

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 58		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
xv	1	9/96	xv - xvii	1	1/97
45 - 46	1	8/95	45	1	8/95
			46	1	1/97
			123 - 133	1	1/97
iii	2	9/95	iii	2	9/95
iv	2	2/96	iv	2	1/97
53	2	9/95	v	2	9/95
			53	2	9/95
			54 - 68	2	1/97
1 - 2	3	9/95	1	3	1/97
			2	3	9/95
5	4	10/96	5	4	1/97
6	4	9/95	6	4	9/95
7	4	10/96	7	4	10/96
8	4	9/95	8	4	1/97
11	4	10/95	11	4	10/95
12	4	10/96	12 - 15	4	1/97
13 - 22	4	9/95	16 - 17	4	9/95
			18	4	1/97
			19	4	9/95
			20 - 21	4	1/97
			22	4	9/95
3	5	5/95	3	5	5/95
4	5	7/95	4	5	1/97
3 - 6	6	9/96	3	6	9/96
10 a	6	9/96	4	6	1/97

13 - 17	10	8/95			
18	10	12/96			
19	10	8/95			
20 - 21	10	10/96			
22 - 27	10	8/95			
28	10	6/96			
29	10	8/95			
30	10	6/96			
31	10	12/96			
32	10	2/96			
33	10	6/96			
34	10	2/96			
35 - 36	10	12/96			
36 a	10	2/96			
36 b	10	3/96			
7 - 8	11	8/95	7 - 8	11	1/97
15 - 16	11	8/95	15 - 16	11	1/97
51 - 52	11	8/95	21	11	4/96
55	11	4/96	22	11	1/97
56	11	8/95	41	11	1/97
			42	11	8/95
			51	11	8/95
			52 - 52 b	11	1/97
			55	11	1/97
			56	11	8/95
- iv	12	9/95	i	12	1/97
- 4a	12	9/95	ii	12	9/95
- 6	12	11/95	iii	12	1/97
- 32	12	9/95	iv	12	9/95
- 36	12	9/95	3	12	1/97
			4	12	9/96
			5	12	11/95

WV will implement its version of Welfare Reform as the WV WORKS Program. Nine counties will begin the pilot of this program on January 1, 1997. The nine counties are Greenbrier, Monroe, Mercer, Nicholas, Pocahontas, Tyler, Wayne, Wetzel and Wood.

Some provisions of PRWORA apply to all counties effective January 1, 1997 and these provisions are:

1. The family has a lifetime limit to 60 months of benefits under TANF. The 60 month clock starts in January, 1997. See Chapters 15 and 24.
2. Federal rules prohibit the use of TANF payments to individual convicted of drug-related felonies. All adult applicants are required to sign the drug statement at application. Active cases must sign at the next face-to-face contact, or redetermination, whichever occurs first. The drug statement is found in Appendix B to Chapter 1. Failure or refusal to sign this statement results in denial of the application or closure of the case, whichever is appropriate.
3. There are specific requirements for teen parents and minor parents. Teen parents without a high school diploma are required to complete high school or its equivalent or participate in education activities directed toward attainment of a high school diploma or its equivalent, or participate in an alternative education or training program approved by DHHR.

In addition, a minor parent under age 18, unmarried, and who has a child must reside with a parent, legal guardian, or other adult relative in order to receive TANF benefits. Failure to do so results in the denial of benefits. This provision applies to new applicants applying on or after January 1, 1997.

The teen parent and minor parent policies and procedures are found in Chapter 15 for non-WV WORKS counties and Chapter 24 for WV WORKS counties.

The following provisions apply to WV WORKS applicants and recipients in the nine pilot counties:

1. The asset level for WV WORKS families is \$2,000 and the value of one vehicle is disregarded regardless of the value of the vehicle. See Chapter 11.
2. The sources of income which must be considered when determining eligibility have changed. Refer to Chapter 10 for this information.
3. If earned income is present, 40% of the income is disregarded in determining the amount of the WV WORKS payment. Refer to Chapter 10.
4. The determination of who must be included in the WV WORKS benefit group is outlined in Chapter 9.

M.	BEGINNING DATE OF ELIGIBILITY	114
N.	REDETERMINATION SCHEDULE	114
O.	EXPEDITE PROCESSING	114
P.	CLIENT NOTIFICATION	114
Q.	DATA SYSTEM ACTION	115
R.	REDETERMINATION VARIATIONS	115
	1. The Redetermination List	115
	2. Scheduling The Redetermination	115
	3. Completion Of The Redetermination	115
	4. Overdue Redeterminations	115
S.	THE BENEFIT	115
	1. Retroactive Benefits	116
	2. Ongoing Eligibility	116
	3. Ending Date Of Eligibility	116
1.24	SPECIAL PROCEDURES IN THE MEDICAID APPLICATION PROCESS . .	117
A.	SPOUSES APPLY - ONE APPROVED, ONE PENDING	117
B.	DEATH OF THE ONLY INDIVIDUAL PRIOR TO APPLICATION OR APPROVAL	117
	1. Who Must Be Interviewed And Sign The Application .	118
	2. MRT Referral	118
C.	DOCUMENTATION AND REVIEW OF PENDING MEDICAID APPLICATIONS	118
	1. Instructions For Documentation For Pending Medicaid Applications	119
	2. Procedure For Review Of Pending Applications . . .	120
D.	DETERMINING REASONABLE PERIOD OF TIME FOR SPENDDOWN ENTRY	121
E.	PRIOR ELIGIBILITY FOR CASES NOT CURRENTLY ELIGIBLE .	121
	1. Approvals	121
	2. Denials	121
	3. Closures	122
1.25	WV WORKS	123
A.	APPLICATION FORMS	123

B.	Diversionary Cash Assistance Agreement . .	B-5
C.	Drug Attestation	B-6

1.5 AFDC/U

When AFDC/U applicants are also Food Stamp applicants, requirements in 1.4 also apply to the Food Stamp portion of the case. In addition, the Medicaid portion of the case is addressed in Section 1.6.

A. APPLICATION FORMS

An ES-2 is used. See Section 1.3,E for reapplications when a new ES-2 is not required.

B. COMPLETE APPLICATION

The application is complete, when the client signs an ES-2 which contains, at a minimum, his name and address.

An application is considered incomplete when the client chooses not to sign the ES-2. It is a withdrawal, and appropriate data system action and client notification must be completed. The recording on the ES-2 must specify that the client did not want to sign the application and the reason for his decision. The client must be encouraged to sign the application so there is no misunderstanding that he was denied the right to apply.

C. DATE OF APPLICATION

The date of the application is the date that the ES-2, which contains, at a minimum, the applicant's name and address, is signed.

If the client, who became ineligible due to a lump sum payment requests recomputation, the date of application is the date of his request.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The specified relative with whom the child lives must be interviewed.

If the child is living with both parents, both must be interviewed unless:

- One parent is hospitalized; or

1.25 WV WORKS

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A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The specified relative with whom the child lives must be interviewed.

If the child is living with both parents or parent and stepparent, both must be interviewed unless:

- One parent or stepparent is hospitalized; or
- One parent or stepparent is incarcerated; or

- Lump Sum: If the client indicates he may be receiving a lump sum payment, explain the lump sum policy.
- Pregnancy: Explain the need for the client to immediately report when anyone in the benefit group becomes pregnant.
- TPL: Explain Third-Party Liability procedures.

H. DUE DATE OF ADDITIONAL INFORMATION

The client and the Worker agree on the date by which additional verification must be obtained.

I. AGENCY TIME LIMITS

Data system action must be taken to approve, deny or withdraw the application within 30 days of the date of application.

EXCEPTION: When the delay is a result of factors outside the control of the Department and the applicant; e.g., inability to obtain medical reports.

J. AGENCY DELAYS

If an application has not been acted on within the required time limit due to agency error, corrective action must be taken immediately.

If the Department failed to request the necessary verification, the Worker must immediately send an ES-6 to the client and note that the application is being held in pending status. When the verification is received, WV WORKS benefits are retroactive to the date of application. Because WV WORKS recipients are also Medicaid recipients, reimbursement for out-of-pocket expenses may apply. See Chapter 2.

K. PAYEE

The payee is the individual in whose name the WV WORKS check and medical card are written. The following rules apply.

- WV WORKS: The specified relative with whom the child is residing is the payee. In the case of a minor, the payee will be the major parent or other responsible adult.

N. REDETERMINATION SCHEDULE

Cases are normally redetermined annually. The redetermination schedule is set automatically by the data system, unless the Worker and Supervisor agree that a redetermination must be completed earlier. When a case is reopened without an ES-2, the Worker must ensure that the client continues in the same redetermination cycle.

Due to frequent contact by the Worker, information should be obtained to keep the case updated. Recipients transferring from WV WORKS counties and vice versa must be scheduled for review the month following the month of transfer.

Cases may be redetermined more frequently at the discretion of the Worker and Supervisor when any of the following occur:

- There are persons in the benefit or income groups who frequently change jobs or work intermittently.
- QA has found a client error in the case.
- The composition of the benefit or income groups has frequently changed and is likely to continue to change.
- A substantial change is expected.
- The benefit group has expenses exceeding its income.

Block 83 must be coded with the redetermination date and initialed by the Supervisor.

O. EXPEDITED PROCESSING

There are no requirements for expedited processing. Cases are approved in the order in which eligibility is established.

P. CLIENT NOTIFICATION

See Chapters 6 and 23.

Q. DATA SYSTEM ACTION

See Chapter 23.

self-sufficiency, the family would be a likely candidate for diversionary cash assistance.

A determination of financial eligibility and an initial assessment must be conducted by the case manager before diversionary cash assistance may be considered. Diversionary cash assistance may be used one time only for an applicant(s) for a period of 60 calendar months. Acceptance of the diversionary cash assistance payment in lieu of regular cash assistance payments must be voluntary.

b. Payment Determination

The amount of the Diversionary Cash Assistance payment is determined as follows:

- (1) Determine the regular monthly payment the family qualifies for under WV WORKS.
- (2) Determine the number of months (up to 3) the family needs to become self-sufficient and eliminate the need for on-going payments.
- (3) Multiply the monthly payment by the number of months needed to determine amount of Diversionary Cash Assistance.

c. Criteria

The following guidelines are to be used to determine if diversionary cash assistance is the proper course of action:

- (1) The family must demonstrate a need which cannot be met with current or anticipated family resources.
- (2) The family must be employed or have a verified promise of employment or other specified source of income within two months of application.
- (3) The family must appear to be eligible (dependent child, income and assets) for a regular cash assistance payment in the WV WORKS Program based on the applicant's declaration and the best judgment of the case manager. The household's countable

address. The check is printed and mailed in a self-contained envelope with the medical card.

The check cannot be assigned to someone else, nor can it be attached for payment of debts by any person outside the DHHR.

The check must be endorsed by the payee. The endorsement must show the name of the payee as it appears on the face of the check. When the payee endorses the check by his mark, the endorsement must be witnessed by two persons whose names and addresses are written below the payee's mark.

WV WORKS checks are received on approximately the first day of the month. Initial checks are received a week to 10 days after the approval transaction.

a. The Initial Benefit

(1) Amount

The initial WV WORKS check amount may be different than the ongoing check amount.

The initial WV WORKS check is prorated from the date that all information required to establish eligibility is received.

EXCEPTION: Cases with an incapacitated adult, which require a MRT decision, are eligible on the date that all information required to establish eligibility is received, except for the MRT decision.

The Worker must inform the client of the benefit of returning all necessary information as soon as possible.

The full monthly check amount minus the benefit group's countable income is the amount which is prorated. Special needs added to the check are not prorated.

The date eligibility is established must be coded in Block 36 in the C-219 system, regardless of whether the initial benefit is system-determined and issued, or Worker-determined and issued using an AP-3 transaction.

Individuals working in unsubsidized employment for 24 months consecutive months after receipt of a diversionary cash assistance payment will have the entire diversion payment forgiven.

- (10) Up to 12 months of transitional medical assistance may be available to families who have received a diversionary cash assistance payment.

d. Repayment/Recoupment

Repayment/recoupment does not apply.

3. The Medical Card

See Section 1.6.

2.7	TRANSITIONAL MEDICAID	42
2.8	QUALIFIED CHILDREN AND POVERTY LEVEL CHILDREN	43
A.	CLOSURES	43
B.	CHANGE IN INCOME	43
C.	OTHER CHANGES	43
2.9	POVERTY-LEVEL PREGNANT WOMEN	44
A.	CHANGE IN THE BENEFIT GROUP	44
B.	CHANGE IN INCOME AND/OR DEDUCTIONS	44
2.10	CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN (CEN)	45
2.11	SSI RECIPIENTS AND DEEMED SSI RECIPIENTS	46
A.	CATEGORY TRANSFER FROM D TO A	46
B.	PROCEDURE WHEN CLIENT MOVES	46
1.	Change Of Address	46
2.	Loss of Contact	46
3.	The SSI Recipient Moves To Another State	46
C.	ACTION REQUESTED BY THE IM MEDICARE BUY-IN UNIT	46
D.	CLOSURE OF THE SSI MEDICAID CASE	46
2.12	QUALIFIED MEDICARE BENEFICIARIES (QMB)	48
2.13	SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB)	49
2.14	CHILDREN WITH DISABILITIES COMMUNITY SERVICE PROGRAM (CDCS)	50
2.15	AIDS PROGRAM	51

E.	NEED TO EVALUATE PRINTOUT	A-5
F.	SDX LIST OF T30, S09 AND M01 CASES	A-6

B. CHANGE IN DEPRIVATION FACTOR/CATEGORY

1. Change In Deprivation Factor, AFDCU

When the deprivation factor changes, see Section 2.3.

2. Change In Category, SSI-Related Medicaid

A change in category occurs when:

- A disabled or blind individual turns age 65;
or
- A disabled individual becomes blind.

Once this change is verified, data system action must be taken to change the case number prefix and the benefit code.

C. MRT REQUIREMENTS

An incapacitated, disabled, or blind person may require a MRT reevaluation. See Chapter 12.

D. CLOSURES

When the client fails to meet any eligibility requirement the case is closed.

- WV WORKS Child Reaching Age 18: The Worker must evaluate the case to see if the child is eligible to remain in the benefit group until age 19. Otherwise, remove the child from the benefit group. When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group, after proper notice.
- Invalid SSN: SSN coded for an individual has not been verified by SSA files. The Worker must obtain the correct SSN for data system entry.
- ES-CG-CM-3 Due: Cases with children between the ages of 16 and 18 in the benefit group are sent this form in January, April, July and October. The Worker must review the returned form to determine school or training attendance, or employment, and make appropriate changes.

When the form is not returned, the Worker must contact the client to obtain the information. When the client refuses to comply, the child is removed from the benefit group or the case closed, after proper notice, whichever is appropriate.

- ES-CG-TM-1 or ES-CG-TM-3 Due: See Chapter 16, Appendix A for schedule of letters sent to TM recipients
 - End of I: See Chapter 16, Appendix A.
 - End of II: See Chapter 16, Appendix A.
 - Closed Extended Medicaid: Indicates that a case is in the 4th month of eligibility for Extended Medicaid and will automatically close at the end of the month.
- C-219 Active Cases and SSIS Provider Match, WEZR6331P1: Received monthly. Clients who are vendors for Social Service programs such as Day Care and Chore Services.
- Requires Worker action when income was not reported or when incorrect amounts are reported.
- BENDEX RSDI C/U Cases, WEBEN4P2: Received monthly and shows RSDI information for matched cases. Requires Worker action when income was not reported or when incorrect amounts are reported. See Chapter 3.

income information and may be used to verify income for Food Stamps. See 2.

- ARTS Exception Report, WEA627P2: Received monthly and lists cases with repayment which do not match ARTS information. Worker must check case and take appropriate action to enter case in ARTS, remove repayment if complete, or correct C-219 or ARTS case information.

Other printouts which are received may provide information which is used in the case maintenance process, but do not require a specific case action. These include:

- C/U County Payroll, WEA140P1
- PA Food Stamp Authorization, WES142P1
- Daily Pickups (Food Stamps), WEA930AP1
- PA Cases Having A-K in Block 45, WEAR2802P1

B. REPORTING REQUIREMENTS

1. What Must Be Reported

All changes in income, assets, household composition and circumstances must be reported.

2. Timely Reporting

All changes in a client's circumstances must be reported immediately, even if the case is a QR case. In addition, new earned income must be reported within 10 days of the date new employment begins to avoid certain penalties. See Chapter 10. Cases with earned income must QR.

C. AGENCY TIME LIMITS

The agency must act on reported changes effective with the next month's benefit, when advance notice requirements permit. Benefits must be restored to the client or repaid to the agency when changes cannot be made in a timely manner. See Chapter 20.

benefit member is established, but not earlier than the date the individual entered the home.

- Deletions: Deletions from the benefit group are effective the month after the change occurs and the advance notice period expires. Repayment is sought for any overpayment that occurs. When a parent leaves the household, referral procedures to CSED apply.

4. Continued Benefits After Case Closure

a. Continuation of Food Stamp Benefits After WV WORKS Closure

If a WV WORKS case, also certified for Food Stamps, is closed and there is sufficient information to continue Food Stamps an F number is opened, with no interruption in benefits. No interruption in benefits means that the client must receive his first issuance of Food Stamps under the F case number anytime in the calendar month immediately following the effective month of closure of the WV WORKS case.

A new ES-2 is not required. See Chapter 1 for establishing the redetermination date.

The closure notice sent to the client must state that the benefit group continues to be eligible for Food Stamps. The computer-generated approval letter for F cases notifies the client of the benefit and the certification period, if the benefit does not change. If the benefit increases or decreases, the Worker must send a manual letter. See Chapter 6.

b. Continuation of Medicaid Eligibility When an WV WORKS Case is Closed

WV WORKS cases which are closed must be evaluated to determine eligibility under other Medicaid coverage groups. If eligible for Medicaid, the Worker must open a case and ensure that the eligible individual receives uninterrupted Medicaid coverage. If an individual is not eligible for any Medicaid coverage group, the ES-NL-C sent to the recipient must indicate which individuals are not eligible for Medicaid.

- (1) if they apply and are eligible for diversion or for WV WORKS.
- (2) if they are employed and cease to be eligible for WV WORKS as a result of increased income from any source.
- (3) for a period of 24 consecutive months. Families may also begin to receive child care in any month during the 24-month eligibility period.
- (4) for up to 30 days for job search purposes, if they lose a job with good cause, and continuing for the remaining portion of the 24-month eligibility period, if employment is obtained.

b. Protective Payments

NOTE: The client may request a Fair Hearing any time he is placed on protective payments or he questions the substitute payee selected.

Protective Payments are payments which are made to a substitute payee or by vendor payment.

(1) Situations Which Require Protective Payments

There are two situations which require that the client be placed on protective payments. These are:

(a) Money Mismanagement

A Social Worker, providing protective services to the family, may request the case be placed in protective payment status.

