

MANUAL MATERIAL TRANSMITTED					
MANUAL: Income Maintenance			CHANGE NUMBER: 52		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
TOC-iii	19	1/96	TOC-iii	19	1/96
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Appendix C-1	19	1/96	Appendix C-1	19	12/96
Appendix D-1	19	1/96	Appendix D-1	19	12/96
DATE: October 1996 TO: ALL INCOME MAINTENANCE MANUAL HOLDERS					

Please review the narrative below for an explanation of the changes above:

A. Non-Emergency Medical Transportation

Page 55 - The second paragraph on this page was rewritten to indicate that both exceptions and clarifications exist. In addition, the paragraph regarding LTC and Alternative LTC patients was rewritten to eliminate any confusion about the original intent of this policy.

Page 63 - The third sentence of the second paragraph on this page was revised to correct an error in the text. "Nearest" was omitted. NOTE: The application form (ES-NEMT-1) will also be revised to eliminate this error.

Pages 69-70 - A paragraph has been added to a., Identifying Information, that describes where the application form must originate. As well, payment must also be processed in the county from which the Medicaid card was issued.

B. Indigent Burial Program

Pages 153-154 - Item #3, Need, has been rewritten to clarify the policy. Also, it was rewritten to correct a typographical error. In the second paragraph, "eligible" was corrected to "ineligible."

C. Low-Income Energy Assistance Program

Pages 191-192 - "Appalachian Power" was corrected to "American Electric Power."

Page 199 - In the fourth paragraph on this page, a sentence was added to indicate that the new LIEAP form, ES-LIEAP-4, must be used for applicants who report zero income.

Pages 209-212 - It became necessary to establish a definite time frame within which the Emergency LIEAP applicant must return or verify requested information needed to make a decision regarding eligibility. This is new policy and the date on which the information is to be returned must be written upon the ES-6 form.

Page 227 - Item #6, Lost, Stolen or Destroyed Checks, has been revised. Please follow the instructions.

Page 231 - Item C, Previously Denied Regular LIEAP Cases. Please note the change in procedure. 9's cannot be entered to clear the case for an approval. Instead, Esther Crim must be contacted as noted in the text.

(over)

19.3 NON-EMERGENCY MEDICAL TRANSPORTATION

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B. Eligibility Requirements

1. General Eligibility Requirements

In order to be eligible for non-emergency medical transportation and certain related expenses, one must:

- Be a Medicaid recipient. (note the clarifications and exceptions below):
 - * Individuals who are designated a Qualified Medicare Beneficiary (QMB), or Specified Low Income Medicare Beneficiary (SLIMB), or Qualified Disabled Working Individuals (QDWI) only are NOT eligible for NEMT benefits. However, these cases may also be dually eligible for Medicaid by qualifying both as a QMB, SLIMB, or QDWI and under another category listed in the State Plan. Dually eligible cases ARE eligible for NEMT benefits since they are entitled to the full range of Medicaid services.
 - * All Medicaid patients designated as TEFRA are eligible for NEMT benefits.
 - * All Medicaid patients designated as LTC and Alternative LTC are eligible for NEMT benefits including transportation needed to obtain the PASARR test (psychiatric evaluation) as necessary to obtain screening for admission to nursing homes.
 - * All Medicaid public school patients being transported to schools for the primary purpose of obtaining an education even though Medicaid-reimbursable school-based health services are received during normal school hours are NOT eligible for NEMT. If such services are provided off-site from the school or at school during other than normal school hours, NEMT benefits would be available.

OF INPATIENT HOSPITALIZATION ADMITTANCE, REIMBURSEMENT IS MADE FOR UP TO THREE ROUND TRIPS PER ADMISSION. This will include one round trip on the day of admission, one round trip for the parent to be present for surgery, and one round trip on the day of discharge.

