6.2 NOTIFICATION OF ACTION TAKEN ON AN APPLICATION

Five (5) forms are used for notifying an applicant of the status of his application. They are the DFA-6, OFS-6A, DFA-NL-6, ES-NL-A, and DFA-20.

The final disposition of the application is reported to the client only on the ES-NL-A or the DFA-NL-6. When the ES-NL-A is used, it must always be accompanied by the DFA-FH-1.

A. DFA-6, NOTICE OF INFORMATION NEEDED; OFS-6A, SPENDDOWN EXPLANATION

The DFA-6 may be used during any phase of the eligibility determination process. At the time of application, it is given or mailed to the applicant to notify him of information or verification he must supply to establish eligibility. When the DFA-6 is mailed at the time of application, the client must receive the DFA-6 within five (5) working days of the date of application.

NOTE: If the client fails to adhere to the requirements detailed on the DFA-6, the application is denied or the deduction disallowed, as appropriate. The client must be notified of the subsequent denial by form ES-NL-A.

This form also notifies the client that his application will be denied or a deduction disallowed, if he fails to provide the requested information by the date specified on the form. The Worker determines the date to enter to complete the sentence, "If this information is not made available to this office by _____..." as follows:

1. SNAP Benefits

The date entered here must be 10 days from the date of issuance.

If information involving an eligibility factor is not provided by the date indicated, and the client has not contacted the Worker to explain the delay, the application is denied using an ES-NL-A. If eligibility is established, but the client does not provide proof of entitlement to a deduction, the deduction is not allowed, but the AG is approved. The ES-NL-A is used for notification of approval.

NOTE: Federal regulations require that the DFA-6 be given to the client no later than 30 days after the date of application. He must also be allowed 10 days to respond to the DFA-6. Benefits retroactive to the date of application must be issued, if the client supplies the needed information within the 30-day time limit.

The section following the Worker's signature must be completed for SNAP AG’s only.

The date entered by the Worker is 60 days from the date of application. When the AG is denied for failure to provide information required to determine eligibility and subsequently provides the requested information within 60 days of the original application, a new DFA-2 is not required. If the information is not provided by the date requested, an ES-NL-A must be sent for denial.

2. WV WORKS

The Worker and the applicant must agree upon the date entered. If the form is mailed to the client, the Worker must use his judgment about a reasonable amount of time required for the client to provide the information. The date entered must be at least 10 days from the date of issuance and no later than 30 days from the date of application. If the information is not provided by the date indicated, and the client has not contacted the Worker, the application is denied, if an eligibility factor is involved. The client must be notified by an ES-NL-A. If eligibility is established, but the client does not provide proof of entitlement to a deduction, the deduction is not allowed. The AG is approved, and the client is notified by an ES-NL-A.

3. Medicaid

The date entered must be at least 10 days or a time agreed upon with the applicant. See Due Date of Additional Information in Chapter 1, 1.4,H.

Spenddown

The date entered here must be 30 days from the date of application when it is determined that the client will be required to meet a spenddown. The DFA-6A must be attached to the DFA-6. In addition, the DFA-6 must indicate that medical expenses must be provided by the deadline date shown on the form, and the amount required to meet the spenddown must be specified. This is in addition to any other verification which may be needed.

If the AG does not appear to be subject to a spenddown when the DFA-6 was issued, but verification of or a change in income results in a spenddown prior to approval, a new DFA-6 is issued to obtain medical bills to establish eligibility. However, the time limit for providing medical expenses remains 30 days from the date of application.

Evaluation for Non-MAGI Coverage

Information regarding potential eligibility for non-MAGI coverage groups and the benefits and services afforded to the applicant in the non-MAGI

coverage groups will be provided to the applicant in the MAGI notice. Information regarding additional information needed to determine eligibility and how to apply will be provided to the applicant. The information should be sufficient to enable the applicant to make an informed choice.

B. DFA-NL-6, NOTICE OF WITHDRAWAL OF APPLICATION

If the applicant withdraws his application, the Worker must give or mail him a DFA-NL-6.

