

WV WORKS Activities/Requirements

- Ineligible alien due to immigration status
- SSI recipient
- Families with 2 parents included in the WV WORKS payment when one or both parents is incapacitated or disabled according to **Disability/Incapacity – Definition Only For Temporary Good Cause** below;
- Families with 1 parent and 1 stepparent included in the check when they have no common child;
- Families with 1 or 2 non-parent caretaker relatives included in the WV WORKS payment;

The minimum requirements for each group are found below.

Required monthly participation hours listed in this section are minimum hours only. The number of required participation hours must be included on the participant's SSP, in RAPIDS and in Work Program comments. Additional hours of participation may be assigned when appropriate. However, no sanction is applied if the minimum monthly hours are met.

NOTE: For the initial month of benefit receipt, required monthly participation begins the first full week after eligibility has been confirmed. To determine the scheduled hours of participation for the initial month, the remaining business days, Monday through Friday, beginning with the Monday after eligibility is confirmed are used. Actual hours of participation from the participation time sheet. DFA-TS-12, are entered as the completed hours.

For informational purposes, we consider EI, FB, FU, FV, OJ, PB, PU, and PV as paid work components. All other components are considered non-paid work components. For paid work components, RAPIDS will add actual monthly participation hours to the monthly excused absence hours and monthly holiday hours and then divide the result by 4.33. Round that result to obtain the weekly average for TANF reporting purposes. For non-paid work activities, RAPIDS will divide monthly completed hours by 4.33, excused absence hours and holiday hours by 4, and then round the number for each entry. These items will not be added together but will be reported as individual items for TANF reporting purposes.

B. ABSENCES

Workers must determine whether absences are excused or unexcused. Participation for Work-Eligible Individuals is calculated on the actual hours of attendance or participation each month and converted to a weekly average. The following guidelines are used to determine actual hours of attendance/participation for planned school breaks or individual absences.

The Worker records the excused absences as a monthly total and records how the total hours were computed in Work Program comments.

1. Planned School Breaks and Holidays

School breaks are not counted as participation hours. Only Federally designated holidays which occur during the regular school year are counted as participation hours. The participant must have been scheduled to attend on those holidays in order to receive participation credit. See **Holidays** in this Section.

EXAMPLE: A participant is scheduled Monday through Thursday in his activity. A federal holiday falls on a Friday. He must not receive participation credit for this holiday.

2. Individual Absences

This policy establishes the guidelines for the treatment of hours missed in participation under WV WORKS. All missed time whether excused or unexcused, must be made up within the month in which it is missed. When it is impossible to make up time missed, the Worker must decide if the absence is excused or unexcused.

Excused absences of up to 16 hours/month, not to exceed a maximum of 80 hours in the 12-month period, including the current and the preceding 11 months, may be counted as hours worked in that month. The hours worked include the excused hours when participation did not actually occur. An excused absence includes illness or other good cause which prevented participation. It is the responsibility of the Worker to determine if the absence is excused or unexcused based on contact with the employer/contractor and client documentation. A determination of good cause may only be made by the WV WORKS staff.

Excused absences must not be used toward calculating the monthly participation hours, unless the Worker has determined that the absences meet the definition of what may be excused and the participant was scheduled to work that day. The Worker must document in comments why the absences are being excused and how the reason for the absence was verified.

EXAMPLE: Ms. B provides child care for her neighbor's two children, Monday through Friday from 8 a.m. to 5 p.m. The neighbor pays Ms. B \$170 per week. Ms. B claims no business expenses. Ms. B received \$731 pay for August. Her hours of participation are: $\$731 \div \$7.25 = 100.83$ (rounded up to 101 hours.) In this example Ms. B has a work requirement of 128 hours month week; therefore, she must participate in another core or non-core work activity for no less than 27 hours/month.

To receive support service payments, self-employed Work Eligible Individuals must complete and sign a self-reported timesheet, DFA-TS-12, to determine the days actually worked.

College attendance must be verified by provision of a timesheet, DFA-TS-12, signed by the client to determine days and hours of actual attendance.

The calculation of hours of participation for other allowable activities is based on the following process:

- Step 1: Determine the client's total monthly hours of participation, as reported on his timesheet.
- Step 2: Add hours for paid vacation and paid sick leave. Do not include excused absences in this figure.

The result is the monthly participation hours which are entered by the Worker and recorded in Work Program comments.

Time for excused absences as found in Section 24.3, up to 16 hours is entered separately. Time for federally designated holidays is entered separately and is not converted to a weekly average.

For informational purposes, we consider EI, FB, FU, FV, OJ, PB, PU, and PV as paid work components. All other components are considered non-paid work components. For paid work components, RAPIDS will add actual monthly participation hours to the monthly excused absence hours and monthly holiday hours and then divide the result by 4.33. Round that result to obtain the weekly average for TANF reporting purposes. For non-paid work activities, RAPIDS will divide monthly completed hours by 4.33, excused absence hours and holiday hours by 4, and then round the number for each entry. These items will not be added together but will be reported as individual items for TANF reporting purposes. This process is completed for each component separately.

