

1.1	INTRODUCTION	1
1.2	GENERAL INFORMATION	2
A.	APPLICANT AND POTENTIAL APPLICANT'S RIGHTS	2
1.	Right To Apply	2
2.	Right To Information	2a
3.	Right To Consideration For All Programs	2a
4.	Right To Voter Registration Services.....	3
5.	Right to Fair and Equitable Treatment of Applicants and Recipients	4
B.	OVERVIEW OF THE ELIGIBILITY DETERMINATION PROCESS	4f
1.	Application Process	4f
2.	Redetermination Process	4f
3.	Case Reviews and Case Maintenance	5
4.	Resource Development	5
C.	APPLICATION REGISTER AND OTHER COUNTY CONTROLS	6
1.	Application Register.....	6
2.	Home Visit Register	6
D.	WORKER RESPONSIBILITIES	6
E.	CLIENT RESPONSIBILITY	9
F.	APPLICANT RECEIVES BENEFITS FROM ANOTHER STATE	10
G.	CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE.....	11
H.	WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT COUNTY OFFICE	11
1.	Applications Made In Person Or By Mail	11
2.	Applications Submitted By Use Of inROADS	12
3.	Applications Made In Person Or By Mail Initiated From The SSA's Low Income Subsidy (LIS)/Medicare Premium Assistance (MPA) Data Exchange	12
I.	GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW.....	12a

J.	HOME VISITS	13
K.	MAIL-IN, inROADS AND APPLICATIONS INITIATED FROM THE SSA's LIS/MPA DATA EXCHANGE AND REDETERMINATIONS	14
1.	Applications Submitted By Mail	14
2.	Applications Submitted By inROADS	16
3.	Applications Submitted By inROADS From A Community Partner	16a
4.	Electronic Signature	16b
5.	RAPIDS INBX Indicators for inROADS	16b
6.	Applications Submitted From the SSA's Low Income Subsidy (LIS)/Medicare Premium Assistance (MPA) Data Exchange	16c
7.	Redeterminations Submitted by Mail	16d
8.	Redeterminations Submitted by inROADS	16e
L.	CLIENT NOTIFICATION, WRITTEN AND VERBAL	16e
M.	COMPLETION OF THE APPLICATION PROCESS	16f
N.	COMMUNICATION WITH SSA	16f
O.	DOMESTIC VIOLENCE ASSISTANCE	17
P.	DETERMINING RACE AND ETHNICITY FOR FEDERAL REPORTING	17
1.	Race	17
2.	Ethnicity	18
1.3	APPLICATION FORMS	19
A.	DFA-2 and inROADS	19
1.	DFA-2	19
2.	DFA-2 Shelf Document	20
B.	DFA-RR-1	20
C.	DFA-QSQ-1	20
D.	WV-KIDS-1	20
E.	DFA-RFA-1	21
F.	REAPPLICATIONS NOT REQUIRING A NEW FORM	21

	G.	ADDITION OF ANOTHER BENEFIT TO AN ACTIVE CASE WHEN NEW APPLICATION FORM IS NOT REQUIRED	23
1.4		SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION PROCESS.....	24
	A.	APPLICATION FORMS	24
	B.	COMPLETE APPLICATION	26
	C.	DATE OF APPLICATION	26a