When the Social Worker determines that protective payments are necessary due to money mismanagement, he sends a DHS-1 to the Worker requesting the case be placed on protective payments and indicates the method, substitute payee or vendor and the date protective payments are to begin. If there is a substitute payee, the name of that person is provided by the Social Worker.

the staff of an agency or that part of the agency providing protective services.

The substitute payee cannot be an immediate member of the client's family. Immediate family members include parents, grandparents, children, spouse, uncle or aunt, brother or sister. In addition, the substitute payee cannot be living in the same home with the client.

No employee of the Department can be a substitute payee, except when it is in the best interest of the client for a staff member of the Department to serve as such. The substitute payee is selected from Protective Service staff. Landlords, grocers or other vendors of goods, services or items who deal directly with the client may not be a substitute payee.

The substitute payee must agree to accept the responsibility, and must be at least age 18.

A review of the way in which a substitute payee's responsibilities are carried out is conducted as frequently as indicated by the client's circumstances, and at least once every 12 months.

(ii) Data System Action

- The substitute payee's name is entered in Block 3. The symbol @ is entered after the name.
- The address in Blocks 4, 5 and 6 is the substitute payee's address.
- The name of the client who would ordinarily be the payee is entered in Block 9.

explains the situation satisfactorily to the Worker, the case is not closed.

(ii) Data System Action

- The name of the Financial Clerk followed by the symbol @ is entered in Block 3.
- The county office address is entered in Blocks 4, 5 and 6.
- The client's name is entered in Block 9.
- A V is coded in Block 41 when the case is placed on vendor payments.

7. Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA's). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change.

E. CORRECTIVE PROCEDURES

1. Correcting The Check Amount

Prior to issuing a corrective payment, the Worker must determine if the benefit group owes an overpayment. If so, the corrective payment must be offset by the amount of the overpayment. See Section 20.3, items F,2 and H,1.

a. Underpayments

A corrective payment is made to the client when he did not receive a check(s) for which he was eligible, or the check he received was less than that to which he was entitled.

The amount of the corrective payment is the difference between the check the client received and the amount he was entitled to receive, over the period involved, as determined by completion of form ES-C/U-5.

2. Correcting The Address

When the WV WORKS check is returned to the Accounts Receivable Office, and an ES-14 has not already been received, form DF-10, Returned Check Notice, is sent to the appropriate county office.

When the Worker receives the DF-10, he must determine the correct disposition of the check, complete the ES-14, and return it and the DF-10 copy to Accounts Receivable. When an ES-14 is sent prior to receipt of the DF-10, the Worker must note See ES-14 Submitted (Date) on the DF-10, and forward the original copy to Accounts Receivable.

The ES-14 must not be delayed for receipt of the DF-10, when the Worker knows that the check was mailed to an incorrect address, and has the information to complete the ES-14 prior to receipt of the DF-10. The Worker checks box 2 in Section A on the ES-14, Returned to the State Office.

3. Correcting The Payee

When a check is issued and the payee must be changed for any reason, i.e., death of the payee or payee leaves the home, the Worker notifies Accounts Receivable using form ES-14.

The ES-14 must indicate that the data system action was taken to correct the case.

NOTE: If the payee is deceased, and has endorsed his check prior to his death, no repayment is sought, regardless of his living arrangements. If the endorsed check is returned, and there is another specified relative to whom the payment can be made, Form ES-14 is submitted to the Accounts Receivable Office, to request that the check be rewritten in the other person's name.

4. Cancelling The Check

When the check is returned, the Worker receives form DF-10. If the client does not report a new address after an attempt to contact him, the case is closed. The check must be cancelled. The Worker sends form ES-14 to Accounts Receivable to cancel the check with a copy of the DF-10.

When cancellation is requested, data system action to close the case must be taken before submitting the

3.1 INTRODUCTION

The Income and Eligibility Verification System (IEVS) provides the Department with additional sources of information for use in determining eligibility and the amount of the benefit for applicants and recipients. IEVS procedures also ensure that appropriate privacy and procedural safeguards are applied in the use of the information.

Information obtained through IEVS is used for the following purposes:

- To verify the benefit group's eligibility
- To verify the proper amount of benefits
- To determine if the benefit group received benefits to which it was not entitled
- To obtain information for use in criminal or civil prosecutions, based on receipt of benefits to which the benefit group was not entitled

IEVS enables the Department to identify unreported changes in circumstances.

Information which is required to be used is as follows:

A. STATE BUREAU OF EMPLOYMENT PROGRAMS (BEP)

Wage and UCI data is available.

B. INTERNAL REVENUE SERVICE (IRS)

Unearned interest income data is available.

C. SOCIAL SECURITY ADMINISTRATION (SSA)

Pension Retirement, Survivors Disability Income (RSDI), Supplemental Security Income (SSI) and net earnings from self-employment data is available.

The SSN of each applicant and recipient of the following programs is used to obtain IEVS information: Food Stamps, AFDC/U, WV WORKS and all Medicaid coverage groups.

This Chapter describes the available information, the action that must be taken and procedures that must be followed.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Good-Faith Effort To Sell Real Property	FS, AFDC/U, WV WORKS	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, WV WORKS	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.</p> <p>Verify source and amount.</p>	<p>All Programs and coverage groups with an income test</p>	<p>Prior to approval, at redetermination and:</p> <p>FS and AFDC/U QR cases: Amount from the month prior to the month the QR form is due.</p> <p>Medicaid: When a change in the amount is reported.</p> <p>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</p> <p>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.</p> <p>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
4. Utility Expenses	FS	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.	Current bills or receipts
5. Child Support Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments.	FS	Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid.	Court order or legal separation agreement, cancelled checks, pay stubs showing wage withholding, signed receipt or statement from the custodial parent.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. Release Date Of Incarcerated Parent	AFDC, WV WORKS	Prior to approval when deprivation is based on incarceration; when deprivation factor changes to incarceration; prior to addition of individual with deprivation factor of incarceration	Statement from penal institution, Parole Officer, client's attorney, Prosecuting Attorney
5. Court-Ordered Community Service Or Unpaid Public Work	AFDC, WV WORKS	Prior to approval when such situation is alleged.	Court records, statement from Prosecuting Attorney or client's attorney
6. Principal Wage Earner	AFDCU	Prior to approval when both parents have worked; when deprivation factor changes to unemployment and both parents have worked.	Pay stubs, written statement from employers, W-2 form. See item 2 above.

E. WORK REQUIREMENTS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Non-Obvious Illness Or Impairment Of An Individual	FS, AFDC/U, WV WORKS	Prior to exempting the individual from JOBS or FSE&T requirements. AFDC/U Only: In addition, at 6-month intervals, beginning with the first month of exemption, or at each redetermination, whichever is earlier. FS Only: In addition, at yearly intervals beginning with the first month of exemption.	Joint decision by Worker and Supervisor when supported by definitive medical information; MRT decision.
2. An Individual Needed In The Home To Care For An Ill, Handicapped Or Disabled Person	FS, AFDC/U, WV WORKS	Prior to exempting the individual from participation, at redetermination	Definitive statement from physician, licensed psychologist; MRT decision
3. Pregnant And Child Is Due Within The Next 6 Calendar Months	AFDC/U, WV WORKS	Prior to exemption	Statement from physician or other licensed health care provider, which shows the expected date of delivery.

F. ENUMERATION

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Application For SSN	All, except Medicaid coverage group of Newborn Children	Prior to approval; prior to adding an individual to the benefit group	SSA/DHS-3, written statement from SSA, Enumeration at Birth form
2. SSN Of Individuals Who Have A Number	All, except Medicaid coverage group of Newborn Children	Prior to approval; prior to adding an individual to the benefit group	Social Security Card, written statement from SSA, data system
3. SSN Of Individual Referred To SSA	FS	At the redetermination following the application for an SSN	Social Security Card, written statement from SSA

H. GENERAL FACTORS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Identity	All Programs and coverage groups	Prior to approval NOTE: Is not waived for Expedited Service cases	Driver's license, school records, marriage records, library card, credit cards, Employment Services registration card, Social Security card, written statements from neighbors, police records, employment records
2. Residence	FS	Prior to approval	Rent or mortgage receipts, landlord's statement, written statements from neighbors, employment records

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Specified Relationship	AFDC/U, AFDC/U-Related Medicaid, WV WORKS	Prior to approval when paternity has not been established, and a relative of the child's putative father applies as a specified relative	Birth certificates, statements of physicians or midwives who attended the birth, family Bible, wills or deeds which specify paternity, records of social services agencies, DHHR records, hospital records, juvenile court records, school records, income tax returns. In the absence of any documentary proof, the relative's statement about the reason there is no proof, and at least one notarized statement from a person knowledgeable about the situation is acceptable. The notarized statement must describe the relationship and explain how the individual knows it to be true.

5.3 THE WORKER'S RESPONSIBILITIES

The responsibilities of the Worker in the resource development process include the following:

A. IDENTIFICATION OF POTENTIAL BENEFITS

The Worker will make this determination of potential eligibility at application and redetermination.

B. PROCEDURES AFTER IDENTIFICATION:

The Worker must:

- Explain to the client how to apply for the benefit.
- Explain to the client the consequences of failure to develop the resource.
- Initiate the referrals to potential resources when appropriate.
- Record in the case record all action taken in the process of developing potential resources.
- Aid the client who needs help with the referral.
- Enter the proper code in the Case Action Block of the data systems. See Chapter 23.
- Monitor the client's progress and take any indicated action.
- Apply the penalty shown in Section 5.4 when the client fails without good cause to pursue the resource.

6.2 NOTIFICATION OF ACTION TAKEN ON AN APPLICATION

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

The final disposition of the application is reported to the client only on the ES-NL-A or the ES-NL-6. When the ES-NL-A is used, it must always be accompanied by the ES-NL-A1.

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

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

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

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

1. Food Stamps

The date entered here must be 30 days from the date of application.

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

NOTE: Federal regulations require that the ES-6 be given to the client no later than 30 days after the date of application. He must also be allowed 30 days to respond to the ES-6. Therefore, benefits

B. ES-NL-6 - NOTICE OF WITHDRAWAL OF APPLICATION

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

C. ES-NL-A

NOTE: The ES-NL-A must always be used with a Hearing/Pre-Hearing Conference Request Form, ES-NL-A1, and the appropriate computation forms.

The ES-NL-A is used for approvals and denials for all programs. The form is self-explanatory, but must be completed in such a way as to provide the client with a full understanding of the reason for the action taken. The Worker must use terms understandable to the client and avoid the use of agency jargon. Examples of proper and improper completion of sections of the form are shown below:

Improper Completion of the Form

The action taken in your case is: your application has been denied.

The action was taken because: failure to cooperate.

The Department's policies requiring this action are found in Chapter 1 of the Manual.

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

Proper Completion of the Form

The action taken on your case is: your Food Stamp application has been denied. You do not meet the Food Stamp eligibility requirements.

The action was taken because: you did not verify the amount of your earnings by 2/10/95. Income must be verified before a Food Stamp case can be approved. The penalty for not doing this is denial of the application.

The Department's policies requiring this action are found in Section(s) _____ of the Income Maintenance Manual.

FOOD STAMPS	AFDC/U / WV WORKS	MEDICAID
<p>Case Closure</p> <p>Decrease in Food Stamp Allotment</p> <p>NOTE: The following are not adverse actions, but do require client notification:</p> <ul style="list-style-type: none"> - When the coupon allotment does not increase following an AFDC/U or SSI check reduction for repayment of an error caused by the client's intentional misrepresentation. - When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements. 	<p>Case Closure</p> <p>Termination of AFDC/U / WV WORKS Medicaid coverage when the AFDC/U case or WV WORKS is closed</p> <p>Reduction in the payment amount</p> <p>Removal of an individual from the AFDC/U or WV WORKS payment when the payment decreases</p> <p>Placing the case in protective payment status</p> <p>Placing the case in vendor payment status</p>	<p>Case Closure</p> <p>Removal of an individual from the benefit group</p> <p>Reclassification of a non-spenddown case to a spenddown case</p> <p>Reclassification of a spenddown case in a POE (spenddown met) to a case which is required to spenddown again during the same POC</p> <p>Termination of Medicaid when the client is ineligible for Medicaid under any other coverage group</p>

NOTE: Client notification must be sent even when the only recipient in the case dies. When this happens, the notification letter must be sent to the Executor, estate of (client's name), and the salutation must be "Dear Executor".

The ES-NL-B is used to notify a client of:

1. An Increase in Benefits:

The recipient must be notified in writing any time there is an increase in benefits. The notification must be received by the client prior to or at the same time he receives the increase. An increase in benefits is defined below for each program.

Food Stamps: Increase in coupon allotment.

AFDC/U/WV WORKS: Increase in the check amount or the addition of another person to the AFDC/U or WV WORKS benefit group, when the check amount increases.

Medicaid: Addition of an individual to the Medicaid benefit group.

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

The following information must be contained on the ES-NL-B when an increase in benefits occurs:

a. Food Stamps

The present coupon allotment and the increased allotment ("Your Food Stamp coupon allotment is being increased from \$100 to \$120"), the date that the increase is effective, the reason for the increase, the Manual section on which the change is based, and any other action being taken on the case.

b. AFDC/U and WV WORKS

The present check amount and the increased check amount ("Your AFDC/U or WV WORKS check is being increased from \$201 to \$253"), the date that the increase is effective, the reason for the increase, the Manual section on which the change is based, and any other action being taken on the case.

c. Medicaid

The name of the individual being added to the Medicaid benefit group, the date that the change

7.1	INTRODUCTION	1
7.2	CASES REQUIRED TO REPORT QUARTERLY	2
A.	FOOD STAMPS	2
B.	AFDC/U AND WV WORKS	3
C.	MEDICAID	3
7.3	CASES EXCLUDED FROM QUARTERLY REPORTING	4
A.	FOOD STAMPS	4
B.	AFDC/U	4
C.	MEDICAID	4
7.4	QR FORMS AND PRINTOUT	5
A.	THE QR FORMS ES-QR-CG-1 AND ES-QR-1	5
1.	Description Of The ES-QR-CG-1	5
2.	Manually Issued QR Form, ES-QR-1	6
3.	Determination Of A Complete QR Form	6
B.	ES-QR-2, QR REGISTER	7
C.	ES-NL-C	7
D.	ES-QR-4 CHANGE TO NON-QUARTERLY REPORTING	7
E.	QR LISTING	8
7.5	WORKER ACTION	9
A.	QR FORM NOT RECEIVED BY SEVENTH OF THE PROCESSING MONTH	9
B.	QR FORM RECEIVED BY SEVENTH OF THE PROCESSING MONTH	9
1.	QR Form Is Complete	9
2.	QR Form Is Incomplete	10
C.	COMPLETE QR FORM NOT RECEIVED DURING 13-DAY NOTICE PERIOD	11
D.	QR RECEIVED DURING 13-DAY NOTICE PERIOD	11
1.	QR Form Is Complete	11
2.	QR Form Is Incomplete	12

B. AFDC/U and WV WORKS

Cases meeting the following criteria are required to report quarterly:

- All AFDC/U and WV WORKS cases with earned income. The Worker must not code Block 78 to generate the QR form.

EXCEPTION: When the benefit group has earnings, but none is coded in the data system, because the amount of the Standard Work Deduction equals or exceeds the amount of earnings, Block 78 must be coded.

- AFDC/U and WV WORKS cases which require QR, according to the Worker's judgement. The Worker must code Block 78 to generate the QR form.

C. MEDICAID

QR does not apply to Medicaid.

7.4 QUARTERLY REPORTING (QR) FORMS AND PRINTOUT

There are four forms and one printout used exclusively for QR. Use of these is detailed below. Notification requirements in Chapter 6 apply.

A. THE QR FORMS ES-QR-CG-1 AND ES-QR-1

The ES-QR-CG-1 is the form mailed from the State Office to the client. It is computer-generated with case-specific information. The ES-QR-1 is the printed, non-computer-generated form kept in county offices and given to clients. See item 2 below. Except for the computer-generated portion of the ES-QR-CG-1, the forms are identical.

The instruction sheet (ES-QR-1A) is mailed with the ES-QR-CG-1 and contains instructions for completing the form, verification instructions, clients' rights and responsibilities and penalties. The instruction sheet is an integral part of the QR process, but is not part of the QR form in that it need not be returned or, if returned, not filed in the case record.

1. Description of the ES-QR-CG-1

The form contains five questions.

- Question 1 requires specific information about each individual in the home with income during the reporting period.
- Question 2 deals with household composition.
- Question 3 requests asset information.
- Question 4 request information about current residence and household expenses.
- Question 5 requests vehicle information.

There is a space for the client's signature where the client attests to the correctness of the information provided and states that he has read the accompanying instruction sheet which includes the rights and responsibilities, as well as the penalties for fraud or committing an IPV.

- The form must be signed. For AFDC/U and WV WORKS purposes, it must be signed by the payee. For Food Stamp purposes, any responsible adult member of the benefit group may sign.
- The form must be dated, and the date must be the last day of the report month or later.

NOTE: The client is not required to report or verify receipt of or the amount of AFDC/U or WV WORKS benefits since this is readily available to the Department. The form is not considered incomplete if this information is missing.

B. ES-QR-2, QR REGISTER

A log must be maintained of all ES-QR-1's issued to ensure follow-up action. The ES-QR-2 Register is used for this purpose.

C. ES-NL-C

When the ES-QR-CG-1 is returned, but is not complete, an ES-NL-C is sent. The ES-NL-C must specify the information the client must provide or the action he must take to avoid the pending closure.

D. ES-QR-4, CHANGE TO NON-QUARTERLY REPORTING

When a QR case becomes a non-QR case, the Worker must send the client an ES-QR-4 within 5 days of the date of the data system action which removes the client from QR.

7.7 REAPPLICATION AFTER CASE CLOSURE

The procedures followed when the client reapplies after case closure for failure to provide a complete QR form depend upon the Program.

A. FOOD STAMPS

Reapplications in the processing month or the first month of the new quarter, are approved if the client is otherwise eligible, after both of the following conditions are met:

- The client provides a complete QR form for the report period about which he failed to report.
- The missing QR form is returned on or before the last day of the first month of the new quarter.

Benefits are not prorated from the date of application. A full month's coupon allotment is issued.

Reapplications after the last day of the first month of the new quarter are treated as any other Food Stamp application.

EXAMPLE: A QR form sent in August is due by September 7th, but is not received. The ES-NL-C giving 13 days advance notice of closure is sent on September 8th. There is still no response from the client, and the case is closed effective September. On October 15th, the client brings in his completed form. If the client is otherwise eligible, the case is reopened for October and the full month's CA is issued for October.

B. AFDC/U and WV WORKS

Reapplications for AFDC/U or WV WORKS benefits after case closure for failure to provide a complete QR form are approved, if the client is otherwise eligible, and benefits prorated from the date eligibility is established. The client must supply the information which was required on the QR form, along with any other information needed to determine eligibility. See Chapter 1 for requirements for applications.

