

**EXAMPLE:** The participant is required to complete 128 hours in a core activity. He actually participates 103 hours in JR and will receive 8 hours for federally designated holiday. Attached to his time sheet were 2 doctor's statements for 8 hours of excused absences. Hours will be entered on WPSC as follows:

Component	Scheduled Hours	Completed Hours	Monthly Excused Hours	Monthly Holiday Hours
JR	128	103	8	8

RAPIDS will divide each of these entries by 4 since this is a non-paid work component.

$103 \div 4 = 25.75 = 26$	average hours/week attended
$8 \div 4 = 2$	average hours/week excused absence
$8 \div 4 = \underline{2}$	average hours/week for federal holidays
30	weekly average

### 3. Case Recordings

Appropriate case recordings in CMIC are required in documenting participation hours for Work-Eligible Individuals and how support service payments are calculated (Example, transportation).

### 4. System Coding Of Participation Hours

Participation hours for months in which WV WORKS benefits were received must be entered in RAPIDS Work Programs screen WPSC as soon as possible but no later than **the last day** of the following month. The Worker must be certain to enter the hours of participation for the correct month.

For entry of participation hours after the deadline, please refer to the RAPIDS Work Programs Desk Guide, "Expansion of Component Entry and Work Hours Entry Deadlines".

## D. DISABILITY/INCAPACITY – DEFINITION ONLY FOR MINIMUM PARTICIPATION RATE

**NOTE:** The following definitions are used to determine the family's minimum hour of participation, i.e., whether or not there is a disabled or incapacitated parent. See item A above. Meeting either definition does not automatically exempt the family or individual from the 60-month or 24-month time limits described in Section 15.6 and 15.7.

Disability and incapacity for a Work-Eligible Individual may be established with or without a physician's statement as follows:

1. Establishing Disability Without A Physician's Statement

When the disability is obvious to the Worker, no verification is required. The Worker must record his findings and the reason for his decision.

If the disability is not obvious to the Worker, disability may be established according to other criteria below. If disability cannot be established according to this item (1), see item 2 below.

- The individual receives benefits from a governmental or private source, and these benefits are based on his own illness, injury or disability.

This includes, but is not limited to: Workers' Compensation, RSDI, SSI, Veteran's Administration (VA) benefits, Black Lung benefits, Medicaid (incapacity, blindness or disability), private insurance, sickness benefits, etc. However, if any of these conditions are questionable, such as a low percentage disability for VA benefits, a physician's statement may still be required.

For SSI and RSDI purposes, being certified for these benefits (approved, but not yet receiving payment withheld to repay, etc.) is **the same as** receiving them.

- The individual is a veteran with a service-connected or non-service connected disability, rated or paid as total, under Title 38 of the United States Code.
- The individual is a veteran who is considered by the VA to be in need of regular aid and attendance, or permanently housebound, under Title 38 of the United States Code.
- The individual is a surviving spouse of a veteran and is considered by the VA to be in need of aid and attendance, or permanently housebound, under Title 38 of the United States Code.
- The individual is a surviving child of a veteran and is considered by the VA to be permanently incapable of self-support, under Title 38 of the United States Code.
- The individual has one of the following conditions:
  - Permanent loss of use of both hands, both feet or one hand and one foot

- The length of time the condition is expected to last. This is required only to set a control for reevaluation; there is no durational requirement for which the condition must exist or be expected to exist.

c. Making the Determination

Once the necessary information is received, the Worker makes the determination based on the following guidelines:

- If the condition is one listed in Appendix D of Chapter 12 as a guideline for presumptively approving an AFDC Medicaid or AFDC-Related Medicaid case, disability is established. No durational time limits are imposed.
- Any other condition must impose limitations on the client's normal way of life. For example, a case of hypertension, requiring only a special diet and daily medication, does not substantially alter an individual's way of life, since eating is part of his daily routine, and taking medication does not significantly interrupt normal activities. However, a diagnosis of hypertension requiring daily medication, special diet, frequent rest periods and avoidance of stress substantially limits a normal lifestyle.

3. Establishing Incapacity

The definition of incapacity and the procedures for making the determination that are found in Section 12.3,C apply here.

E. LIMITATIONS ON DATA SYSTEM ENTRIES

The following limits must be used when entering hours of participation for Work-Eligible Individuals in RAPIDS.

- Job Search - Limited to entries of **161** hours/month unless the client is able to document more hours. Job Search activities include, but are not limited to, time spent on: travel, making phone calls, interviews, completing employment applications, preparing resumes, etc.
- Truckers - Limited to entries of **261** hours/month, unless the client is able to document more hours.
- Paid In-Home Care Providers - Limited to entries of **175** hours/month, even when 24-hour care is needed.