

## 1.2 GENERAL INFORMATION

This Section contains general information, applicable to all Programs and coverage groups.

### A. APPLICANT AND POTENTIAL APPLICANT'S RIGHTS

In addition to addressing all questions and concerns the client may have, the Worker must explain the benefits of each Program and inform the client of his right to apply for any or all of them.

#### 1. Right To Apply

No person is denied the right to apply for any Program administered by the Division of Family Assistance. Every person must be afforded the opportunity to apply for all Programs on the date he expresses his interest.

**NOTE:** When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn, approved for a DCA payment, or held pending additional information, the AG must not be required to make a separate application for **SNAP** benefits. **SNAP** eligibility must be determined using the application already completed.

When it is not feasible for the applicant to be interviewed on the date he expresses his interest, he must be allowed to complete the process at a later date. An appointment may be scheduled for his return, or the client may return at his convenience, depending upon the procedure established by the CSM. The same procedure must be used for all applicants within the county. If a follow-up appointment is scheduled and the applicant appears for the interview, he must be seen on that day and not required to return again to complete the application process.

**NOTE:** **SNAP** applicants must be given a scheduled interview when it is not feasible to conduct an interview on the date the application is made. Any special needs such as, but not limited to, the applicant's work schedule, must be accommodated.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the OFS-2, form OFS-5 must be signed by the applicant and filed in the record with the OFS-2 after it is printed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed.

## 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; **SNAP** 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

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 grounds of race, color, national origin, sex, religious creed, age, disability, political beliefs, or retaliation, be subjected to discrimination. Compliance with the following laws, policies and regulations assures equal opportunity for all individuals.

- The West Virginia Human Rights Act, West Virginia Code §5-11-1
- 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.
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq.

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- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- The Civil Rights Restoration Act of 1987
- **The Food and Nutrition Act of 2008**
- USDA Departmental regulation 4330-2
- USDA Regulation, 7CFR Part 16.

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.

Federal law also protects individuals with Limited English Proficiency (LEP) and defines that as;

- Individuals who do not speak English as their primary language; and
- have a limited ability to read, speak, write, or understand English.

It is the responsibility of the Worker to consider whether a person may have a special need, and how that 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 or LEP and 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 record and in Case Comments. In addition, RAPIDS screen ANDA allows the entry of at least two informational flags per individual. These flags include, but are not limited to:

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

A flag must be entered to alert the Worker that an accommodation may be needed and also to track cases for Federal reporting requirements.

**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.

b. Methods and Examples of Accommodations

At this time West Virginia does offer the following methods of accommodations to all applicants and recipients:

- 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.

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- Interpreter Services With Phone Companies

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

- Interpreter Services With Community Resources

If an individual requires an interpreter, the Worker must contact local resources to locate one. Examples of community resources include, but are not limited to, the Board of Education, local colleges and the Division of Rehabilitation Services. If a local community resource cannot be located, the Supervisor of the Worker must contact the DFA Policy Unit for assistance.

- Interpreter Services For Participants In The Refugee Assistance Program

Interpreter services are available for individuals who are participating in the Refugee Assistance Program. See Section 18.10, request for services can be made by contacting the following agency:

Office of Migration and Refugee Services  
1116 Kanawha Boulevard, East  
Charleston, West Virginia 25301  
(304) 343-1036

**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, religious creed, age, disability, political beliefs, or retaliation, 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 **SNAP** benefits only, a copy of the IG-CR-3 must be sent to the following address, or the individual may file a direct complaint to:

United States Department of Agriculture  
Director, Office of Civil Rights  
1400 Independence Ave SW  
Washington, DC 20250-9410  
(800) 632-9992

The individual may also report concerns for federal review within 180 days of the date of the incident to the following address.

Office for Civil Rights  
U.S. Department of Health & Human Services  
150 S. Independence Mall, West – Suite 372  
Philadelphia, Pennsylvania 19106-3499  
(800) 368-1019

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.

For **SNAP** benefits only, the following USDA nondiscrimination statement must be included, in full, on all materials produced for public information, education or distribution regarding the program:

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religious creed, age, disability, political beliefs, or retaliation.