TABLE OF CONTENTS

8.1	INTRODUCTION	1
8.2	RESIDENCE	2
A.	FOOD STAMPS	2
1.	Determining State of Residence/Movement Between States	2
2.	Institutional Status	2
3.	Out-of-State Travel	4
4.	Students Not Living With A Parent Or Other Responsible Adult	4
B.	AFDC/U	5
1.	Determining State of Residence/Movement Between States	5
2.	Institutional Status	5
3.	Out-of-State Travel	6
4.	Students Not Living With A Parent Or Other Responsible Adult	6
C.	MEDICAID	7
1.	Determining State of Residence/Movement Between States	7
2.	Institutional Status	7
3.	Out-of-State Travel	8
4.	Students Not Living With A Parent Or Other Responsible Adult	8
D.	WV WORKS	9
1.	Determining State of Residence/Movement Between States	9
2.	Institutional Status	9
3.	Out-of-State Travel	10
4.	Students Not Living With A Parent Or Other Responsible Adult	10
8.3	CITIZENSHIP AND ALIEN STATUS	11
A.	FOOD STAMPS	11
B.	AFDC/U, WV WORKS AND MEDICAID	11
8.4	COOPERATION WITH QUALITY ASSURANCE	12

D. WV WORKS

1. Determining State of Residence/Movement Between States

When an individual receiving cash assistance from another state, moves to West Virginia and applies for benefits, the Worker must determine if the case in the other state is closed. Whether the case is still active for the entire month or not, the individual may be eligible to receive benefits in West Virginia, provided all other eligibility requirements are met. The cash assistance amount from the other state is counted as unearned income.

EXAMPLE: A mother and child move to West Virginia from Pennsylvania. The case was closed on February 9th, and she received her last check from Pennsylvania on February 3rd. Pennsylvania's cash assistance checks are issued semi-monthly. She received one check of \$150. The case is approved in West Virginia, effective February, with \$150 counted as unearned income.

2. Institutional Status

An individual must not be a resident of a public or private institution, defined as follows:

Public Institution: Institution which provides shelter, custody and care, and for which a governmental unit has responsibility or exercises administrative control.

Private Institution: Non-governmental institution which provides shelter, custody and care and which is required by State law to have a license to operate.

A client is eligible while living in an institution under the following circumstances:

a. Educational or Training Institution

He is living in an institution for the purpose of securing education or training.

EXAMPLE: Rehabilitation Services centers, West Virginia Schools for the Deaf and Blind, and any college or institution of education.

8.3 CITIZENSHIP AND ALIEN STATUS

To be eligible to receive Food Stamps, AFDC/U, WV WORKS or Medicaid, the individual must be a resident of the United States, as a citizen or in a qualifying alien status. See Chapter 18 for instructions regarding citizenship, alien status and refugees.

Section III of the ES-2 provides spaces for signatures to attest to the citizenship or alien status of each individual in the benefit group. Policy governing who must sign in the spaces is as follows:

A. FOOD STAMPS

The applicant signs his own name once. This one signature is sufficient for the entire benefit group.

B. AFDC/U, WV WORKS AND MEDICAID

Each member of the benefit group who is 18-years-old or older, must sign his own name attesting to his own citizenship or alien status.

For members under age 18, the parent, or other responsible adult, with whom the child lives, signs his own name to attest to the citizenship or alien status of the child. If the child does not live with an adult, the child must sign for himself.

8.5 LIMITATIONS ON RECEIPT OF OTHER BENEFITS

The following general rules apply to the receipt of other Income Maintenance benefits:

A. FOOD STAMPS

Food Stamp benefits may be received concurrently with AFDC/U, WV WORKS and/or Medicaid.

The same client may not receive Food Stamps in more than one case for the same month. **EXCEPTION:** Residents of shelters for battered woman and children.

B. AFDC/U

An SSI recipient must not be an AFDC/U recipient, but may be the payee for an AFDC/U case.

An AFDC/U recipient receives AFDC/U and Medicaid under the AFDC/U case number. He must not be included in a separate Medicaid case. He must not be included in more than one AFDC/U case for the same month.

Food Stamp benefits may be received concurrently with AFDC/U and/or Medicaid.

C. MEDICAID

Medicaid is provided automatically for AFDC/U clients. See item B above.

Food Stamp benefits may be received concurrently with Medicaid.

No person can receive Medicaid coverage under more than one case number concurrently unless:

- He receives coverage under one case number and is payee only for another; or
- The case is pending spenddown, and the client is eligible for QMB or SLMB coverage.

An individual must not have separate Medicaid and AFDC/U cases.

8.6 NON-DUPLICATION OF BENEFITS

A client may not receive Food Stamps, AFDC/U, WV WORKS or Medicaid concurrently in more than one county in West Virginia or more than one state. In addition, he may not receive different types of benefits in more than one county or state at the same time, except as specified below. The possibility of intentional misrepresentation must be explored when it is discovered that the client is receiving benefits of any type in more than one county at the same time. See Common Chapters Manual for procedures involving misrepresentation.

In some cases involving county transfers, different types of benefits may legitimately be received in different counties.

EXAMPLE: An AFDC/U case without Food Stamps is active in County 98. The client requests his case be transferred to County 99. Before the transfer is completed, the client requests Food Stamps in County 99. Because the Worker can determine that benefits will not be duplicated, the client is approved for Food Stamps in County 99 and has Food Stamps added to the AFDC/U case, once the transfer is complete.

enumerated. However, the mother should be encouraged to apply for an SSN for the child. Upon attaining age one, the child is required to be enumerated.

C. REFERRAL PROCEDURES

The individual is referred to SSA, using either SSA's Enumeration at Birth Project or an SSA/DHS-3.

1. Enumeration at Birth Project

When the referral is made through the Enumeration at Birth Project, the application for an SSN is taken while the newborn is still in the hospital. Participants in this Project receive form SSA-2853, Message From the Social Security Administration, which states that SSA is processing the newborn's application for an SSN.

2. SSA/DHS-3

When the referral is made using the SSA/DHS-3, the Worker:

- Completes the SSA/DHS-3. A separate form must be completed for each individual who is being referred. The state identification number (510) and case number, if available, must be entered on the form. If there is no case number, the Worker enters the appropriate Alpha prefix, seven 9's and the county number.
- Discusses the sources of verification of age, identity and citizenship, listed on the back of the SSA/DHS-3, that the individual must present to the SSA office. If necessary, the Worker assists the individual in obtaining these verifications.
- Asks the individual to hand-carry the SSA/DHS-3 to the SSA office, unless other arrangements have been agreed upon, through consultation between the Community Services Manager, or his designee, and the SSA District Office Manager.

When the individual being referred is physically unable to visit the SSA office, the Worker must write a letter to SSA,

E. FOLLOW-UP PROCEDURES

1. Food Stamps

If the client does not report his SSN within 30 days of the first day of the first full month of participation, the Worker contacts him about the status of his SSN.

a. Client Has SSN

The Worker obtains the SSN from the client and enters it into the data system. Verification of the SSN is required at the next redetermination.

b. Client Does Not Have SSN

(1) Application For SSN Was Not Made

If an individual who is to be included in the benefit group does not have an SSN, application for one must be made before eligibility is established. If the client can show good cause for not applying for an SSN in a timely manner, that client must be allowed to participate for one month, in addition to the month of application. If the client is unable to obtain documents required by the SSA, the Worker must assist him in obtaining such documents. Good cause for failure to apply for an SSN must be shown monthly for the client to continue to participate.

(2) Individual Applied For SSN, But Has Not Yet Received Number

The Worker determines if the individual has good cause for not providing the SSN. If good cause exists, the individual remains eligible. When the individual has applied for but not yet received the SSN, good cause exists.

by SSA. If the application was made through the Enumeration at Birth Project, the individual's name does not appear on the Enumeration Tape.

G. PENALTY FOR FAILURE TO COMPLY WITH ENUMERATION REQUIREMENT

If an individual fails to comply with the enumeration requirements, he is excluded from the benefit group. If a specified relative fails to comply with the requirements for a child, that child only is excluded from the benefit group. If all benefit group members are involved, the application is denied or the case closed, whichever is appropriate. For AFDC/U cases, if all of the children must be excluded from the benefit group, the case is closed.

The individual may negate the penalty only by providing the SSN to the Department.

EXCEPTION: Under the Medicaid coverage group of Newborn Children, the newborn is not required to be enumerated as a condition of eligibility. However, the mother should be encouraged to apply for an SSN for the child. See Chapter 16. The child must be enumerated when he reaches age 1.

9.18	AFDC/U-RELATED MEDICAID	51
A.	THE BENEFIT GROUP	51
B.	THE INCOME GROUP	51
C.	THE NEEDS GROUP	52
D.	CASE COMPOSITION	55
9.19	SSI-RELATED MEDICAID	57
A.	THE BENEFIT GROUP	57
B.	THE INCOME GROUP	57
C.	THE NEEDS GROUP	58
D.	CASE COMPOSITION	58
9.20	GA FOR DA	59
A.	THE BENEFIT GROUP	59
B.	THE INCOME GROUP	59
C.	THE NEEDS GROUP	59
D.	CASE COMPOSITION	59
9.21	WV WORKS ELIGIBILITY DETERMINATION GROUP	60
A.	THE BENEFIT GROUP	60
1.	Who Must Be Included	60
2.	Who May Choose To Be Included	60
3.	Who Cannot Be Included	61
4.	Treatment Of The Minor Parent (mp) In The Benefit Group	62
5.	Treatment of Other Adults In The Home	63
B.	THE INCOME GROUP	63
C.	THE NEEDS GROUP	63
D.	CASE COMPOSITION	63
E.	EXAMPLES OF BENEFIT GROUP COMPOSITION	64

9.20 GA FOR DA

A. THE BENEFIT GROUP

1. Who Must Be Included

The GA for DA recipient and his eligible GA for DA spouse are included in the benefit group.

2. Who Cannot Be Included

- SSI Recipients
- AFDC/U Recipients
- Any other person who does not meet the eligibility requirements for GA for DA.

B. THE INCOME GROUP

The income of the GA for DA client and his spouse is counted. See Chapter 10.

C. THE NEEDS GROUP

The income limit for the number of persons in the benefit group is used.

D. CASE COMPOSITION

All benefit group members are coded in the case. The GA for DA case is only composed of the GA for DA individual and his spouse who is also eligible for GA for DA.

3. Who Cannot Be Included

- Parents who have been convicted in Federal or State court within the past ten years for receiving TANF (WV WORKS), Title XIX, or Food Stamps simultaneously in two or more states. Only the individual convicted is not included.
- Parents or siblings who are fugitive felons, or who have violated a condition of probation or parole under Federal or State law. Only the individual who is a fugitive felon or parole violator is not included.
- A parent who is on strike results in the entire family being ineligible for WV WORKS.
- A mp who does not live with his or her parents without good cause.
- A child of a mp, when the mp does not live with his or her parents without good cause.
- Parents and siblings who are aliens and are ineligible for WV WORKS because they have been sponsored by a private or public agency or organization or because of deeming income from sponsor to alien.
- Parents and siblings who are aliens and are ineligible for WV WORKS because they do not meet the citizenship and alienage requirements.
- A child who is a recipient of federal, State or local foster care maintenance payments.
- A child of a minor parent, when the minor parent is a recipient of federal foster care payments.
- A child who is a recipient of an Independent Living Subsidy through the Office of Social Services.
- A child of a minor parent, when the minor parent is a recipient of an Independent Living Subsidy.
- Individuals who are ineligible due to failure to fulfill an eligibility requirement. This includes the following individuals:
 - The specified relative who fails to cooperate with CSED, or who, after assigning rights,

When the mp cannot live with the MP(s), the amount the MP(s) contribute to the mp is counted as unearned income. In addition, a referral to CSED is required to pursue child support from the MP(s).

The WV WORKS check must be made payable to the specified relative or other adult with whom the minor parent lives.

5. Treatment of Other Adults In The Home

Other adults or foster children in the home, regardless of relationship or income, reduce the check amount by 25% with the following three exceptions:

- Caretaker relative other than parents who choose not to be included.
- mp's who do not live with a parent, legal guardian, or other adult relative.
- Individual(s) who would normally be required to be included, but are excluded by law. (Refer to 9.2 A 3 Who Cannot Be Included).

B. THE INCOME GROUP

The non-excluded income of all benefit group members is counted.

The non-excluded income of the sanctioned individuals must be counted when determining eligibility, but not when determining need.

See Chapter 10 to determine how the income is counted.

C. THE NEEDS GROUP

Countable income is compared to the income limits for the number in the benefit group to determine eligibility and the amount of the benefit.

D. CASE COMPOSITION

All members of the WV WORKS benefit group and individuals included in the corresponding Food Stamp benefit group, even though not WV WORKS benefit group members, are coded in the case.

EXAMPLE: Household consists of Mrs. K, her daughter Miss K, who is a dependent child, and Miss K's child. Mrs. K adopts Miss K's child and applies for WV WORKS for her adopted child. The benefit group consists of Mrs. K, her adopted child and the natural mother, Miss K. Miss K, because she is a dependent child, is included as a sibling of the child adopted by her mother, Mrs. K.

EXAMPLE: Household consist of Mr. and Mrs. L and their son, Their divorced minor daughter Mrs. M and her child move back into the home. Mr. and Mrs. L and their son are included in one benefit group. A separate benefit group is established for Mrs. M and her child as Mrs. M was previously married.

10.1	DEFINITIONS	1
10.2	INTRODUCTION	6
10.3	CHART OF INCOME SOURCES	8
A.	ACE	9
B.	ADOPTION ASSISTANCE	9
C.	ADULT FAMILY CARE PROVIDER INCOME	9
D.	ADVANCE PAY	9
E.	AFDC/U PAYMENTS	9
F.	AGENT ORANGE PAYMENT PROGRAM	9
G.	AGRICULTURAL STABILIZATION AND CONSERVATION PROGRAMS	9
H.	ALASKAN NATIVE CLAIMS SETTLEMENT ACT PAYMENTS	9
I.	ALLOTMENTS DIVERTED FROM:	10
	1. Military	10
	2. Job Corps	10
J.	AMERICORPS	10
K.	CASH CONTRIBUTIONS FROM:	11
	1. Individuals	11
	2. Charitable Organizations	11
L.	CHILD SUPPORT	12
M.	CHORE SERVICE PROVIDER INCOME	13
N.	COMMISSIONS	13
O.	COMMUNITY DEVELOPMENT BLOCK GRANTS AND LOANS	13
P.	DAY CARE AND OTHER CARE PROVIDER INCOME	13
Q.	DEATH INSURANCE BENEFITS	13
R.	DEPOSITS INTO A BANK ACCOUNT	14
S.	DISABILITY BENEFITS FROM EMPLOYER	14
T.	DISASTER ASSISTANCE	14
U.	DIVIDENDS	15
V.	DOMESTIC VOLUNTEER ACT OF 1973	15
W.	DRS FUNDS	16
X.	EITC	16
Y.	EDUCATIONAL INCOME	17
Z.	EMERGENCY ASSISTANCE FROM DHHR	18
AA.	EMERGENCY CHILD CARE PROVIDER INCOME	18
BB.	EMPLOYMENT	19
CC.	ENERGY ASSISTANCE PAYMENTS OTHER THAN LIEAP	21
DD.	FHA; FmHA	21
EE.	FOOD STAMPS	22
FF.	FOSTER CARE PAYMENTS	22
GG.	FOSTER GRANDPARENTS PROGRAM	22
HH.	GSYP	22
II.	HUD	22
JJ.	INCOME PROTECTION INSURANCE PROCEEDS	22
KK.	INCOME TAX REFUNDS	22
LL.	INDEPENDENT LIVING SUBSIDY	23
MM.	INDIAN SETTLEMENT INCOME	24
NN.	IN-KIND PAYMENTS	25
OO.	INSURANCE PROCEEDS	25

10.20	MEDICAID FOR AIDS PATIENTS (Categorically Needy, Optional)	152
A.	BUDGETING METHOD	152
B.	INCOME DISREGARDS AND DEDUCTIONS	152
C.	DETERMINING ELIGIBILITY	152
D.	SPECIAL SITUATIONS	152
10.21	AFDC/U-RELATED MEDICAID (Medically Needy, Mandatory for Children and Optional For Parents)	153
A.	BUDGETING METHOD	153
B.	INCOME DISREGARDS AND DEDUCTIONS	153
1.	Earned Income	154
2.	Unearned Income	154
C.	DETERMINING ELIGIBILITY	154
D.	SPECIAL SITUATIONS	155
1.	Self-Employment	155
2.	Annual Contract Employment	155
3.	Educational Income	155
4.	Deeming	155
5.	Strikers	161
6.	Irregular Income	162
7.	Lump Sum Payments	162
8.	Withheld Income	162
9.	Funds Diverted To A PASS	162
10.	Unstated Income	162
11.	Spenddown	162
a.	Procedures	162
b.	Whose Medical Expenses May Be Used	165
c.	Allowable Spenddown Expenses	167
12.	Unavailable Income	170
13.	Income Received For A Non-Benefit Group Member	170
10.22	SSI-RELATED MEDICAID (Medically Needy, Mandatory)	171
A.	BUDGETING METHOD	171
B.	INCOME DISREGARDS AND DEDUCTIONS	171
1.	Earned Income	171
2.	Unearned Income	172
C.	DETERMINING ELIGIBILITY	172
D.	SPECIAL SITUATIONS	173

D.	SPECIAL SITUATIONS	194
1.	Categorical Eligibility	194
2.	Expedited Service	194
3.	Destitute Benefit Groups	194
4.	Self-Employment Income	194
a.	Determining Gross Income	194
b.	Determining Gross Profit	196
5.	Migrant Farm Laborers With Seasonal Employment	198
6.	Annual Contract Employment	198
7.	Strikers	199
8.	Irregular Income	199
9.	Lump Sum Payments	199
10.	Withheld Income	206
11.	Funds Diverted To A Pass	207
12.	Unstated Income	207
13.	Spenddown	207
14.	Unavailable Income	207
15.	Income Received For A Non-Benefit Group Member	207
APPENDIX A	INCOME LIMITS	A-1
APPENDIX B	STANDARD DEDUCTIONS AND CAPS FOR THE FOOD STAMP PROGRAM	B-1
APPENDIX C	BASIS OF COUPON ISSUANCE	C-1
APPENDIX D	PRORATION TABLE - FOOD STAMPS AND AFDC/U	D-1
APPENDIX E	PAC ELIGIBILITY - METHOD 1 AND METHOD 2	E-1
APPENDIX F	WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE	F-1
APPENDIX G	WEST VIRGINIA WORKS EARNED INCOME DISREGARD	G-1

