its 48-month evaluation in November 2003, but the AG is closed effective November before the evaluation takes place. The AG reapplies in February 2004. The Worker does not back up and complete the missed 48-month evaluation. Instead the 55th month case review is the next required contact.

It is the decision of the WV WORKS Supervisor after a formal consultation with the WV WORKS Case Manager about whether or not a face-to-face meeting is required at the 12/24/36/48 month self-sufficiency evaluation point. At its discretion, the local office may choose to include the CSM in any decision about a face-to-face meeting. At a minimum, the Supervisor and Case Manager must meet and review the case, discuss the client's progress, barriers, other issues affecting the family's self-sufficiency, make necessary recommendations, and arrange appropriate referrals to other agencies and services as needed. The Worker must arrange an office visit or home visit with the client if the assessment and/or PRC forms need to be updated as a result of the 12/24/36/48 month evaluation meeting with the Supervisor. A full case recording must be made in CMIC and CMCC with details of the face-to-face meeting or Supervisor/Worker consultation and recommendations from these 12/24/36/48 month evaluation.

K. VISION AND/OR DENTAL SERVICES

Providing dental and vision services are a cooperative effort between the WV WORKS Program and the Office of Maternal, Child and Family Health (OMCFH).

The WV WORKS staff's responsibility is limited to completion of form DFA-R-1 to refer Work-Eligible Individuals to OMCFH, to certify that the client is eligible to receive vision and/or dental services, and to explain to the client the importance of keeping his scheduled appointments and the deadline for obtaining services.

Referrals for both dental and vision services are made on a single form, the DFA-R-1, Pre-Employment Services Project Referral. The distribution of the color copies is shown on the bottom of the form. The Worker must insure that the bottom copy of the NCR form is legible when the form is completed. If it is not, the Worker must write over the information on the bottom copy and file it in the case record.

The referral for vision/dental services is time-limited. Services must be completed within one year of the referral date shown on the DFA-R-1. The Worker must enter the date (mm/dd/yy) on the form at the time the referral is made. Distribution of copies of the form in a timely manner is crucial.

The Worker must also enter the amount of the maximum dental service on an initial referral. This amount is \$2400 and is shown as the balance following Dental Services.

After a referral expires, the Worker may issue the client another one, provided the client meets eligibility criteria as explained below and has not received the maximum allowable benefit. On a second or subsequent referral for dental services, regardless of the date of the first referral, the Worker must obtain the amount of the remaining balance from OMCFH by calling 558-5388 or 1-800-642-8522 and enter it on the DFA-R-1. Vision referrals may be made annually for qualified individuals.

To be eligible to receive vision and/or dental services, the client must be in either of the 2 following groups:

1. Participating

To qualify based on participation in an activity, the client must meet both of the following requirements.

- The client must be a Work-Eligible Individual in an active WV WORKS case when the referral is made. Receipt of DCA alone does not qualify the individual for these services. Once the referral is made, it is valid for one year whether or not the WV WORKS case remains open; and
- The individual is participating in an activity listed in Sections 24.6 through Section 24.13. The participation rate required to qualify for these services is the rate shown on the individual's PRC.

2. Sole Barrier to Participation

When the sole barrier to the client's participation in a work activity listed in Section 24.5 is the need for vision and/or dental services, a referral may be made. Once the referral is made, it is valid for one year, whether or not the WV WORKS case remains open.

OMCFH has signed agreements with service sites which detail the allowable services, reimbursements, scope of services, etc. In addition, OMCFH will provide a list of all providers to the appropriate county. The client may choose his own provider from this list and must make his own appointments.

There is a maximum lifetime limit on the payment for these services. This limit is monitored by OFMCH. Closure of the vision and/or dental services case by OFMCH occurs when services are completed or the maximum allowable benefit is reached. An appropriate notice is sent to the local office to file in the case record.

L. WEST VIRGINIA DIVISION OF REHABILITATION SERVICES (DRS)
VOCATIONAL EVALUATIONS

Additional testing, assessments, and evaluations may be necessary for Work-Eligible WV WORKS participants with physical and/or mental disability issues in order to determine appropriate placements in training and employment. Under a contracted service with DHHR, referrals to the DRS for vocational evaluations must be made for all WV WORKS participants who meet one or more of the following conditions:

- Participants determined unable to work for more than six months due to a physician's statement;
- Participants determined incapacitated for WV WORKS by MRT and a referral to DRS is indicated on the ES-RT-3;
- Participants who score below a sixth grade level in reading on the Test for Adult Basic Education (TABE) and who score 12 and above in Sections A–D of the Learning Needs Screening or answer “yes” to question #13 in Section D; or
- Participants who are in a physical or mental health barrier at the time they reach their 55th month of TANF and have never been referred for a DRS assessment.

