

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, I/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NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn, approved for a DCA payment, or held pending additional information, the AG must not be required to make a separate application for SNAP benefits.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, **if an interview is required or requested**, 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, I/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, I/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.

The redetermination process involves basically the same activities described in [Application Process](#) above. Data system changes and client notification of any changes resulting from the redetermination conclude the process.

3. Case Reviews And Case Maintenance

While a redetermination is a required periodic review of total eligibility, a review may be conducted at anytime on a single, or combination of questionable eligibility factor(s).

NOTE: SNAP recipients may be requested, but not required, to complete a face-to-face interview between redeterminations. See Section 2.2 for an explanation of the procedure used when the Worker or Agency needs to clarify information received about the SNAP AG.

The case maintenance process may involve a review or activities that update the Department's information about the recipient's circumstances between the application and first redetermination and between redeterminations. Changes in eligibility or the benefit amount may occur. If so, data system action and client notification of any changes are required.

Some special situations may require a more formal review process. This may be a special procedure to target an error problem.

NOTE: Home visits for SNAP AG's may only be made on case-by-case basis and not because an AG fits an error prone or other profile.

NOTE: See Chapter 2 for detailed information regarding the case maintenance process.

4. Resource Development

Medicaid recipients are responsible for applying for and accepting alternative means of support. This is an eligibility requirement for this Program. See Chapter 5.

WV WORKS recipients are responsible for taking necessary steps to apply for alternate available resources. This resource development is part of the Personal Responsibility Contract. See Section 5.2 for details and exceptions.

SNAP recipients must be encouraged to take advantage of any potential resources that may be available, but failure to apply for or accept such benefits does not affect SNAP eligibility.

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, I/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.

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

When the client discloses a domestic violence situation, extreme caution must be taken to safeguard any information about the individual's location or living situation. The Worker must not contact the individual named as the abuser or his relatives or friends for any information or verification required from the client. The RAPIDS case must be coded with the domestic violence indicator to alert all who access the case about the client's situation. The indicator is coded on ANDA with either of the following:

DA-Domestic Violence Disclosed - Referral Accepted

DR-Domestic Violence Disclosed - Referral Refused

The codes indicate disclosure of domestic violence and whether or not the client accepted a referral to a community domestic violence agency. See Section 13.8.

- Notify the client of the eligibility decision as soon as possible, but at least within the processing time frames for each Program or coverage group.
- Ensure that copies of all pertinent information are placed in the client's case record or given to appropriate staff to file.

NOTE: Copies of any information which involve a domestic violence situation must never be placed in the case record to insure the safety of the client and to insure that the alleged abuser does not gain access to information which may compromise the safety of the client. If it is necessary to maintain records for the purpose of documentation of the situation for a WV WORKS temporary exemption from work requirements, the information must be maintained in a separate file which is secured and available only to Supervisors. Information maintained in a separate file regarding domestic violence may be presented as evidence at a Fair Hearing, so long as the client agrees to use of the information for such purpose.

- Ensure that proper case recordings are made to document the Worker's actions and the reason for such actions.

NOTE: Information about a domestic violence situation or the whereabouts of an individual or family who has left a domestic violence situation for a safer residence must never be recorded in the case record in order to insure the safety of the individual or family. If it is necessary to

make contacts with a domestic violence agency or the Division of Children and Adult Services in conjunction with a temporary exemption from work requirements for WV WORKS, the information must be maintained in a separate file which is secured and available only to Supervisors. Information maintained in a separate file regarding domestic violence may be presented as evidence at a Fair Hearing, so long as the client agrees to use of the information for such purpose.

- Ensure that information about available community resources addressing domestic violence is available to all persons who request it, or who, in the Worker's judgment, may benefit from it. In addition, the Worker must make an immediate referral to the appropriate domestic violence or community agency when the client requests such assistance. When possible, the referral must be made the same day. If the agency cannot make arrangements to see the client the same day, a referral to the Division of Children and Adult Services must be made the same day, if possible.
- Inform the client that he is authorized to receive information and referral services about TANF and other programs offered by the WV DHHR.
- 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. See Section 1.2 to assure compliance with this procedure.

E. CLIENT RESPONSIBILITY

The client's responsibility is to provide information about his circumstances so the Worker is able to make a correct decision about his eligibility. When the client is not able to provide the required verification, the Worker must assist him. The client must be instructed that his failure to fulfill his obligation may result in one or more of the following actions:

- Denial of the application
- Closure of the active AG
- Removal of the individual from the AG
- Repayment of benefits

NOTE: Counting months for which benefits were prorated toward the 3-month limit, is an option for each state. If the client's previous state of residence includes a month of prorated benefits, the Worker asks only for the number of whole months of receipt. Therefore, regardless of the option chosen by the other state, the Worker must not count a prorated month.

If he is residing in an ILC, eligibility must be determined according to Section 9.1. If he is residing in an NILC, the time limit does not apply, but he retains the 36-month period which began in the other state.

- Whether or not the client owes a repayment to any Program

Each Program has specific requirements related to receipt of benefits from other states. Refer to Date of Application under each Program section below.

G. CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE

Prior to data system entry for disposition of another application, the Worker must determine if there is an existing case number for the client.

When an existing case number is found in another county, the Worker must request immediate data system transfer to the client's new county of residence. The case record must be mailed to the new county of residence within 10 working days. The request may be accomplished by memorandum, electronic mail release or by telephone.

H. WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT COUNTY OFFICE

1. Applications Made In Person Or By Mail

The following procedures are used when an applicant mails or makes his application in the office of a county in which he does not reside.

- When a mail-in application is received in the incorrect county office, it 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 form is being mailed.
- If the client visits the incorrect office to apply, the application must be accepted and an intake interview completed. The Worker must complete a system transfer to the correct county office on the date the application is made. The correct county office must be notified

NOTE: Certain programs, CDCS, I/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.

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 [Applications Submitted by inROADS From A Community Partner](#) 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.