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

A. ACE	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act
B. ADOPTION ASSISTANCE	Unearned	Unearned. See Chapter 9.	No	Unearned.
C. ADULT FAMILY CARE PROVIDER INCOME	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment
D. ADVANCE PAY	See Employment	See Employment	See Employment	See Employment
E. WV WORKS PAYMENTS				
1. Ongoing Payments	1. Unearned. Do not count amount of special needs added to AFDC/U check. Enter in Block 54 of C-219 system.	1. Payments from other states are counted as unearned income if received in the month of the WV application.	1. No	1. Payments from other states are counted as unearned income if received in the month of the WV application.
2. Corrective and Retro- active Payments	2. No, except a payment received in the month for which it is intended	2. No	2. No	2. No
F. AGENT ORANGE PAYMENT PROGRAM	No	No	No	No
G. AGRICUL- TURAL STABILIZATION AND CONSERVATION PROGRAMS	Unearned	Unearned	Unearned	Unearned
H. ALASKAN NATIVE CLAIMS SETTLEMENT ACT PAYMENTS	No	No	No	No

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

J. AMERICORPS (Continued)				
2. Reimburse- ments	2. No	2. No	2. No	2. No
K. CASH CONTRIBUTIONS FROM:				
1. Individuals	1.	1.	1.	1.
a. Not For Shared Household Expenses	a. Unearned	a. Unearned	a. Unearned	a. Unearned
b. For Shared Household Expenses	b. No	b. No	b. No	b. No
2. Charitable Organizations	2. No, unless the amount exceeds \$300 in a federal fiscal quarter. If so, the amount over \$300 is counted as unearned in the month of receipt. A federal fiscal quarter is defined as a period of three consecutive calendar months beginning with January, April, July or October.	2. Unearned	2. Unearned	2. Unearned

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

2. Arrearages	2. a. WV WORKS Recipients When redirected, only the amount refunded to the client by CSED is counted as income. When not redirected to CSED, no portion is counted as income. b. All Others Unearned	2. Unearned	2. Unearned	2. Unearned
M. CHORE SERVICE PROVIDER INCOME	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment
N. COMMISSIONS	See Employment	See Employment	See Employment	See Employment
O. COMMUNITY DEVELOPMENT BLOCK GRANTS AND LOANS	No	No	No	Unearned
P. CHILD CARE AND OTHER CARE PROVIDER INCOME	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment	Earned if an employee; Self- Employment
Q. DEATH INSURANCE BENEFITS	Unearned, lump sum	Unearned, lump sum	Unearned	Unearned, lump sum

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

U. DIVIDENDS	Unearned, whether or not the benefit group actually collects them.	Unearned	Unearned	Unearned, whether or not the benefit group actually collects them.
V. DOMESTIC VOLUNTEER ACT OF 1973				
1. Title I (VISTA, ACTION, University Year of Action, Urban Crime Prevention Program)	1. Earned EXCEPTION: Excluded if the volunteer was eligible for or receiving WV WORKS, FS or Medicaid at the time he joined. Once a determination is made, temporary interruptions in benefits do not alter the exclusion.	1. Earned EXCEPTION: Excluded if the volunteer was eligible for or receiving WV WORKS, FS or Medicaid at the time he joined. Once a determination is made, temporary interruptions in benefits do not alter the exclusion.	1. Earned EXCEPTION: Excluded if the volunteer was eligible for or receiving WV WORKS, FS or Medicaid at the time he joined. Once a determination is made, temporary interruptions in benefits do not alter the exclusion.	1. Earned
2. Title II (RSVP, Foster Grandparents and Others)	2. No	2. No	2. No	
3. Title III (SCORE and ACE)	3. No	3. No	3. No	

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

Y. EDUCATIONAL INCOME				
1. Funded Under Title IV of the Higher Education Act or Bureau of Indian Affairs	1. No	1. No	1. No	1. Unearned prorated over the period of it is intended to cover, less books & tuition
2. Funded From Other Than Title IV or Bureau of Indian Affairs	2.	2.	2.	2.
a. College Work Study (CWS)	a. Earned, unless used for educational expenses. See program section.	a. Earned, unless used for educational expenses. See program sections. EXCEPTION: All educational income is counted in its entirety for GA for DA. When it is received in a lump sum or when CWS earnings are known at the beginning of a semester, it is prorated over the period it is intended to cover.	a. Earned, unless used for educational expenses. See program sections.	a. Earned. EXCEPTION: All educational income is counted in its entirety for GA for DA. When it is received in a lump sum or when CWS earnings are known at the beginning of a semester, it is prorated over the period it is intended to cover. b. Unearned. See program sections.
b. Other Than CWS	b. Unearned. See program section.	b. Unearned. See program sections.	b. Unearned. See program sections.	

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

BB. EMPLOYMENT	* For JTPA earnings, see JTPA.	* For JTPA earnings, see JTPA.		* For JTPA earnings, see JTPA.
1. Compensation as an Employee				
a. Wages	a. * Earned	a. * Earned	a. Earned	a. * Earned
b. Salaries	b. * Earned	b. * Earned	b. Earned	b. * Earned
c. Commissions	c. * Earned	c. * Earned	c. Earned	c. * Earned
d. Recurring Bonuses	d. * Earned	d. * Earned	d. Earned	d. * Earned
e. Vacation Pay When Employment Is Terminated	e. See below.	e. See below.	e. See below.	e. See below.
(1) Received in More Than One Installment	(1) Earned, if payroll taxes are withheld; unearned, if payroll taxes are not withheld.	(1) Earned if payroll taxes are withheld; unearned, if payroll taxes are not withheld.	(1) Earned, if payroll taxes are withheld; unearned, if payroll taxes are not withheld.	(1) Earned
(2) Not Withdrawn	(2) No	(2) No	(2) No	(2) Earned
(3) Received in A Lump Sum	(3) Unearned, treated as a lump sum payment.	(3) Unearned, treated as a lump sum payment.	(3) Unearned, treated as a lump sum payment.	(3) Earned, treated as a lump sum payment.
f. Advance Pay	f. Earned	f. Earned	f. Earned	f. Earned

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

CC. ENERGY ASSISTANCE PAYMENTS OTHER THAN LIEAP	No, if designated as an energy payment or allowance under federal law. Any payments or allowances (including tax credits) under State or local law, which are so designated and made for the purpose of providing energy assistance, are excluded only with FCS approval. This FCS approval is obtained by the IM Policy Unit in OFS. When notified of the existence of any local programs, the Policy Unit will obtain approval from FCS. No retroactive or supplemental benefits are issued to the client for any loss of benefits during the time the approval of the exclusion is being sought.	No	No	No
DD. FHA; FmHA (Federal Housing Authority); (Farmers Home Administration)	No	No	No	No

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS
LL. INDEPENDENT LIVING SUBSIDY (Paid Through The Office of Social Services of DHHR)	Unearned	No	No	No

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

NN. IN-KIND PAYMENTS	No	No	No	No
OO. INSURANCE PROCEEDS	See Personal Injury Awards or Replacement of Property	See Personal Injury Awards or Replacement of Property	See Personal Injury Awards or Replacement of Property	See Personal Injury Awards or Replacement of Property
PP. INTEREST INCOME	Unearned, including the amount left to accumulate.	Unearned, including the amount left to accumulate.	Unearned, including the amount left to accumulate. EXCEPTION: Accumulated interest which becomes part of excluded burial funds is not counted as income.	Unearned, including the amount left to accumulate.

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

QQ. JTPA (Continued)				
b. Child	Those who are under 19 and under the parental control of another adult member have their earnings excluded. b. No, when the child is: - under 19 years of age - under the parental control of an adult member of the benefit group. School attendance is not a consideration.	b. No. Earned income under JTPA-funded programs paid to a dependent child is disregarded in all steps of the eligibility determination process for a maximum of six months during any calendar year. These six months need not be consecutive months. See Employment.	b. Earned	b. No
2. Training Allowances, Reimbursements and Incentive Payments	2. No	2. No	2. No	2. No
RR. LIEAP (LOW-INCOME ENERGY ASSISTANCE)	No	No	No	No

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

YY. RAILROAD RETIREMENT	Unearned	Unearned	Unearned	Unearned
ZZ. RENTER'S INSURANCE PROCEEDS	See Replacement of Property	See Replacement of Property	See Replacement of Property	See Replacement of Property
AAA. REIM- BURSEMENTS (For past or future expenses)	No, as long as they do not exceed actual expenses or represent a gain or benefit to the benefit group.	No, as long as they do not exceed actual expenses or represent a gain or benefit to the benefit group.	No, as long as they do not exceed actual expenses or represent a gain or benefit to the benefit group.	No.
BBB. RELOCATION PAYMENTS	No	No	No	No
CCC. RENT AND/OR UTILITY SUPPLEMENTS	No, unless a <u>rent</u> supplement is paid directly to the client or to the <u>utility</u> provider. If so, it is counted as unearned income.	No	No	No, unless rent or utility supplement is paid directly to the client.

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

FFF. RETIREMENT BENEFITS	Unearned. Count gross.	Unearned. Count balance after subtracting mandatory payroll deductions.	Unearned. Count gross.	Unearned. Count gross.
GGG. RSDI (Retirement, Survivors, Disability Insurance)	Unearned. Count the amount of the client's entitlement plus any amount deducted for Medicare, if applicable. NOTE: See SSI for exclusion of fees collected by some organizations. Applies only when RSDI is based on disability.	Unearned. Count the amount of the client's entitlement plus any amount deducted for Medicare, if applicable.	Unearned. Count the amount of the client's entitlement plus any amount deducted for Medicare, if applicable.	Total entitlement before any deductions
HHH. ROOMER/ BOARDER PROVIDER INCOME	Earned, Self- employment	Earned, Self- Employment	Earned, Self- Employment	Earned, Self- Employment
III. ROYALTIES	Unearned	Unearned	Unearned	Unearned
JJJ. RSVP	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act
KKK. SALE OF PROPERTY - INCOME FROM	No, unless received in periodic installments; if so, it is unearned income.	No, unless received in periodic installments; if so, it is unearned income.	No, unless received in periodic installments; if so, it is unearned income.	No, unless received in periodic installments; if so, it is unearned income.
LLL. SCORE	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

PPP. SSI (SUPPLEMENTAL SECURITY INCOME)	Unearned. Fees collected by a qualified organization for acting as the client's representative payee are excluded. To qualify, the organization must be a community-based, non-profit social agency, bonded or licensed by the State. Exclusion is limited to the lesser of 10% of the SSI benefit or \$25/month, except DA & A's. For DA & A's, the limit is the lesser of 10% or \$50/month.	No	No	Unearned
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SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

QQQ. THIRD - PARTY PAYMENTS (Continued)	<u>EXAMPLE:</u> A woman's ex- husband makes the house payment directly to the bank because he is court-ordered to do so. The amount he is court-ordered to pay is not income.			
RRR. TRUST ACCOUNT DISBURSEMENTS	Unearned	Unearned	Unearned	Unearned
SSS. UCI (Unemployment Compensation)	Unearned	Unearned	Unearned	Unearned
TTT. UNIFORM GIFTS TO MINORS ACT (Income Disbursements)	Unearned	Unearned	Unearned	Unearned
UUU. UNSTATED INCOME (See Definitions)	No	No	Unearned. See program sections.	Unearned. Refer to 10.22,D,10
VVV. UNIVERSITY YEAR OF ACTION	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act
WWW. URBAN CRIME PREVENTION PROGRAM	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act	See Domestic Volunteer Act
XXX. U.S. ACTION AGENCY (Payments To Volunteers)	No	No	Unearned	No
YYY. U.S. SAVINGS BONDS	No	No	Unearned, when the bond can be cashed and it was received as a gift. Other- wise, no.	No

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:			
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID	WV WORKS

FFFF. WORK AND TRAINING (W & T) PAYMENTS	* If paid with JTPA funds, see JTPA.	* If paid with JTPA funds, see JTPA.	* If paid with JTPA funds, see JTPA.	* If paid with JTPA funds, see JTPA.
1. Earnings	1. Earned	1. Earned	1. Earned	Earned
2. Incentive Payments, Allowances:	2. No, as long as they are reimbursements.	2. No, as long as they are reimbursements.	2. No, as long as they are reimbursements.	2. " "
- Work-Related Expenses Or Supportive Services				
- CWEP (As long as client is participating in CWEP)				
- JOIN work and travel stipend				
- HRDF/OET				
- Child Care				
- Transpor- tation				
GGGG. WORKERS' COMPENSATION	Unearned	Earned, unless for a permanent, total disability, then unearned.	Unearned	Unearned
HHHH. YOUTHBUILD PROGRAM (HUD)	See JTPA	See JTPA	See JTPA	See JTPA

10.24 WV WORKS

This Section contains specific instructions for determining countable income and the benefit level for WV WORKS.

A. BUDGETING METHOD

For the purpose of arriving at the amount of income available to the benefit group, it is first necessary to determine which month's income is used in the calculation.

NOTE: Treatment of income of persons employed under an annual contract and of migrant farm workers with seasonal employment requires special instructions. Consult the Table of Contents for Special Situations for WV WORKS.

For QR and non-QR cases, income is projected. For QR cases, the projected amount is based on information reported on the QR form.

For both groups, if the client does not report any anticipated change in the source or amount of income, reported income from each source is averaged and converted to a monthly amount. Averaged and converted income from all earned income sources is added together. Averaged and converted income from all unearned income sources is also added together. This process determines the total monthly earned and unearned income which is projected for the next quarter (QR cases), or until a change is reported (non-QR cases).

Any client who reports an anticipated change in income will have his income projected based on that change.

The following steps are used to determine projected monthly income:

- Step 1: Determine each income source.
- Step 2: Determine the amount and frequency of income from each income source.
- Step 3: Calculate the average income from each income source by adding the income received from the source and dividing it by the number of times the income was received.

NOTE: When income is received at one time for more than one month, divide the income by the number of months for which the income is

Step 1: See above.

Step 2: See above.

Step 3: Earnings of $\$700 \div 4 = \175 average.
UCI of $\$150 \div 2 = \75 average.
Earnings of $\$1200 \div 12 = \100 average.

Step 4: Weekly earnings of $\$175 \times 4.3 = \752.50
converted.
Biweekly UCI of $\$75 \times 2.15 = \161.25 converted.
Annual contract earnings = $\$100$ converted.

Step 5: $\$752.50$
 $\underline{+100.00}$
 $\$852.50$ Projected monthly earned income

Step 6: $\$161.25$ Projected monthly unearned income

B. INCOME STANDARD DEDUCTION

1. Earned Income

Refer to Appendix F.

The earned income deduction is 40%.

2. Unearned Income

No deductions allowed.

C. MARRIAGE INCENTIVE

An at risk family that includes a married man and woman that are legally married to each other, may receive an additional cash payment in an amount of 10% greater than the cash assistance benefit provided to the same size household in which the adults are not legally married. Verification of marriage is required to receive the 10% increase. If the couple divorces or separates during the time receiving WV WORKS after having the 10% increase, the payment will be reduced appropriately.

This increase takes place at the time of application, conversion or at the time the marriage takes place.

The income of people in this situation is converted to a monthly amount according to item A above.

Business expenses may be computed on a monthly basis or prorated over a 12-month period, at the client's option.

(2) Persons Receiving Irregular Income

Many persons derive income from short-term seasonal self-employment. This seasonal enterprise may be the major source of income for the year, or the income may be only for the period of time the person is actually engaged in this enterprise, with other sources of income being available during the remainder of the year. Persons who are seasonally self-employed include vendors of seasonal commodities (produce, Christmas trees, etc.), or other seasonal farmers.

Cash-crop farmers and other persons similarly self-employed receive their annual income from self-employment in a short period of time and budget their money to meet their living expenses for the next 12 months. Included in this category are some seasonal farmers, when the seasonal income is the primary support for the year.

Since the income is seasonal, it must be averaged over the period of time it is intended to cover, even if it is the major source of income for the year. However, if the averaged amount of past income does not accurately reflect the anticipated monthly circumstances because of a substantial increase or decrease in business, the income is calculated based on anticipated earnings.

Business expenses may be computed on a monthly basis or prorated over a 12-month period, at the client's option.

- Insurance premiums and taxes paid on the business and business property
- Interest and taxes, but not the principal, paid on installment payments to purchase capital assets such as real estate, machinery, equipment, etc.
- Interest and taxes on the client's residence which is used in part to produce income. This is applicable only if the costs on the portion of the home used in the self-employment enterprise can be identified separately.
- Advertising costs
- Utilities
- Office expenses (stamps, stationery, etc.)
- Legal costs

Do not deduct the following:

- Money paid to purchase capital assets, such as real estate, machinery, equipment, etc. Interest is deducted, if paid in installments.

EXAMPLE: The cost of purchasing a new furnace is a capital expenditure and only the interest on installment payments is deducted. A repair of a furnace is a routine repair and is deducted in its entirety.

- Federal, State or local income taxes
- Money set aside for retirement
- Travel from home to a fixed place of business and return
- Depreciation

interrupt the flow of earnings specified in the contract.

7. Strikers

When an individual, who must be included in the WV WORKS benefit group, is a striker, the entire benefit group is ineligible for WV WORKS. See Section 10.4,D,9,a for the definition of a striker.

8. Irregular Income

Regardless of the source, irregular income is excluded because it cannot be anticipated.

9. Lump Sum Payments

Count all lump sum payments as income in month received and allow expenses currently in manual as allowable deductions from income. After these deductions, the remaining amount of the lump sum payment is divided by ~~50% of the~~ 100% FPL for the appropriate benefit group size and that amount considered as unearned income.

The ES-2 notifies all applicants and recipients of the lump sum payment policy. However, the Worker must also advise the client of the lump sum payment policy when the client notifies the Worker of receipt, or the possibility of receipt, of a lump sum payment.

NOTE: Assets converted from one form to another are not counted as lump sum payments. See Chapter 11.

The number of months in the period of ineligibility is determined by dividing the lump sum amount by the payment level for the benefit group size.

For any partial month remaining after the division, the amount of the lump sum payment which remains is counted as income. The number of months the case is ineligible, because of the receipt of the lump sum payment, and the amount of income counted for any remaining partial month, is determined as follows.

a. Determining Countable Amount

The total amount of the lump sum payment is counted, except for the amount used as described

When a fractional amount remains, there is an amount that must be counted as income in the month following the month the period of ineligibility ends. The procedure to determine this amount is as follows:

- Multiply the Standard of Need by the number of full months the case has been determined ineligible.
- Subtract this figure from the total lump sum.
- The remaining amount is counted as income in the month after the last month of ineligibility.

The persons in the benefit group when the lump sum payment is received, remain ineligible for the period determined by the above procedures, regardless of any changes which may occur during that period, unless the period of ineligibility is shortened as found below in item c. When an individual is born or returns to a family whose members are ineligible due to receipt of a lump sum payment, the individual is treated as a separate benefit group. If all other eligibility factors are met, the individual is eligible. None of the lump sum amount is deemed to the new family member. All other policy and procedures for counting income apply.

