

1.1 INTRODUCTION

This Chapter describes the application and redetermination processes for the Supplemental Nutrition Assistance Program (SNAP - formerly known as the Food Stamp Program), WV WORKS and all Medicaid coverage groups, except those related to long-term care. See Chapter 17. Also included is specific information about each benefit.

General requirements that are not specific to any Program or coverage group are included together. The general section is followed by a section describing all of the Department's application forms. Policies and procedures specific to each Program or coverage group are also included.

Data entry instructions for all programs are in the RAPIDS User Guide.

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 (**DFA**). Every person must be afforded the opportunity to apply for all Programs on the date he expresses his interest.

Certain programs, such as CDCS, MR/DD and HCB Waiver, require a medical and/or other determination by a community agency or government division other than DFA and a financial determination by an Income Maintenance Worker. When an applicant's medical eligibility for, or enrollment in, these programs is pending, he must not be refused the right to apply, but must be evaluated for any or all DFA programs.

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn, approved for a DCA payment, or held pending additional information, the AG must not be required to make a separate application for SNAP benefits.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 DFA-2, form DFA-5 must be signed by the applicant and filed in the record with the DFA-2 after it is printed. He must not be required to return to the office to sign the DFA-2 when the DFA-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. **Certain programs, such as CDCS, MR/DD and HCB Waiver, require a medical and/or other determination by a community agency or government division other than DFA and a financial determination by an Income Maintenance Worker. When an applicant's medical eligibility for, or enrollment in, these programs is pending, he must not be refused the right to apply, but must be evaluated for any or all DFA programs.** 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

Application/Redetermination Process

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 Voter Registration Services

The National Voter Registration Act of 1993 (NVRA), also known as the Motor Voter Act, is a federal civil rights law that requires public assistance agencies to provide voter registration services. A voter registration application and declination form must be provided at any point a client engages in an application, recertification, or reports a change of address in conjunction with benefits. When an application, recertification or

change of address is submitted via any method other than a face-to-face contact with a Worker, a voter registration application and a declination form must be mailed to the client.

West Virginia election laws require that the Department of Health and Human Resource offices provide voter registration services in conjunction with the following benefits:

- WV WORKS
- SNAP
- Low-Income Energy Assistance Program
- Medicaid

Workers must provide the same level of assistance with voter registration applications as they would with any other agency form or service. This includes reviewing the voter registration application to ensure all required fields are completed and answering any questions the client may have. Workers must submit all completed declination forms, including those marked “yes”, “no”, or those left blank by the client, and voter registration applications to their county NVRA Coordinator.

See Appendices F & G for Worker and County Coordinator responsibilities.

The Bureau for Children and Families (BCF) State Coordinator shall oversee reporting and compliance of voter registration services. A list of responsibilities assumed by the BCF State Coordinator may be found in Appendix H.

The BCF State Coordinator may be contacted at (304) 558-8290

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5. 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.

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.

Certain programs, such as CDCS, MR/DD and HCB Waiver, require a medical and/or other determination by a community agency or government division other than DFA and a financial determination by an Income Maintenance Worker. When an applicant's medical eligibility for, or enrollment in, these programs is pending, he must not be refused the right to apply, but must be evaluated for any or all DFA programs.

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.

5. 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.

NOTE: Certain programs, such as CDCS, MR/DD and HCB Waiver, require a medical and/or other determination by a community agency or government division other than DFA and a financial determination by an Income Maintenance Worker. When an applicant's medical eligibility for, or enrollment in, these programs is pending, he must not be refused the right to apply, but must be evaluated for any or all DFA programs.

- Ensure the client is given the opportunity to apply for all of the Department's Programs on the date that he expresses an interest.

Application/Redetermination Process

- 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.

NOTE: Certain programs such as, CDCS, MR/DD and HCB Waiver, require a medical and/or other determination by a community agency or government division other than DFA and a financial determination by an Income Maintenance Worker. When an applicant's medical eligibility for, or enrollment in, these programs is pending, he must not be refused the right to apply, but must be evaluated for any or all DFA programs.

- Reviewing the DFA-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.