

19.2 EMERGENCY ASSISTANCE

A. INTRODUCTION

The Emergency Assistance Program is used to assist individuals and families in meeting a financial crisis when they are without available resources. The Program is designed to provide short-term emergency financial assistance with which eligible individuals and families may obtain certain items or services needed to eliminate an emergency or crisis. Those who are in need of and qualify for emergency financial assistance may already be participating in an economic or social service program.

Individuals and families who receive emergency financial assistance may also be in need of and be eligible to receive regular ongoing medical, financial and/or social services from the Department.

As contained in the provisions under Title IV-A, as established by Section 406(e) of the Social Security Act, federal matching funds are available to assist families with eligible children under the age of 21 who are destitute because they are without immediate resources to meet their needs.

B. GENERAL ELIGIBILITY REQUIREMENTS

1. Emergency Need Requirement

An applicant who meets the definition of being faced with an emergency need is one who:

- Is faced with an existing or imminent crisis of a nature that threatens the physical health, safety, and well-being of the applicant and his family; and
- Is without available resources with which he can immediately eliminate an existing crisis or prevent an imminent crisis.

When the applicant fails to meet either or both requirements indicated above, the application is denied. See item D below for specific requirements.

2. Time Limitation

Emergency financial assistance can be authorized during one period of 30 consecutive days in any 12 consecutive months. Payments may be made to meet needs which arose before this 30-day-period or needs which may extend beyond the 30 day period. The first day of the 30 day period

Emergency And Special Assistance Programs

of eligibility begins with the date the first Authorization for Payment, DFA-67, is approved for payment and ends 29 days later.

This limitation does not mean that only one item of need may be authorized during one period of 30 consecutive days in any 12 consecutive months. The applicant may request and be found eligible for more than one item of need during that period. However, when the applicant reapplies during the 30-day period of eligibility for an item of need for which he has already received the maximum allowable payment, the application is denied.

EXAMPLE: An individual made an application for Emergency Assistance on May 5, 2005, because he received a notice of eviction for June 1, 2005. His application was approved and the DFA-67 was approved on May 6, 2005. Later, he returns on June 1, 2005 to request food and payment of a utility bill. The client is found eligible for payment of both items of need. He is not eligible to receive an additional authorization for Emergency Assistance until May 7, 2006.

NOTE: The only exception to this is when the applicant qualifies for Emergency Assistance based upon natural or man-made disaster, and/or fire. See item 13 below.

The time limitation policy applies only to authorizations for Emergency Assistance. If an application is denied or withdrawn, the applicant may receive an authorization for Emergency Assistance within twelve months provided he meets the eligibility requirements. RAPIDS maintains a control for all Emergency Assistance applications.

NOTE: Emergency Assistance applicants can receive IV-A funded benefits from only one program, EA or Homeless, during one 30 consecutive day period in any 12 consecutive months.

3. Residency and Citizenship

An applicant for Emergency Assistance must be a resident of West Virginia. See item D for specific requirements. The applicant must also be a United States Citizen, a national of the United States or an Eligible Alien (Qualified Alien) as defined in Section 18.4,B.

4. AG's Subject To A Penalty

When the applicant is a member of an AG for which any DHHR Program benefit was reduced, denied or closed because of a penalty for fraud, non-cooperation or failure to pursue potential resources, the applicant and

Emergency And Special Assistance Programs

members of that program's AG are ineligible to receive Emergency Assistance.

In making this determination, the following guidelines apply:

- The applicant and members of Emergency Assistance AG must have been an applicant for or recipient of the Department's program that was reduced, denied or closed.
- The other Department program AG is in a penalty period at the time the application for Emergency Assistance is made.
- This policy applies to all other Department programs that apply penalties for non-cooperation, fraud or failure to pursue potential resources.

NOTE: The above stated guidelines include all WV WORKS sanctions. AG's subject to a 3rd or subsequent WV WORKS sanction are ineligible for Emergency Assistance only during the first 3 months of the sanction.

NOTE: For SNAP penalties, the AG is only ineligible for Emergency Assistance during the first 3 months of the penalty.

NOTE: For Medicaid penalties, the AG is ineligible until the day the failure to cooperate ceases.

When any of the situations described above exists, the AG is ineligible to receive Emergency Assistance until the penalty period ends or action is taken to pursue potential resources. This policy does not apply to applicants who are denied because of failure to provide required information to establish eligibility.

In addition, this policy does not apply to persons who are excluded by law and are ineligible to receive benefits. See Section 9.1,A,2,g for specific information about individuals excluded by law for SNAP. These individuals may apply in their own right for Emergency Assistance benefits.

5. Income

a. Income Policy

The Worker must determine availability of income to the applicant and all other members of the AG. All countable gross income

Emergency And Special Assistance Programs

received by any member of the AG, beginning with date of application and ending 29 days later, must be counted in determining eligibility for Emergency Assistance.

When considering countable income to determine eligibility, the Worker must use the following guidelines:

- Verification must be requested for the following:
 - Earned income that has not been verified in the 30 days prior to the date of application,
 - Unearned income that has not been previously verified and
 - Changes in income.
- The total countable gross income of all members of the AG is compared to the Monthly Allowable Income Schedule in Appendix A.
- Income received prior to the 30-day-period of consideration is an available asset if retained in the 30-day-period of consideration.

NOTE: When an AG is determined income eligible and is authorized for payment, the AG is considered to be eligible as of the date of authorization and for the next 29 days. Income eligibility is not redetermined within that period if the AG applies for an additional item of need. AG's who were determined ineligible for payment must have their eligibility redetermined each time they reapply until determined eligible.

b. Determination of Countable Income

(1) Income Exclusions

The following sources of income are excluded for determining eligibility for Emergency Assistance:

- All student loans, grants, scholarships, and college work study programs.

Emergency And Special Assistance Programs

- Any payments made to volunteers under Title II, RSVP, Foster Grandparents, and others (and Title III SCORE and ACE) of the Domestic Volunteer Service Act of 1973.
- Payments, allowances or reimbursements for participants in programs administered by the Corporation for National and Community Service. These programs may include, but are not limited to: ACTION, Action Programs, AmeriCorp, Sumer Youth Programs, University Year of Action, Urban Crime Prevention Program, VISTA and VISTA ACTION.
- Payments under the Alaskan Native Claims Settlement Act.
- Any payments received or funds held in trust for members of any Indian tribe under Public Laws: 98-64, 97-458, 98-123 and 98-124 referred to as "Indians Judgment Funds." Also, any funds from payment of relocation assistance to members of the Navajo and Hopi tribes under Public Law 93-531.
- Payments to Nazi Persecution Victims, which may include, but are not limited to: Austrian Social Insurance Payments, German Reparations payments or the Netherlands WUV payments.
- Payments from the Radiation Exposure Compensation Trust Fund.
- Payments from the Senior Companion Program funded under Title XX.
- The value of food coupons and commodities including SNAP benefits.
- The value of supplemental food program for women, infants and children (WIC) Public Law 94-105.
- Value of National School Lunch Program, Public Law 90-302.
- Japanese-American and Aleutian Restitution payments.