If you require this information in alternative format (Braille, large print, audiotape, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD).

If you require information about this program, activity, or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office toll-free at (866) 632-9992.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call toll-free (866) 632-9992 (Voice). TDD users contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



**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:** **SNAP** 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 **SNAP** 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 **SNAP** 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.

**SNAP** 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 **SNAP** 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.

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- Adhere to the Department's policies and procedures to establish eligibility, including those regarding timely action and/or decision.
- Assist the client in obtaining information required to establish his eligibility. When the Worker must make a collateral contact, such as an employer, the Worker must not disclose the client's status as an applicant/recipient of a Department program.
- Maintain the confidentiality of all information received from or about the client. When the Worker must make a collateral contact, such as with a client's employer, the Worker must not disclose the client's status as an applicant/recipient of a Department program.

**EXCEPTION:** Staff must not initiate contact with law enforcement officials to disclose information regarding **SNAP** clients. However, information pertaining to a **SNAP** client or member of his household may be provided when written requests from federal, state or local law enforcement officers are received on official department letterhead of the issuing law enforcement agency and verifies that:

- The individual is fleeing to avoid prosecution, custody or confinement for a felony; or
- The individual is violating parole or probation; or
- The individual has information necessary for the officer to conduct an official duty related to either of the two statements immediately above.

The Worker provides only the individual's last known address and SSN and, if available, a photograph of any member of the individual's household. It is the responsibility of the CSM to review and approve the release of all such information. If a written request for information is questionable, the Supervisor or CSM must contact the DFA Economic Services Policy Unit for assistance. Additional guidance on releasing confidential information is outlined in the DHHR Common Chapters Sections 200 - 260.

**NOTE:** In all situations where case information is released to another organization or agency, the information must have form OFS-CI-1 attached.

When the client discloses a domestic violence situation, extreme caution must be taken to safeguard any information about the individual's location or living situation. The Worker must not contact the individual named as the abuser or his relatives or friends for any information or verification required from the client. The RAPIDS case must be coded with the domestic violence indicator to alert all who access the case about the client's situation. The indicator is coded on ANDA with either of the following:

DA-Domestic Violence Disclosed - Referral Accepted

DR-Domestic Violence Disclosed - Referral Refused

The codes indicate disclosure of domestic violence and whether or not the client accepted a referral to a community domestic violence agency. See Section 13.8,G.

- Notify the client of the eligibility decision as soon as possible, but at least within the processing time frames for each Program or coverage group.
- Ensure that copies of all pertinent information are placed in the client's case record or given to appropriate staff to file.

**NOTE:** Copies of any information which involve a domestic violence situation must never be placed in the case record to insure the safety of the client and to insure that the alleged abuser does not gain access to information which may compromise the safety of the client. If it is necessary to maintain records for the purpose of documentation of the situation for a WV WORKS temporary exemption from work requirements, 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 proper case recordings are made to document the Worker's actions and the reason for such actions.

**NOTE:** Information about a domestic violence situation or the whereabouts of an individual or family who has left a domestic violence situation for a safer residence must never be recorded in the case record in order to insure the safety of the individual or family. If it is necessary to

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.
- **Inform the client that he is authorized to receive information and referral services about TANF and other programs offered by the WV DHHR.**

#### 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 **SNAP** 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 **SNAP** 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.

**NOTE:** Counting months for which benefits were prorated toward the 3-month limit, is an option for each state. If the client's previous state of residence includes a month of prorated benefits, the Worker asks only for the number of whole months of receipt. Therefore, regardless of the option chosen by the other state, the Worker must not count a prorated month.

If he is residing in an ILC, eligibility must be determined according to Section 9.1,A,2,n. If he is residing in an NILC, the time limit does not apply, but he retains the 36-month period which began in the other state.

- Whether or not the client owes a repayment to any Program

Each Program has specific requirements related to receipt of benefits from other states. Refer to Date of Application under each Program section below.

G. CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE

Prior to data system entry for disposition of another application, the Worker must determine if there is an existing case number for the client.

