
Specific WV WORKS, AFDC and
AFDC – Related Medicaid Requirements

C. PROVISIONS FOR AN EXTENSION OF THE TIME LIMIT

There are provisions which may allow a family to receive benefits for more than 60 months. There is a limit imposed by the federal government on the percentage of the caseload that is allowed to be exempt from the 60-month requirement.

The limit is 20% of the average monthly number of WV WORKS AG's, minus only the average monthly number of child-only AG's. This number is only valid on a statewide basis. Therefore, the percentage of extensions from county to county may vary greatly.

The Worker must not inform the client that he is, or may be, exempt from the time limit during the 60-month eligibility period, unless written notice of approval has already been received from the 60-Month Extension Committee.

Once an extension is approved, the client must continue to meet the criteria on which the extension was based each month of the extension period. In addition, the individual must be actively engaged in an activity or process designed to further the AG's goal of self-sufficiency, such as pursuing other resources. The Worker may close the case at any time during the extension period when the client fails to follow through on requirements established for receipt of the additional months of WV WORKS. The Worker must continue to monitor the case each month to determine if the client continues to meet the extension criteria identified at the time of the Committee's extension approval. Once the case is closed and the extension ends for failing to meet these requirements, the household is no longer eligible for the extension. The Worker must document the closure and notify the Family Support Policy Unit.

A temporary extension of up to 6 months may be given only once for the adults and emancipated minors in the AG at the time the extension is approved, unless the extension is based wholly or in part on domestic violence. See **Battered Or Subjected To Extreme Cruelty** below.

Once an AG is closed due to receipt of TANF benefits for 60 months, every application that includes an individual who received benefits as an adult or emancipated minor for 60 months is denied. No extensions are approved after AG closure for this reason.

NOTE: Although the 60-month lifetime limit does not apply to a non-recipient Work-Eligible parent, if another parent is included in the AG, the time limit applies to the adult AG members.

EXCEPTION: Victims of domestic violence, who meet the criteria in **Battered Or Subjected to Extreme Cruelty** below, may reapply for WV WORKS after the 60-month closure.

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b. Applications After 60-Month Closure

The Worker may approve applications for individuals who have received 60 months of WV WORKS but who meet the criteria outlined in item a, above. The Worker must notify the Extension Committee of the approval and send a completed extension form for its review.

As in any extension, the Worker must monitor compliance and close the case when the client is no longer following a plan or when the situation has been resolved and domestic violence is no longer an issue. The Worker must notify the 60-Month Committee when the extension of benefits ends.

There is no limit to the number of times a household may reapply and be approved so long as the situation remains unresolved and the client is in compliance.

2. Providing Care For A Relative

For extension purposes, all of the following conditions must be met.

- It must be a single parent household, unless one parent is providing care for the other parent who is disabled; and
- The caregiver would normally be required to meet a work requirement; and
- Is needed at home to care for a disabled family member who resides in the home and is not a full-time student; and
- Medical documentation must be provided to support the need for the parent to remain in the home to care for and monitor the disabled family member; and
- No one else is available to provide this care.
- Such care will not be necessary for more than 6 months, or the family has made other care arrangements that will be completed within 6 months, or the family is attempting to make other care arrangements, including application for HCB or I/DD waiver.

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When such a change has occurred and been verified, or the Hearings Officer has ruled the county must request reconsideration, the Supervisor must notify the Committee over GroupWise that a reconsideration is being requested and include a description of the change, how it was verified, and the recommendation of the Supervisor for approval or denial.

Submission of a request for reconsideration late in the 60-month time limit does not result in an automatic extension. No extension is applied unless the Committee approves an extension prior to case closure at the end of the 60th month, or criteria in [Applications After 60-Month Closure above](#) applies.

The Committee follows the same procedure for a reconsideration of an extension as for an original request. There is no limit on the number of times an extension request may be reconsidered, provided the AG has not received its 60th month of TANF/WV WORKS.

F. FAIR HEARING PROCEDURES

Any client whose request for extension has been denied for any reason may request a Fair Hearing. Benefits, however, may not be extended beyond the 60th month or be reopened following a 60-month closure while a hearing or a decision by the Hearings Officer is pending.

The Hearings Officer may reverse the decision of the Extension Committee and grant an extension of up to 6 months, or he may rule that the Committee must reconsider the request.