Emergency And Special Assistance Programs

- North Vietnam – Department of Defense payments to certain persons captured or interned.
- Payment, allowances or reimbursements for transportation and attendant care costs Under Title VI of the Rehabilitation Act of 1973, Title II, Public Law 95-607.
- Payments from Community Service Employment Program (CSEP) as authorized under Title V of the Older Americans Act.
- Income tax refunds and rebates.
- Reimbursement for expenses incurred in connection with employment and/or training, limited to mileage, tools and clothing.
- The Worker, Homeownership, and Business Assistance Act of 2009 excludes the \$25 a week increase in UCI benefits authorized by the American Recovery and Reinvestment Act of 2009.

Emergency And Special Assistance Programs

- Reimbursement for medical expenses or transportation costs incurred to obtain medical treatment.
- Grants and loans from HUD Community Development Block Grant Funds made to individuals to rehabilitate their private residence.
- All WIA payments, except those considered as wages for on-the-job training.
- Victim Compensation Payments.

(2) Income Deductions

The only income deductions permitted are for those persons who are self-employed. After the Worker determines the amount of gross income to be received by the AG within the next 29 days after the date of application, 25 percent is deducted from the gross amount as the cost of doing business. The remainder is countable income which is compared to the income chart. Self-employment consists of persons who receive regular income from self-employment or in a service type business, persons involved in seasonal self-employment, cash-crop farmers, and persons who care for other persons such as, but not limited to, personal care and adult family care.

(3) Total Countable Income of the Assistance Group

The total countable income of the entire AG must be considered, regardless of when the income is actually received in the 30-day period of income consideration.

EXAMPLE: An individual who made application on November 1st received a pay on October 31st and will receive another pay on December 1st. These 2 paychecks are not considered countable income. Only income received between November 1st and November 30th is considered as countable income. Any income received prior to the date of application and retained in the 30-day period may be considered an available asset.

Emergency And Special Assistance Programs

EXAMPLE: An individual makes application for Emergency Assistance on November 1st. His anticipated countable income exceeds the maximum, but will not be received until November 15th. His emergency will occur on November 10th, but he is ineligible because his income exceeds the maximum.

The Worker must use care in determining the actual dates the income is to be received.

6. Assets

In determining eligibility for Emergency Assistance, the Worker must evaluate the availability of assets owned by members of the AG.

a. Excluded Assets

The following assets owned by AG members are excluded and not considered potentially available to eliminate or prevent the emergency:

- Homestead real property.
- Property which is producing income consistent with its current market value.
- Proceeds from the sale of a home or insurance received as a result of a destroyed home, when these proceeds are to be retained for the purchase or rebuilding of a new home or for repairs to a partially destroyed home.
- Assets not readily available because of legal proceedings.
- Burial trust fund up to \$2,000 for each person in the AG.
- General household belongings such as furniture, appliances, clothing, etc.
- One automobile per AG.
- The one-time payment issued to RSDI, SSI and VA recipients under the American Recovery and Reinvestment Act of 2009 is excluded until the 1st day of the 10th month following the month of receipt.

Emergency And Special Assistance Programs

b. Potentially Available Assets

The following assets owned by members of the AG are considered potentially available unless, as explained below, the assets cannot be converted or accessed in time to eliminate or prevent the emergency:

- Cash
- Savings and checking accounts, CD's, Christmas Clubs and any other account in a financial institution.
- Stocks and bonds
- Livestock not being used to produce income consistent with its sale value nor house pets
- Automobile(s) when there is more than one automobile owned per AG
- Cash surrender value of life insurance policies
- Personal collections of value such as firearms, paintings, coin collections, etc.
- Non-homestead real property
- Business equipment not being used to produce income consistent with its current market value
- Recreational vehicles and equipment. See Section 11.1 for the definition. Personal recreational equipment such as toys, fishing equipment, etc., are excluded.

c. Determining the Availability of Assets

After the Worker determines that the applicant or any other AG member owns countable assets, he must evaluate whether such assets can actually be used in time to eliminate or prevent the emergency.

In making this evaluation, the Worker must consider the type of asset(s) involved and whether or not it can be used toward the item of need(s) in time to eliminate or prevent the emergency.

Emergency And Special Assistance Programs

(1) Liquid Assets

Assets, such as, but not limited to, cash on hand, checking or savings accounts, CD's or any other liquid instrument or account must be considered available as an asset and the AG is expected to use these assets toward the emergency.

NOTE: The application is denied if members of the AG refuse to use this asset.

Cash is defined as funds or money in the form of currency or any negotiable instrument that is in the possession of the applicant or any member of the AG at the time of application.

Income received prior to the date of application, and still available at the time of application, is considered cash. The Worker may request verification such as receipts or verbal statements that such cash is unavailable for use toward the emergency.

EXAMPLE: A member of the AG receives a \$400 paycheck the day before the application date. This paycheck is not counted as income, however, the Worker can request verification of how much of the \$400 is available in the form of cash. If the Worker determines that cash is available, the member must use the cash toward the amount required to eliminate the emergency.

Cash must always be considered an asset and must not be confused with income. However, the Worker must make sure that the AG is not faced with an additional emergency need as a result of using the asset toward the emergency.

EXAMPLE: The applicant reports having \$75 cash at the time of application. He has requested payment of an overdue electric bill and submitted a termination notice in the amount of \$75. The Worker must deny the application for the electric bill because the cash must be used to pay the bill. However, the Worker must determine that the AG is not faced with an additional emergency need during the 30-day period as a result of using the cash to pay his electric bill.

Emergency And Special Assistance Programs

Using the example above, if the applicant states that he has budgeted \$50 of the \$75 for food for the next 30 days and will be faced with a food emergency if he uses it for the electric, the Worker will only consider \$25 as available toward the emergency.

(2) Non-Liquid Assets

Assets such as recreational vehicles, non-income producing livestock, and business equipment usually must be sold and converted into cash to use toward the emergency.

The Worker must consider the following guidelines before he requests that the applicant convert a non-liquid asset into cash:

- Can the asset be converted into cash?
- If the AG makes a reasonable effort to pursue this action, will the resource be available in time to prevent an imminent emergency or immediately eliminate an existing emergency?

NOTE: "Reasonable effort" is defined as the AG actively attempting to convert the asset into an available resource to eliminate or prevent an emergency.

After giving careful consideration to the guidelines above, the Worker must decide whether or not to request a conversion of the AG's assets.