When an existing case number is found in another county, the Worker must request immediate data system transfer to the client's new county of residence. The case record must be mailed to the new county of residence within 10 working days. The request may be accomplished by memorandum, electronic mail release or by telephone.

H. WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT COUNTY OFFICE

1. Applications Made In Person Or By Mail

The following procedures are used when an applicant mails or makes his application in the office of a county in which he does not reside.

- When a mail-in application is received in the incorrect county office, it must be mailed to the correct county office the same day it is received. In addition, the correct county office must be notified the same day by electronic mail that the form is being mailed.
- If the client visits the incorrect office to apply, the application must be accepted and an intake interview completed. The Worker must complete a system transfer to the correct county office on the date the application is made. The correct county office must be notified



by electronic mail that the case is being transferred. The client must be informed of additional requirements he may have to complete in the correct county.

- If the client telephones the incorrect office, the Worker must give him the address and telephone number of the appropriate office. If he requests an application be mailed to him and does not choose to contact the appropriate office to have this done, one is mailed to him from the contact office, along with instructions to return it to the address of the correct county office. The Worker must notify the other office, by electronic mail, so the county may add the client's name to the application register. If the client, after explanation of the available Programs, wants to apply for **SNAP** benefits, the contact county screens for Expedited Service eligibility, explains this to the client and notifies the correct county office that this was done. Expedited benefits are issued by the county of residence within prescribed time limits, based on the date of application established by the contact office.

## 2. Applications Submitted By Use Of inROADS

The following procedure is used when an applicant submits his application by inROADS to a county in which he does not reside.

When an inROADS application is submitted to an incorrect county office, a printed application it must be mailed to the correct county office the same day it is received. In addition, the correct county office must be notified the same day by electronic mail that the application is being mailed. When the signed signature page and any verification is received, these must also be mailed to the correct local office the same day received.

If the client printed and mailed the inROADS application, follow the procedures in item 1 above.

### I. GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW

Regardless of the Program or coverage group for which the client applies, the Worker is responsible for the following when an interview is conducted:

- Screening the client for all DFA benefits and explaining that he may be eligible for more than one benefit. The client must be given the opportunity to apply for any Programs in which he expresses an interest, even if the Worker is able to pre-determine his ineligibility.

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- Reviewing the OFS-2 to make certain that the client understood each question and answered to the best of his ability. If the client is unable to complete the form himself, and there is no one else to help him, the Worker must complete the form based on information provided by the client.
- Explaining the applicant's responsibility to provide complete and accurate information and the penalties for failure to do so.
- Discussing all statements on the DFA-RR-1 with the client to be sure he understands each one and marks each appropriately.
- Explaining fully the benefits of the Program(s) for which the client applies. This includes: when benefits are received, how received, description of the benefit, how to use the benefit, as well as any other pertinent information related to receipt and use of the benefit.
- Explaining how eligibility for the Program(s) is determined and, if applicable, how the amount of the benefit is computed.

- Explaining the applicant's reporting requirements.
- Providing the applicant with a list of verifications needed to determine eligibility, using form **DFA-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.
- **Explain to the client that he is authorized to receive information and referral services about TANF and other programs offered by the Department.**
- 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 **SNAP** 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 **SNAP** 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 **SNAP** 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.

- If an individual telephones a DHHR county office to request an application be mailed to him, the Worker will inform him of the following:
  - If he wishes, a Worker will complete the application for him in a face-to-face interview, either in the office or in his home; and
  - The mail-in application procedure will result in a delay in processing his application due to a delay in receipt of the form through the mail, and a possible face-to-face interview.
- If the individual still prefers to make an application by mail, an application form is mailed to him on the date of his telephone call. If the client requested the application by letter, an application form is mailed to him on the day the letter is received in the county office.

When the application form is returned which contains at least the applicant's name, address and signature, an application is considered filed. The policy and procedures concerning the formal disposition of the application are applicable.

**EXCEPTION:** Poverty-Level pregnant women must also have all verification included with the application form. See the Program-specific section for these cases.