Only the new family member(s) is included in the benefit group and is used when determining the appropriate eligibility limits.

EXAMPLE: A child is born to a family whose members are ineligible due to the prior receipt of a lump sum payment. A separate case is established for the child. The parent's income is \$130 unearned income per month, not counting the lump sum payment. The child is eligible for an WV WORKS check of \$19.

The lump sum payment is treated as described above, even if it is spent in a shorter time period, unless the period of ineligibility can be shortened as found below.

the period of ineligibility. There must be abandonment of the other benefit group members. If one or both of the parents left with the lump sum, the definition of absence must be met.

When the benefit group member who left with all or part of the lump sum returns to the home, the period of ineligibility resumes the month he returns and continues until the month the original period of ineligibility was due to expire.

- The lump sum payment has been or will be expended, totally or in part, to meet a life-threatening situation. To meet this criteria for shortening the period of ineligibility, it must be shown that the funds in question were used or will be used to avert a life-and-death situation for a benefit group member or a situation which is seriously detrimental to the health of a benefit group member.

NOTE: For cases involving life-threatening situations, the IM Policy Unit in OFS must be contacted in writing. The memorandum must fully explain the situation and include: how the money was or will be spent, the date spent or to be spent and the nature of the life-threatening situation. The final decision is made by the Director of the Policy Unit. Examples of situations which have been approved are: purchase of a refrigerator to store a baby's milk, medical needs, purchase of vehicles for regular ongoing visits to medical facilities. If the Worker has any doubt about referring a case to the Policy Unit, he must make the referral.

(2) Procedures

The period of ineligibility is shortened as follows:

September and \$198 is counted as income in October.

Repayment is not sought for August when the father was out of the home.

EXAMPLE: A WV WORKS family of 4 receives a lump sum payment in April. It is determined that they are ineligible for six (6) months. In June, they report to the local office that they used most of the lump sum amount to pay back money owed to the wife's parents who made trailer payments for them for several months so they would not lose the trailer. Since the use of the money was under the control of the benefit group, the period of ineligibility is not shortened.

EXAMPLE: Same situation as above except that the family used most of the lump sum to pay for the birth of a new baby. The use of the money was under the control of the benefit group, so the period of ineligibility cannot be shortened for this reason. However, the case must be submitted to the Policy Unit for consideration as a life-threatening situation.

EXAMPLE: A WV WORKS family receives a lump sum payment of \$12,000. The recipient sets up a trust fund for each of his children in the amount of \$4,000 each. The trust funds stipulate that the children may not receive any of the money until they turn 21 years of age. Use and control of the lump sum amount belonged to the benefit group when the trust funds were set up, so the period of ineligibility is not shortened.

EXAMPLE: A WV WORKS family of 3 received a lump sum payment of \$2,133 in July. They were determined ineligible for two (2) months, with \$151 counted as income in the third month. In July, they purchased a new television set and a new refrigerator. The remainder of the money, \$150, was kept in the house. In August, the client reports that the house and all the contents were

consideration just because it is withheld by the employer.

b. From Unearned Income

All withheld unearned income is counted, unless an amount is being withheld to repay income that was previously used to determine WV WORKS eligibility.

11. Funds Diverted To A Pass

Funds diverted to a PASS account are counted as earned or unearned income, depending on the source.

12. Unstated Income

There is ^a ~~no~~ provision for counting unstated income.

13. Spenddown

The Medicaid spenddown provision does not apply.

14. Unavailable Income

Income intended for the client, but received by another person with whom he does not live, when the individual receiving this income refuses to make it available, is excluded.

15. Income Received For A Non-Benefit Group Member

Income received by a member of the benefit group, which is intended and used for the care and maintenance of an individual whose income is not used in determining eligibility or the benefit level of the payee's benefit group, is excluded.

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$524	\$393	\$349	\$175
\$523	\$392	\$349	\$174
\$522	\$392	\$348	\$174
\$521	\$391	\$347	\$174
\$520	\$390	\$347	\$173
\$519	\$389	\$346	\$173
\$518	\$389	\$345	\$173
\$517	\$388	\$345	\$172
\$516	\$387	\$344	\$172
\$515	\$386	\$343	\$172
\$514	\$386	\$343	\$171
\$513	\$385	\$342	\$171
\$512	\$384	\$341	\$171
\$511	\$383	\$341	\$170
\$510	\$383	\$340	\$170
\$509	\$382	\$339	\$170
\$508	\$381	\$339	\$169
\$507	\$380	\$338	\$169
\$506	\$380	\$337	\$169
\$505	\$379	\$337	\$168
\$504	\$378	\$336	\$168
\$503	\$377	\$335	\$168
\$502	\$377	\$335	\$167
\$501	\$376	\$334	\$167
\$500	\$375	\$333	\$167
\$499	\$374	\$333	\$166
\$498	\$374	\$332	\$166
\$497	\$373	\$331	\$166
\$496	\$372	\$331	\$165
\$495	\$371	\$330	\$165
\$494	\$371	\$329	\$165
\$493	\$370	\$329	\$164
\$492	\$369	\$328	\$164
\$491	\$368	\$327	\$164
\$490	\$368	\$327	\$163
\$489	\$367	\$326	\$163
\$488	\$366	\$325	\$163
\$487	\$365	\$325	\$162

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$448	\$336	\$299	\$149
\$447	\$335	\$298	\$149
\$446	\$335	\$297	\$149
\$445	\$334	\$297	\$148
\$444	\$333	\$296	\$148
\$443	\$332	\$295	\$148
\$442	\$332	\$295	\$147
\$441	\$331	\$294	\$147
\$440	\$330	\$293	\$147
\$439	\$329	\$293	\$146
\$438	\$329	\$292	\$146
\$437	\$328	\$291	\$146
\$436	\$327	\$291	\$145
\$435	\$326	\$290	\$145
\$434	\$326	\$289	\$145
\$433	\$325	\$289	\$144
\$432	\$324	\$288	\$144
\$431	\$323	\$287	\$144
\$430	\$323	\$287	\$143
\$429	\$322	\$286	\$143
\$428	\$321	\$285	\$143
\$427	\$320	\$285	\$142
\$426	\$320	\$284	\$142
\$425	\$319	\$283	\$142
\$424	\$318	\$283	\$141
\$423	\$317	\$282	\$141
\$422	\$317	\$281	\$141
\$421	\$316	\$281	\$140
\$420	\$315	\$280	\$140
\$419	\$314	\$279	\$140
\$418	\$314	\$279	\$139
\$417	\$313	\$278	\$139
\$416	\$312	\$277	\$139
\$415	\$311	\$277	\$138
\$414	\$311	\$276	\$138
\$413	\$310	\$275	\$138
\$412	\$309	\$275	\$137
\$411	\$308	\$274	\$137

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$372	\$279	\$248	\$124
\$371	\$278	\$247	\$124
\$370	\$278	\$247	\$123
\$369	\$277	\$246	\$123
\$368	\$276	\$245	\$123
\$367	\$275	\$245	\$122
\$366	\$275	\$244	\$122
\$365	\$274	\$243	\$122
\$364	\$273	\$243	\$121
\$363	\$272	\$242	\$121
\$362	\$272	\$241	\$121
\$361	\$271	\$241	\$120
\$360	\$270	\$240	\$120
\$359	\$269	\$239	\$120
\$358	\$269	\$239	\$119
\$357	\$268	\$238	\$119
\$356	\$267	\$237	\$119
\$355	\$266	\$237	\$118
\$354	\$266	\$236	\$118
\$353	\$265	\$235	\$118
\$352	\$264	\$235	\$117
\$351	\$263	\$234	\$117
\$350	\$263	\$233	\$117
\$349	\$262	\$233	\$116
\$348	\$261	\$232	\$116
\$347	\$260	\$231	\$116
\$346	\$260	\$231	\$115
\$345	\$259	\$230	\$115
\$344	\$258	\$229	\$115
\$343	\$257	\$229	\$114
\$342	\$257	\$228	\$114
\$341	\$256	\$227	\$114
\$340	\$255	\$227	\$113
\$339	\$254	\$226	\$113
\$338	\$254	\$225	\$113
\$337	\$253	\$225	\$112
\$336	\$252	\$224	\$112
\$335	\$251	\$223	\$112

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$296	\$222	\$197	\$99
\$295	\$221	\$197	\$98
\$294	\$221	\$196	\$98
\$293	\$220	\$195	\$98
\$292	\$219	\$195	\$97
\$291	\$218	\$194	\$97
\$290	\$218	\$193	\$97
\$289	\$217	\$193	\$96
\$288	\$216	\$192	\$96
\$287	\$215	\$191	\$96
\$286	\$215	\$191	\$95
\$285	\$214	\$190	\$95
\$284	\$213	\$189	\$95
\$283	\$212	\$189	\$94
\$282	\$212	\$188	\$94
\$281	\$211	\$187	\$94
\$280	\$210	\$187	\$93
\$279	\$209	\$186	\$93
\$278	\$209	\$185	\$93
\$277	\$208	\$185	\$92
\$276	\$207	\$184	\$92
\$275	\$206	\$183	\$92
\$274	\$206	\$183	\$91
\$273	\$205	\$182	\$91
\$272	\$204	\$181	\$91
\$271	\$203	\$181	\$90
\$270	\$203	\$180	\$90
\$269	\$202	\$179	\$90
\$268	\$201	\$179	\$89
\$267	\$200	\$178	\$89
\$266	\$200	\$177	\$89
\$265	\$199	\$177	\$88
\$264	\$198	\$176	\$88
\$263	\$197	\$175	\$88
\$262	\$197	\$175	\$87
\$261	\$196	\$174	\$87
\$260	\$195	\$173	\$87
\$259	\$194	\$173	\$86

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$220	\$165	\$147	\$73
\$219	\$164	\$146	\$73
\$218	\$164	\$145	\$73
\$217	\$163	\$145	\$72
\$216	\$162	\$144	\$72
\$215	\$161	\$143	\$72
\$214	\$161	\$143	\$71
\$213	\$160	\$142	\$71
\$212	\$159	\$141	\$71
\$211	\$158	\$141	\$70
\$210	\$158	\$140	\$70
\$209	\$157	\$139	\$70
\$208	\$156	\$139	\$69
\$207	\$155	\$138	\$69
\$206	\$155	\$137	\$69
\$205	\$154	\$137	\$68
\$204	\$153	\$136	\$68
\$203	\$152	\$135	\$68
\$202	\$152	\$135	\$67
\$201	\$151	\$134	\$67
\$200	\$150	\$133	\$67
\$199	\$149	\$133	\$66
\$198	\$149	\$132	\$66
\$197	\$148	\$131	\$66
\$196	\$147	\$131	\$65
\$195	\$146	\$130	\$65
\$194	\$146	\$129	\$65
\$193	\$145	\$129	\$64
\$192	\$144	\$128	\$64
\$191	\$143	\$127	\$64
\$190	\$143	\$127	\$63
\$189	\$142	\$126	\$63
\$188	\$141	\$125	\$63
\$187	\$140	\$125	\$62
\$186	\$140	\$124	\$62
\$185	\$139	\$123	\$62
\$184	\$138	\$123	\$61
\$183	\$137	\$122	\$61

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$144	\$108	\$96	\$48
\$143	\$107	\$95	\$48
\$142	\$107	\$95	\$47
\$141	\$106	\$94	\$47
\$140	\$105	\$93	\$47
\$139	\$104	\$93	\$46
\$138	\$104	\$92	\$46
\$137	\$103	\$91	\$46
\$136	\$102	\$91	\$45
\$135	\$101	\$90	\$45
\$134	\$101	\$89	\$45
\$133	\$100	\$89	\$44
\$132	\$99	\$88	\$44
\$131	\$98	\$87	\$44
\$130	\$98	\$87	\$43
\$129	\$97	\$86	\$43
\$128	\$96	\$85	\$43
\$127	\$95	\$85	\$42
\$126	\$95	\$84	\$42
\$125	\$94	\$83	\$42
\$124	\$93	\$83	\$41
\$123	\$92	\$82	\$41
\$122	\$92	\$81	\$41
\$121	\$91	\$81	\$40
\$120	\$90	\$80	\$40
\$119	\$89	\$79	\$40
\$118	\$89	\$79	\$39
\$117	\$88	\$78	\$39
\$116	\$87	\$77	\$39
\$115	\$86	\$77	\$38
\$114	\$86	\$76	\$38
\$113	\$85	\$75	\$38
\$112	\$84	\$75	\$37
\$111	\$83	\$74	\$37
\$110	\$83	\$73	\$37
\$109	\$82	\$73	\$36
\$108	\$81	\$72	\$36
\$107	\$80	\$71	\$36

WEST VIRGINIA WORKS PAYMENT REDUCTION SCHEDULE

Payment Amount	- 25% Reduction	- 1/3% Reduction	- 2/3% Reduction
\$68	\$51	\$45	\$23
\$67	\$50	\$45	\$22
\$66	\$50	\$44	\$22
\$65	\$49	\$43	\$22
\$64	\$48	\$43	\$21
\$63	\$47	\$42	\$21
\$62	\$47	\$41	\$21
\$61	\$46	\$41	\$20
\$60	\$45	\$40	\$20
\$59	\$44	\$39	\$20
\$58	\$44	\$39	\$19
\$57	\$43	\$38	\$19
\$56	\$42	\$37	\$19
\$55	\$41	\$37	\$18
\$54	\$41	\$36	\$18
\$53	\$40	\$35	\$18
\$52	\$39	\$35	\$17
\$51	\$38	\$34	\$17
\$50	\$38	\$33	\$17
\$49	\$37	\$33	\$16
\$48	\$36	\$32	\$16
\$47	\$35	\$31	\$16
\$46	\$35	\$31	\$15
\$45	\$34	\$30	\$15
\$44	\$33	\$29	\$15
\$43	\$32	\$29	\$14
\$42	\$32	\$28	\$14
\$41	\$31	\$27	\$14
\$40	\$30	\$27	\$13
\$39	\$29	\$26	\$13
\$38	\$29	\$25	\$13
\$37	\$28	\$25	\$12
\$36	\$27	\$24	\$12
\$35	\$26	\$23	\$12
\$34	\$26	\$23	\$11
\$33	\$25	\$22	\$11
\$32	\$24	\$21	\$11
\$31	\$23	\$21	\$10

APPENDIX G

WV WORKS EARNED INCOME DISREGARD

Earned Income	40% Disregard
\$2,327 - \$2,426	\$951
\$2,227 - \$2,326	\$911
\$2,127 - \$2,226	\$871
\$2,027 - \$2,126	\$831
\$1,927 - \$2,026	\$791
\$1,827 - \$1,926	\$751
\$1,727 - \$1,826	\$711
\$1,627 - \$1,726	\$671
\$1,527 - \$1,626	\$631
\$1,427 - \$1,526	\$591
\$1,327 - \$1,426	\$551
\$1,227 - \$1,326	\$511
\$1,127 - \$1,226	\$471
\$1,027 - \$1,126	\$431
\$927 - \$1,026	\$391
\$827 - \$926	\$351
\$727 - \$826	\$311
\$627 - \$726	\$271
\$527 - \$626	\$231
\$427 - \$526	\$191
\$327 - \$426	\$151
\$227 - \$326	\$111
\$127 - \$226	\$71
\$27 - \$126	\$31
\$ 0 - \$26	\$5

11.2 INTRODUCTION

This Chapter contains the policies for determining asset eligibility for Food Stamps, AFDC/U, WV WORKS and most Medicaid coverage groups. Instructions for determining the value of assets are included.

The following Medicaid coverage groups have no asset test:

- AIDS Patients Programs
- Deemed AFDC and WV WORKS Recipients, except those eligible for \$1 - \$9 AFDC check
- Deemed SSI Recipients, except PAC
- Extended Medicaid
- Newborns
- Poverty-Level Pregnant Women and Children
- QC
- Transitional Medicaid

A. ESTABLISHING DATE OF ASSET ELIGIBILITY

1. SSI-Related Medicaid, CDCS, PAC, QDWI, QMB, and SLIMB

The assets determination for these applications must be made as of the first moment of the month of application. The client is not eligible for any month in which assets are in excess of the maximum, as of the first moment of the month. Changes in countable assets do not affect eligibility unless retained into the first moment of the following month.

EXAMPLE: A client applies for SSI-Related Medicaid on April 21. On April 1, he had a savings account of \$1,500 and two automobiles: a 1985 Ford LTD that he used for obtaining medical treatment and a 1982 Chevrolet Impala valued at \$575. He advises the Worker that; on April 10, he withdrew \$125 from his savings account to pay for automobile repairs. His total assets on April 1 were \$2,075. Even though his assets decreased to \$1,950, which is under the \$2,000 asset maximum, on April 10, his assets as of the first moment of the month were in excess of the asset limit, and he is not eligible.

Conversely, if the client's assets, as of the first moment of the month, are within the asset limit, and during the month his assets increase to

11.3 MAXIMUM ALLOWABLE ASSETS

To be eligible for Income Maintenance Programs, the total amount of countable assets cannot exceed the amounts which are listed in the following chart:

FOOD STAMPS	AFDC/U, GA FOR DA	WV WORKS	SSI-RELATED MEDICAID, AFDC/U-RELATED MEDICAID, PAC, CDCS	QDWI QMB SLIMB
			Size of Benefit Group	Size of Benefit Group
			Asset Level	Asset Level
\$2,000 - all benefit groups except as below.	\$1,000 - regardless of the number in the benefit group.	\$2,000 - regardless of the number in the benefit group.	1 \$2,000	1 \$4,000
\$3,000 - at least one benefit group member is age 60 or over, regardless of the size of the benefit group.			2 \$3,000	2 \$6,000
NOTE: When all members of the benefit group are recipients of AFDC/U, SSI, or GA for DA, the asset test is presumed to be met.			Add \$50 to the asset maximum for each additional member of the benefit group. NOTE: For SSI-Related Medicaid only: In cases involving a husband and wife who are living together, only one of whom is eligible, the asset level for 2 persons is used for their combined non-excluded assets. NOTE: For AFDC/U- Related Medicaid: Use the asset limit for the appropriate BFU size.	NOTE: In cases involving a husband and wife who are living together, only one of whom is eligible, the asset level for 2 persons is used for their combined non-excluded assets.

NOTE: The following Medicaid coverage groups have no asset test:

AIDS Patient Programs
Deemed AFDC and WV WORKS Recipients, except those eligible
for \$1 - \$9 AFDC check
Deemed SSI Recipients, except PAC
PL Pregnant Women & Children
Extended Medicaid
Newborns
QC
Transitional Medicaid

LIST OF ASSETS

business. The value of the fishing permit is not determined because the permit is excluded under the exception. The boat and tackle are producing in excess of a 6% return on the excluded equity value, so the equity is excluded, up to \$6,000. The \$500 excess value is counted toward the asset limit.

