

1. Approvals

The application is approved for Medicaid to cover the prior period. The medical card is mailed to the local office and is rewritten for the correct POE and mailed to the client. For a spenddown case, verified medical expenses, old unpaid bills prior to the POC, or paid and unpaid bills incurred during the POC, are used as spenddown expenses.

A manually written medical card for the correct POE is mailed to the client.

2. Denials

When the Worker determines that the case does not meet spenddown in the prior period, the application is denied and the client notified using the ES-NL-A.

3. Closures

Advance notice requirements apply. When the 13-day advance notice of closure is not required, the procedure is as follows:

If a card will be generated, the address of the county office is entered in ACCH.

A closure is transmitted immediately following the approval or spenddown transaction.

When the card is received in the county office, the Worker must destroy it and manually issue a medical card to reflect the prior POE. The Supervisor initials the card and either mails it or gives it to the client. It is the client's responsibility, or that of the individual who is acting on his behalf, to take the card to medical providers.

## F. CHANGING COVERAGE GROUPS AND REDETERMINATION PERIOD

When one coverage group is closed and another opened, the original redetermination period is kept.

## 1.25 WV WORKS

When WV WORKS applicants are also **SNAP** and/or Medicaid applicants, requirements in 1.2 and 1.4 also apply to the **SNAP** portion of the case and the requirements in Sections 1.2, 1.6 - 1.22 apply to the Medicaid portion.

### A. APPLICATION FORMS

An OFS-2 is used.

**NOTE:** When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG or non-recipient Work-Eligible Individual must not be required to make an additional application for **SNAP**. **SNAP** eligibility must be determined based on the information provided for the other programs.

### B. COMPLETE APPLICATION

The application is complete, when the client signs an OFS-2 or OFS-5 which contains, at a minimum, his name and address.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed.

An application is considered incomplete when the client chooses not to sign the OFS-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording in Case Comments must specify that the client did not want to sign the application and the reason for his decision. The client must be encouraged to sign the application so there is no misunderstanding that he was denied the right to apply.

### C. DATE OF APPLICATION

The date of application is the date that the OFS-2, which contains, at a minimum, the applicant's name and address, is signed. Benefits are prorated from the date of application when all other eligibility requirements are met.

If a household which became ineligible due to a lump sum payment requests recomputation, the date of application is the date of the request.

- When an assistance group becomes ineligible due to failure of a parent or caretaker, without good cause, to meet the 24-month work requirement, the beginning date of eligibility cannot be any earlier than the first day on which he participates in an activity which meets the 24-month work requirement.

If the non-parent caretaker is no longer in a 12-month period for which he chose to be included, eligibility for the otherwise eligible child(ren) may begin as soon as the 12-month period ends, so long as the caretaker chooses exclusion from the assistance group.

**NOTE:** When a non-parent caretaker's 12-month period for which he opted inclusion ends, he may again receive WV WORKS for the otherwise eligible child(ren), even when not meeting the 24-month work requirement, as long as he chooses to be excluded from the AG. If he reapplies during the 12-month period for which he chose inclusion, or after the 12-month period ends and he again chooses to be included, he must meet the 24-month work requirement to receive WV WORKS for the child(ren).

- If the AG or non-recipient Work-Eligible Individual is serving a WV WORKS 3<sup>rd</sup> or subsequent sanction, the beginning date of eligibility is the day after the sanction period ends. See Section 13.9,A.

**EXAMPLE:** Mr. Nelson is placed in a WV WORKS 3<sup>rd</sup> sanction, effective 2/1/07. The reason for the sanction was his failure to participate in an assigned activity. He reapplies for WV WORKS 5/2/07. His beginning date of eligibility for WV WORKS, if otherwise eligible, is 5/2/07 and is not contingent on his participation in an activity.

Because eligibility for WV WORKS has no bearing on Medicaid eligibility, the beginning date of Medicaid eligibility must be determined according to the coverage group(s), if any, under which WV WORKS recipients receive Medicaid. See Sections 1.6 through 1.22.

## N. REDETERMINATION SCHEDULE

Cases are normally redetermined annually. The redetermination schedule is set automatically by the data system, unless the Worker and Supervisor agree that a redetermination must be completed earlier. When a case is reopened without an OFS-2, the Worker must ensure that the client continues in the same redetermination cycle.

Cases may be redetermined more frequently at the discretion of the Worker and Supervisor when any of the following occur:

- There are persons in the AG or IG who frequently change jobs or work intermittently.

- QA has found a client error in the case.
- The composition of the AG or Income Group has frequently changed and is likely to continue to change.
- A substantial change is expected.
- The household reports expenses exceeding its income.
- RAPIDS schedules a redetermination due to receipt of another benefit, such as **SNAP** benefits, under the same case number.

O. EXPEDITED PROCESSING

There are no requirements for expedited processing. Cases are approved in the order in which eligibility is established.

P. CLIENT NOTIFICATION

See Chapters 6 and the RAPIDS User Guide.

