

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 **or receipt of an application through the SSA's data exchange**. 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.

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.

3. Applications Made In Person Or By Mail Initiated From The SSA's Low Income Subsidy (LIS)/Medicare Premium Assistance (MPA) Data Exchange

The SSA exchanges LIS data files with the Department to process the LIS applicant's request for MPA. The client files are considered applications for MPA. RAPIDS issues the DFA-QSQ-1 to these potential recipients of MPA. If the MPA applicant has had no case in RAPIDS in the last 30 days, RAPIDS designates a sending county based on the applicant's address in the LIS file. When the designated county is not the county of the client's residence, but the

DFA-QSQ-1 is returned to the sending/incorrect county, that county is responsible for processing the DFA-QSQ-1 and responding to all applicant inquiries related to the application until an eligibility decision is determined. When application processing is complete, the case is transferred to the correct county, the DFA-QSQ-1 is forwarded, and the receiving county is notified electronically of the transfer.

NOTE: Differences in the processing of the DFA-QSQ-1 applications initiated from the SSA's LIS/MPA data exchange are found in Section 1.15.

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.

NOTE: Certain programs, 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.

- 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 DFA-HV-1 may be left at the client's home, after the first attempt, to advise the client of a return visit. If the DFA-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, inROADS **AND APPLICATIONS INITIATED FROM THE SSA's LIS/MPA DATA EXCHANGE** 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.

If the individual expresses an interest in Medicare Premium Assistance (MPA) when he applies for the Low Income Subsidy at the SSA, an application is mailed to him when the LIS/MPA data exchange containing his file is received by RAPIDS.

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.

NOTE: The date of application for a DFA-QSQ-1 submitted in person or by mail, that was initiated from the SSA's LIS/MPA data exchange is the LIS application date.

- 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 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. Applications Submitted from the SSA's Low Income Subsidy (LIS)/Medicare Premium Assistance (MPA) Data Exchange

Applications for benefits include MPA only. The following, outlines special procedures associated with the Medicaid Improvements for Patient and Providers Act (MIPPA) process.

a. LIS/MPA Data Exchange with RAPIDS

When an individual applies for LIS prescription drug assistance at the SSA and expresses an interest in MPA, he is considered to have made an application for QMB/SLIMB/QI-1 on that date. LIS files are sent daily, Monday through Friday with the exception of federal holidays, to RAPIDS through data exchange. The Worker receives a DXRL alert when a client's file is received and can access the LIS application information on the DX screens.

b. RAPIDS' Response to the LIS Data Exchange

When a LIS file is received, RAPIDS determines if the applicant is a MPA recipient, a recipient of other DFA program benefits, or is unknown to the data system and responds accordingly.

- When the LIS/MPA applicant is a current MPA recipient, no action is taken by RAPIDS nor required by the Worker.

EXCEPTION: When the LIS application date is prior to the beginning date of coverage in the active MPA AG, backdated eligibility must be considered and provided if applicable. See Section 1.15, items J and M.

EXAMPLE: Mr. Jacobs applies for the LIS at the SSA on October 29, 2010 and expresses an interest in MPA. This is his LIS/MPA application date. He visits his local office on November 1, completes a DFA-QSQ-1 and is approved for QI-1 with backdated coverage to August 2010. The LIS/MPA data exchange is transmitted November 2, 2010. The Worker checks her DXRL alerts and finds Mr. Jacob's LIS application date is October 2010. She takes corrective action and backdates Mr. Jacobs' beginning date of coverage to July 2010, if otherwise eligible.

- When the LIS/MPA applicant is a recipient of other programs, or known to the data system, RAPIDS issues a DFA-QSQ-1. No action is required by the Worker.
- When the LIS/MPA applicant is unknown to the data system, RAPIDS issues a DFA-QSQ-1. No action is required by the Worker.

The DFA-QSQ-1 is issued to the address in RAPIDS if there has been an active AG in the last 30 days. Otherwise, the DFA-QSQ-1 is issued to the LIS file address.

If there are differences in the addresses, DX displays a discrepancy indicator.

NOTE: The next business day after RAPIDS receives SSA's LIS data, the data system issues a DFA-QSQ-1. If the DFA-QSQ-1 is not returned within 31 days from the date RAPIDS received the LIS file, RAPIDS sends a denial notice. No action is required by the Worker.

If the DFA-QSQ-1 is returned, it is processed in accordance with Section 1.15.

NOTE: See Section 1.2,H,3 regarding when the DFA-QSQ-1 is returned to a county other than where the client resides.

See RAPIDS User and Desk Guides for additional information about the MIPPA application process.

7. 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.

8. 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.

EXCEPTION: When RAPIDS determines a LIS/MPA applicant is a current MPA recipient, no notice is sent.
- 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.

NOTE: The Worker must not contact the SSA regarding LIS files received through data exchange. Different eligibility criteria are used by the SSA and the Department. The Worker may issue a RAPIDS verification checklist or a DFA-6 if information in the LIS file and the Department's records differ and must be reconciled.