When the applicant or AG member is required to convert his assets to cash, he must receive a reasonable return or the fair market value rather than just the amount needed to eliminate or prevent the emergency.

If the AG member agrees to convert the asset, but fails in his attempt to do so, the Worker may request that he verify his attempt.

NOTE: The application must be denied if the AG member fails to cooperate in the conversion of non-liquid assets.

Emergency And Special Assistance Programs

7. Available Community Resources

Meeting the emergency needs of individuals and families without resources is a responsibility for the community in which they reside. This includes all social welfare related agencies and certain individuals within the community.

a. Role of the Department

The Department will assume a major role in meeting the emergency needs of eligible applicants through emergency financial assistance funds and/or referral of the applicant to other agencies or individuals within the community that have available resources which can prevent or eliminate the emergency.

In some communities, arrangements have been made for cooperative efforts between the Department and other community agencies in meeting emergency needs. Such arrangements should be maintained and similar efforts established in other communities where they currently do not exist.

b. Worker Responsibilities

In evaluating the referral of an applicant for Emergency Assistance to a community resource, the Worker must determine that the resource is available to the applicant and will eliminate or prevent the emergency. In some situations, the applicant, after being referred to a community resource, may be required to make application for benefits from the agency to which he was referred. However, the Worker must consider the resource available until the applicant is refused or found ineligible to receive the benefits for which he applied.

The Worker must follow up with the applicant and/or the agency to determine if the benefits were actually received. If the agency or individual to which the applicant was referred cannot eliminate or prevent the emergency, even through a cooperative effort with the Department, the Worker uses Emergency Assistance funds, provided all other eligibility factors are met. When a referral is made to a community agency, the Worker cannot make a final decision on the application until it is determined that the applicant actually received the benefits and that the emergency was eliminated or prevented.

Emergency And Special Assistance Programs

When a referral is made to a community agency, the Worker must provide the following written notification to the applicant:

"You are being referred to (name of agency or person) to pursue potential assistance to alleviate any need you may have for Emergency Assistance. If you do not receive assistance or the amount of the assistance fails to eliminate your emergency, please contact (name of local office) by (month, date and year) for a decision on your application."

The date entered on this notification must be within 3 days of the date of the application. The date of the application is counted as the first day. The Worker must file a copy of this notification in the case record.

When the emergency need was met by community resources, the the application is denied.

c. Applicant Responsibilities

All applicants for Emergency Assistance must cooperate in a reasonable manner by accepting a referral to a community resource in order to eliminate or prevent an emergency.

EXCEPTION: When the community resource is likely to be a friend or relative of the applicant or a church he attends, permission must be obtained from the applicant before the Worker may contact this resource. This procedure gives consideration to the applicant's privacy.

All applicants who are referred to a community resource, but who do not receive the resource, must contact the Worker by the due date on the referral notification form.

Based on his knowledge of the applicant's capability, the Worker is required to make judgment on whether or not the applicant can follow through with a referral to community resources.

The Worker should not refer an applicant to a community resource if he is unable because of illness, physical or mental handicap, lack of transportation, etc., to follow through with the referral. However, the applicant is expected to take any action necessary to follow through with the referral, provided he is capable to do so.

Emergency And Special Assistance Programs

The Worker must assist the applicant by contacting the receiving agency to make an appointment, if appropriate. In addition, the Worker must provide any other instructions, as appropriate, including directions to the agency's location, information needed for the application process, person to be contacted, etc.

Any applicant who is capable, yet refuses to cooperate or follow through in a reasonable manner when referred to an available community resource, is denied Emergency Assistance.

8. Other Department Benefits

If there is an indication that the applicant may be eligible for Medicaid and/or SNAP benefits, the Worker must explore this as a way to eliminate or prevent the applicant's emergency. WV WORKS must not be used to eliminate or prevent the applicant's emergency.

If the applicant is found eligible for Medicaid or SNAP benefits and he can obtain the benefits in time to prevent the emergency, the applicant is expected to accept this as a resource instead of Emergency Assistance. If the applicant refuses to cooperate, his application for Emergency Assistance is denied.

If the applicant is eligible for Medicaid and/or SNAP benefits, but cannot obtain this assistance in time to prevent the emergency, the Worker completes the Emergency Assistance application and authorizes payment if the applicant is found eligible.

9. Referrals to Children and Adult Services

Individuals who request Emergency Assistance are often in need of other services administered by BCF, Children and Adult Services. The mismanagement of income, for example, is a major reason that individuals and families are in need of Emergency Assistance. However, the client's refusal to accept ongoing services is not considered in determining the applicant's eligibility for Emergency Assistance.

EXAMPLE: The Worker has determined a client is eligible to receive Emergency Assistance and that the client is in need of money management counseling. The Worker may offer to refer the client, but the application is not denied if the client refuses the referral.

Emergency And Special Assistance Programs

10. Work Stoppage And Strikes

All applicants for Emergency Assistance who are voluntarily or involuntarily participating in a work stoppage or strike are evaluated as any other applicant. The fact that the individual is participating in a work stoppage is not considered when determining eligibility for Emergency Assistance.

11. Specific Eligibility Requirements For Federally-Matched Emergency Assistance (Title IV-A)

If an AG meets certain eligibility requirements, a percentage of the cost of emergency financial assistance will be reimbursed to DHHR by the federal Department of Human Services. The Department may receive this reimbursement for any AG which includes children under the age of 21, providing the child lives with a specified relative.

Special coding in RAPIDS is required. See RAPIDS User Guides for specific instructions.

12. Defining The Elimination Of the Emergency/Vendor Refuses To Eliminate The Emergency

“Eliminate the Emergency” is defined as delaying or preventing the emergency from occurring for a period of not less than 30 days from the date the vendor is made aware of and accepts the Department’s offer. The client must be informed of this so there is no misunderstanding about how long the emergency will be delayed. This time period is most important for rent and utilities. The client must be informed that the DFA-67 voucher must be taken to the vendor without delay, if applicable.

When the applicant is otherwise eligible for or approved for Emergency Assistance, yet the vendor refuses to eliminate the emergency, payment must be denied to the vendor. This may occur when the vendor is not satisfied with the amount of payment. Payment is not made to any vendor who refuses to eliminate the emergency.

If payment has already been made to the vendor, reimbursement must be requested from the vendor. If the vendor refuses to reimburse the Department, a fraud summary must be completed and sent to Investigations and Fraud Management. The applicant must locate a new vendor with assistance from the Worker, if necessary. When a vendor refuses to eliminate the emergency, the application is denied only when another vendor cannot be located by the applicant and/or Worker to eliminate the emergency.