Application/Redetermination Process

D.	INTERVIEW REQUIRED	27
E.	WHO MUST BE INTERVIEWED	28
F.	WHO MUST SIGN.....	29
G.	CONTENT OF THE INTERVIEW	30
H.	DUE DATE OF ADDITIONAL INFORMATION.....	31
I.	AGENCY TIME LIMITS	31
J.	AGENCY DELAYS	32
K.	PAYEE	32
L.	REPAYMENT AND PENALTIES.....	32
	1. Repayment	32
	2. Penalties	32
M.	BEGINNING DATE OF ELIGIBILITY.....	32a
N.	REDETERMINATION SCHEDULE	32a
O.	EXPEDITED PROCESSING	34
	1. Eligibility Requirements.....	34
	2. Screening For Expedited Service	35
	3. Variations In Usual Procedures	35
P.	CLIENT NOTIFICATION	38
Q.	DATA SYSTEM ACTION.....	38
R.	SPECIAL CONSIDERATIONS	38
	1. Joint SSI/FS Application/Redetermination Process	38
	2. Mail-In Food Stamp Applications	41
	3. Categorical Eligibility.....	41
	4. Procedures For Missed Scheduled Interviews	44
S.	APPLICATION/REDETERMINATION VARIATIONS	45
	1. Redetermination Cycle	46
	2. Scheduling Interviews	46

3.	Completion	47
4.	Overdue Redetermination.....	48b
5.	SNAP Waiver of the Face-to-Face Interview	48b
T.	THE BENEFIT	48e
1.	Initial Benefits	49
2.	Ongoing Benefits	49
3.	Electronic Benefits Transfer (EBT)	51
U.	PERSONAL RESPONSIBILITY CONTRACT (PRC).....	54
V.	ORIENTATION.....	54
1.5	RESERVED FOR FUTURE USE	55
1.6	AFDC MEDICAID	56
A.	APPLICATION FORMS.....	56
B.	COMPLETE APPLICATION	56
C.	DATE OF APPLICATION	56
D.	INTERVIEW REQUIRED	56
E.	WHO MUST BE INTERVIEWED	56
F.	WHO MUST SIGN.....	57
G.	CONTENT OF THE INTERVIEW	57
H.	DUE DATE OF ADDITIONAL INFORMATION.....	58
I.	AGENCY TIME LIMITS	58
J.	AGENCY DELAYS	58
K.	PAYEE	58
L.	REPAYMENT AND PENALTIES.....	58a
M.	BEGINNING DATE OF ELIGIBILITY	58a
N.	REDETERMINATION SCHEDULE	59

D.	WHO MUST BE INTERVIEWED AND SIGN THE APPLICATION	70
1.	Poverty-Level Pregnant Woman Age 18 And Over	70
2.	Poverty-Level Pregnant Woman Under Age 18 And Living At Home With A Parent(s).....	70
3.	Poverty-Level Pregnant Woman Under Age 18 And Not Living At Home With A Parent(s)	70
E.	EXPEDITED PROCESSING	70
F.	DUE DATE OF ADDITIONAL INFORMATION	70
G.	AGENCY DELAYS	71
H.	BEGINNING DATE OF ELIGIBILITY	71
1.	Application While Pregnant	71
2.	Application After Pregnancy Ends	71
I.	SPECIAL PROCEDURE	71
J.	CLIENT NOTIFICATION	72
K.	REDETERMINATION SCHEDULE	72
L.	THE BENEFIT	72
1.11	RESERVED FOR FUTURE USE	72a
1.12	CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN.....	73
A.	APPLICATION FORM	73
B.	THE REDETERMINATION PROCESS	73
C.	THE BENEFIT	74
1.	Initial Benefit	74
2.	Ongoing Benefit.....	74
3.	Ending Date Of Eligibility	74

1.14	DEEMED SSI RECIPIENTS.....	79
1.15	QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED INDIVIDUALS (QI-1)	81
A.	APPLICATION FORMS.....	81
1.	Applications Requested By Mail	81
2.	Applications Initiated From SSA's LIS/MPA Data Exchange	82
B.	COMPLETE APPLICATION	82a
C.	DATE OF APPLICATION	82a