2. Non-Business Personal Property

a. Income Producing

No *	Yes	See item 1 above
------	-----	---------------------

Food Stamps: Property which is annually producing income consistent with its FMV is excluded.

b. Necessary for Self-Support

Yes	Yes	No *
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SSI-Related Medicaid, CDCS, PAC, QDWI, QMB, SLIMB: Non-business personal and real property is considered essential for an individual and/or his spouse's self-support, if it is used to produce goods or services necessary for his daily activities. This property includes real property, such as land, which is used to produce vegetables or livestock for personal consumption only, such as corn, tomatoes, chickens, cattle. This property also includes personal property necessary to perform daily functions, but not passenger cars, trucks, boats, or other special vehicles. Property used to produce goods or services or property necessary to perform daily functions is excluded, if the individual's equity in the property does not exceed \$6,000. The amount of equity in excess of \$6,000 is counted toward the asset limit. Personal property which is required by the individual's employer for work is not counted, regardless of value, while the individual is employed. Examples of this type of personal property include tools, safety equipment, uniforms and similar items.

EXAMPLE: Bill owns a small unimproved lot several blocks from his home. He uses the lot, which is valued at \$4,800, to grow vegetables and fruit, only for his own consumption. Since his equity in the property is less than \$6,000, the property is excluded as necessary to self-support.

NOTE: The 6% provision as shown in item 1 above is not used in this determination.

LIST OF ASSETS

be made, the Worker must not take into account when payments can be made. When a trust provides, in some manner, that a payment can be made, even though that payment may be sometime in the future, the trust must be treated as providing that payment can be made from the trust.

(b) Undue Hardship

There is a hardship provision which allows the Department to exclude a trust when counting it results in undue hardship for the client. All decisions about undue hardship are made by the Director, Office of Family Support. Any requests for such a determination are submitted in writing and must show complete details about the undue hardship which will result. See "Undue Hardship" in the Definitions section.

GG. UNIFORM GIFTS TO MINORS ACT FUNDS

Yes	Yes	No
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HH. VEHICLES

Yes *	Yes *	Yes *
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The owner of a vehicle is generally the individual to whom it is titled. However, when the title of a vehicle is not in the client's name, but the client indicates it is his, the vehicle is counted as the client's asset. If the title is in the client's name, and he indicates the vehicle no longer belongs to him, and the name on the title has not been changed, the vehicle is presumed to be his, unless he can prove otherwise. Only those vehicles of members of the benefit group and disqualified individuals are considered when determining vehicle assets.

A leased vehicle, in which the individual has no equity and which he cannot sell, is excluded.

The NADA trade-in value is usually used to determine the CMV of the vehicle for Food Stamps, AFDC/U, WV WORKS, AFDC/U-Related Medicaid and GA for DA. The NADA retail value is usually used to determine the CMV of the vehicle for SSI-Related Medicaid, CDCS, PAC, QDWI, QMB and SLIMB.

LIST OF ASSETS

When the client disagrees with the NADA retail value of the vehicle, he may obtain another estimate in writing at his own expense. If he provides the statement, it is averaged with the NADA value to arrive at the CMV.

NOTE: Any estimate the client provides must be furnished by a knowledgeable, disinterested source, such as, but not limited to, a domestic or foreign used car or truck dealer, or an automobile insurance company.

Older Vehicles: When the vehicle in question is too old to be listed in the NADA book, the Worker must use the value for the oldest listed vehicle of like make and model. If the client disagrees with this amount, he must be advised that he can obtain an estimate from another source. If there is a charge for the appraisal estimate, the client is responsible for the charge.

STEP 3: VALUE OF OTHER VEHICLES

If the benefit group has any other vehicles not excluded in Steps 1 or 2 above, the equity of these vehicles is an asset.

EXAMPLE: John Smith owns a 1990 Toyota Celica with a CMV of \$8,350, and his equity is \$500. He also owns a 1988 Volkswagen with a CMV and equity value of \$2,700, which exceeds the asset limit. Based upon Mr. Smith's statement, neither vehicle can be excluded based on use. The \$4,500 CMV exclusion is applied to the Volkswagen instead of the Toyota because it benefits the client. Only the equity value of the 1990 Toyota counts toward the asset limit.

EXAMPLE: Mr. Smith has the same vehicles as above. However, he says he usually uses the Toyota Celica to drive to the doctor. If the Toyota is totally excluded, the equity value of the Volkswagen makes him ineligible. Thus, the value of the Volkswagen is totally excluded based on use, and the \$500 equity value of the Toyota, along with other countable assets, does not make him ineligible.

End of SSI-Related Medicaid, CDCS, PAC, ODWI, OMB, SLIMB
Vehicle Policy

LIST OF ASSETS

Older Models: The client's statement of the value of the vehicle(s) is accepted unless it appears incorrect. In this situation the Worker requires that the client obtain one estimate. If the vehicle is listed as junk with the Department of Motor Vehicles, as indicated on the title of the vehicle, a sale value of \$25 is assigned to it, and that amount used as the value.

In determining the asset value of the vehicle(s), only the Fair Market Value is counted.

STEP 2: DETERMINING ASSET VALUE OF ALL VEHICLES NOT EXCLUDED

The Fair Market Value in all other vehicles is counted in its entirety.

End of WV WORKS Vehicle Policy

NOTE: The asset limits for the Food Stamp Program, as found in Section 11.3, apply.

5. Retroactive Payments

These monies are counted as an asset when retained into the month following the month of receipt.

6. Low Profit From The Sale of An Asset

In addition to assets which may be considered inaccessible according to the provisions in item 3 above, an asset which meets one of the following criteria is considered inaccessible and is, therefore, excluded because it cannot be sold for a significant return.

- The asset has an expected sale price of less than one half of the benefit group's applicable asset limit; or
- The cost of selling the asset will likely result in a return of less than one half of the benefit group's applicable asset limit. The benefit group's ownership interest must also be considered when determining the potential return.

This applies to a single asset, not to a combination of assets.

NOTE: This provision does not apply to vehicles, stocks, bonds and negotiable financial instruments.

NOTE: An asset cannot be subdivided solely to obtain an exclusion as inaccessible.

7. Burial Funds

Burial funds are excluded for Food Stamp purposes, provided they are in an irrevocable trust. Otherwise, they are assets.

B. AFDC/U, WV WORKS, AFDC/U-RELATED MEDICAID AND GA FOR DA

NOTE: When an asset is deemed, the full equity value is deemed with no disregards or deductions applied.

12.1	INTRODUCTION	1
12.2	DEFINITIONS OF DISABILITY AND BLINDNESS	2
A.	DEFINITION OF DISABILITY	2
1.	Individuals Age 18 Or Over	2
2.	Individuals Under Age 18	2
B.	DEFINITION OF DISABILITY FOR GA FOR DA	2
C.	DEFINITION OF BLINDNESS	3
D.	DEFINITION OF TEMPORARY INCAPACITY FOR WV WORKS	3
E.	CONSIDERATION OF MEDICAL AND SOCIAL FACTORS IN DETERMINING DISABILITY	3
12.3	PROCESS FOR DETERMINING DISABILITY, INCAPACITY AND BLINDNESS	4
A.	GENERAL REQUIREMENTS	4
B.	SSI-RELATED DISABILITY PROCESSING REQUIREMENTS	5
1.	Target Time Limits	5
2.	ES-20	5
3.	Holcomb Log Sheet	5
C.	TEMPORARY INCAPACITY FOR WV WORKS	6
12.4	DETERMINATION OF DISABILITY OR BLINDNESS WITHOUT MEDICAL REPORTS OF SOCIAL SUMMARY MEDICAID	7
A.	DISABILITY ESTABLISHED BY SSA	7
B.	DISABILITY ESTABLISHED BY RAILROAD RETIREMENT BOARD	7
C.	BLINDNESS	7
D.	DISABILITY ESTABLISHED BY RECEIPT OF RSDI, CLIENT CLAIMS BLINDNESS	8
12.5	CLIENT HAS BEEN FOUND NOT DISABLED BY SSA	9
12.6	APPLICATION PROCEDURES WHEN SSA DETERMINATION OF DISABILITY IS INVOLVED	10
A.	APPLICANT IS CURRENTLY RECEIVING RSDI BASED ON HIS OWN DISABILITY	10
B.	SSA DECISION PENDING	10

F.	GUIDELINES FOR PRESUMPTIVE DECISION OF DISABILITY FOR GA FOR DA	29
1.	Definition Of Disability	29
2.	Role Of The Worker In The Presumptive Approval Process	29
G.	GUIDELINES FOR PRESUMPTIVE DECISION OF INCAPACITY FOR AFDC AND AFDC-RELATED MEDICAID	30
1.	Definition Of Incapacity	30
2.	Role Of The Worker In The Presumptive Approval Process	30
12.10	REFERRAL TO THE MEDICAL REVIEW TEAM (MRT)	31
A.	THE MEDICAL REVIEW TEAM (MRT)	31
B.	THE MRT REFERRAL	31
1.	Content And Organization Of Material Submitted	31
2.	Cases Submitted To MRT For Reevaluation	31
3.	Division of Rehabilitation Services (DRS) Refererals	32
4.	Fair Hearings	32
5.	Notifying MRT Of Eligibility Related Information	32
12.11	ACTION FOLLOWING RECEIPT OF THE FINAL MRT DECISION	34
A.	SSI-RELATED MEDICAID AND GA FOR DA	34
1.	Client Is Blind Or Disabled	34
2.	Client Is Not Blind Or Disabled	34
B.	AFDC AND AFDC-RELATED MEDICAID	34
1.	Parent Is Incapacitated	34
2.	Parent Is Not Incapacitated	34
3.	WV WORKS	35
C.	ACTION WHEN MRT DECISION CONFLICTS WITH THE SSA DECISION	35
1.	AFDC And AFDC-Related Medicaid	35
2.	SSI-Related Medicaid	35
D.	ACTION WHEN THE WORKER AND SUPERVISOR DISAGREE WITH A MRT DENIAL	36
12.12	CLIENT'S RIGHTS IN THE DETERMINATION PROCESS	36a
A.	CLIENT'S RIGHT TO AN ADDITIONAL MEDICAL REPORT	36a

The individual is considered disabled if he has a medically determined physical or mental impairment which is expected to last for at least 6 months from the date of application and which prevents him from performing substantial gainful activity.

C. DEFINITION OF BLINDNESS

To meet the definition of blindness, the individual must have:

- Central visual acuity of 20/200 or less in the better eye with corrective glasses, or
- A limited visual field of 20 degrees or less in the better eye with the use of eyeglasses.

D. DEFINITION OF TEMPORARY INCAPACITY FOR WV WORKS

Individuals suffering from temporary debilitating injury for duration of injury. Injury must prevent work or work related activities for more than 30 days.

E. CONSIDERATION OF MEDICAL AND SOCIAL FACTORS IN DETERMINING DISABILITY

In determining whether or not an individual is disabled, medical and social factors and the relationship between the two must be considered.

If the medical information indicates that the individual has an impairment which has lasted or can be expected to last the required length of time, social factors must be examined to determine the effect of the impairment on the individual.

When a case is referred to MRT for a disability decision, the Worker completes form ES-RT-1, Social Summary Outline. This form is designed to identify the social information used by the Worker in making a presumptive decision and by MRT in making the final disability decision.

B. SSI-RELATED DISABILITY PROCESSING REQUIREMENTS

1. Target Time Frames

Target time periods have been established to assure that SSI-Related disability cases are processed within the 90-day processing time limit except when the delay is beyond the Department's control.

REQUIRED ACTION	TIME LIMIT
Interview client and request medical records and reports	By the 7th calendar day after application
Follow-up request(s) for medical records or reports	By 30 days after initial request (and each 30 days thereafter)
Submission to MRT	By 7 days after medical records/reports received.
Receipt of file and logged	By 2 days after receipt by MRT
Initial review by MRT staff	By 7th day after receipt
Physician review (initial)	By 14th day after receipt
Additional medical information requested (if required) by physician	By 7th day after initial physician review
Physician's final review	By 7th day after receipt of additional medical information
Final decision (completion of ES-RT-3 form)	By 7th day after final physicians review
File returned to county office	By 3rd day after final review decision

12.10 REFERRAL TO THE MEDICAL REVIEW TEAM (MRT)

A. THE MEDICAL REVIEW TEAM (MRT)

MRT is housed at the State Office in the Office of Family Support, and has the following responsibilities:

- Evaluating available medical and social information and determining if the individual is medically incapacitated, disabled or blind. To determine disability, MRT uses the Sequential Evaluation process established by SSA for SSI disability determinations.
- Evaluating WV WORKS participants who claim they are physically/mentally unable to work, if the decision cannot be made at the District level.
- Notifying the Worker of MRT's decision using form ES-RT-3 or ES-B-13a.

B. THE MRT REFERRAL

1. Content And Organization Of Material Submitted

- The following items are required to submit a case to MRT, and they must be arranged in the following order:
 - ES-RT-2
 - ES-RT-1
 - Medical reports arranged in order from oldest to latest
 - If a case has been referred to MRT before, the old packet of material must be included with the new information.
- All information related to one case must be stapled together.

2. Cases Submitted to MRT for Reevaluation

When a case is submitted for reevaluation of disability, incapacity, blindness, JOBS or WV WORKS work requirement exemption, the following materials must be included:

A copy of the ES-RT-3 is attached to the client notification letter.

3. WV WORKS

- Individual Is Incapacitated

If the ES-RT-3 indicates the individual is incapacitated, the individual is exempt from work requirements. A reevaluation will be scheduled in 90 days.

- Individual Is Not Incapacitated

If the ES-RT-3 indicates the individual is not incapacitated, the parent is not exempted from work requirements. The client must be contacted immediately to begin work requirement activities.

A copy of the ES-RT-3 is attached to the client notification letter.

C. ACTION WHEN MRT DECISION CONFLICTS WITH THE SSA DECISION

When a MRT disability or blindness decision conflicts with the decision made by SSA, the following procedures apply:

1. AFDC and AFDC-Related Medicaid

- The definition of incapacity varies significantly from that of disability. For this reason, a denial of a disability claim by SSA or the Railroad Retirement Board does not automatically render an individual ineligible for benefits based on incapacity. The Worker continues with the process of establishing incapacity.
- When an individual meets the disability standards of SSA, he meets the Department's definition of incapacity.

2. SSI-Related Medicaid

Procedures outlined in 12.7 are followed.

12.12 CLIENT'S RIGHTS IN THE DETERMINATION PROCESS

A. CLIENT'S RIGHT TO AN ADDITIONAL MEDICAL REPORT

If the client requests a second medical examination, either during the application, reevaluation or Hearing process, such examination must be provided and paid for by the Department. A list of participating physicians must be provided from which the client may choose.

If the client does not secure the additional medical report within ninety days, the application is processed using the medical reports which were originally obtained.

This procedure is followed, unless the action concerns an AFDC or AFDC-Related Medicaid case in which the client also meets the definition of unemployment. If the definition of unemployment is met, the case is approved for AFDCU or AFDCU-Related Medicaid until the new medical information is reevaluated by MRT. If the original decision is upheld, the client may remain active in the other case. He may also request a Fair Hearing.

In the following instances an individual in an active case is entitled to an additional medical report at the Department's expense after MRT makes a negative decision about continuing medical eligibility.

- If only one medical report was used in making the MRT decision; or
- If a new medical report, in addition to previous reports, is used in making the negative decision, and it is the new one which causes ineligibility.

The Worker must notify the client of the availability of this service and the impending case closure or removal of the client from the case. An ES-NL-C is used for client notification.

B. PROCEDURE AFTER THE CLIENT'S DECISION ABOUT AN ADDITIONAL MEDICAL REPORT

The Worker action, after the client makes a decision about requesting an additional medical report at the Department's expense, depends upon the client's choice. The possibilities are as follows:

- If the client does not request the additional medical, or does not make a timely (13 days) response

15.1 INTRODUCTION	1
15.2 THE DEFINITION OF DEPENDENT CHILD	2
A. AGE	2
B. LIVING WITH A SPECIFIED RELATIVE	2
C. DEPRIVED OF PARENTAL SUPPORT AND CARE	3
1. Relationship of Deprivation Factor to the Living Arrangements of the Child	4
2. Establishment of a Deprivation Factor	5
a. Death	5
b. Continued Absence	5
c. Incapacity	11
d. Unemployment	13
e. Strikers	19
15.3 CHILD SUPPORT REQUIREMENTS AND PROCEDURES (AFDC/U)	20
A. ES-AP-1, ACKNOWLEDGEMENT OF AUTOMATIC ASSIGNMENT OF SUPPORT RIGHTS	20
B. CAO REFERRALS	23
C. GOOD CAUSE	23
D. REDIRECTION OF CHILD SUPPORT PAYMENTS (AFDC)	27
E. REDIRECTION OF SPOUSAL SUPPORT (AFDC)	27
F. REDIRECTION OF CHILD/SPOUSAL SUPPORT IN SPECIAL SITUATIONS	28
G. REDIRECTION AND INCOME WITHHOLDING (AFDC-RELATED MEDICAID)	29
H. PENALTIES FOR REFUSAL TO COOPERATE (AFDC AND AFDC-RELATED MEDICAID)	29
I. COMMUNICATION BETWEEN THE WORKER AND THE LEGAL ASSISTANT	30

15.4 SPECIAL NEEDS

Special needs are those which are not uniformly shared by all individuals or families. They are related to the special circumstances of one or more family members.

A. SCHOOL CLOTHING ALLOWANCE (SCA)

The School Clothing Allowance operates for one calendar month per year, usually for the month of August. It provides an annual payment for clothing for school-age children. The SCA requires annual authorization. Approval is announced by annual release of an updated version of Appendix B of this Chapter. Detailed instructions are contained in Appendix B.

B. COURT FEES

When court fees are required for the appointment of a committee, the full amount of the court costs, excluding attorney fees, may be paid on a one time only basis.

Upon receipt of a written notification from the County Clerk's office, the Worker will issue the supplemental payment using Form AP-3, Check Supplement.

C. CHORE SERVICES

Chore Service payment is included in the monthly AFDC/U check upon notification from the Office of Community Support.

D. PAYMENTS

Parenting classes shall be obtained through existing resources at no cost when available. If the teenage parent is eligible for Medicaid, parenting classes may be a covered cost.

E. MENTORING

Mentorship may include assistance and guidance in decision making, dealing with crises, keeping medical appointments, accessing resources, transportation, arranging child care. It may be done one-on-one or in groups based on the needs of the parents and resources available. Mentors should model an employment lifestyle that demonstrates coping with the demands of a job and children. Referrals to mentoring should be based on an assessment of the participants' support systems, their education and work history, communication, and coping skills.