All Work-Eligible WV WORKS participants who meet the criteria listed above must be referred to DRS unless the Worker and the Supervisor determine there are documented and verified circumstances which prevents the effective administration and completion of the DRS vocational evaluation. Appropriate documentation must be provided and corresponding case comments must be made in CMIC. These circumstances must be reviewed monthly.

Priority for referrals must be given first to those not in an activity. If the individual is in an activity which will likely lead directly to employment (example: full-time vocational training) then a referral for a DRS vocational evaluation would not be appropriate. However, participants who are in other activities such as JOIN, CWEP, Community Service, ABE, etc. must be referred.

Referrals to DRS are made by completing form DFA-WVW-80 and must be signed by the WV WORKS Supervisor. The original goes to the designated DRS District staff contact and a copy is filed in the client's case record. A copy is given to the client. A chart listing the designated seven DRS Vocational Evaluators to whom the referrals are made and the DRS District and Branch Office locations are found on the DFA Intranet under Desk Guides. The respective DHHR counties under each of the seven DRS Districts are also listed. Alternate locations for vocational evaluations will be arranged by the DRS

Vocational Evaluator for clients unable to complete testing at one of the designated DRS District or Branch Offices listed.

Copies of the following documents, when available, must be attached to the DFA-WVW-80 upon referral:

- TABE results;
- Emotional Health Inventory;
- Learning Needs Screening;
- MRT packet; and
- Most recent PRC, Part II.

NOTE: It is preferred that referrals for DRS vocational evaluations are made only after the assessment testing, TABE, EHI, and Learning Needs Screening have been completed on the individual. This information is needed by DRS staff in order to administer the appropriate testing instruments for the vocational evaluation. However, DRS referrals made prior to completion of assessment testing must note in the comments section of the referral form, DFA-WVW-80, the date of the scheduled assessment testing. Results of the TABE, EHI, and Learning Needs Screening must then be forwarded by the Worker to the DRS Vocational Evaluator. If the participant is not required to complete the TABE (example: college graduate), then it must be noted in the comments section of the referral form.

Other appropriate documents, such as a physician's statements or other assessments, may be provided if they are relevant in assisting the DRS staff in completing the vocational evaluations. For release of the above documents or other appropriate documents, the Worker must complete form OFS-Release-1. A copy of this release is attached to the DRS referral and a copy is filed in the case record.

Completion of form DFA-WVW-ADA-1 is required for participants referred to DRS. It is not necessary to send a copy to DRS. A copy is filed in the participant's record and a copy is given to the participant. The Worker must also complete the follow-up form, DFA-WVW-ADA-1A, for the case record. Workers must advise clients that testing involved with the vocational evaluations may take an entire day to complete. Copies of DRS appointment letters to participants will be sent to the Worker. Clients will be scheduled by DRS staff for vocational evaluations within ten business days following receipt of the written referral. A written report with the results of the vocational evaluation will be provided to the Department within 30 days following completion of the testing. The Worker and DRS Vocational Evaluator must maintain close contact throughout this process.

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.

M. LEGAL AID OF WV (LAWV) WV WORKS LEGAL SUPPORT PROJECT

The purpose of the WV WORKS Legal Support Project is to assist in eliminating the need for legal services as a barrier to work or self-sufficiency.

1. Appropriate Referrals

Work-Eligible Individuals in an active WV WORKS case and those eligible for continued support service payments may be referred who need assistance in legal matters including, but not limited to:

- Obtaining Supplemental Security Insurance/Social Security Disability Insurance (SSI/RSDI);
- Issues surrounding Domestic Violence situations;
- Employment related rights;
- Housing (landlord-tenant issues);
- Visitation orders or parenting plan compliance;
- Expungement of criminal records; or
- Driver's license suspension or fines.

If the Worker has questions regarding other possible services, he should contact his local LAWV office.

2. Referral Process

Referrals to the WV WORKS Legal Support Project are made by using the Referral to Legal Service Provider Referral Form located on the DFA Intranet site. The form is self-explanatory and all requested information on the form is mandatory. The Worker must fax the Legal Service Provider Referral Form to their assigned LAWV office.

3. Vendor Responsibilities

LAWV will fax an Action Form to the local office within 30 working days of receiving the referral. When the vendor notifies the Worker of approval or denial for participation in the program, the Worker must record the appropriate information in RAPIDS. LAWV will be responsible for determining the level of representation and services rendered.

NOTE: At no time shall any client be sanctioned for failure or refusal to comply with or accept legal support services.