Emergency And Special Assistance Programs

13. Emergency Needs Created by Natural or Man-Made Disasters or Disorders

Natural disasters are catastrophic events and are limited only to floods, high winds, severe electric storms, earthquakes, hail, blizzards, heavy snowfall and sub-zero temperatures.

Man-made disasters are catastrophic events and are limited only to fire, explosions, falling objects, exposure to toxic elements such as gas, chemicals or other poisonous substances and dangerous situations created by automobile, airplane and train crashes.

In order to be eligible for payment, the emergency need must have been created by any of the catastrophic events referred to above.

When an applicant requests Emergency Assistance as a result of a fire that has destroyed the applicant's living quarters, the Worker must verify through a collateral contact with the local fire department that the fire did occur and that the item of need was destroyed.

When an applicant requests Emergency Assistance as a result of natural or man-made disaster, the Worker must determine, as in any application for Emergency Assistance, the existence of resources available to the applicant prior to the approval and authorization for payment of the request for assistance.

The Worker must determine whether or not insurance benefits are available prior to the authorization of Emergency Assistance. In addition, the Worker must determine that disaster related resources through such agencies as Housing Urban Development, Red Cross, Community Services Administration, Farmers Home Administration, Federal Emergency Management Agency (FEMA), Volunteer and other local organizations, etc., are not available prior to the authorization of Emergency Assistance.

When such resources are available, the Worker must refer the applicant to these resources. The Worker, therefore, provides a referral service to eliminate or prevent an emergency.

When an area or locale has been declared a disaster area and Federal and/or State aid is forthcoming, but not immediately available to eliminate emergencies, the Worker must carefully evaluate the nature of the applicant's emergency to determine if the Federal and/or State aid will eliminate or prevent the emergency.

Emergency And Special Assistance Programs

If the Worker feels that authorization for payment of Emergency Assistance must be made, he must obtain verification of need through a collateral contact with the responsible local agency or person who is in charge of assessing the damages or loss to the community.

Applicants who have received Emergency Assistance within the last 12 consecutive months, including the current month of application are not denied Emergency Assistance as a result of natural or man-made disasters if they are otherwise eligible for such benefits. However, Emergency Assistance payments are made from 100 percent state funds.

C. APPLICATION PROCESS

1. Application Forms

a. DFA-2 and DFA-EA-1

These forms are used for all Emergency Assistance applications. See Section 1.3,A for use of the DFA-2 forms and the proper use of the form DFA-5.

b. DFA-RR-1

The sections of this form titled "Emergency Assistance" and "For All Programs" must be completed and signed, when using the DFA-2. The DFA-RR-1 is not required when using the DFA-EA-1. See Section 1.3,B.

c. Completion of Form DFA-6 and/or Verification Checklist

When the Worker does not have sufficient information to make a decision, it is necessary to complete Form DFA-6 or verification checklist to inform the applicant of the additional information needed. All requests for verification must be made using the DFA-6 form and/or verification checklist.

The Worker must clearly state on the form what items must be returned by the applicant, as well as the date by which the information must be returned.

The failure to return information or the return of incomplete or incorrect information that prevents a decision from being made on the application will be considered failure to provide verification and will result in a denial of the application.

Emergency And Special Assistance Programs

2. The Intake Interview

The Worker must conduct the intake interview for the purpose of obtaining a thorough knowledge of the applicant's current financial situation and to determine if the applicant meets the eligibility requirements of the Program and of the specific item(s) of need for which he is requesting payment.

The time limitations must be explained to the applicant during the intake interview. When the applicant is not currently receiving any type of assistance from the Department, the Worker should give particular attention to the possibility of the applicant's eligibility for regular financial or Medicaid assistance and/or SNAP benefits. The intake process ends when the Worker has gained sufficient information from which he can make a decision on the application.

3. Who Must Complete the Application

The person who applies for Emergency Assistance benefits must be an adult AG member, preferably one in whose name the bills are listed or the adult who handles the financial matters of the AG. In most situations, this person is the head of the household or the person who has accepted responsibility for and is knowledgeable about other members of the AG.

When the person who should apply for benefits is unable or unwilling to do so, the Worker must determine if someone else appointed by the AG in writing can apply for the AG. The Worker must consider the nature of the crisis and if a suitable person is available to apply.

4. The Assistance Group

The Assistance group (AG) consists of one or more persons who live together. One exception to this is when a person pays for the privilege of living in the household. In this situation, that person and his income are not considered in determining eligibility of the AG. However, the payment made to the AG is counted as income of the AG.

Assistance group members receive a communal benefit from the Emergency Assistance Payment. This means that everyone in the group benefits from the payment, even when payment is made for such items as pharmacy or medical treatment for an individual. The AG must include at least one member who has not benefited from an Emergency Assistance Payment during the last 12 months to be eligible for payment.

Emergency And Special Assistance Programs

EXAMPLE: An individual was a member of an AG that received an Emergency Assistance Payment. Six months later, this person is a member of another AG who has not received Emergency Assistance. The second AG applies for Emergency Assistance and is approved, if otherwise eligible, because not all members have received Emergency Assistance.

5. Action on the Application

The Worker must approve or deny the application in RAPIDS. A decision must be made on all applications as soon as possible, if the emergency currently exists, or prior to an imminent emergency but no later than 3 business days from the date of application.

EXAMPLE: An applicant submits a notice of termination from a utility provider on Monday which states that the service will end in 5 days. A decision must be made on the application no later than Wednesday. The date of application is counted as the first day.

EXAMPLE: An individual applies for payment of a utility bill on Friday. He does not have the notice of termination to verify the emergency and is given a DFA-6 by the Worker to submit the termination notice no later than Tuesday. The applicant fails to submit the notice. Worker must make a decision on Tuesday. In the absence of verification, the application is denied. The applicant may reapply immediately.

D. SPECIFIC ITEMS OF NEED

The following section describes the specific eligibility requirements of the various emergency needs and services provided by the Emergency Assistance Program. Verification requirements and instructions for determining the amount of payment are also included.

Only the items listed below qualify as items of need for the Emergency Assistance Program.

A description of the maximum allowable payment for each item is included. The AG is not automatically eligible for the maximum allowable payment when other resources are used with the Emergency Assistance payment or when the amount required to eliminate the emergency is less than the maximum allowable payment amount. Applicants who refuse to accept the benefit which is offered by the Department are denied.

Emergency And Special Assistance Programs

Since the Emergency Assistance Program, administered by the Division of Family Assistance, and the Homeless Program, administered by the Division of Children and Adult Services, offer the same or similar services, it is important to define the relationship between these two programs in order to best serve the client in the most efficient manner.

“Homeless” applicants who are referred to the Emergency Assistance Program must be:

- Facing or in immediate danger of becoming homeless; or
- Homeless transients for which transportation arrangements to their communities are incomplete; or
- Applicants rendered homeless because their living quarters have been destroyed.

