

MANUAL MATERIAL TRANSMITTED

MANUAL: Income Maintenance			CHANGE NUMBER: 46		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
5 - 8	4	9/95	5	4	10/96
11	4	10/95	6	4	9/95
12	4	9/95	7	4	10/96
			8	4	9/95
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			12	4	10/96
i	6	8/95	i	6	8/95
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11 - 12	11	8/95	11	11	10/96
			12	11	8/95
i - ii	17	2/96	i	17	10/96
9	17	4/96	ii	17	2/96
10	17	2/96	9	17	4/96
25 - 26	17	2/96	10	17	10/96
			25 - 26	17	10/96
ES-NL-AC-1	FORM		IM-NL-AC-1	FORM	10/96
ES-NL-QC-1	FORM		IM-NL-QC-1	FORM	10/96
DATE: August, 1996			TO: All Income Maintenance Manual Holders		

The following changes are being made:

The ES-NL-AC-1 is now the IM-NL-AC-1. The form no longer contains the minimum and maximum spousal share amounts, but has blank spaces for the current amounts so that the form does not have to be updated yearly as the amounts are updated. Thanks to the staffs of Kanawha, Marion and Monongalia counties for reviewing the proposed revisions to the form.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Good-Faith Effort To Sell Real Property	FS, AFDC/U	Prior to exemption of real property	Newspaper ads, statement of realtor, other media notices. AFDC/U Only: Client must sign form ES-22, Agreement to Sell Property
6. Savings Bond Bought From Client's Own Funds. Verify date of purchase and cash-in value.	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB	When bond is at least 6 months old: Prior to approval, when client reports additional bonds. If bond is not 6 months old: Verify 6 months from date of issue.	Bond, financial institution
7. Bona Fide Loan	AFDC/U	When client says he has a loan.	Written agreement, ES-AP-75
8. Uniform Gifts To Minors Act Funds	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB	When client reports having such funds, prior to exclusion	Written agreement must specifically state that such funds are part of the Uniform Gifts To Minors Act.
9. PASS Account For FS: Verify that PASS was developed through SSA.	FS, SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB	Prior to exclusion	Copy of plan

B. INCOME

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>1. Earned Income. Verify source and amount.</p>	<p>All Programs and coverage groups with an income test</p>	<p>Prior to approval, at redetermination and: FS and AFDC/U QR cases: Amount from the month prior to the month the QR form is due. Medicaid: When a change in the amount is reported. FS and AFDC/U non-QR cases: When a change is reported, verify rate of pay, source, job status</p>	<p>Pay stubs, written statement from employer, self-employment records, Work Record Sheet ES-17</p>
<p>2. Unearned Income Verify source and amount.</p>	<p>All Programs and coverage groups with an income test</p>	<p>Prior to approval, at redetermination, when a change in the source or amount is reported. FS Only: The change in the amount must be more than \$25.</p>	<p>Award letter, computer matches, written statement from source, CAO information, written statement from contributor, SDX, BENDEX, SSIS Provider Match printout, SSI printout</p>

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>4. Utility Expenses</p>	<p>FS</p>	<p>When the benefit group chooses to claim expenses in excess of the SUA, and this results in an income deduction or a larger deduction. When an increase of more than \$25 is reported, and expenses in excess of the SUA are claimed. When excess expenses cannot be verified within processing time limits, the SUA is used, if the client is otherwise eligible for it. When the expense is for an unoccupied home.</p>	<p>Current bills or receipts</p>
<p>5. Child Support</p> <p>Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments.</p>	<p>FS</p>	<p>Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid.</p>	<p>Court order or legal separation agreement, cancelled checks, pay stubs showing wage withholding, signed receipt or statement from the custodial parent.</p>

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There are three forms used to calculate the amount of income deemed to an SSI-Related Medicaid client, as follows:

- IM-SSIR-1A Deeming to Spouse
- IM-SSIR-1B Deeming to Child
- IM-SSIR-1C Deeming to Spouse and Child

E. ES-NL-GA-1, GA FOR DA COMPUTATIONS

This form must be sent with each ES-NL-A sent to the client for approval of GA for DA benefits and to each applicant denied for income reasons.

