

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 **SNAP** 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 **in RAPIDS**. 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 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 **SNAP** 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

- Conducts a home visit or a work/activity-site visit a minimum of once each 12 months for cases requiring a PRC.

This case management process provides for substantial flexibility in administration of the work component of WV WORKS, but the mandates must be met for each Work-Eligible Individual to meet a work requirement and for the State to meet and maintain an established participation rate. The Worker has the discretion to tailor the work requirements to the needs and goals of each family. Therefore, there are no mandatory procedures or processes that must be applied to each family. Instead, the Worker's reasonable and appropriate guidance and discretion are used to assist the client in accepting personal responsibility and achieving self-sufficiency.

Self-sufficiency is defined as being able to provide for the family's basic needs without relying on WV WORKS monthly cash assistance. It is recognized that some families will not be able to become completely self-sufficient. For these families the goal is to reduce the reliance on cash assistance as much as possible and to find additional resources before the family reaches the 60-month lifetime limit.

B. ASSESSMENT

The assessment of the Work-Eligible Individual's goals, skills, needs and challenges naturally centers on the participant. However, any assessment completed must be a family assessment since the participant is part of the family and is often considered head of the family. In addition, making life better for the family can be a motivational factor in the case management process. Assessment begins at application and does not end until case management stops.

If the applicant indicates he is disabled or has a disability as outlined in Section 1.25, the Worker must use the DFA-WVW-ADA-1 to make any appropriate referrals to agencies that may be able to provide appropriate services to the participant. The DFA-WVW-ADA-1A is completed to follow-up on the referral and records the outcomes and services received. The DFA-WVW-ADA-1A is placed in the client file.

A Family Assessment means evaluation of work skills, prior work experience, employability, education and challenges to becoming self-sufficient, such as, but not limited to, mental and physical health issues, lack of transportation and child care.

An in-depth assessment is necessary to discover the client's challenges to meeting his goals and to develop plans to overcome them.

The assessment is limited to producing information useful to both the client and the Worker in evaluating the client's challenges and in meeting his goals.

Rather than being a fixed process with mandated procedures, assessment is an ongoing activity. As the client's circumstances change, his goals and/or challenges may change, resulting in changes in the actions or activities necessary for him to succeed.

The assessment process necessarily includes a series of interviews/conversations with the client. It may also include educational and/or aptitude/interest testing and interpretation of this information; identification of the client's skills, abilities and interests; use of community resources; and research into possible employment opportunities.

The following RAPIDS screens record the appropriate assessment results. Entries on these screens are mandatory.

- Education and Testing Assessment
- Employment History
- **Self-Sufficiency Goals**
- Job Readiness Assessment

The WV WORKS Self-Sufficiency Appraisal Form, OFA-WVW-3A, is essential to the assessment process and its use is mandatory for all Work-Eligible Individuals. The purpose of the form is to gather pertinent information about the client: work experience, what type of work the client desires, educational background, family information and family support system, individual and family health, client's finances, life situations, and goals. This information, along with testing and other assessment information, is used to negotiate the client's Self-Sufficiency Plan (Part 2, PRC). It is expected that the Self-Sufficiency Plan (SSP) will be a step-by-step plan to lead the client toward his goal of self-sufficiency.

In order to gain as much information as possible prior to negotiation of the first full SSP, a home visit is required within 45 days of the date of application. At a minimum, the Worker must review the completed appraisal form with the client during the home visit. The first full SSP and the appraisal form must also be completed within 45 days of the date of application, so the home visit must not be delayed until the last day.

The form is designed for either the client or Worker to complete and may be completed in the office or at the client's home. Allowing the client to take it home to complete gives him the opportunity to think about his strengths, what he wants to change about his life and what he would like to obtain for himself and his family. If the Worker asks the client to complete the form at home and return it prior to the home visit, there is no penalty for failure to return the self-completed form. Instead, the Worker will take another form to the home visit and complete it at that time.

If desired, the Worker may complete the first full SSP in the client's home during the home visit, after reviewing the appraisal form and all other assessment information.

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 **RAPIDS**.

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

Worker must schedule clients for the appropriate assessment testing whenever possible. Workers making referrals to Workforce WV / BEP must forward copies of clients' TABE scores and Work Keys (if completed.)

The release of information provided by the WV Department of Education Assessment Specialists at the time of the assessment testing (and filed in the WV WORKS record) authorizes the release of this information to the Workforce WV Centers. Release of assessment testing results to other agencies when appropriate requires completion of the OFS-Release-1.

8. Assessment Testing Participation/Support Service Payments

Assessment testing (Learning Needs Screening, Mental Health Screening – EHI, TABE, and Work Keys) administered by the Assessment Specialist in the local office or other designated testing location does not count as participation hours. However, transportation support service payments may be made for assessment testing attendance/completion. For purposes of processing transportation payments for assessment testing, individuals must be placed in component Personal Development (PD). Refer to Section 24.14,C,8 for transportation payment limitations.