C. DFA-NL-A

NOTE: The DFA-NL-A must always be used with the Pre-Hearing Conference and/or a Fair Hearing Request Form, DFA-FH-1, and the appropriate computation forms.

The DFA-NL-A is used for approvals and denials for all programs. The form is self-explanatory, but must be completed in such a way as to provide the client with a full understanding of the reason for the action taken.

The Worker must use terms understandable to the client and avoid the use of agency jargon. Examples of proper and improper completion of sections of the form are shown below:

Improper Completion of the Form	Proper Completion of the Form
The action taken on your application is as follows: your application has been denied.	The action taken on your application is as follows: Your application for SNAP benefits has been denied.
The reason for this action is as follows: failure to cooperate.	The reason for this action is as follows: You did not verify the amount of your earnings by 2/10/2005. Income must be verified before SNAP benefits can be approved. The penalty for not doing this is denial of the application.
The Department's policy requiring this action is found in: Chapter 1 of the Manual.	The Department's policy requiring this action is found in Section(s) _____ of the Income Maintenance Manual.

In the space provided, the Worker must indicate the name, address, and telephone number of local agencies or organizations which provide legal services without charge. Refer to Appendix A.

The information, which must be contained on the DFA-NL-A, is found below, by program.

1. Approvals

a. SNAP Benefits

The notice must include the month of approval, the amount of the benefit, pro-rated and ongoing, the length of the certification period, the reason for the approval, the Manual section on which the decision is based and any other action taken. If retroactive benefits are being issued, the amount of these benefits must be noted with an explanation.

b. WV WORKS

The notice must include the month of approval, the prorated and ongoing amounts of the benefit, the reason for the approval, the Manual section on which the decision is based and any other action taken.

c. Medicaid

The notice must include the date that the medical coverage begins and ends, the reason for the approval, the Manual section on which the decision is based and any other action taken.

The notice must include information on the level of benefits and services approved including, if applicable, the notice relating to any premiums, enrollment fees, cost sharing, and the right to appeal the level of benefits and services approved.

The notice must include the circumstances which are necessary to be reported and procedures for reporting any changes that may affect their eligibility.

For Pregnant Women Only: The fact that the client remains eligible for 2 months after the month in which the pregnancy ends must also be included.

2. Denials

The Worker completes the ES-NL-A by indicating the program for which benefits are being denied; the reason for denial, the name of the person

whose income, assets or other circumstances prevent approval; the Manual section on which the denial is based.

NOTE: If the denial is due to excessive assets, the notification letter must specify the asset limit and the total value counted for all the client's assets. For Worker completed letters only, the letter must contain the following statement: "You may request a detailed accounting of the asset calculations used by the Department. If you so request, this will be mailed to you within five (5) working days of receipt of your request. You may request this in writing, by phone or in person." eRAPIDS provides a detailed asset calculation with all notices of decision.

a. SNAP Benefits

When the applicant has an SSI application pending with SSA, the SNAP denial notice must explain the possibility of Categorical SNAP Eligibility if his SSI application is approved. He must be advised to contact DHHR upon SSI approval.

b. WV WORKS

If the AG is denied for WV WORKS and a child in the denied AG has an absent parent, the following statement must be shown on the denial letter: "You may still receive help in locating and obtaining support from the absent parent(s) of your child(ren). Please call the telephone number shown above and ask to speak to a BCSE Worker. You may also write or visit your local DHHR office for help."

D. DFA-20

If the application is not acted on within the required time limit, the Worker must send an DFA-20 to the applicant, informing him of the required information which has not been received by the Department. The DFA-20 is sent at the time of the expiration of the maximum allowable time for acting on the application. When manually completed, a copy of the DFA-20 must be filed in the case record.

E. DFA-FS-15

The DFA-FS-15, Notification of Denial of Expedited Service, must be used for each SNAP applicant who requests Expedited Service, but does not qualify for it. The ES-FS-15 is a Worker-requested notice in eRAPIDS. When possible, the DFA-FS-15 must be given to the client at the intake interview. The case record must indicate that an ES-FS-15 was given.

A recording in CMCC is sufficient for those AG's approved for Expedited Service and those AG's not requesting Expedited Service.