In addition, it must be sent with each ES-NL-C sent for notification of ineligibility due to income reasons.

F. IM-NL-AC-1, ASSET COMPUTATIONS

Asset computations must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

The Worker must designate the program(s) for which the form is being completed and the appropriate asset limit. If two or more programs' assets are being shown on the same form, and an asset is excluded for one program but not others, the Worker must show for which program(s) the asset was counted under "Additional Information." This same section is also used for any special considerations given to an asset, such as "jointly-owned but fully available", or "cash-in value only counted".

In the column headed, "Value (How Obtained)," the Worker must indicate the source of information used to determine the value, such as NADA Book, Client's Statement, Bank Statement of (DATE), Vehicle Estimate.

G. ES-NL-C/U-2, AFDC/U REPAYMENT AMOUNT COMPUTATIONS

Computation of the AFDC/U overpayment amount must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of the receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

limited to, mortgages, liens and any other enforceable claims against the home or seller that must be and are satisfied to finalize the sale. Sale expenses are all expenses that must be paid by the seller in connection with the sale. They include, but are not limited to:

- Broker fees
- Broker commissions
- Legal fees
- Mortgage-related fees, such as "points" paid by the seller
- Inspection and settlement fees
- Transfer taxes and other accrued taxes paid by the seller

NOTE: Interest earned on the proceeds from the sale is not excluded.

Treatment of the proceeds depends on whether or not the client intends to purchase another home.

(a) Client Intends to Purchase Another Home

When the client sells his excluded home and states that he intends to purchase another home, the exclusion applies. The Worker must record that the client has stated this intent and set a control for the third month following the month in which the client received the proceeds from the sale to verify that the proceeds are obligated or used to purchase another home. The client's statement of intent is sufficient to qualify for the exclusion, unless questionable. See Verification, Section 4.1.

The exclusion does not apply to the portion of the proceeds that exceeds the costs of the purchase and occupancy of another home. Allowable costs need not actually be paid to qualify for the exclusion. However, the individual must have legally obligated himself to pay the costs at some future time in connection with the purchase of another home. Examples of allowable costs of

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NURSING CARE SERVICES

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NURSING CARE SERVICES

17.6 NOTIFICATION

The applicant or his representative must be notified in writing of the action taken on his application using form ES-NL-A. The recipient, his representative and the nursing facility administrator must be notified in writing in advance of any action that results in a change in the level of benefits using form ES-NL-B or ES-NL-C, whichever is appropriate. See Chapter 6. This Section discusses additional notification procedures related to nursing care cases.

A. WHO RECEIVES NOTIFICATION

The Worker must determine who to notify as follows:

- When the client is not physically/mentally able to manage his own affairs, notification letters are addressed to the client's spouse or representative.
- When the client is not able to manage his own affairs and does not have anyone to act for him, notification letters are addressed to the facility administrator.

When the notification letters are addressed to someone other than the client, the following alterations in the form are required:

- In the upper left hand side, enter "re" followed by the client's name and case number.
- In the appropriate items, the name of the client (e.g., Mr. Smith or Mr. Smith's) is substituted for "you," "yours" or "client."

B. ES-NH-3, NOTICE OF CLIENT'S CONTRIBUTION TOWARD HIS COST OF CARE

The ES-NH-3 is used to notify the client or his representative, the nursing facility administrator and the LTC Unit of the client's contribution to his cost of care.

