

2.1	INTRODUCTION	1
A.	GENERAL SOURCES OF INFORMATION	1
B.	PROCEDURES FOR COUNTY TRANSFERS AND AG CLOSURES	2
1.	County Transfers.....	2
2.	AG Closures	3
C.	WV WORKS AND MEDICAID PROCEDURES FOR ADDING NEWBORN CHILDREN	5
D.	VOTER REGISTRATION PROCEDURES.....	6
2.2	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS	7
A.	SOURCES OF INFORMATION	7
B.	REPORTING REQUIREMENTS	8
1.	Limited Reporting	8
2.	Changes Acted On For SNAP AG's	10
3.	Unclear Information	10a
4.	Timely Reporting And Follow-Up.....	11
5.	Contract Reviews and Determinations for 24-Month AGs	12
C.	AGENCY TIME LIMITS.....	12c
1.	Increase In Benefits.....	12c
2.	Decrease In Benefits	13
D.	TYPES OF CHANGES.....	13
1.	Change In Case Name	13
2.	Change In EBT Authorized Cardholder	14
3.	Change In Categorical Eligibility	15
4.	Change In AG.....	15
5.	Change In Income	15
6.	Change In Work Requirement Status.....	15
7.	Cost-Of-Living Increases In Federal Benefits	16
8.	Change of Address.....	16
9.	Continuation of Benefits	16
10.	Complaints Regarding Trafficking SNAP Benefits	17
11.	SNAP Benefits Returned To EBT Account	17

The Case Maintenance Process

12.	Grant Level Expungement	18
13.	EBT Cards Received In The Local Office	19
E.	CORRECTIVE PROCEDURES	21
1.	Restoring Lost Benefits	21
2.	When Lost Benefits Are Not Restored	21
3.	Time Limits For Restoring Benefits	22
4.	Corrective Actions To Restore Benefits.....	24
5.	How Benefits Are Restored	24
6.	SNAP Benefits Returned to the State Office	25
2.3	RESERVED FOR FUTURE USE.....	39
2.4	MEDICAID	40
A.	SOURCES OF INFORMATION	40
B.	REPORTING REQUIREMENTS.....	40
C.	AGENCY TIME LIMITS.....	40
D.	TYPES OF CHANGES.....	41
1.	Change In Case Name	41
2.	Change Of Address.....	41
3.	Change In The Assistance Group, Needs Group Or Income Group	41
4.	AG Closures	42
5.	Cost-Of-Living Increases In Federal Benefits.....	43
E.	CORRECTIVE PROCEDURES	43
1.	Reimbursement For Out-Of-Pocket Expenses	43
2.	Holding The Medicaid Card	44
3.	Procedures For Cards Which Are Returned, Incorrect Or Not System-Issued.....	44
4.	Incorrect Eligibility Dates	45
2.5	AFDC MEDICAID	46
2.6	DEEMED AFDC MEDICAID RECIPIENTS.....	47
A.	EXTENDED MEDICAID	47
B.	ADOPTION ASSISTANCE.....	47