All other applicants who are identified as homeless using the definition provided in Chapter 33,000 of the Social Services Manual, are referred to the Homeless Program. That definition of homeless is when a person does not have access to nor the resources to obtain shelter.

Clients receiving benefits from one program as identified above shall not be eligible for concurrent benefits from the other.

1. Shelter

The applicant must be a resident of WV.

A tenant-landlord relationship must have existed for payment of rent on behalf of applicants who are facing eviction. This relationship exists when rent or room and board payments are made by the applicant to the landlord or family who are the original tenants. Payment must be cash or in-kind.

NOTE: This policy does not apply to homeless applicants. See item (3) below.

The maximum allowable payment for the AG is determined at the time of application and remains the same during the 30-day period of eligibility. Therefore, when the AG is found eligible for more than one shelter payment within the 30-day period of eligibility, the original maximum allowable payment cannot be exceeded.

Emergency And Special Assistance Programs

a. Rent

(1) Applicants Facing Eviction

The applicant must provide verification that a legal notice of eviction or wrongful occupation has been filed with the local magistrate. The hearing will typically be scheduled 7 to 10 days from the date the notice is served. The client must be encouraged to apply before the hearing date to avoid further legal action. This includes action taken against mobile home owners who are forced to vacate their rental space.

If the client does not apply until after the hearing and must vacate the residence, alternative housing must be explored, if the client is otherwise eligible. If he is rendered homeless before the date of application, he is not eligible for Emergency Assistance and must be referred to the Homeless Program.

NOTE: Applicants facing eviction due to condemnation of their property must provide a legal notice of eviction from the appropriate authority condemning the property. Appropriate authorities include, but are not limited to, Health Departments or the State Fire Marshall's Office.

(2) Applicants Facing Eviction from a Motel or Hotel Room

In addition to the requirement of a legal notice of eviction or wrongful occupation, the applicant must have paid for lodging at the hotel or motel for at least 30 days prior to the date of the notice.

(3) Applicants Who are Actually Homeless

The definition of homeless shall include only the following circumstances:

- Homeless transients for which transportation arrangements to their communities are incomplete; or
- Applicants rendered homeless because their living quarters have been destroyed.

Emergency And Special Assistance Programs

The Worker must obtain the following types of verification to substantiate this situation:

- A collateral contact with the appropriate local agency or responsible person who is responsible for making damage assessment of destroyed living quarters.
- Verification of homeless stranded transients may be obtained through a collateral contact with the appropriate agency or responsible person in the community.

b. Mortgage

When the applicant is faced with foreclosure because of delinquent mortgage payments, he must verify his emergency by submitting a signed statement from the lending institute that indicates imminent foreclosure. The term "mortgage" is used here to define payments made by the applicant for his home or mobile home with the intent of obtaining ownership of such property.

c. Overnight Lodging

Authorization for payment of overnight lodging is only made for homeless applicants as defined in item (3) above. Under no circumstances is payment for overnight lodging be authorized for any other reason.

The Worker must thoroughly explore available resources, such as alternate temporary housing with friends and relatives. The Worker must obtain permission from the client to pursue such resources.

When resources of this type are not available, payment is made only pending the completion of a plan for permanent housing.

The plan for permanent housing must include how the transient will complete his travel arrangements and how applicants who are homeless will obtain permanent housing.

Emergency And Special Assistance Programs

d. Determining the Amount of Payment

(1) Rent

(a) Eviction, Lockouts and Homeless

Regardless of the type of shelter or the time unit by which it is being paid, the maximum allowable payment for shelter can not exceed:

- One month of rent when the client pays on a monthly basis, or
- Four weeks of rent when the client pays on a weekly basis, or
- Thirty days of rent when the client pays a daily rate.

(b) Delinquent Rent

Depending on the number of months the rent is delinquent, the Worker will proceed as follows:

- One Month Only:

In this situation, the Worker will authorize payment for the appropriate amount to the vendor (landlord) for one month of rent. No dollar limit is placed on the value of one month's rent since amounts vary considerably.

- More than One Month:

In this situation, the Worker, before authorizing payment, must evaluate the existence of alternate housing for the applicant.

The existence of alternate housing facilities must fulfill all of the following guidelines:

- It must be available to the applicant prior to the date of eviction, i.e. the landlord must agree to accept the applicant as his tenant.

Emergency And Special Assistance Programs

- It must approximate the current living quarters of the applicant as closely as possible in regard to rental costs, condition, size, utility costs and location.
- It must not be condemned or unfit for human habitation.

When the above conditions exist, the Worker will negotiate with the present landlord to obtain the least possible payment to eliminate or prevent the eviction.

EXAMPLE: An applicant who is facing eviction is delinquent for five months' rent at \$150 per month. The landlord is demanding the total rent bill of \$750 to be paid. Satisfactory alternate housing for the individual and his family is available for \$160 per month. The Worker will offer the landlord \$160 toward the total delinquent rent of \$750 with the remainder of the rent (\$590) to be worked out between landlord and his tenant. If the landlord refuses to accept this payment, the Worker will authorize payment of \$160 to the new landlord of the alternate housing. If the present landlord accepts the payment of \$160 toward the delinquent rent bill, it must be understood that the landlord and the tenant will make the arrangements regarding payment of the remaining balance.

EXAMPLE: An applicant has an eviction notice and was paying \$50 a month. The applicant is not behind in her rent, but can no longer live there. She has found an apartment for \$550 a month and needs a \$550 deposit as well. The Worker has determined that a customary amount for rent in the area is \$250. The landlord does not accept HUD. This is not considered acceptable alternative housing as it does not approximate the current living quarters in cost and is considered an unreasonable amount for the area.

Emergency And Special Assistance Programs

EXAMPLE: Same situation as above except the landlord does accept HUD. The applicant's rent, once she is approved, will be \$100. This is acceptable alternative housing as it does approximate the current cost and is a reasonable amount for the area.

The Worker must use care in handling this type of situation. Available alternate housing must exist before such negotiations are initiated. Factors affecting the alternate housing, particularly the cost, availability, etc., must be thoroughly evaluated. When alternate housing does exist, the Worker may add the cost of a reasonable deposit to the amount of rent to be authorized not to exceed one month's rent.

NOTE: When alternate housing does not exist for individuals who are more than one month delinquent in their rent payments, the Worker may offer payment to avoid the eviction up to a maximum of two month's rent to the original landlord.

As indicated above, no limits are placed on the amount of one month's rent. If either the landlord or client refuses to make arrangements to pay the remaining balance of rent to the landlord, the application is denied.

(2) Security and Damage Deposits

When alternative housing is used, the Worker will authorize payment for one month of rent and a reasonable security and/or damage deposit, if necessary, to the landlord when suitable housing is obtained.