The form is completed when the eligible client first enters the nursing facility, leaves a nursing facility, is transferred to a different nursing facility, or when the ineligible individual who is in a nursing facility becomes eligible for payment. A new form is prepared

NURSING CARE SERVICES

17.10 ASSETS

A nursing care client must meet the asset test for his eligibility coverage group. The asset level for those eligible by having income equal to or less than 300% SSI payment for an individual is the same as for an SSI-Related Medicaid eligible. See Chapter 11 for the appropriate coverage group.

Once the Worker determines the value of the assets, there are additional procedures that apply to nursing care clients.

A. ASSET ASSESSMENTS

NOTE: A legally married individual and his spouse, although separated, are treated as a couple for the asset assessment, regardless of the length of the separation.

When determining eligibility for nursing care services for an individual, institutionalized on or after 9/30/89, who has a community spouse, the Worker must complete an assessment of the couple's combined countable assets. The assessment is completed, when requested by the client or his representative, prior to application, or at application, if not previously completed. It is completed as of the first continuous period of institutionalization and is completed one time only.

The assessment is done on Form IM-NL-AC-1. The purpose of the spousal asset assessment is to allow the spouse of an institutionalized individual to retain a reasonable portion of the couple's assets.

When requested, the Worker must advise the individual(s) of the documentation required for the assessment. Verification of ownership and the CMV must be provided. When it is not provided, the assessment is not completed.

The Worker documents the total value of all non-excluded assets.

Nursing facilities are required to advise all new admissions and their families that asset assessments are available upon request from the county office. The agency has developed a statement concerning the availability of asset assessments. Nursing facilities provide this "Patient's Bill of Rights" as part of their admission package. See Appendix C.

CASE NAME: _____

DATE COMP: _____

CASE NUMBER: _____

COMM. SPOUSE NAME: _____

West Virginia Department of Health and Human Resources

ASSETS COMPUTATION AND ASSET ASSESSMENT

PROGRAM (CHECK)

AFDC/U	_____	SSI-REL. MEDICAID	_____
GA FOR DA	_____	QMB\SLIMB	_____
AFDC/U-REL. MEDICAID	_____	CDCS	_____
PAC	_____	NF\HCB ASSESSMENT	_____
QDWI	_____		

COUNTABLE ASSET	OWNER	VALUE (How Obtained)	AMOUNT OWED	AMOUNT COUNTED	ADDITIONAL INFORMATION
Savings Account					
Savings Account					
Checking Account					
Checking Account					
Christmas Club					
Cash\Cash Savings					
C.D's					
C.D's					
Money Market Account					
Credit Union					
IRA\Keogh					
Stocks\Bonds\Savings Bonds					
Trust Funds					
Burial Plots					
Burial Funds					
Burial Trusts					
Life Insurance					
Life Insurance					
Vehicle					
Vehicle					
Camper\Trailer					
Swimming Pool-Above Ground					

Case Name _____

Case Number _____

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
QUALIFIED CHILD COMPUTATIONS

1. \$ _____ Gross Monthly Earned Income
2. - _____ Standard AFDC/U Work Deduction

\$90
× _____ No. Working Persons
\$ _____ Total Deductions

3. \$ _____ Remainder
4. - _____ Day Care Expenses

MAXIMUMS = Under age 2 - \$200 Age 2 and over - \$175
--

5. \$ _____ Remainder
6. + _____ Gross Monthly Unearned Income (Including Child's
Own Countable Child Support)

7. \$ _____ Total Monthly Countable Income

8. - _____ Waiver Deduction

a. \$ _____ Current Federal Poverty Level (FPL) for SFU Size
b. - _____ Max. AFDC/U payment for SFU size
c. \$ _____ Remainder + \$1 = \$ _____ Waiver Deduction

9. \$ _____ Total Net Monthly Countable Income

If the amount on line 9 is less than the maximum AFDC/U payment for a family (Standard Filing Unit) size, the child is eligible as a Qualified Child. If not, the child is **NOT** eligible as a Qualified Child.

Eligible

(Circle One)

Not Eligible

WORKER'S SIGNATURE

DATE