

1. Approvals

The application is approved for Medicaid to cover the prior period. The medical card is mailed to the local office and is rewritten for the correct POE and mailed to the client. For a spenddown case, verified medical expenses, old unpaid bills prior to the POC, or paid and unpaid bills incurred during the POC, are used as spenddown expenses.

A manually written medical card for the correct POE is mailed to the client.

2. Denials

When the Worker determines that the case does not meet spenddown in the prior period, the application is denied and the client notified using the ES-NL-A.

3. Closures

Advance notice requirements apply. When the 13-day advance notice of closure is not required, the procedure is as follows:

If a card will be generated, the address of the county office is entered in ACCH.

A closure is transmitted immediately following the approval or spenddown transaction.

When the card is received in the county office, the Worker must destroy it and manually issue a medical card to reflect the prior POE. The Supervisor initials the card and either mails it or gives it to the client. It is the client's responsibility, or that of the individual who is acting on his behalf, to take the card to medical providers.

F. CHANGING COVERAGE GROUPS AND REDETERMINATION PERIOD

**When one coverage group is closed and another opened, the AG may be assigned a new certification period.**

## 1.25 WV WORKS

When WV WORKS applicants are also SNAP and/or Medicaid applicants, requirements in 1.2 and 1.4 also apply to the SNAP portion of the case and the requirements in Sections 1.2, 1.6 - 1.22 apply to the Medicaid portion.

### A. APPLICATION FORMS

A DFA-2 is used.

**NOTE:** When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG or non-recipient Work-Eligible Individual must not be required to make an additional application for SNAP. SNAP eligibility must be determined based on the information provided for the other programs.

### B. COMPLETE APPLICATION

The application is complete, when the client signs a DFA-2 or DFA-5 which contains, at a minimum, his name and address.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the DFA-2, Form DFA-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed DFA-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the DFA-2 when the DFA-5 has been signed.

An application is considered incomplete when the client chooses not to sign the DFA-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording in Case Comments must specify that the client did not want to sign the application and the reason for his decision. The client must be encouraged to sign the application so there is no misunderstanding that he was denied the right to apply.

### C. DATE OF APPLICATION

The date of application is the date that the DFA-2, which contains, at a minimum, the applicant's name and address, is signed. Benefits are prorated from the date of application when all other eligibility requirements are met.

If a household which became ineligible due to a lump sum payment requests recomputation, the date of application is the date of the request.