9. Substance Abuse

If the client indicates substance abuse problems, referral for evaluation and counseling should be made prior to scheduling assessment testing. Any determination of substance abuse problems is based on statements made by the client, not on the feelings or perceptions of the Worker.

D. DEVELOPMENT OF THE PRC SELF-SUFFICIENCY PLAN

NOTE: See Chapter 1 for information about the PRC as an eligibility requirement and about completion of an initial SSP and the first full SSP.

RAPIDS screen **Self-Sufficiency Plan allows** for the recording and printing of Part 2 of the PRC.

The PRC is a document that consists of 2 parts. Part I contains information and requirements applicable to all Work-Eligible Individuals who are required to sign it. Part II is the Self-Sufficiency Plan which is the result of negotiations between the client and the Worker. The Self-Sufficiency Plan (SSP) is subject to renegotiation throughout the household's receipt of cash assistance. Initial and ongoing assessment produces information that allows the Worker to provide reasonable guidance to the client to attain his goals and forms the basis of the Plan.

The promotion of self-sufficiency is accomplished primarily through the use of the SSP. The SSP is completed during a negotiation between the Worker and the adult(s) and/or emancipated minor(s) in each AG or non-recipient Work-Eligible Individual. During the negotiation, the client must be encouraged to provide information about his goals for becoming self-sufficient and the means by which his goals may be achieved. If the client does not have defined self-sufficiency goals, the Worker must encourage him to consider such goals in consultation with his family before the PRC is updated. The Worker must explore all of the desires and work goals presented by the client to determine which are possible, which can be accomplished with the resources available to the client and to the Department, which can be accomplished in an appropriate time and, ultimately, which is most likely to result in self-sufficiency for the client. In addition, the Worker must explore other possibilities not presented by the client and offer these to the client as alternatives. At all times, the Worker is expected to balance the client's wishes with his need to achieve self-sufficiency and the Department's goal of meeting federally-established participation rates.

All requirements listed on the SSP must be reasonable and appropriate for the individual client.

The SSP must be specific enough to provide direction for the client and must reflect careful analysis of the client's needs and potential. It must also be flexible enough to change as opportunities and situations warrant. Changes in occupational goals or activities to meet the client's work requirement require revisions to the SSP. Each time the SSP is revised on a paper form, the client and the Worker must initial and date the changes. When a new SSP is completed, both must sign and date the form.

The client must be provided with a copy of the SSP each time a new one is completed or a revision is made to an existing one.

The SSP outlines the objectives and the steps needed to achieve self-sufficiency, as well as a time frame for the completion of program requirements. Specific duties are required.

It may be possible for the client to achieve self-sufficiency without a document defining specific activities. However, clarifying goals and actions to reach the goals helps the client and Worker to focus on the most appropriate actions. This makes their efforts more productive. Although the primary concern should be the development of a meaningful SSP, the form itself is helpful to the client in understanding the expectations. Committing the plan to writing also helps the Worker be more specific about his responsibilities. By signing the PRC, each party agrees to fulfill his respective responsibilities.

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 **comments** 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, PL period, or EAP participant, 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 or 24.16. 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. VOCATIONAL EVALUATIONS

Additional testing, assessments, and evaluations may be necessary for WV WORKS participants with physical and/or mental disability issues in order to determine appropriate placements in training and employment. Referrals to the Division of Rehabilitation Services (DRS) or an alternate approved provider, for vocational evaluations for WV WORKS participants is made when a participant meets one or more of the following conditions:

- Determined unable to work for more than six months due to a physician's statement;
- Determined incapacitated for WV WORKS by MRT and a referral to DRS is indicated on the ES-RT-3; or
- Scores below a 6th grade level in reading on the Test for Adult Basic Education (TABE) and who scores 12 and above in Sections A–D of the Learning Needs Screening or answers “yes” to question #13 in Section D.

All WV WORKS participants who meet the criteria listed above can be referred to DRS or an alternate approved provider, unless the Worker and the Supervisor determine there are documented and verified circumstances which prevent the effective administration and completion of the vocational evaluation. Appropriate documentation must be provided and corresponding case comments must be made in CMIC. These circumstances must be reviewed monthly.

NOTE: There may be a limit to the total number of vocational evaluations in each DHHR Region that can be completed during the contract period. When the maximum number of completed vocational evaluations under these contracts is reached, the local offices are notified. The Worker must indicate in **Work Program comments** a referral to the contractor for the participant cannot be made and may be scheduled later.

Priority for referrals must be given first to those not in an activity. If the individual is already employed or is in an activity which will likely lead directly to employment (example: full-time vocational training, college, etc.), then a referral for a DRS vocational evaluation is not appropriate.

1. Vocational Evaluation Referral Process

Referrals to the vocational evaluation provider are made by completing form DFA-WVW-80 which must be signed by the WV WORKS Supervisor. The original goes to the provider and a copy is filed in the client's case record. A copy is given to the client. Alternate locations for vocational

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.