D.	INTERVIEW REQUIRED	83
1.	DFA-QSQ-1 or inROADS Application	83
2.	DFA-2	83
E.	WHO MUST BE INTERVIEWED	83
F.	WHO MUST SIGN.....	83
G.	CONTENT OF THE INTERVIEW	83
H.	DUE DATE OF ADDITIONAL INFORMATION.....	84
I.	AGENCY TIME LIMITS	84
J.	AGENCY DELAYS	84a
K.	PAYEE	84a
L.	REPAYMENT AND PENALTIES.....	84a
M.	BEGINNING DATE OF ELIGIBILITY	84a
1.	QMB	84a
2.	SLIMB.....	84b
3.	QI-1.....	84b
N.	REDETERMINATION SCHEDULE	84b
O.	EXPEDITED PROCESSING	84c
P.	CLIENT NOTIFICATION	84c
Q.	REDETERMINATION VARIATIONS	84c
1.	The Redetermination List.....	84c
2.	The Date Of The Redetermination	84c
3.	Scheduling The Redetermination	84d
4.	Completion Of The Redetermination	84d
R.	THE BENEFIT	84d
1.	QMB	84d
2.	SLIMB And QI-1.....	85
3.	Ending Date of Eligibility	85

1.16	QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI)	86
A.	APPLICATION FORMS	86
B.	COMPLETE APPLICATION	86
C.	DATE OF APPLICATION	86
D.	INTERVIEW REQUIRED	86
E.	WHO MUST BE INTERVIEWED	86
F.	WHO MUST SIGN	86
G.	CONTENT OF THE INTERVIEW	87
H.	DUE DATE OF ADDITIONAL INFORMATION	87
I.	AGENCY TIME LIMITS	87
J.	AGENCY DELAYS	87
K.	PAYEE	87
L.	REPAYMENT AND PENALTIES	87
M.	BEGINNING DATE OF ELIGIBILITY	87
N.	REDETERMINATION SCHEDULE	88
O.	EXPEDITED PROCESSING	87
P.	CLIENT NOTIFICATION	88
Q.	DATA SYSTEM ACTION	88
R.	REDETERMINATION VARIATIONS	88
S.	THE BENEFIT	88
1.17	ILLEGAL ALIENS	89
A.	APPLICATION FORMS	89
B.	COMPLETE APPLICATION	89

C.	DATE OF APPLICATION	89
D.	WHO MUST BE INTERVIEWED	89
E.	WHO MUST SIGN.....	89
F.	CONTENT OF THE INTERVIEW	89
G.	DUE DATE OF ADDITIONAL INFORMATION.....	90
H.	AGENCY TIME LIMITS	90
I.	AGENCY DELAYS	90
J.	PAYEE	90
K.	REPAYMENT AND PENALTIES.....	90
L.	BEGINNING DATE OF ELIGIBILITY.....	90
M.	REDETERMINATION SCHEDULE	90
N.	EXPEDITED PROCESSING	91
O.	CLIENT NOTIFICATION	91
P.	DATA SYSTEM ACTION.....	91
Q.	REDETERMINATION VARIATIONS	91
R.	THE BENEFIT	91
S.	ENDING DATE OF ELIGIBILITY	91
1.18	INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX WAIVERS	92
1.19	CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCS)	93
A.	APPLICATION FORMS.....	93
B.	COMPLETE APPLICATION.....	93
C.	DATE OF APPLICATION	94
D.	INTERVIEW REQUIRED	94

E.	WHO MUST BE INTERVIEWED	94
F.	WHO MUST SIGN.....	94
G.	CONTENT OF THE INTERVIEW	94
H.	DUE DATE OF ADDITIONAL INFORMATION.....	94a
I.	AGENCY TIME LIMITS	94a
J.	AGENCY DELAYS	94a
K.	PAYEE	95
L.	REPAYMENT AND PENALTIES.....	95
M.	BEGINNING DATE OF ELIGIBILITY.....	95
N.	REDETERMINATION SCHEDULE	95
O.	EXPEDITED PROCESSING	95
P.	CLIENT NOTIFICATION	95
Q.	DATA SYSTEM ACTION.....	95
R.	REDETERMINATION VARIATIONS	96
1.	The Redetermination List.....	96
2.	The Date Of The Redetermination	96
3.	Scheduling The Redetermination	96
4.	Completion Of The Redetermination	96
S.	THE BENEFIT	96
1.	Retroactive Benefits.....	96
2.	Ongoing Eligibility	96
3.	Ending Date Of Eligibility	96
1.20	AIDS DRUG ASSISTANCE PROGRAM (ADAP)	97
A.	APPLICATION FORMS.....	97
B.	COMPLETE APPLICATION	97
C.	DATE OF APPLICATION	97