EXAMPLE: Kelly participated 41 hours in JR and 88 hours in VT.

JR = $41 \div 4.33 = 9.46 = 9$

VT = $88 \div 4.33 = 20.32 = 20$

29 hours participation average / week

Disability and incapacity for a Work-Eligible Individual may be established with or without a physician's statement as follows:

1. Establishing Disability Without A Physician's Statement

When the disability is obvious to the Worker, no verification is required. The Worker must record his findings and the reason for his decision in case comments.

If the disability is not obvious to the Worker, disability may be established according to other criteria below. If disability cannot be established according to this item (1), see **Establishing Disability With A Physician's Statement** below.

- The individual receives benefits from a governmental or private source, and these benefits are based on his own illness, injury or disability.

This includes, but is not limited to: Workers' Compensation, RSDI, SSI, Veteran's Administration (VA) benefits, Black Lung benefits, Medicaid (incapacity, blindness or disability), private insurance, sickness benefits, etc. However, if any of these conditions are questionable, such as a low percentage disability for VA benefits, a physician's statement may still be required.

For SSI and RSDI purposes, being certified for these benefits (approved, but not yet receiving payment withheld to repay, etc.) is the same as receiving them.

- The individual is a veteran with a service-connected or non-service connected disability, rated or paid as total, under Title 38 of the United States Code.
- The individual is a veteran who is considered by the VA to be in need of regular aid and attendance, or permanently housebound, under Title 38 of the United States Code.
- The individual is a surviving spouse of a veteran and is considered by the VA to be in need of aid and attendance, or permanently housebound, under Title 38 of the United States Code.
- The individual is a surviving child of a veteran and is considered by the VA to be permanently incapable of self-support, under Title 38 of the United States Code.
- The individual has one of the following conditions:
 - Permanent loss of use of both hands, both feet or one hand and one foot

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- Recipients of annuity payments, under Section 2,(a),(1),(iv) of the Railroad Retirement Act of 1974, who also have been determined eligible to receive Medicare under the Railroad Retirement Act.
- Recipients of an annuity payment, under Section (2),(1),(1),(v) of the Railroad Retirement Act of 1974, who have been determined to be disabled based on the criteria used under Title XVI of the Social Security Act.
- Recipients of benefits from the following Medicaid coverage groups:
 - SSI-Related Medicaid
 - HCB Waiver
 - **I/DD Waiver**
 - **TBI Waiver**

2. Establishing Disability With A Physician's Statement

The following criteria must be met to establish disability when the individual does not qualify according to **Establishing Disability Without A Physician's Statement** above.

a. Definition of Physician's Statement

The term physician's statement means a medical report from a licensed medical professional, including but not limited to:

Physicians, Surgeons, Doctors of Osteopathy, Chiropractors, licensed or certified Psychologist, Nurse Practitioners, etc.

b. Content of the Physician's Statement

Generally, the statement must contain enough information to allow the Worker to determine if the client is disabled. If the physician makes a definite statement that the client is permanently and totally disabled, no further information is needed. Usually, however, the physician describes the situation, and the Worker must make the determination. In these situations, the statement must contain:

- The type of condition, including the diagnosis if known;
- Any unusual limitations the condition imposes on the client's lifestyle; and

- The length of time the condition is expected to last. This is required only to set a control for reevaluation; there is no durational requirement for which the condition must exist or be expected to exist.

c. Making the Determination

Once the necessary information is received, the Worker makes the determination based on the following guidelines:

- If the condition is one listed in Appendix D of Chapter 12 as a guideline for presumptively approving an AFDC Medicaid or AFDC-Related Medicaid case, disability is established. No durational time limits are imposed.
- Any other condition must impose limitations on the client's normal way of life. For example, a case of hypertension, requiring only a special diet and daily medication, does not substantially alter an individual's way of life, since eating is part of his daily routine, and taking medication does not significantly interrupt normal activities. However, a diagnosis of hypertension requiring daily medication, special diet, frequent rest periods and avoidance of stress substantially limits a normal lifestyle.

3. Establishing Incapacity

The definition of incapacity and the procedures for making the determination that are found in Section 12.3 apply here.

E. LIMITATIONS ON DATA SYSTEM ENTRIES

The following limits must be used when entering hours of participation for Work-Eligible Individuals in RAPIDS.

- Job Search - Limited to entries of 161 hours/month unless the client is able to document more hours. Job Search activities include, but are not limited to, time spent on: travel, making phone calls, interviews, completing employment applications, preparing resumes, etc.
- Truckers - Limited to entries of 240 hours/month, unless the client is able to document more hours.
- Paid In-Home Care Providers - Limited to entries of 175 hours/month, even when 24-hour care is needed.
- All other allowable activities are limited to entry at 240 hours per month as completed.