F. ADULT-SUPERVISED LIVING ARRANGEMENTS FOR MINOR PARENTS

Unemancipated minor parent are required to live with their parents unless:

1. They have no parent or legal guardian whose whereabouts is known;
2. No parent or legal guardian allows the minor parent to live in his/her home;
3. The minor parent lived apart from the parent/guardian for at least 1 year before the birth of child or the parent's application for AFDC;
4. The minor parent's physical or emotional health would be jeopardized if he/she resides with a parent/guardian;
5. There is otherwise good cause for a minor parent and child(ren) to receive assistance while living apart from parent/guardian. Examples include but are not limited to:
 - a. The Minor parent's return to her parents' home would cause noncompliance on the parents' part in a fixed lease.

15.6 LIFETIME

There is a lifetime limit of 60 months of benefits under TANF.

A. MINOR CHILD EXEMPTION

In determining the number of months for which an individual who is a parent or pregnant has received assistance, any month shall be disregarded if the individual was:

1. a minor child
2. a minor child who was not the head of a household or married to the head of household

B. HARDSHIP EXEMPTION

An exemption from the 60 month time limit may be made by reason of hardship or if the family includes an individual who has been battered or subjected to extreme cruelty. The exemption period will be determined on a case by case basis.

Persons claiming a hardship exemption must provide verification of their hardship from the appropriate legal authorities, social service agency or medical provider.

For purposes of the hardship exception, an individual has been battered or subjected to extreme cruelty if the individual has been subjected to:

1. physical acts that resulted in, or threatened to result in, physical injury to the individual
2. sexual abuse
3. sexual activity involving a dependent child
4. being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities
5. threats of, attempts at, physical or sexual abuse
6. neglect or deprivation of medical care
7. mental abuse

3.	Reimbursement of Medicare Premium Amount	43
4.	The Worker's Responsibilities Toward the Buy-In Unit	44
E.	QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI)	43
F.	ILLEGAL ALIENS - EMERGENCY COVERAGE	44
16.7	CATEGORICALLY NEEDY, OPTIONAL	46
A.	INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX	46
B.	ADOPTION ASSISTANCE OTHER THAN IV-E	46
C.	FOSTER CARE OTHER THAN IV-E	46
D.	CHILDREN WITH DISABILITIES COMMUNITY SERVICE PROGRAM (CDCS)	47
E.	QUALIFIED CHILDREN BORN BEFORE 10-01-83 (QC-Medicaid Expansion)	48
F.	AIDS PROGRAMS	48
1.	Special Pharmacy Program	49
2.	HIV Grant Program	49
16.8	MEDICALLY NEEDY, MANDATORY - FOR FAMILIES AND/OR CHILDREN	51
A.	NEWBORN CHILDREN	51
B.	AFDC/U-RELATED MEDICAID	51
16.9	MEDICALLY NEEDY, MANDATORY - FOR AGED, BLIND OR DISABLED (SSI-RELATED MEDICAID)	53
16.10	MEDICALLY NEEDY, OPTIONAL - FOR FAMILIES AND/OR CHILDREN	54
16.11	GENERAL ASSISTANCE FOR DISABLED ADULTS (GA FOR DA)	55
	Discontinued July 1, 1996	
16.12	CATEGORICALLY NEEDY, MANDATORY - FOR FAMILIES AND/OR CHILDREN	56
APPENDIX A	- GUIDE TO TRANSITIONAL MEDICAID	A-1
APPENDIX B	- DISCONTINUANCE OF GA FOR DA	B-1

16.11 GENERAL ASSISTANCE FOR DISABLED ADULTS (GA FOR DA)

GA for DA is discontinued beginning July 1, 1996. Refer to Appendix B of this Chapter for implementing instructions. Disregard all other references to GA for DA throughout this Manual.

Income: AFDC/U Payment Level

Assets: \$1,000

NOTE: GA for DA clients are not subject to a spenddown provision.

Prior to January, 1980, the GA for DA Program provided a cash payment and medical card to eligible individuals. The Department stopped the cash payment, but was court-ordered to continue medical assistance at the same level provided for Medicaid recipients. Medical services are paid for from state money only; i.e., there is no federal match. The usual three-month backdating period does not apply to GA for DA.

An individual is eligible for Medicaid when all of the following conditions are met:

- The individual is age 18 or over.
- The individual meets the income standard described in Chapter 10.
- The individual meets the asset standard described in Chapter 11.
- The individual meets the definition of disability found in Chapter 12.

NOTE: This is the same definition of disability used by SSI, except the duration of the disability is only six (6) months for GA for DA.

- The individual has applied for and been denied SSI. Reapplication for SSI is required at each redetermination unless the client's appeal of a previous denial is still pending. If he has been denied within the last six months, eligibility begins on the date of application. Otherwise, he must be referred to SSA to apply for SSI and benefits must not start until he has been denied SSI. If SSI eligibility cannot be determined during the processing time limit for GA for DA, the application is denied and the client must reapply for further consideration.
- The individual is not eligible under any other Medicaid coverage group which offers full-Medicaid coverage.

a. Overview of the Brinkley Procedures

There may be times when the amount of the child support payment actually received is in excess of the WV WORKS payment amount and the Legal Assistant does not notify the Worker to close the case. This occurs because CSED staff distinguishes between the amount of the payment received and the absent parent's "obligation". The obligation of the absent parent is the amount he is court-ordered to pay. In the absence of any court order, the amount of the obligation is usually the WV WORKS check amount the family of the absent parent receives. In cases in which the court-ordered amount is less than the WV WORKS amount, any payment received, which is in excess of the absent parent's obligation, is used by CSED to meet any back child support (arrearages) owed to the agency by the absent parent. Therefore, it is the amount of the absent parent's obligation which must be in excess of the WV WORKS payment amount before ineligibility is indicated.

The client becomes ineligible for WV WORKS beginning the month after the countable amount of child support received exceeds the WV WORKS payment amount. However, the Department is required by court order (Brinkley vs. Carter) to continue providing the WV WORKS check until a regular pattern of child/spousal support is established.

A regular pattern of support is established after countable child/spousal support exceeds the WV WORKS check amount for four (4) consecutive months. During this 4-month period, the excessive child/spousal support is disregarded as income for WV WORKS purposes.

The client continues to receive the WV WORKS check amount he is eligible for without counting the child/spousal support as income and the State is reimbursed by CSED from the amount of child support collected. The WV WORKS payment process is simply the means to issue checks to the client while a pattern of support is established. While receiving this Brinkley service, Medicaid coverage is provided whether or not the client meets the specific requirements for Extended Medicaid.

Block 7 = B

Block 49 = 0645

This excess child support continues in 3/94, but in 4/94 CSED notifies the Worker that the excess support was not received. The Worker changes the coding as follows:

Block 7 = &

Block 49 = &

The case then becomes like any other WV WORKS case not receiving excess child/spousal support. No reapplication is required.

In 5/95, excess child support begins again. Coding is as follows:

Block 7 = B

Block 49 = 0945

c. Extended Medicaid

NOTE: The determination of eligibility for Extended Medicaid need only be made when the client does not choose to participate in Brinkley procedures and the Legal Assistant has notified the Worker of the client's choice.

Families which lose WV WORKS benefits due to the beginning of or an increase in child/spousal support are eligible for four (4) consecutive months of Medicaid coverage when the family received WV WORKS in any three (3) or more months during the six-month period immediately preceding the first month of WV WORKS ineligibility.

d. Coding for Extended Medicaid

The Worker must code a 4 in Block 72 to stop issuance of the WV WORKS check and continue issuance of the medical card. In addition, the case is automatically closed after four (4) consecutive months based on coding in Block 49 or 55. These case action blocks are coded with the fourth month of continuous Medicaid coverage, followed by code 45. Refer to Chapter 23.

instead of being converted to a TM case, the case must be reopened without reapplication by the client.

1. Phase I Coverage

a. Eligibility Requirements

In order to be eligible all of the following conditions must be met:

- The benefit group became ineligible due to earnings.
 - The benefit group received WV WORKS in any three (3) or more months during the six-month period immediately preceding the first month of WV WORKS ineligibility.
 - There is no indication that the benefit group received AFDC/U fraudulently during any of the six (6) months prior to the first month of WV WORKS ineligibility.
 - The benefit group contains a dependent child who would be included in the WV WORKS check, if the family were eligible.
- * When the benefit group becomes ineligible for WV WORKS for a combination of reasons, the Worker must determine if the amount of earned income, (or the addition of an individual with earnings who has received WV WORKS), had an effect on the ineligibility. Only when this is the case is the benefit group eligible for TM.
- * The following steps are followed to determine if such factors had an effect on WV WORKS ineligibility:
- * Step 1: Determine if the increase in income would have resulted in loss of WV WORKS eligibility if all other factors in the case remained the same (i.e., there was no other change in income, no change in family composition, no change in WV WORKS standards, etc.).
- * If yes, the benefit group meets the requirement.
- * If no, go to Step 2.

Eligibility ends at the end of the advance notice period.

(3) Enrollment in Free Employer's Plan

When the person whose employment caused ineligibility for WV WORKS does not enroll or maintain enrollment in the employer's health plan, provided such coverage is free to the client, the benefit group becomes ineligible. Eligibility ends at the end of the advance notice period. An application is not held pending compliance with this requirement. The client must be allowed 30 days to prove he has taken the steps necessary to comply.

NOTE: Discontinuance of coverage for failure of the parent to continue working will occur.

c. Eligible Situations

Provided the benefit group meets all of the eligibility requirements in item a above, it is eligible in the following situations:

- The benefit group's gross income is above the WV WORKS payment level.
- The earned income of an individual who received WV WORKS in three (3) of the last six (6) months and who is added to the benefit group has an effect on the benefit group's WV WORKS ineligibility.
- The case becomes ineligible for WV WORKS due to failure to report or provide verification of new earnings, provided that fraud is not indicated.
- The case becomes ineligible for one (1) month only due to a temporary increase in earnings.

d. Ineligible Situations

The benefit group is not eligible for coverage in the following situations:

When the case is closed for any other reason a CLOSE transaction and manually-completed client notification are required.

2. Return to WV WORKS, Phases I and II

If a benefit group returns to WV WORKS but otherwise meets the requirements for TM, the benefit group is dually eligible for Medicaid as WV WORKS recipients and as TM recipients. If the benefit group again becomes ineligible for WV WORKS, Worker action depends upon the case circumstances at the time of the subsequent case closure as follows.

a. Otherwise Eligible for TM

If the benefit group meets all of the eligibility requirements found in item 1,a above, the family is eligible for a new TM period.

b. Not Otherwise Eligible for TM

When either of the two following conditions are met at the time of the subsequent case closure, the family is eligible only for the remainder of the original TM period and the case must be coded appropriately. See Chapter 23.

- The benefit group loses eligibility for a reason not related to employment; or
- The benefit group loses eligibility for a reason related to employment, but does not meet the requirement of having received WV WORKS in 3 of the preceding 3 months.

D. QUALIFIED CHILDREN BORN ON OR AFTER 10-1-83 (QC)
(M-219 System)

Income: 100% FPL

Assets: N/A

NOTE: If a Qualified Child is receiving inpatient services on the date eligibility ends due to attainment of the maximum age limit, eligibility must continue until the end of that inpatient stay.

A child is eligible for Medicaid coverage as a Qualified Child (QC) when all of the following conditions are met:

- The child is not receiving

E. POVERTY-LEVEL PREGNANT WOMEN (M-219, C-219 SYSTEMS)

A pregnant woman is eligible for Medicaid coverage as a Poverty-Level Pregnant Woman or as a Deemed Poverty-Level Pregnant Woman as follows.

1. Categorically Needy, Deemed Poverty-Level Pregnant Woman

Income: N/A

Assets: N/A

Any woman who is pregnant when she is an eligible Categorically Needy, Medicaid recipient, remains eligible for Medicaid throughout her pregnancy and through a 60-day postpartum period when both of the following conditions are met:

- The woman receives Medicaid under any mandatory or optional Categorically Needy coverage group. See Sections 16.5, 16.6 and 16.7. Those women who apply for such coverage groups after the birth of the child, are not eligible as Categorically Needy, Deemed Pregnant Women.
- The pregnant woman becomes ineligible for the Categorically Needy coverage group due solely to a change in income.

The pregnant woman's coverage must continue under the same Categorically Needy case number through the end of the postpartum coverage.

If the pregnant woman does not meet these requirements, the requirements in item 3 below must be met to continue eligibility based solely on her pregnancy.

2. Medically Needy, Deemed Poverty-Level Pregnant Women

Income: N/A

Assets: N/A

Any woman who is pregnant when she is an eligible Medically Needy recipient, remains eligible for Medicaid through the end of the current Period of Eligibility (POE), when both of the following conditions are met:

- The woman has no spenddown or the spenddown has been met.

deeming income from any of the children to the pregnant woman. These procedures are described in Chapter 10.

NOTE: The Worker must determine financial eligibility prior to entry into the M-219 System. No entries are accepted in the income blocks of cases containing a Poverty-Level Pregnant Woman.

Pregnant women are not required to have a deprivation factor and there is no asset test.

b. Postpartum Coverage

A woman continues to be eligible for Medicaid for sixty (60) days postpartum, and the remaining days of the month in which the 60th day falls, provided that during the pregnancy or within three (3) months of the end of the pregnancy, the woman met all of the following requirements:

- Applied for Medicaid (any coverage group)
- Was eligible for Medicaid (any coverage group)
- Received Medicaid services (any covered service, not limited to pregnancy services)

If the mother is determined, after the end of the pregnancy, to have been eligible in a month prior to the end of the pregnancy, she is eligible for postpartum coverage. This is true even if income increases above the income eligibility limits in any month after she is determined eligible.

The last day of pregnancy is counted as day one of the 60-day postpartum period.

This coverage applies only to the mother, not the child. The child may be covered as a Newborn. Refer to item I below.

NOTE: Postpartum coverage is required if the pregnancy ends in a live birth, miscarriage, abortion, or if the child is stillborn.

c. Relationship With the Qualified Child Coverage Group

A Qualified Child, regardless of the date of birth, who becomes pregnant and, who is also

G. POVERTY-LEVEL CHILDREN, AGES 1-5 (M-219 System)

Income: 133% FPL

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of age 6, eligibility must continue until the end of that inpatient stay.

A child at least age 1, but not yet age 6, is eligible as Poverty-Level Child Ages 1-5 when all of the following conditions are met:

- The child is not receiving

- WV WORKS
- SSI

and is not eligible as

- a Deemed WV WORKS Recipient
- a Qualified Child.

- Income of the child's SFU meets the income eligibility requirements described in Chapter 10.

NOTE: Special procedures must be followed when the child's sibling(s) has income of his own. These procedures must be followed to avoid illegally deeming income from one sibling to another. These procedures are described in Chapter 10.

NOTE: The Worker must determine financial eligibility prior to entry into the M-219 System. No entries are accepted in the income blocks of cases containing a Poverty-Level Child Ages 1-5.

Poverty-Level Children Ages 1-5 must not be required to have an AFDC/U-Related MAO deprivation factor or to live with a specified relative. There is no asset test for such children.

H. POVERTY-LEVEL CHILDREN, AGES 6-18 (BORN ON OR AFTER 10-1-83)

Income: 100% FPL

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of the maximum age, eligibility must continue until the end of that inpatient stay.

<u>YEAR</u>	<u>MAXIMUM AGE</u>
10/95	12
10/96	13
10/97	14
10/98	15
10/99	16
10/00	17
10/01	18
10/02	19 - Eligibility ends at age 19

I. NEWBORN CHILDREN (M-219 System)

Income: N/A

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of age 1, eligibility must continue until the end of that inpatient stay.

A Newborn Child (birth - 12 months) is eligible for Medicaid until he reaches age 1, when all of the following conditions are met:

- The child does not receive

- WV WORKS
- SSI

and is not eligible as a Deemed WV WORKS Recipient.

- A Medicaid application was made, or considered to have been made, and approved. The application may be made up to three (3) months after the child's birth. If the child's mother was eligible for and receiving Medicaid on the date the child was born, an application is considered to have been made for the child.
- The child resides continuously in the mother's household. The definition of "resides with" or "lives with" which is used by the most closely associated cash assistance program (WV WORKS or SSI) is used to meet this requirement.

NOTE: Under SSI, a child born to an institutionalized woman is eligible on the date of birth only. Eligibility under all other Medicaid

24.1	INTRODUCTION	1
A.	BACKGROUND	1
B.	PURPOSE	1
24.2	WORK REQUIREMENTS AND PARTICIPATION RATES	2
A.	PARTICIPATION RATES	2
B.	WORK PARTICIPATION RATE FOR ALL FAMILIES	2
C.	WORK PARTICIPATION RATE FOR TWO-PARENT FAMILIES	2
D.	MINIMUM WORK HOURS PER WEEK	3
1.	Single Parent With Child Under Age Six	3
2.	Teen Parent/Head of Household	3
3.	Two-Parent Families	4
24.3	ASSESSMENT	5
A.	CASE MANAGEMENT PROCESS	5
B.	DEVELOPING THE SELF-SUFFICIENCY PLAN	6
C.	SELF-SUFFICIENCY IMPLEMENTATION	7
24.4	GOOD CAUSE CRITERIA	8
24.5	EXEMPTIONS FROM WORK REQUIREMENTS	9
24.6	EXEMPTIONS FROM THE 60 MONTH TIME LIMIT	11
A.	MINOR CHILD EXEMPTION	11
B.	HARDSHIP EXCEPTION	11
C.	INDIAN RESERVATION OR ALASKAN NATIVE VILLAGE EXCEPTION	12
24.7	EMPLOYMENT	13
24.8	JOB DEVELOPMENT	14

24.16	LIFE SKILLS	29
24.17	PARENTING CLASSES	30
24.18	DEPENDENT CARE	31
24.19	JOB READINESS	32
24.20	VOLUNTEER WORK	33
24.21	PARTICIPATION IN A SHELTERED WORKSHOP	34
24.22	SUBSTANCE ABUSE TREATMENT/MENTAL HEALTH COUNSELING	35
24.23	TEEN PARENTS	36
	A. EDUCATION	36
	B. PARENTING CLASSES	36
	C. RESOURCES	36
	D. PAYMENTS	37
	E. MENTORING	37
	F. ADULT-SUPERVISED LIVING ARRANGEMENTS FOR MINOR PARENTS	37
24.24	EDUCATIONAL ACTIVITIES	39
	A. EDUCATION SERVICES	39
	B. LITERACY	39
	C. HIGH SCHOOL	39
	D. ENGLISH AS A SECOND LANGUAGE	39
	E. ADULT BASIC EDUCATION	39
	F. COLLEGE	40

D.	LOCATION	50
E.	CLOTHING	50
F.	DRIVERS LICENSE	51
G.	PROFESSIONAL LICENSE	52
H.	COLLATERAL EXPENSES	52
I.	CAR REPAIR	52
24.29	COOPERATION WITH CHILD SUPPORT ENFORCEMENT DIVISION (CSED)	54
24.30	NOTIFICATION/HEARINGS	55
A.	NOTIFICATION	55
B.	NOTIFICATION PROCESS	56
C.	SANCTIONS	56
D.	GOOD CAUSE	57

24.1 INTRODUCTION

This chapter provides a brief description of the background and purpose of WV WORKS program within the WV Department of Health and Human Resources.