Q. DATA SYSTEM ACTION

Data system action is required to complete the application process. All applications, whether approved, denied or withdrawn, must be entered in RAPIDS.

R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process with the following exceptions.

1. Redetermination List

RAPIDS selects cases due for redetermination on the Friday which falls between the 8th and 14th of the month prior to the month the redetermination is due. The redetermination list is displayed on the Worker's alert screen.

2. Scheduling Interviews

Use the DFA-10 or the RAPIDS letter CSLC or CSLD to notify the client of the appointment.

**NOTE:** Only the monthly WV WORKS and CSI benefits may be received by direct deposit.

(3) Dis-enrollment from Direct Deposit

The client must request removal from direct deposit by submitting a written request directly to the Auditor's Office at the address shown on the enrollment form or by calling the Auditor's Office. Identifying information may be requested.

b. Benefits

All benefits which are not issued by direct deposit are deposited into an EBT account. Any newly opened case has an EBT account set up and the WV WORKS, DCA and CSI payments are deposited into the EBT account. This applies to the initial benefit for those AG's who choose direct deposit also. Benefits are accessed with the EBT card. There is no warrant number for an EBT benefit. EBT is indicated on RAPIDS screen IQAD with a B as the issuance method.

c. Initial Benefit

(1) Amount

The initial WV WORKS benefit amount may be different than the ongoing benefit amount.

The initial WV WORKS benefit is prorated from the date of application once all eligibility requirements are met, including signing the PRC and participating in orientation.

The Worker must inform the client of the benefit of returning all necessary information as soon as possible.

The monthly benefit amount is determined according to instructions in Chapter 10 and prorated. Special needs are not prorated. Instead, the full special need amount is added to the prorated amount.

The date eligibility is established must be coded in RAPIDS.

The system's response to approvals includes both the prorated benefit amount for the first month and the full benefit amount for the following month.

(2) Method of Issuance

The initial benefit is issued by RAPIDS.

d. Ongoing Benefit

The ongoing monthly benefit is determined by the data system, based on income coded in the system prior to the deadline date in the month prior to the issuance month.

2. Diversionary Cash Assistance (DCA)

DCA is available to an applicant at the Worker's discretion only. It is not a program for which the client applies and is found eligible or ineligible. The Worker and/or Supervisor must determine if a DCA payment is appropriate and offer it to an applicant. The applicant may choose to accept or decline without any effect on his eligibility for an ongoing WV WORKS check. Supervisory approval is required for all DCA payments.

**NOTE:** When a case is approved for DCA, the AG must not be required to file a new application for **SNAP**. **SNAP** eligibility must be determined based on the information provided on the WV WORKS application.

**NOTE:** If the household contains even 1 AG member or a non-recipient Work-Eligible Individual who was included in a household which received a DCA payment, another DCA payment cannot be made to that AG. DCA is a payment method available only to WV WORKS applicants. This method allows a maximum lump sum benefit of an amount equal to the maximum WV WORKS benefit amount, based on family size, multiplied by 3. The amount of the DCA payment is based on need and is not automatically issued at the maximum amount. The household becomes ineligible for 3 months, regardless of the amount of payment issued.

DCA provides an opportunity to relieve a temporary financial need as an alternative to receipt of ongoing WV WORKS payments. When the Worker and the applicant are confident that a one-time payment will meet the temporary need, DCA is explored.

WV WORKS eligibility must be established and an initial assessment conducted by the Worker before DCA is considered.

DCA is available only one time for an applicant family. Acceptance of the DCA payment in lieu of ongoing WV WORKS payments is an option for the client.

The Worker and the client agree on the amount needed for the family for overnight lodging, rent, utility deposits and food. These items are not verifiable, since the client does not yet have a place to live in the new state and does not know where he will stay overnight on the drive. It is reasonable to assume that these costs will be incurred in moving to another state, and the amount is negotiated.

3. The Medical Card

Medicaid eligibility for WV WORKS recipients is not automatic with receipt of a payment. See Sections 1.6 through 1.22 for information, according to the appropriate Medicaid coverage group.

4. Electronic Benefits Transfer (EBT)

Beginning October 1, 2002, with the pilot counties of Cabell and Wayne, current and new recipients of WV WORKS will receive an EBT card, known as the Mountain State card, to access all WV WORKS, CSI and DCA benefits. The benefits will be in an EBT account and accessed by using the EBT card and a Personal Identification Number (PIN), similar to a personal debit or ATM card. The AG may still choose direct deposit for the monthly WV WORKS benefit. The following outlines procedures which are specific to EBT. Additional information about how EBT affects other policy and procedures is found in specific Manual sections which apply.

a. EBT Definitions and Terminology

The following is a list of commonly used terms or acronyms associated with EBT.

**Administrative Terminal** - EBT vendor system used to inquire into EBT account information, reactivate dormant accounts, inactivate EBT cards and in some instances, make changes to the EBT account.