- Automobile - Mileage is paid at the current mileage rate of for one round trip. If more than one patient is being transported, the Worker will make payment for only one round trip. Whenever the transportation provider is NOT the patient or someone living in the patient's household, the total cost of the round trip mileage to the medical facility will be computed from the provider's point of departure (his residence) to pick up the patient for the trip to the medical facility. When a Department employee is the provider, the employee will be reimbursed at the rate permitted in the state travel regulations.
- Common Carrier - When a common carrier is the provider, the established round-trip fare will be paid. The cost of waiting time will be included in the payment when inter-city travel is required (travel from city to city). The patient and taxi driver must be aware that waiting time is allowed ONLY TO SECURE MEDICAL SERVICES. Prior to making payment for transportation in which the cost of waiting time is included, the Worker must obtain from the taxi company a dated and signed statement indicating the rate, elapsed time, and total charges for waiting time.

When intra-city travel is required (travel within the city limits), the cost of waiting time will not be included in the payment, and the patient(s) and taxi driver must be aware of this.

1. Completion of Form ES-NEMT-1, Application Verification Form

Form ES-NEMT-1 must be completed for all requests for transportation (except when the DF-67-B may be used) and certain related expenses in order to determine eligibility for NEMT benefits. (Refer to item 2 below to determine when the DF-67-B may be used.)

The form is divided into Sections A - Identifying Information, B - Applicant and/or Patient Responsibilities and/or Signatures, C - For Agency Use only and D - Verification of Attendance/Travel Costs.

The form contains sufficient space to obtain verification for up to four trips per application. However, when the patient is making more than ONE TRIP PER WEEK, up to five trips/week may be verified. Each trip date must be entered in the space entitled "Date Patient Attended." In this way, a maximum of twenty round trips can be approved on one application since four verification spaces exist per application. Regardless of the number of trips included on the form, ALL trips must have occurred within the 60-day deadline (refer to "d." below).

The form is to be completed as follows:

a. Identifying Information and Form Origination

The identifying information of the person who is completing the application will be entered in this section. Case numbers will be obtained for the patient who needs the travel. Additional spaces for case numbers are provided in situations where additional cases with different numbers exist in one household.

The form must originate from the county in which the Medicaid card was issued. If foster children are placed in foster homes located in other counties, the completed application form can be mailed by the foster parent to the Worker in the county in which the Medicaid card was issued.

not met. All trip dates must meet the 60-day deadline requirement.

2. Completion of Form DF-67-B as the Application Form for EPSDT, Handicapped Children's and Other Approved Clinics

19.5 INDIGENT BURIAL PROGRAM

A. Introduction

The purpose of the Indigent Burial Program is to provide a decent burial for persons who die and have no resources to pay for the interment costs at the time of death.

B. Eligibility Requirements

When making the decision regarding the eligibility for payment of the burial rates, the Worker must give consideration to the following criteria.

1. Residence

The deceased must have been a resident of West Virginia at the time of death in order to be eligible for a burial payment. (See exception below.) Individuals who have left West Virginia for the purpose of residing in other states (or who have become residents in other states) and later decease are ineligible for Burial Program benefits.

2. Exception to the Residence Requirement

One exception applies to the residence requirement. This occurs when a non-resident of West Virginia deceases while traveling or visiting in the state and has no family, friends, or institution in the state of his residence that will assume responsibility for the funeral arrangements or otherwise claim the body. The Worker must verify that this situation exists before the case may be found eligible for payment.

3. Need

Resources of the deceased shall consist of readily available liquid assets such as, but not limited to, life insurance policies, burial trust funds, cash, checking and/or savings accounts, certificates of deposits, etc.

If the applicant indicates that, for an adult burial, the deceased had at least \$1,600 in available resources, the Worker must find the case

be denied.

- h. Department's Response Time to Resolve the Emergency

The Department will determine that assistance is offered to resolve the home energy emergency to all eligible recipients not later than 48 hours from the time of application. This will apply only in those infrequent situations when the client is without home heating. In most situations, fuel delivery can be made or home heating service continued to prevent an emergency from occurring when the vendor has been informed that the client is eligible for a certain amount of Emergency LIEAP benefits.