- The date of application is the date the application form which contains the applicant's name, address and signature is returned to the county office. The forms must be date-stamped when received.
- The application is logged on the ES-15, Application Register, or other method developed by the local office, and assigned to a Worker for processing and completion.

## 2. Applications Submitted By inROADS

Applications for benefits which include, but are not limited to, Medicaid for Children and Pregnant Women, WV CHIP and **SNAP** benefits, may be submitted online by using West Virginia inROADS. The following outlines some special procedures associated with the process.

### a. Application List and INBX

When the inROADS application is submitted online, a RAPIDS request for assistance (RFA) date is established. The

## Application/Redetermination Process

inROADS request for assistance must be selected from INBX and the Client Registration process completed, leaving the filing date (application date) blank. This establishes the RAPIDS RFA date. The applicant has 30 days from that RFA date to submit a signed signature page. RAPIDS tracks this 30 day period. If the signature page is not received in the local office within the 30-day period, RAPIDS automatically withdraws the application. No further action is required by the Worker to process the inROADS application.

**NOTE:** The 30-day limit for a signature page does not apply to SCA or LIEAP. See Program sections for the appropriate time limits.

Applications submitted using inROADS must be obtained daily and retained until the signed signature page is received. Requested signature pages must be mailed daily as well. Once the signed signature page is returned to the local office, the Worker must enter a filing date in RAPIDS and a face-to-face interview with the applicant must be scheduled when required. See Program Sections. Regular procedures for the interview and missed appointments then apply.

See RAPIDS User and Desk Guides for additional information about the inROADS Administration System and INBX.

b. Signature Page

When an individual submits his application using inROADS, he indicates whether or not he printed a signature page. This is indicated in the inROADS Admin System. Applicants who indicate that they printed the signature page must submit it to the local office within 30 days of application submission. When the applicant does not submit a signed signature page within 30 days of the application submission date, the application is considered withdrawn.

**NOTE:** The 30-day limit for a signature page does not apply to SCA or LIEAP. See Program sections for the appropriate time limits.

See item 3 below for electronic signatures for applications submitted by a Community Partner.

### 3. Applications Submitted By inROADS From A Community Partner

Some inROADS applications are submitted with the assistance of a Community Partner. This is an agency or organization that assists individuals and families with the application process for Medicaid for Children and Pregnant Women, WV CHIP, **SNAP** benefits, QMB, SLIMB, QI-1, SCA and LIEAP. Community Partners can only submit applications for Medicaid for Children and Pregnant Women and WV CHIP using the E-Signature process. An example of a Community Partner is the Primary Care Association.

A Community Partner may submit an application by inROADS using one of the following methods:

- Submit an application by inROADS. The signed signature page must be returned within 30 days from the date of the application's submission in inROADS. The Community Partner may mail or have the applicant mail or bring the signed signature page to the local DHHR office.

**NOTE:** This time limit does not apply to SCA and LIEAP. See Program Sections.

- Submit an application for Medicaid for Children and Pregnant Women and WV CHIP by inROADS and choose the electronic signature method. The Community Partner or applicant is not required to submit an original signed signature page to the local office when the E-signature option is used. The Community Partner prints and retains the original signed signature page. The Community Partner's organization and the employee name, as well as the applicant's name and inROADS application number, appear on the application signature page.

Community Partners who enter into an agreement with DHHR are permitted to verify the identity of the applicant and submit the application with an electronic or E-signature and an indicator for the verification source. Community Partners may choose either method for application submission. When the E-signature option is not used, Workers follow the procedures to print and mail the signature page when the applicant or Community Partner indicates he did not print the page.

In addition to use of the E-Signature option, the Community Partner may choose to submit any verification to the local office by fax. When the Community Partner chooses this method, he selects the fax option on the inROADS signature page screen. This alerts the Worker that a fax was sent.

See RAPIDS User and Desk Guides for additional information about the inROADS Administration System and INBX.

#### 4. Electronic Signature

An agreement between Community Partners and the Department permits these organizations to submit applications using inROADS for clients. These are identified on the inROADS application. The appropriate screen is completed by the Community Partner to indicate the source used to verify the applicant's identity and the Community Partner worker enters their initials on the screen to indicate the person who witnessed the applicant's signature.