NOTE: A reasonable security and/or damage deposit is defined as the amount that is customary to the community up to, but not exceeding the amount of one month of rent.

(3) Mortgage

The Worker must contact the lending institution and first offer payment of the past due interest, not to exceed the total monthly mortgage amount, to eliminate the emergency.

Emergency And Special Assistance Programs

If the lending institution refuses to prevent foreclosure, the Worker may offer payment of both interest and principal or the total monthly mortgage amount for a maximum payment of one month.

The procedure of alternate housing is not used when the foreclosure of a mortgage is involved. However, if the applicant becomes homeless, as a result of actual foreclosure, the Worker must evaluate his eligibility for an emergency rent or overnight lodging payment as in any homeless applicant situation when the client and his family are actually homeless.

(4) Overnight Lodging

The Worker authorizes payment to the facility at the going per diem weekly or monthly rate up to a maximum of one week of lodging.

When overnight lodging must be extended beyond one week, alternate temporary housing must be explored. If alternate temporary housing cannot be arranged, Supervisory approval must be obtained for payment beyond one week, up to a maximum of 30 days.

2. Utilities And Bulk Fuel

a. Services Covered

The payment of utility services included under the Emergency Assistance Program include those services needed by the AG for heating, cooking, lighting, and sanitation. Telephone service is included only when the AG is in need of telephone service because everyone living in the home is 65 years of age or older, or is disabled or temporarily incapacitated for at least the next 30 days. See Section 12.15,C.

b. General Requirements

Payment may be authorized for clients who are without utility services or who face imminent termination of these services. When a utility service, other than telephone service, has been disconnected, the application for Emergency Assistance must be made within 30 days of the date the service was terminated

Emergency And Special Assistance Programs

to meet the emergency need requirement described in item B,1 above. Supervisory approval is required to make an exception to this requirement when the AG is otherwise eligible and the service has been terminated for more than 30 days. Exceptions may only be granted on a case-by-case basis when the extenuating circumstances warrant it. These include, but are not limited to, delayed application due to illness or disability, and other situations that are beyond the client's control. In determining whether or not the applicant is eligible for payment of utility services, the following requirements must be met:

Emergency And Special Assistance Programs

- The applicant must submit a written notice of termination from the provider that indicates a specific date on which the service was or will be terminated, and the amount of the overdue bill; or
 - The applicant must submit a written statement from the provider, such as fuel oil, bottled gas, or coal company, that indicates no future orders will be filled; and
 - The utility services must be in the name of the applicant or a member of the AG except, in the following situations:
 - When the Worker determines that the utility service is not in the name of the applicant or AG member because that person is deceased, has left the household with no intention to return, or the applicant is unable to pay the security deposit; or
 - The Worker determines that the utility service is in the name of the landlord, mobile home park owner/manager, etc., this person becomes, in effect, the utility provider. Therefore, the applicant must obtain a written notice of termination as specified above from this provider.
 - The service address must be in West Virginia.
 - When the water and sewage is billed separately, it is legal for the supplier to terminate water service for the non-payment of sewage even when the water bill is current. In these situations, a notice of termination for water service may be submitted by the applicant for an overdue sewage bill. This is accepted as verification of the emergency.
- c. Determining the Amount of Payment

In determining the amount of payment, the Worker must consider the following:

- The type of utility service being requested for payment.
- The amount of the overdue utility bill which covers a billing period up to 30 days.

Emergency And Special Assistance Programs

- The average daily amount of the overdue bill when the overdue billing period exceeds 30 days.
- Reconnection charges required by the utility provider when the service was terminated in the 30 days prior to the date of application.
- Service charges required by the utility provider to start service in new living quarters when the applicant moved to new housing due to eviction, fire, condemnation, etc., or some other emergency that has forced the applicant to move.

NOTE: Utility deposits are not included as an item for payment by the Emergency Assistance Program.

- Late fees added to delinquent or overdue payments are considered as part of the overdue bill and are not deducted from the overdue bill when computing the average daily amount.
- Payments made by the client in an attempt to reduce or eliminate the overdue bill are not deducted from the ongoing overdue bill when computing the average daily amount.
- The amount of any one-time payment, such as from LIEAP or a community agency made or that will be made, but not yet credited to the account, is not deducted from the ongoing overdue bill when computing the average daily amount. It is subtracted from the minimum payment due before determining the amount the Department will pay through the Emergency Assistance Program. The Worker must inform the company of the pending payment from the other source and determine if this will prevent the emergency. If so, the Emergency Assistance application is denied. However, the receipt of Emergency Assistance does not affect eligibility for Emergency LIEAP.
- Regular monthly payments made on behalf of the client from other agencies, plus reductions from the 20% discount program are deducted from the ongoing overdue bill before computing the average daily amount.

Emergency And Special Assistance Programs

(1) Payment Amount for Gas, Electric, Water and Sewage

NOTE: Sewage utility service does not include garbage pick-up service.

When the client is eligible to receive payment for any of the utility services indicated above, the Worker must consider the following:

- When the overdue amount covers a billing period up to 30 days, the Worker shall authorize payment for the 30-day amount to the vendor.
- When the overdue amount covers a billing period greater than 30 days, the Worker determines the average daily amount of the overdue bill. The average daily amount multiplied by 30 days is the maximum amount of the Emergency Assistance payment. Utility bills often have an overdue amount and an amount labeled "due." The "due" amount is not considered for payment nor is this amount used to calculate the amount of the payment.

EXAMPLE: An applicant submits an overdue utility bill in the amount of \$235 which accumulated over a period of 93 days. Since the overdue bill is over 30 days, it is necessary to determine the average daily amount multiplied by 30 days. The amount of payment is computed as follows: \$235 divided by 93 days = \$2.53 x 30 days = \$75.90.

The Worker must explain to the applicant that payment may be made up to the calculated maximum amount. The Worker must contact the utility provider to determine if this payment will eliminate the emergency.

The Worker must inform both the applicant and the provider that payment of the remaining balance must be worked out between the provider and the applicant. The Worker is not involved in these negotiations.

Emergency And Special Assistance Programs

- When the overdue amount has a Budget Accrual Reconciliation or Settlement amount this is that amount of a bill in excess of the monthly budget bill which accumulates during the length of the budget period, usually 12 months. The client is responsible for paying that amount of the total annual bill not covered by the monthly budget payments.

The amount of payment is determined by dividing the number of days over which a budget overrun occurred into the total amount of the overdue budget settlement bill. It is necessary to contact the utility company to determine the number of days in which overruns occurred, unless the applicant can supply this information.

If the utility company or the applicant cannot or refuses to provide this information, the total number of months in the entire budget period is used to determine the amount of payment.

The length of the budget period is usually 365 days unless information otherwise is obtained.