When the eligible benefit group is faced with a life-threatening emergency, the Department will determine that assistance is offered to resolve the emergency not later than 18 hours from the time of application.

3. Other Programs

Regular or emergency LIEAP benefits will not be considered as a resource in determining eligibility or the amount of a benefit for any public or private assistance program with the singular exception of Emergency Assistance.

- a. Emergency Assistance

When an applicant for Emergency Assistance is requesting benefits to eliminate a home heating emergency, the regular and emergency LIEAP program must be used as a resource against the eligibility determination and/or amount of emergency assistance benefits.

- b. 20% Utility Discount Program

The receipt of benefits under the 20% utility discount program will in no way affect one's eligibility and/or receipt of Emergency LIEAP.

- c. Vendor-Supported Home Heating Assistance Programs

Certain vendor-supported home heating assistance programs such as Neighbor-to-Neighbor (American Electric Power) have limited funds that are

when the applicant has indicated the source of income for any member of the benefit group results from any type of employment. For example, the application form indicates SSI as the source of income for one member and employment for another person. The applicant must verify the amount of employment AND SSI income.

TOTAL income of the benefit group MUST be verified when the applicant indicates a source of income for any member of the benefit group results from any type of student loan, grant, scholarship or college work study program. Although student loans, grants, scholarships and payments from college work study programs are excluded from being counted as income, verification of the existence and amount of these payments plus any other sources of income MUST be verified for these applicants.

Documentation may include pay check stubs, award letters, written statements from employers, etc. Although documentation should be current, it is permissible to use pay check stubs and other documents showing earnings during the month prior to the month of application. **In no instances may documentation of this type be earlier.** Documentation of student loans, grants, scholarships and payments from college work study programs should be obtained from the institution. Private or personal loans not verified by the institution must be verified via award letters, bank or loan company statements, etc.

When the applicant reports no household income during the month of application, he MUST verify how living expenses of the benefit group have been paid or how the benefit group members have managed without income 30 days prior to the date of application. "Living expenses" will be limited to food, clothing, shelter, light, heat and incidentals. **THEREFORE, THE APPLICANT MUST VERIFY HOW HE HAS PAID FOR THESE ITEMS IF ZERO INCOME IS REPORTED.** Form ES-LIEAP-4, Zero Income Heating Cost Verification Form, must be completed by the applicant.

The worker should begin the interview by asking the applicant when he and/or other benefit group members last received income and how he has paid for food, clothing, rent or mortgage, utilities

payment of \$146. If all other eligibility requirements are met, the client will be found eligible for \$150 emergency LIEAP because the total amount of the budget payments is less than the last bill received prior to June 1 (\$250).

- Using the same example as above, the applicant's last bill prior to June 1 was \$100. Budget payments of \$50 each were made in June and July. The applicant submits an overdue bill for \$125 on August 20 because he received a termination notice. However, the applicant does not meet the emergency home heating requirement because none of the overdue bill was incurred during the heating season (or prior to June 1).

The same procedure referred to above will apply as well to bulk fuel users. The applicant will be expected to provide verification substantiating the amounts referred to above. Applicants who are ill, handicapped, or aged will be assisted by the Worker to obtain verification. FAILURE ON THE PART OF THE APPLICANT AND/OR HOME HEATING PROVIDER TO PROVIDE THE REQUIRED INFORMATION WILL RESULT IN A DENIAL OF THE APPLICATION.

6. Client Notification of Case Action Taken

Applicants must be notified of the decision made on the application within 30 days of the date of application. Notification will be accomplished by following the instructions below:

a. Regular LIEAP Application

- Computer-generated Letter - The computer-generated letter will be used to notify clients of an approval or denial of all cases entered into the LIEAP Client Information System.
- ES-NL-A Notification Letter - The ES-NL-A form will be used to notify regular LIEAP applicants in the following situations:
 - o When the Worker is aware that a

application, form ES-6 must be completed and given to the applicant at the time of the intake interview. Since a decision on an emergency LIEAP application should be made as soon as possible, the applicant must be given five government business days to return the requested information.

