

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.

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

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.
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- The Civil Rights Restoration Act of 1987
- The Food and Nutrition Act of 2008
- USDA Departmental regulation 4330-2
- USDA Regulation, 7CFR Part 16.

Federal law protects individuals with a disability and defines that as a person who has;

- a physical or mental impairment that substantially limits one or more of the major life activities of that individual; or
- a person who has a record of such an impairment; or
- a person who is being regarded as having such an impairment.

There are two key issues regarding discrimination against people with disabilities:

- Individualized treatment: Individualized treatment requires that individuals with disabilities be treated on a case-by-case basis, based upon facts and objectivity. Such individuals may not be treated differently on the basis of generalizations or stereotypes.
- Effective Opportunity and Access: Effective opportunity and access means that individuals must be given the same access and opportunities to programs of assistance as individuals who do not have disabilities.

Federal law also protects individuals with Limited English Proficiency (LEP) and defines that as;

- Individuals who do not speak English as their primary language; and
- have a limited ability to read, speak, write, or understand English.

It is the responsibility of the Worker to consider whether a person may have a special need, and how that may affect his ability to comply with rules, fill out forms, attend scheduled appointments,

etc. If the Worker determines that a person has a disability or LEP and that affects his ability to comply, the Worker has the authority to make reasonable modifications or accommodations to ensure that the person receives equal access to all programs and services. Any evidence must be documented in the case record and in Case Comments.

A flag must be entered to alert the Worker that an accommodation may be needed and also to track cases for Federal reporting requirements.

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.

b. Methods and Examples of Accommodations

At this time West Virginia does offer the following methods of accommodations to all applicants and recipients:

- Sign Language Interpretation

WV Commission for Deaf and Hard of Hearing
(304) 558-1675
Contact Person: Roy Forman

There is a directory which contains a list of certified and approved sign language interpreters.

- Visual Impairment Services

All general public information should be made available in accessible formats such as large print, cassette recording, computer diskette and Braille. Public entities are responsible for providing these upon request, unless doing so causes an undue burden. Public entities are prohibited from charging a fee for auxiliary aids and services.

C. APPLICATION REGISTER AND OTHER COUNTY CONTROLS**1. Application Register**

Each local office must maintain a register of applications on Form **DFA-15**, Application Log, or a similar method, containing at a minimum, the same information on the **DFA-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.

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, **the** printed application 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 **application has been signed electronically or 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

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. **Some** 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

Application/Redetermination Process

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 **or telephone** interview, **if required.**
 - **If he wishes, he may complete the inROADS application process, if applicable.**
- 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 **DFA-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

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 **RAPIDS** and the Client Registration process completed, leaving the filing date (application date) blank. This establishes the RAPIDS RFA date. **The applicant will have the option to electronically sign the application or to submit a signed signature page. When the applicant chooses not to submit the application with an electronic signature, the signed signature page must be submitted within 30 days from the RFA date.** 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 **without an electronic signature** 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.

b. **Electronic Signature**/Signature Page

Individuals submitting applications using inROADS will have the option to electronically sign the application. The applicant is not required to submit an original signed signature page with an electronic signature.

When an individual submits his application using inROADS **without an electronic signature**, 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. 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 **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 **and citizenship** 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.

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/or citizenship** 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 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.

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.

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 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 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.

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.

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 **individual's** verbal or written request, when **he chooses not to sign electronically and did not submit** a signed signature page from an inROADS application 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.