

The DCA benefit is deposited into the EBT cash account.

For applications approved on or after July 1, 2000 the DCA does not count toward the 60-month lifetime limit or the 24-month limit.

Transitional Medicaid is available only when all the requirements in Section 16.5,C are met. Eligibility is not based on receipt of DCA.

DCA payments are not subject to repayment unless fraud is established.

a. Determining Financial Eligibility for the DCA

Financial eligibility for the DCA is determined by comparing the gross, non-excluded, countable income of the AG to 100% of the Standard of Need (SON), based on the number of people in the AG.

If the income is equal to or less than the appropriate SON, the Worker must determine the AG's countable income. See Section **10.24**.

If the countable income is less than the maximum WV WORKS benefit amount for the AG size shown in Appendix A, the AG is eligible for DCA.

b. Determining the DCA Amount

The DCA amount is determined as follows:

- Determine the maximum WV WORKS amount that is payable to a family of the same size. This number does not include a non-recipient Work-Eligible Individual.

NOTE: No incentives or reductions are applied when determining the DCA amount.

- Multiply the amount by 3. This result is the maximum DCA payment which may be issued.
- Determine the amount needed to meet the temporary financial need. The amount may include expenses related to future employment needs and ongoing household expenses.

NOTE: Because payment is limited to one-time-only, the Worker must be certain to include all such needs in this determination. Supplemental payments may not be issued, even if the maximum amount was not used for the first DCA and even if the transaction can be made the same day.

There are 4 additional considerations for the Worker during the negotiation of the Self-Sufficiency Plan, as follows.

1. Initial Self-Sufficiency Plan (SSP)

A full assessment of the family situation is required to complete a valid, long-term Self-Sufficiency Plan (SSP). To prevent a delay in the receipt of benefits to the client, an initial SSP must be completed within 10 days of the initial contact when a client expresses an interest in applying for WV WORKS. It is understood that the initial SSP will not be as comprehensive as subsequent plans.

Prior to completion of the initial Plan, the Worker must explore the following with the participant, at a minimum:

- Does the participant state a disability of any kind? The Worker must code Work Programs with the AD component when the participant has a documented disability.
- Is transportation a problem?
- Is child care a problem?
- Does the participant state family problems would interfere with an activity?

These factors, as well as any other information readily available, must be considered when negotiating the initial SSP.

2. First Full Self-Sufficiency Plan (SSP)

After the assessment process described in Section 24.4,B has been implemented, the Worker is required to complete a full SSP. The first full SSP must be completed and signed within 45 days of the date of application and must be based on information determined through the assessment process, including the information obtained from form OFA-WVW-3A. **When the WV WORKS benefit is re-opened within 3 months of a home visit, a new initial home visit is not required.**

3. Subsequent Changes to the Self-Sufficiency Plan (SSP)

Changes may be made to the SSP when the participant and the Worker agree that changes are appropriate. These changes may be a result of identifying a new impediment to a goal, acceleration of the progress toward self-sufficiency, or on any other change in the client's circumstances. It may also be changed based on the addition of available services to the area or the loss of such services.