**ARU** - Automated Response Unit. The EBT vendor operates the ARU 7 days a week, 24 hours a day. Functions of the ARU include, but are not limited to, account balance inquiries, card inactivation, lost, stolen or damaged card replacements and PIN changes.

**ATM** - Automated Teller Machine. May be used to access cash EBT benefits

**Authorized Cardholder** - An individual, who, in addition to the payee, may be issued an EBT card and access an EBT account.

**CSR** - Customer Service Representative for the EBT vendor who is reached through the ARU toll-free number.

**Coupons** - **Food Stamp coupons will expire June 17, 2009 and cannot be redeemed for food or EBT benefits after that date.**

**Demographic Information** - Identifying information about the AG's primary person and the payee which is sent to the EBT vendor in order to set up an EBT account and mail the EBT card. This includes the primary person's SSN and date of birth and the payee's name and address.

**Dormant Account** - When benefits are not used from the EBT account for 180 days, the account is inactivated and is not accessible to the AG. The benefits remain available and the account is reactivated at the client's request.

**EBT** - Electronic Benefits Transfer or the use of a card to access WV WORKS, CSI and DCA cash benefits and **SNAP** benefits.

**Expunged Account** - When benefits are not used from the EBT account for **360** days, the benefits are removed from the account and are not available to the AG.

**IDE** - Inactive, dormant and expunged

**Inactive Account** - When benefits are not used from the EBT account for 45 days, the AG and Worker are notified of the inactivity. The benefits remain available to the AG.

**Mountain State Card** - The West Virginia EBT card

**PIN** - Personal Identification Number. This number must be used to access EBT benefits with the EBT card. This is not the RAPIDS PIN number.

**POS** - Point of Sale. This is used to spend cash or **SNAP** benefits at a store.

**Status the EBT Card** - Inactivate the card so that it cannot be used. This occurs when a replacement card is requested, a payee is changed or an authorized cardholder is removed or changed.



b. EBT Card Issuance

(1) Initial Card Issuance

The EBT card is issued when the first benefit to be issued into an EBT account is approved. It is mailed the day after the approval in RAPIDS. The PIN is mailed within 2 days after the card is mailed. Once the benefit account is set up and benefits are deposited into the EBT account, they are accessed with the EBT card. The client must call the vendor's ARU to activate the initial card prior to use.

All cards and PINS are mailed to the payee following the address hierarchy in RAPIDS. See the RAPIDS User Guide. See item (2) below when the AG has a legal guardian or protective payee coded in RAPIDS. This includes the card(s) for any additional authorized cardholder(s). It is the responsibility of the payee to distribute the cards to any other cardholder(s).

(2) Effect on Card Distribution of Legal Guardian or Protective Payee Coded in RAPIDS

When the Worker indicates in RAPIDS that the AG has a legal guardian or protective payee, all cards are mailed to the address of that individual. Current policy contains no reference to a specified legal guardian as a payee.

Any other representative or protective payee is indicated in RAPIDS as a protective payee.

(3) Authorized Cardholder

The AG may designate an additional individual(s) as an authorized cardholder for EBT. The authorized cardholder has his own card and PIN and accesses the EBT account for the specified benefit(s) without restriction. For this reason the choice of an authorized cardholder and its importance must be stressed with the applicant or recipient. The authorized cardholder is designated, changed or removed on RAPIDS screen AIRQ.

**NOTE:** When the individual designated as primary person for the AG has a legal guardian or protective payee coded in RAPIDS, the card for the AG is mailed to that person. In this situation, if the primary person or other individual must have a card, the information must be entered on screen AIRQ as an authorized cardholder. All cards are mailed to the address of the legal guardian or protective payee.

WV WORKS AG's may select only 1 authorized cardholder for WV WORKS. If the AG receives both **SNAP** and cash assistance, they may select 1 authorized cardholder for each benefit.

The maximum number of cards issued for any case is 3.

Once an authorized cardholder is chosen, the payee may stop the cardholder's access to the EBT account by calling the ARU or DHHR Customer Service Center. Local office staff cannot inactivate a card. However, the DHHR Customer Service Center or local office Worker can change or remove a cardholder. If the client first calls the ARU to stop access to the account, he must still contact the local office to remove or change the cardholder.

#### (4) Cardholder Security

The demographic information sent to the EBT vendor for the primary person in the household is the Social Security Number, Date of Birth and address to which the card is sent.

No demographic information is sent for any authorized cardholder. The authorized cardholder must know the date of birth of the primary person and the address to which the card(s) is mailed.

If the SSN is requested for a PIN change, the primary person provides his own and the authorized cardholder or representative/protective payee must provide zeros.

### T. PERSONAL RESPONSIBILITY CONTRACT (PRC)

**NOTE:** Guidance for the assessment process which is crucial to the completion of the PRC is found in Section 24.4.

The Personal Responsibility Contract (PRC), form DFA-PRC-1, is a negotiated contract between each of the adult or emancipated minor members of the WV WORKS AG, or non-recipient Work-Eligible Individual(s), and the Worker, as the representative of the Department.