D.	INTERVIEW REQUIRED	98
E.	WHO MUST BE INTERVIEWED	98
F.	WHO MUST SIGN.....	98
G.	CONTENT OF THE INTERVIEW.....	98
H.	DUE DATE OF ADDITIONAL INFORMATION.....	98
I.	AGENCY TIME LIMITS	98a
J.	AGENCY DELAYS	98a
K.	PAYEE	98a
L.	REPAYMENT AND PENALTIES.....	98a
M.	BEGINNING DATE OF ELIGIBILITY.....	98a
N.	REDETERMINATION SCHEDULE	98a
O.	EXPEDITED PROCESSING	99
P.	CLIENT NOTIFICATION	99
Q.	DATA SYSTEM ACTION.....	99
R.	REDETERMINATION VARIATIONS	99
S.	THE BENEFIT	99
1.21	AFDC-RELATED MEDICAID	100
A.	APPLICATION FORMS.....	100
B.	COMPLETE APPLICATION	100
C.	DATE OF APPLICATION	100
D.	INTERVIEW REQUIRED	100

E.	WHO MUST BE INTERVIEWED	100a
F.	WHO MUST SIGN.....	101
G.	CONTENT OF THE INTERVIEW	101
H.	DUE DATE OF ADDITIONAL INFORMATION.....	102
I.	AGENCY TIME LIMITS	102
J.	AGENCY DELAYS	102
K.	PAYEE	102
L.	REPAYMENT AND PENALTIES.....	102
M.	BEGINNING DATE OF ELIGIBILITY.....	103
	1. Non-Spenddown	103
	2. Spenddown.....	103
N.	REDETERMINATION SCHEDULE	103
	1. Non-Spenddown	103
	2. Spenddown.....	103
O.	EXPEDITED PROCESSING	103
P.	CLIENT NOTIFICATION	103
Q.	DATA SYSTEM ACTION.....	103
R.	REDETERMINATION VARIATIONS.....	104
	1. Non-Spenddown	104
	2. Spenddown AG's	104
S.	THE BENEFIT	105
	1. Non-Spenddown	105
	2. Spenddown AG's	105
1.22	SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED	107
A.	APPLICATION FORMS.....	107

Application/Redetermination Process

B.	COMPLETE APPLICATION	107
C.	DATE OF APPLICATION	107
D.	INTERVIEW REQUIRED	107
E.	WHO MUST BE INTERVIEWED	108
F.	WHO MUST SIGN.....	108
G.	CONTENT OF THE INTERVIEW	108a
H.	DUE DATE OF ADDITIONAL INFORMATION.....	109
I.	AGENCY TIME LIMITS	109
	1. Application Processing Limits	109
	2. MRT Time Limits.....	109
J.	AGENCY DELAYS	110
K.	PAYEE	110
L.	REPAYMENT AND PENALTIES.....	110
M.	BEGINNING DATE OF ELIGIBILITY.....	111
	1. Non-Spenddown	111
	2. Spenddown.....	111
N.	REDETERMINATION SCHEDULE	111
	1. Non-Spenddown	111
	2. Spenddown.....	111
O.	EXPEDITED PROCESSING	111
P.	CLIENT NOTIFICATION	111
Q.	DATA SYSTEM ACTION.....	111
R.	REDETERMINATION VARIATIONS	112
	1. Non-Spenddown	112
	2. Spenddown.....	112