Complicating this procedure are situations in which the overdue budget settlement bill is combined with or added to a routine overdue bill on the same notice of termination. In these situations, the amount of the overdue budget settlement bill must be separated from the amount of the routine overdue bill. A daily average is then determined for each overdue bill in excess of 30 days. The two amounts are multiplied by 30 and the two are added to determine the amount of payment.

EXAMPLE: The total amount of the overdue bill on the termination statement is \$235.50. The overdue budget settlement bill is \$85.50. Budget overruns occurred during 243 of the 365 day budget period.

The regular overdue bill is \$150, accumulated over a period of 45 days.

Emergency And Special Assistance Programs

Computation of overdue budget bill:

$\$85.50$ divided by 243 - $\$0.35 \times 30$ days = $\$10.50$

Computation of regular overdue bill:

$\$150.00$ divided by 45 days = $\$3.33 \times 30$ days \$ 99.90
Amount of payment \$ 110.40

- When the applicant has made a partial payment(s) toward the original overdue bill, the Worker must consider the following:
 - The average daily cost of the original overdue bill must first be computed.
 - The average daily cost multiplied by 30 equals the maximum amount of payment.

EXAMPLE: An applicant submits an overdue utility bill in the amount of $\$211.72$. This bill was the remainder of an original overdue bill which accumulated over a period of 183 days and totaled $\$296.73$. The applicant made a partial payment of $\$85.01$ which left a balance of $\$211.72$.

$\$296.73$ divided by 183 days = $\$1.62$ average cost/day.

$\$1.62 \times 30 = \48.60 maximum amount of payment.

NOTE: When the utility bill balance remaining, after the applicant has made a partial payment, is less than the average cost/day times 30 days, that is the payment amount.

(2) Payment Amount for Telephone Service

When an applicant meets the criteria for telephone services, the Worker authorizes payment only for basic charges for up to 30 days, plus federal tax. Payment is not authorized for long-distance calls, wires or other special services. There is no time limit for disconnected telephone service when the requirements in item 2,a above are met. However,

Emergency And Special Assistance Programs

eligibility for the telephone assistance programs in Sections 19.8 and 19.9 must be explored first.

(3) Payment Amount for Bottled Gas, Fuel Oil, Coal and Wood

When the applicant uses energy that is not regulated by the Public Service Commission, the Worker must determine the amount of payment by referring to the chart below for a 30-day supply of fuel.

<u>TYPE</u>	<u>UNIT</u>	<u>MAXIMUM AMOUNT</u>
Bottled Gas	Gallons	135
Bottled Gas	Pounds	300
Coal	Tons	1
Fuel Oils	Gallons	150
Wood	Cords	1

When the client has an emergency need for wood pellets or any other type of bulk fuel not listed in the chart, the Worker will work with the vendor to determine a reasonable amount.

The following statement must be entered on all DFA-67 forms authorizing any type of liquid fuel: "The client must specify the correct grade and type of fuel."

When the provider refuses to make a delivery because of an existing unpaid balance, the Worker must allow the client and provider to determine what item will be paid. Payment cannot be authorized for both items. If the client and vendor agree to payment of the unpaid balance, the amount authorized cannot exceed the equivalent cost of the maximum amount of fuel shown in the chart above.

If either or both parties refuse to accept payment as outlined in this section, the application is denied.

3. Food

Payment may be authorized for applicants who have an emergency need for food. However, in the majority of instances, emergency food needs can be met by using SNAP benefits, provided the applicant meets the eligibility requirements of SNAP. If the applicant refuses to accept SNAP as a resource to meet his emergency food needs, the application for Emergency Assistance is denied.

Emergency And Special Assistance Programs

When the applicant is found eligible for SNAP benefits, the SNAP application must be processed as soon as possible to prevent or eliminate the emergency. If the applicant needs food prior to the receipt of his SNAP benefits, the Worker may authorize payment for emergency food if the applicant is otherwise eligible.

When the applicant is ineligible for SNAP benefits, for a reason other than failure to meet the residency requirement, the Worker will authorize payment for emergency food, provided the applicant is otherwise eligible.

When recipients of SNAP benefits apply for emergency food, the Worker must carefully evaluate the reason for the request. The Worker must determine if the need was created by an unusual or catastrophic event, such as when food which was purchased with SNAP benefits is destroyed. In this case, the Worker must first evaluate the replacement of food purchased with SNAP benefits. See Section 21.2. If the need was created by the misuse of the benefits, the Worker must determine if an actual emergency need for food exists.

To determine the amount of payment, the Worker uses the SNAP allotments in Chapter 10, Appendix A. Only the maximum monthly allotment, based on the AG size, is used to determine the daily food allowance. Because of the availability of Expedited Services from SNAP, payment may only be authorized for a maximum period, not to exceed 7 days.

EXAMPLE: A 7-person AG is approved for SNAP benefits. The Worker anticipates the receipt of benefits in 7 days. The AG has an immediate need for food and meets the eligibility criteria for Emergency Assistance. The Worker computes the amount of payment as follows:

Step 1: Determine the maximum monthly allotment for a 7-person AG.

Step 2: Divide this amount by 30 days to determine the daily amount.

Step 3: Multiply the daily amount times 7 days to determine the amount of payment that may be authorized.

If the applicant cannot prepare food where he resides, authorization may be made for payment to purchase food at a cafeteria or a low-cost restaurant. This method may also be used to provide meals for a transient AG returning home.

Emergency And Special Assistance Programs

To determine the payment, the Worker needs to consider the following:

- The maximum payment per day must not exceed the maximum monthly allotment divided by 30 days.
- The number of days for which the AG may be approved is up to, but not exceeding, 7 days.
- The Worker must thoroughly discuss this arrangement with the client to insure he understands how the funds can be used.

When the AG must use a local restaurant or cafeteria, the Worker authorizes payment to the local vendor.

When the clients are transients returning home and must use non-local restaurants or cafeterias, the Worker authorizes payment so that a check can be issued to a responsible AG member.

4. Household Supplies Or Furnishings

Household supplies or furnishings are considered items of need for Emergency Assistance only when a fire or some other man-made or natural disaster has destroyed such items. The only exception to this is when household supplies or furnishings are needed for a homeless person or family for whom the Department is seeking or has located housing. The applicant must be a West Virginia resident. Requests for non-residents must be sent to the DFA Policy Unit prior to approval.

Emergency household supplies or furnishings may include such basic items as bedding, eating and cooking utensils, towels and linens, soap or a necessary good used appliance, limited to a refrigerator or stove.

A maximum payment of up to \$100 per eligible AG may be authorized to a vendor for household supplies and furnishings. Because of the limited maximum payment, the Worker must assist the recipient in planning his purchases wisely. The recipient should be discouraged from selecting convenience items rather than basic needs. The Worker must carefully evaluate the recipient's actual need for the items requested.

