

1.2 GENERAL INFORMATION

This Section contains general information, applicable to all Programs and coverage groups.

A. APPLICANT AND POTENTIAL APPLICANT'S RIGHTS

In addition to addressing all questions and concerns the client may have, the Worker must explain the benefits of each Program and inform the client of his right to apply for any or all of them.

1. Right To Apply

No person is denied the right to apply for any Program administered by the Division of Family Assistance (DFA). Every person must be afforded the opportunity to apply for all Programs on the date he expresses his interest.

Certain programs, such as CDCS, MR/DD, **TBI** 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.

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn, approved for a DCA payment, or held pending additional information, the AG must not be required to make a separate application for SNAP benefits. SNAP eligibility must be determined using the application already completed.

When it is not feasible for the applicant to be interviewed on the date he expresses his interest, he must be allowed to complete the process at a later date. An appointment may be scheduled for his return, or the client may return at his convenience, depending upon the procedure established by the CSM. The same procedure must be used for all applicants within the county. If a follow-up appointment is scheduled and the applicant appears for the interview, he must be seen on that day and not required to return again to complete the application process.

NOTE: SNAP applicants must be given a scheduled interview when it is not feasible to conduct an interview on the date the application is made. Any special needs such as, but not limited to, the applicant's work schedule, must be accommodated.

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, TBI 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.

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, **TBI** 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.

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.

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- Ensure the client is given the opportunity to apply for all of the Department's Programs on the date that he expresses an interest.

NOTE: Certain programs, CDCS, MR/DD, **TBI** 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.