The Community Partner or applicant is not required to mail an original signed signature page to the local office when the Electronic Signature option is used. The Community Partner prints and retains the original signed signature page.

**NOTE:** When an application is received from a Community Partner with an E-Signature, the signature and identity was verified.

#### 5. RAPIDS INBX Indicators For inROADS

The Community Partner selection of the check box for the fax or no selection provides an indicator with a "Fax" or "No Fax" beside the "Y" in the Application Type column on the Admin Application Search Results Screen. This is under the "Option" column of "E-Signed Application".

See RAPIDS User and Desk Guides for additional information about the inROADS Administration System and INBX.

#### 6. Redeterminations Submitted by Mail

Recipients of some Medicaid coverage groups, WV CHIP and other Programs receive an instruction letter and redetermination form which is submitted by mail, along with appropriate verifications. The client must complete, sign and mail or bring the form and other required information to his local DHHR office or the Customer Service Reporting Center as directed by the letter. See item 7 below



for redeterminations submitted by inROADS. The client may always request a face-to-face interview. See Program Sections for specific information about the redetermination process.

#### 7. Redeterminations Submitted by inROADS

Recipients of some Medicaid coverage groups, WV CHIP and other Programs receive an instruction letter and redetermination form. The client may choose to return the completed form and information by mail or complete the redetermination online by use of inROADS. The recipient receives certain information in the letter which must be entered online to use the inROADS redetermination process.

inROADS brings some information from RAPIDS into the online redetermination for some programs and coverage groups. The RAPIDS information shows in the following:

- WV CHIP – alternating years, when the redetermination is passive
- **SNAP** Benefits – 12-month reviews for AG's certified for 24 months
- QMB, SLIMB, QI-1 and PAC

All other inROADS redeterminations only show current basic demographic information from RAPIDS.

No signature page is required and the redetermination is considered electronically signed when the recipient uses this process and enters information from the letter and other identifying information requested.

The online process is available for use through the end of the month the redetermination is due. Redeterminations submitted in inROADS are processed by use of RAPIDS Inbox screen INRV.

The client may also submit an application for another benefit(s) at the time of the inROADS redetermination.

#### L. CLIENT NOTIFICATION, WRITTEN AND VERBAL

The client must be notified in writing of the final decision on his application and the reason for it. Notification must be provided for each Program for which the client applied, but notification for more than one Program may be included on one form letter.

**NOTE:** There is specific, court-ordered client notification policy which must be followed. There are also specific forms which must be used and detailed procedures to follow. Chapter 6 is devoted exclusively to client notification.

During the intake interview or during some other client contact prior to written client notification, the Worker may know whether or not the client is eligible and, if so, the amount of the benefit. The Worker may tell the client the status of his application and/or benefit level, if he so chooses. However, even if the client has been told his status and/or benefit level, he must still receive the information in writing. See Chapter 6.

Under some circumstances, the data system automatically generates notification to the client. See the RAPIDS User Guide.

#### M. COMPLETION OF THE APPLICATION PROCESS

The application process is completed when all of the following have occurred:

- Action is taken as follows:
  - To approve the application when all eligibility requirements are met; or
  - To withdraw the application at the client's verbal or written request, when a signed signature page from an inROADS application is not received or when he refuses to sign the application form; or
  - To deny the application when at least one eligibility requirement is not met or the client has failed to establish eligibility.
- The client is notified of the action taken.
- The client receives his initial benefit, if eligible.

#### N. COMMUNICATION WITH SSA

Each CSM is responsible for appointing a contact person to communicate with a contact person in the local SSA Office. This contact person does not interpret policy, but works out communication problems and any problems dealing with the completion and forwarding of forms, including those involved in the joint application process for **SNAP** benefits. The Department's contact works directly with the contact from SSA.

Any matters that cannot be worked out between the local office and the SSA contact person are referred to a DFA Policy Unit and to the SSA District Office by the appropriate staff.

## 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.