5. Clothing

An applicant may receive payment for emergency clothing only when his clothing was destroyed by a fire or some other man-made or natural disaster, or when a child, not yet age 18, is abandoned without adequate clothing.

Emergency And Special Assistance Programs

A maximum payment of up to \$75 per eligible AG member may be made to a vendor for clothing.

6. Child Care

Emergency Assistance funds may be authorized to help an eligible AG arrange temporary child care when immediate arrangements are required.

Situations in which emergency child care may be authorized include hospitalization and/or incarceration of the parent(s), or the abandonment of children when immediate arrangements for care must be made, pending the development of a more appropriate and permanent plan.

Payment may be authorized for children from birth through age 13. Exceptions may be made by the Supervisor on a case-by-case basis to include children ages 14 – 17 to keep siblings together or when the child has special needs.

Payment may be authorized to a neighbor, friend or relative at the rate of \$.38 per hour per child or \$9 per day (24 hours) per child. Payment may be made for varying amounts of time to 24-hour care for a period not to exceed 7 days.

Emergency child care arrangements must be of limited duration and only used when other approved child care plans cannot be developed in time to meet the emergency. This is to insure protection for the children.

7. Transportation

Payment for emergency transportation service may be authorized as described below.

a. Transients

A transient is an individual who is traveling or passing through a locality and experiences an emergency that makes it necessary to return to his home community. The definition of transient does not include individuals who are visiting within the locality or who arrived with the intent to obtain temporary to permanent employment or otherwise remain within the locality on a temporary or permanent basis. In addition, an individual who finds temporary or permanent employment within a locality, but later decides to return to his home community does not meet the definition of a transient.

Emergency And Special Assistance Programs

A transient must be without resources with which to purchase the item or service that will enable him to return to his community. Prior to authorizing payment, the Worker must verify by a collateral contact that the transient has a place to live or that another agency will assist him to become reestablished in the community to which he wishes to return. Applications for transportation by transients must not be denied if the maximum payment does not complete the travel arrangements. However, the Worker must determine how far they can travel and whether or not there is another agency in that location to help them.

b. To Obtain Medical Assistance

Clients in need of transportation to a medical provider may obtain benefits for this purpose. Medicaid recipients are not eligible when the medical service is billed to and paid by Medicaid.

c. Determining the Amount of Payment

(1) Transients

The amount of payment depends upon the type of transportation to be used and the one-way distance. However, the maximum payment can not exceed \$50 per AG member, regardless of the type of transportation used or the one-way distance.

Payment may be authorized for the cost of gasoline, oil and minor auto repairs for a privately owned automobile or for use of a common carrier, restricted to bus, train or taxi.

If a common carrier must be used, payment up to \$50 of the established one-way fare per AG member is made to the vendor.

If an automobile is used, payment may include mileage one way for the cost of gasoline and oil, based on the current State reimbursement rate, and minor automobile repair. The total payment for either mileage or minor repairs or a combination cannot exceed \$100 per AG. Form DFA-67 is completed and made payable to the recipient. If payment is authorized only for minor automobile repairs, the check is made payable to the vendor.

Emergency And Special Assistance Programs

(2) To Obtain Medical Assistance

Payment may be authorized for the use of a privately-owned automobile or common carrier, restricted to a bus, train or taxi. The amount of payment depends upon the type of transportation to be used and the round-trip distance.

If a common carrier must be used, payment is made to the vendor for a round-trip fare. The cost of waiting time is included when travel from city to city is required. The client and taxi driver must be informed that waiting time is permitted only to secure medical services. When the cost of waiting time is included, the Worker must obtain a dated and signed statement indicating the rate, elapsed time and total charges for waiting time from the taxi company. When travel within the city limits is required, the cost of waiting time is not included in the payment. The client and the taxi driver must be informed of this. Prior to authorizing payment to a common carrier, the Worker must determine that no other transportation resources are available, unless he determines that the cost of a common carrier is less.

When an automobile is used, payment is made at the State reimbursement rate for one round trip. When the transportation provider is not the client or someone who lives in the client's household, the total cost of the round trip mileage to the nearest medical facility is computed from the provider's point of departure.

For any transportation method, the Worker authorizes payment only to the nearest appropriate medical facility.

8. Emergency Medical Care

The cost of emergency outpatient medical care may be authorized for clients when such care is not otherwise available from resources such as Medicare, Medicaid or any other local or state program. The Worker must determine that these resources are not available to an applicant in time to eliminate or prevent an emergency prior to authorization.

In addition, the Worker must also consider whether the applicant may qualify for medical services from the Department's medical programs.

Emergency And Special Assistance Programs

a. Outpatient Medical Service

Specifically, this includes emergency room, emergency outpatient hospital services and emergency outpatient physician's services. Emergency outpatient dental or oral surgery is included. A written statement signed by the attending physician is required for the approval of emergency room and emergency outpatient hospital services. When emergency outpatient physician's services are requested, a statement signed by the physician that indicates emergency treatment was rendered must be obtained. When outpatient diagnostic tests are required, the physician must specifically indicate the type of tests needed.

b. Prescription Medication and/or Medical Equipment

Emergency prescription service involves situations in which prescription medicine and/or medical equipment is needed on an emergency basis due to illness or to prevent death. This may be related to emergency outpatient medical treatment, as described above, or in situations when the individual needs prescription medicine without medical treatment.

The need for prescription medicine or medical equipment must be verified by a qualified health professional. In determining whether or not the prescription is required to prevent an emergency, the Worker may contact the attending physician or pharmacist. If this is not possible, the Worker must determine the purpose for or type of medicine and/or medical equipment being requested. If it cannot be determined from medical sources that the prescription is needed to prevent an emergency, the applicant's statement that an emergency exists is accepted.

c. Determining the Amount of Payment

(1) Outpatient Medical Services

Payment may be made for treatment or services up to, but not exceeding, a period of 30 days.

(2) Prescription Medication and/or Medical Equipment

(a) Medication may be authorized for up to, but not exceeding, a 30-day supply per different prescription medication, per person, within the 30 day period of eligibility.

Emergency And Special Assistance Programs

EXAMPLE: Only one 30-day supply of Promethazine can be authorized during the period of eligibility. Additional requests for this specific drug are denied when a 30-day authorization was previously made. Other types of prescription medicine can be authorized if the client meets the eligibility guidelines.

- (b) Payment for medical equipment may be authorized for up to, but not exceeding, a 30-day supply per different equipment type, per person, within the 30-day period of eligibility. This may include insulin testing supplies and durable medical equipment. The total payment for medical equipment per AG may not exceed \$100. Requests exceeding \$100 must be sent to the DFA Policy Unit for exemption approval.

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