

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, **AD and TBI** 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NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn, approved for a DCA payment, or held pending additional information, the AG must not be required to make a separate application for SNAP benefits as long as the application taken is appropriate for the additional program and includes questions and answers to determine that program's eligibility.

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 General Information

All those who have applied for benefits, or who inquire about the requirements for receiving benefits, must have the requested information provided to the county office Worker. This includes a basic explanation of the eligibility requirements and answers to general questions. If the Worker does not know the answer to the general question, he must consult with his Supervisor. If the answer is unknown to the Supervisor, they may submit the question to the DFA Economic Services or Family Support Policy Unit. Applicants, potential applicants or their representative must not be referred to the DFA Policy Unit for a direct response.

NOTE: The Worker must not act as a financial planner or make suggestions about the client's current or future financial situation.

3. Right To Consideration For All Programs

a. Applying for Programs with the Department

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, **AD, and TBI** 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 eRAPIDS.

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 application may be submitted by mail, phone, electronically, Marketplace, inROADS, in person, or receipt of an application through the SSA's data exchange. See K below for inROADS applications.

NOTE: Insurance Affordability programs may apply by a Single-Streamlined Application (SLA).

Certain programs, such as CDCS, I/DD, **AD**, and **TBI** 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.

I. GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW

Regardless of the Program or coverage group for which the client applies, the Worker is responsible for the following when an interview is conducted:

- Screening the client for all DFA benefits and explaining that he may be eligible for more than one benefit. The client must be given the opportunity to apply for any Programs in which he expresses an interest, even if the Worker is able to pre-determine his ineligibility.

NOTE: Certain programs, CDCS, I/DD, **AD**, and **TBI** 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 or other application form 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.
- Explaining the applicant's reporting requirements.
- Providing the applicant with a list of verifications needed to determine eligibility, using form DFA-6 or the eRAPIDS verification checklist. He must also be told the penalty for failure to provide the verifications and what he must do if he finds he cannot obtain it by the deadline.
- Explaining other resources within the agency from which the client may benefit.
- Explain to the client that he is authorized to receive information and referral services about TANF and other programs offered by the Department.