NOTE: Copies of all clientele correspondence generated by the Worker **MUST** be placed into the case record.

E. Payment Process

The payment process will consist of vendor payments and direct payments. A vendor payment is a payment made to the home heating provider on behalf of the benefit group. A direct payment is when the check is made directly to the benefit group. All regular and emergency LIEAP payments will be made via the State Office. Vendor certification, a part of the payment process, is described at the end of this section.

1. Regular LIEAP Benefits

a. Direct Payment

Direct payment of regular LIEAP will be made only in the following circumstances:

- (1) The primary source of home heating is via bulk fuels such as fuel oil (all types), LPG (liquified petroleum gas), coal, kerosene and wood.

EXCEPTION: Please refer to item b, vendor payments, (3) below.

- (2) Heating costs are included in the rent or mortgage payment.
- (3) The PSC-regulated home heating supplier that services the household has not entered into a contractual agreement with the Department.
- (4) Home heating costs are paid separately to a landlord or someone else.

b. Vendor Payments

Vendor payments will be made only in the following circumstances:

- (1) The home heating provider is a PSC-regulated

the account. When the location of the client is known, the check may be rewritten as a direct or vendor payment depending upon the client's wishes.

d. Client Refuses to Accept LIEAP Check

In situations where the client refuses to accept the LIEAP payment (or a vendor payment), the Worker should determine the reason for the refusal and clarify any confusion on the part of the client. If the client continues to refuse the payment, it will be returned to the Office of Financial Services via memorandum explaining why the check is being returned.

6. Lost, Stolen or Destroyed Checks

LIEAP recipients who claim that their checks were lost, stolen or destroyed must complete an affidavit attesting to the specific occurrence which prevented them from using the check. Form AA-36 with the appropriate changes in terminology to reflect the LIEAP check may be used for this purpose. It is extremely important to request a "stop payment" action as soon as possible by sending the affidavit plus a memorandum of explanation to Esther Crim, Office of Financial Services. Do not phone Ms. Crim when requesting this action. No action can be taken until the affidavit is received by Ms. Crim.

The client must be informed that he must wait up to 30 days from the date of the stop payment action in order to receive his check. NO CHECKS WILL BE WRITTEN AT THE COUNTY LEVEL TO REPLACE LOST, STOLEN AND DESTROYED CHECKS. Instead, clearance must occur from the State Treasurer's office on each check in which a stop payment action has occurred. After the check has been cleared, payment will be made promptly to the client. If the client is placed into an emergency situation as a result of the stop payment action, an emergency LIEAP application may be taken.

7. Client Refuses Emergency LIEAP Delivery of Bulk Fuel

As indicated in item E, Payment Process, the client will decide if he is satisfied with the bulk fuel delivery. In situations when the client refuses to accept the delivery, the Worker must evaluate all factors by obtaining information from both the client and vendor. However, the Worker should first allow the client and vendor to work out a solution to resolve the

situations when cases must be denied to prevent duplicate payments.

b. Cases not to be Entered:

- Cases denied for Regular LIEAP to prevent duplicate payment. (The case was previously approved for Regular LIEAP).
- ALL cases denied for Emergency LIEAP.
- Second and third denials of Regular LIEAP

c. Previously Denied Regular LIEAP Cases

Whenever a previously denied regular LIEAP case has reapplied for regular LIEAP and has been found eligible, do NOT use the denied household number to make the terminal entry. Instead, phone Esther Crim at 558-3292 who will make the necessary changes to insure payment. This request must be followed up with a memorandum. This procedure will prevent the denied case from being erased and will mail a computer-generated approval letter to the household. Use the same procedure when the previously denied regular LIEAP case has reapplied and has been found eligible for Emergency LIEAP.

d. Obtaining the LIEAP Screen

As indicated #2 above, terminal entries will be made in the dash-spaces while the response from the system will appear on the screen where the line spaces are located on the form. In order to bring the black data transmission outline up on the screen for a new entry, the terminal operator will enter "WENG".

e. Quick and Efficient Entries

The instructions outlined below permit LIEAP data to be entered into the LIEAP Client and Payment Information System quicker and more efficiently. This procedure may be used to enter data from a new case not on file or for cases already on file that have a dumsheet:

Dumpsheet Cases

- Activate the LIEAP system (WENG) and update the first case by entering the required data.

APPENDIX C
DESK GUIDE FOR
CHET DISPOSITION CODES

I. EMERGENCY ASSISTANCE

A. Approval Codes

- E1 - Shelter
- E2 - Food
- E3 - Utility
- E4 - Bulk Fuel
- E5 - Household Supplies and Furnishing
- E6 - Clothing
- E7 - Child Care
- E8 - Transportation - Transient
- E9 - Transportation - Emergency Transportation to
Medical Facility
- E - Other
- EO - Emergency Medical Care - Outpatient
- EP - Emergency Medical Care - Pharmacy
- EM - Both of the above benefits

AFFIXES

- "F" - Fire
- "D" - Disaster
- "E" - Exceptions

B. Denial and Withdrawal Codes

- E01 because your income exceeded the amount allowed by
\$.
- E02 because a resource referral was not accepted.

F - Father
SM - Step-mother
SF - Step-father
A - Aunt
U - Uncle
OM - Other Male Adult
OF - Other Female Adult
S - Son
D - Daughter
B - Brother
SI - Sister
NI - Niece
NE - Nephew
GS - Grandson
GD - Granddaughter

APPENDIX D
LIEAP PROGRAM
NUMBER IN BENEFIT GROUP

Gross Monthly Income	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
0-399	112	117	122	126	131	136	141	146	150	155	160	165	170	174	179	184	189	194	198	203
400-709	107	112	117	122	126	131	136	141	146	150	155	160	165	170	174	179	184	189	194	198
710-797		107	112	117	122	126	131	136	141	146	150	155	160	165	170	174	179	184	189	194
798-950		102	107	112	117	122	126	131	136	141	146	150	155	160	165	170	174	179	184	189
951-1,039			102	107	112	117	122	126	131	136	141	146	150	155	160	165	170	174	179	184
1,040-1,190			98	102	107	112	117	122	126	131	136	141	146	150	155	160	165	170	174	179
1,191-1,276				98	102	107	112	117	122	126	131	136	141	146	150	155	160	165	170	174
1,277-1,430				93	98	102	107	112	117	122	126	131	136	141	146	150	155	160	165	170
1,431-1,525					93	98	102	107	112	117	122	126	131	136	141	146	150	155	160	165
1,526-1,670					88	93	98	102	107	112	117	122	126	131	136	141	146	150	155	160
1,671-1,759						88	93	98	102	107	112	117	122	126	131	136	141	146	150	155
1,760-1,910						83	88	93	98	102	107	112	117	122	126	131	136	141	146	150
1,911-1,995							83	88	93	98	102	107	112	117	122	126	131	136	141	146
1,996-2,151							78	83	88	93	98	102	107	112	117	122	126	131	136	141
2,152-2,229								78	83	88	93	98	102	107	112	117	122	126	131	136
2,230-2,391								74	78	83	88	93	98	102	107	112	117	122	126	131
2,392-2,466									74	78	83	88	93	98	102	107	112	117	122	126
2,467-2,631									69	74	78	83	88	93	98	102	107	112	117	122
2,632-2,714										69	74	78	83	88	93	98	102	107	112	117
2,715-2,871										64	69	74	78	83	88	93	98	102	107	112
2,872-2,961											59	64	69	74	78	83	88	93	98	102
2,962-3,111												54	59	64	69	74	78	83	88	93
3,112-3,196													54	59	64	69	74	78	83	88
3,197-3,351														54	59	64	69	74	78	83
3,352-3,418															54	59	64	69	74	78
3,419-3,592																54	59	64	69	74
3,593-3,676																	54	59	64	69
3,677-3,832																		54	59	64
3,833-3,915																			54	59
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FY 96-97 Income Levels