A. BACKGROUND

WV WORKS was created by Senate Bill 140 Article 9 of the West Virginia Code and the Temporary Assistance to Needy Families Block Grant, Personal Responsibility and Work Opportunity Reconciliation Act of 1996. (Public Law 104 - 193).

B. PURPOSE

The purpose of WV WORKS is to provide assistance to needy families with children so they can be cared for in their own home, reduce dependency by promoting job preparation, work and marriage.

WV WORKS will expect and assist parents and caretaker-relatives in at-risk families to support their dependent children. Every parent who receives cash assistance has a responsibility to participate in an activity to help prepare for, obtain and maintain gainful employment. WV WORKS will promote the value and the capabilities of individuals.

The goals of WV WORKS are to achieve more efficient and effective use of public assistance funds, reduce dependency on public programs by promoting self-sufficiency and structure the assistance programs to emphasize employment and personal responsibility.

9. Job skills training directly related to employment
10. Education directly related to employment, in the case of a recipient who has not received a high school diploma or certificate of high school equivalency
11. Satisfactory attendance at secondary school or course of study leading to GED in the case of a recipient who has not completed secondary school
12. Provision of child care services to an individual who is participating in a community service program and/or work activity.

NOTE: For all families, job skills, education related to employment, and GED attendance will **not** count toward meeting the first 20 hours of participation unless, the parent is a teen head of household and pursuing a high school education or the equivalent. For two-parent families, these activities do **not** count toward meeting the first 30 hours.

NOTE: Not more than 20% of families may count toward the work participation rate by participating in vocational education or as a teen head of household in school or education directly related to employment.

D. MINIMUM WORK HOURS PER WEEK

FY 1997 - 1998	20 hours
FY 1999	25 hours
FY 2000 and beyond	30 hours

1. Single Parent With Child Under Age Six

A single parent with a child under age six will be counted toward meeting the work requirement if the parent is engaged in work for an average of 20 hours per week. A single parent with a child under age six cannot be required to participate in excess of an average of 20 hours per week.

2. Teen Parent/Head of Household

A teen parent/head of household (under age 20) will be deemed to be engaged in work for a month if the recipient maintains satisfactory attendance at secondary school or the equivalent during the month; or participates in education directly

24.3 ASSESSMENT

An in-depth assessment is the process used to discover a customer's challenges to success in the labor market.

The assessment should be limited to producing information that will be useful to both the customer and program staff in determining the next step within the scope of the program. The assessment process consists of a personal interview and the completion of the assessment form, WT-3. The assessment may also include the scheduling of educational and/or aptitude/interest testing and the interpretation of this information, investigation of the customer's skills, abilities and interests, utilization of community resources, as well as research into possible employment options. The outcome of the in-depth assessment should be a plan for next steps, whether renewed job search, work experience, participation in education or training, counseling, or a combination of activities. Even at this stage however, employment is still the goal.

During the assessment process a determination must be made whether the individual is temporarily exempt from the work requirement of WV WORKS. (See section WR 4). Medical evaluation may be necessary to complete the assessment. Medical reports should be requested and if necessary a referral made to the Medical Review Team for an incapacity evaluation. A referral to the Division of Rehabilitation Services for those individuals determined to have an incapacity is mandatory.

If ABLE or AB/IBCD Testing has been a part of the Assessment process the Family Support Specialist will complete the Aptitude/Interest chart, identifying the participants aptitude and the aptitude/interest matches. Instructions for completing the Aptitude/Interest Chart are found in the Appendix. At the counseling interview the participant will be given a copy of the Aptitude/Interest Chart as well as a copy of the Occupational Family Recommendation. At the completion of the assessment process, a Self Sufficiency plan will be amended to address a customer's barriers and participation in specific activities.

A. CASE MANAGEMENT PROCESS

Case management consists of two phases: Case management plan development and case management plan implementation. This section describes the development of the self sufficiency plan by the Family Support Specialist with the customer in a face-to-face

The self sufficiency plan will outline the objectives to reach employment and the steps needed, as well as a time frame for the provision of services or the completion of program activities. To be viable, the self sufficiency plan must be a mutually agreed upon plan developed jointly with input from the Family Support Specialist and the customer.

Employment may be possible for the customer without a document defining the self sufficiency plan; nevertheless, the process of clarifying goals and action steps to reach these goals help both the customer and staff focus on appropriate action, thus making their efforts more productive. Although the primary concern should be the process of developing a meaningful plan, the document itself is particularly helpful to the participant in understanding the expectations of the program. Committing the plan to writing also helps the staff be more specific in their responsibilities on behalf of the customer. By signing the plan, each agrees to fulfill his/her respective responsibilities.

C. SELF-SUFFICIENCY IMPLEMENTATION

Self-sufficiency plan implementation is, putting the plan into effect. This involves follow-up with the customer to determine how he/she is progressing with the assignment(s). Timely transition requires monitoring the customer's progress in an activity so that placement into the next activity can be accomplished with a minimum lapse in participation. It is also necessary to provide for early intervention and revision of the plan if problems arise. The implementation phase is the Family Support Specialist's most important role and should be carefully planned. Contact should be made with the customer as required by the self sufficiency plan.

24.5 EXEMPTIONS FROM WORK REQUIREMENTS

Participants exempt from the work requirement of WV WORKS shall be required to develop a personal responsibility contract. The following persons shall be exempt from the work requirements:

1. A parent caring for a dependent child with a life threatening illness
2. Individuals over the age of sixty years
3. Persons working in unsubsidized employment (must meet minimum work hours per week) 30
4. Full-time students that are less than twenty years of age and are pursuing a high school diploma or equivalent.
5. Individuals suffering from a temporary debilitating injury for the duration of that injury. The injury must cause the temporary disability for more than thirty days. The individual must be evaluated no less than every ninety days.
6. Relatives providing in-home care for an individual that would otherwise be institutionalized
7. Any woman during the last trimester of pregnancy and the first six months after the birth of the child but in no case shall the woman be exempt from the work requirements for more than a total of six months: provided, that, in the case of the birth of the first child to a woman after she first becomes a WV Works recipient, the woman shall be exempt for twelve consecutive months after the birth of the child.
8. A single custodial parent caring for a child who has not attained 6 years of age, and the individual proves that he/she has a demonstrated inability (as determined by the State) to obtain needed child care, for one or more of the following reasons:
 - a. unavailability of appropriate child care within a reasonable distance from the individuals's home or work site.
 - b. unavailability or unsuitability of informal child care by a relative or under other arrangements.

24.6 EXEMPTIONS FROM THE 60 MONTH TIME LIMIT

There is a lifetime limit of 60 months of benefits under TANF.

A. MINOR CHILD EXEMPTION

In determining the number of months for which an individual who is a parent or pregnant has received assistance, any month shall be disregarded if the individual was:

1. a minor child
2. a minor child who was not the head of a household or married to the head of household

B. HARDSHIP EXEMPTION

An exemption from the 60 month time limit may be made by reason of hardship or if the family includes an individual who has been battered or subjected to extreme cruelty. The exemption period will be determined on a case by case basis.

Persons claiming a hardship exemption must provide verification of their hardship from the appropriate legal authorities, social service agency or medical provider.

For purposes of the hardship exception, an individual has been battered or subjected to extreme cruelty if the individual has been subjected to:

1. physical acts that resulted in, or threatened to result in, physical injury to the individual
2. sexual abuse
3. sexual activity involving a dependent child
4. being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities
5. threats of, attempts at, physical or sexual abuse
6. neglect or deprivation of medical care
7. mental abuse

24.7 EMPLOYMENT

The first priority of WV WORKS is to place participants into employment. Entry into employment may be the result of direct job development by WV WORKS staff, the efforts of other employment agencies, or the result of efforts made by the participants themselves. Ideally the participants will secure their own employment, with the help and encouragement of WV WORKS staff, but in many instances the WV WORKS Family Support Specialist will be responsible for locating employment opportunities and matching them to the appropriate participants. The primary purpose of the WV WORKS program is the entry of participants into unsubsidized employment. However, if employment hours do not meet the weekly work requirement, additional activity may be required.

- Unsubsidized employment is defined as employment where the wages paid are not partially or wholly supported by government funds paid to the employer to reimburse the training costs involved with new hires.
- Subsidized employment is defined as employment where the wages paid are partially or wholly supported by government funds to help defray training costs. A tax credit is not a subsidy.

Unless otherwise exempt, participants must report to required employment interviews, must make good faith efforts to secure employment at those interviews, and must accept any offer of employment or be subject to the appropriate penalty.

- Employment is defined as any job that a participant may be reasonably expected to perform.

24.9 DISPLACEMENT

Placement of WV WORKS participants into subsidized employment, on-the-job training, EIP, JOIN, and CWEP may not dislocate, displace, or otherwise have an adverse effect on an employers' regular labor force.

- The regular employees may not suffer a reduction in work hours, overtime, fringe benefits or the opportunity for advancement.
- The employer shall not fail to hire a regular employee in anticipation of replacing them with a WV WORKS placement.
- The employer shall not allow a reduction in its labor force in anticipation of increasing its labor force with WV WORKS placements.
- WV WORKS placements may not cause a displacement of workers from one geographical area to another.
- The regular employees at a work site must be informed that WV WORKS placements may not cause any dislocation; and that they may file a grievance with the WV WORKS program if they feel their job has been adversely affected by a WV WORKS participant.
- WV WORKS placements are prohibited at job sites involved in any abnormal labor condition such as a strike or lockout.

24.11 JOIN

The Joint Opportunities for Independence Program (JOIN) is a state operated employment program available for eligible WV WORKS participants. The purpose of the JOIN program is to enable WV WORKS enrollees to participate in a work program that closely resembles full time employment. The participant will receive work experience to improve their present job skills, or to train them in new job skills. The work experience shall meet local labor market demands so that a participant can become competitive within a specified occupational field. A six hour per week job search will run concurrently with JOIN.

A participant will be eligible for JOIN if they have the necessary motivation, employment potential, education, previous work history and skills to benefit from this activity. The placement should match the participant's interests as determined during the assessment process. Participation in JOIN must be listed on the self-sufficiency plan jointly developed by the WV WORKS case manager and the participant. JOIN placements will be limited to 32 hours of work participation per week, six hours job search per week, and no more than 12 months in duration per placement. Prior to placement in JOIN a participant agreement will be completed. The participant will be given copies of the job description and informed of the job requirements and general working conditions.

To monitor the participant's progress, a review must be conducted at the end of the first six months of participation to determine satisfactory progress towards employment. The expected outcome of JOIN is employment, either at the JOIN training site or with another employer. The possibility of obtaining employment at the JOIN training site must be evaluated. The participant will be given the opportunity to evaluate his/her own placement and shall be involved in the review process.

job in the workplace that the participant may qualify for at the termination of the contract.

- The job description(s) must include the following items:
 - Job title
 - Minimum educational level required for the position.
 - Weekly work schedule.
 - Any special licenses required.
 - Any special physical requirements.
 - Any tools required by the participant.
 - Description of the job duties and responsibilities.
 - Any special safety concerns or hazardous conditions.
 - Name of the supervisor.
 - Name of the individual responsible for evaluations and time sheets.

A contract may be terminated by either the contractor or the Office of Family Support with a (30) day written notice. Failure to meet the criteria outlined in the contract may be cause for termination.

Requirements of the contractor:

- Contractors must keep a daily attendance record on each participant (WT-J-12). This attendance sheet must be completed in its entirety and signed by both the participant and the supervisor at the completion of the participant's monthly hours. The time sheet must be received by the local WV WORKS staff by the fifth (5th) working day of the following month. A copy will be maintained by the contractor for audit purposes.
- The contractor must provide a representative, when requested, to be present at any pre-hearing conference or fair hearing held in behalf of the participant.

24.13 EMPLOYER INCENTIVE PROGRAM

The Employer Incentive Program (EIP) provides WV WORKS participants, hired by either public or private employers, subsidized training and employment in which they receive wages and are employees of the employer they work for. Prior to the placement, the employer must make a commitment to retain the employee after the completion of the contract.

The purpose of the EIP program is to provide participants with structured skill training, the opportunity to improve their skill level, and to provide the marginally employable an opportunity to become fully employable. The expected outcome of EIP is unsubsidized employment at the conclusion of the contract. All WV WORKS participants are eligible to participate in EIP.

All employers including public agencies, not for profit organizations and private businesses are eligible to participate in EIP providing they meet the following conditions.

- They must be licensed to do business in West Virginia and be current with any state taxes.
- They must meet the WV WORKS standards for appropriate employment.
- They must meet the WV WORKS standards for displacement.
- EIP contracts may not provide more than 50% of the employer's labor force.
- The EIP employee training site must be within 15 miles of the state border; and if out of state, the contracts may only be written with private employers.
- The employer must make a commitment to retain the participant at the conclusion of the contract.
- The employment may not be temporary or seasonal.
- The employer must pay wages, not commissions, although commissions may be paid above the wage of the EIP contract.
- The working conditions and fringe benefits of the EIP employee must be the same as any regular employee in the same class.

The WV WORKS case manager will monitor contract compliance and participant progress throughout the contract period. They shall be responsible for:

- Developing EIP contracts and providing instruction and assistance to employers in the preparation of contracts, time sheets and other processes.
- Determining the suitability of the EIP placement site.
- Developing a self-sufficiency plan for each participant that will lead to permanent employment.
- Maintaining close contact with the participant and providing support counseling if necessary.

E. WORK OBLIGATION

A CWEP assignment will be scheduled 20 to 35 hours per week, based on the work participation requirements, needs of individual, and available resources.

F. WORK HOURS

Any work in excess of the participant's obligation must be paid by the sponsor at the regular or overtime rate for the occupation. The participant shall report all income paid by the sponsor to the WV WORKS Office. Participants may not normally be expected to work more than eight hours per day, unless the normal work day of the sponsor exceeds eight hours. Participants are not to be scheduled for split shifts and must be scheduled for a minimum of six hours per day. Exception: Last Day or Make-up Day. A participant cannot be sanctioned for refusing to participate more than the normal hours per day or refusing to remain away from home overnight.

The WV WORKS Family Support Specialist must review all time sheets each month to determine if the hours worked in a month exceeds the obligation. If this happens, a contact will be made with the sponsor to explain that the participant is to be paid the prevailing wage rate for the job performed.

A participant may not volunteer to work hours in excess of the CWEP obligation for the sponsoring agency where the participant is assigned. If hours beyond the obligation are worked, the sponsor is responsible for paying the CWEP participant. The CWEP participant can only volunteer for a sponsor to which the participant is not assigned.

G. REEVALUATION CYCLE

The self-sufficiency plan must be reviewed and revised, if necessary, every six months. The Family Support Specialist will make the decision to continue the assignment or transfer the participant to another activity or to another sponsor. At the end of 12 months, another activity should be pursued, such as JOIN or EIP.

H. DUAL ACTIVITIES

A participant assigned to CWEP may be assigned to another activity up to 16 hours per week. These

M. RESPONSIBILITIES AND RULES WHEN CWEP PARTICIPANT IS
ASSIGNED TO AGENCY

Participants may not be utilized in situation where they will have access to sensitive data as defined in Common Chapters. Participants may not be assigned to functions where they are responsible for making policy decisions. Participants may take messages, answer telephones, type or write appointment letters and other duties as assigned as long as confidentially issues are not involved. Participants will not be allowed to type confidential memorandums or letters. Participants may not provide a direct service to customers involving program eligibility. Participants may not take applications. Participants may not have access to items requiring specific or special security measures such as handling negotiable.

N. CONTRACT

The contract establishes an agreement between a sponsor and the Office of Family Support and is written for a part of or for the entire state fiscal year (July 1st through June 30th). The contract establishes the number and type of positions to be filled. Each contract will be assigned a six digit control number by the central office or local office. The first two digits will identify the fiscal year in which the contract was written, the second two digits are the District's County number and the last two digits will identify the sequence for each District. Contracts will be completed in triplicate, one copy for the sponsor, one for the local office and the third will be sent to the Central Office. Job descriptions for each position must accompany the contract.

O. CONTRACT RENEGOTIATION/TERMINATION

All contracts will be renegotiated on an annual basis and more frequently if circumstances warrant. A contract can be terminated by either party with a thirty day written notice.

24.16 LIFE SKILLS

Life skills classes may include information on proper nutrition and hygiene, budgeting, telephone usage, time management, housing, consumer skills, citizenship, and community awareness. Referrals to life skills classes shall be based on need following assessment by the Family Support Specialist.

24.18 DEPENDENT CARE

A participant may provide child or elder care if the care is at least 20 hours a week with pay or prevents institutionalization. Hours of participation and pay must be verified by the employer monthly.

24.20 VOLUNTEER WORK

Volunteer work may include activities in schools, libraries and community organizations which would be beneficial to both the participant and the community. Family Support Specialists will target the most appropriate placement after assessing the participant's needs and resources. Assignment to volunteer activities should be reserved for those who would be unable to participate in a work activity 20 or more hours weekly. Time spent in the activity would be up to 20 hours weekly with no stipend. Hours of participation would be scheduled to best meet the needs of the receiving agency and the participant. Volunteer site staff shall verify hours of participation monthly. The placement shall be reviewed for continued need and benefit to the organization and participant quarterly.

24.22 SUBSTANCE ABUSE TREATMENT/MENTAL HEALTH COUNSELING

Once need for treatment or counseling has been determined, a referral should be made to the appropriate source.
Verification of need and attendance shall be required.

D. PAYMENTS

Parenting classes shall be obtained through existing resources at no cost when available. If the teenage parent is eligible for Medicaid, parenting classes may be a covered cost.

E. MENTORING

Mentorship may include assistance and guidance in decision making, dealing with crises, keeping medical appointments, accessing resources, transportation, arranging child care. It may be done one-on-one or in groups based on the needs of the parents and resources available. Mentors should model an employment lifestyle that demonstrates coping with the demands of a job and children. Referrals to mentoring should be based on an assessment of the participants' support systems, their education and work history, communication, and coping skills.

F. ADULT-SUPERVISED LIVING ARRANGEMENTS FOR MINOR PARENTS

Unemancipated minor parent are required to live with their parents unless:

1. They have no parent or legal guardian whose whereabouts is known;
2. No parent or legal guardian allows the minor parent to live in his/her home;
3. The minor parent lived apart from the parent/guardian for at least 1 year before the birth of child or the parent's application for WV WORKS;
4. The minor parent's physical or emotional health would be jeopardized if he/she resides with a parent/guardian;
5. There is otherwise good cause for a minor parent and child(ren) to receive assistance while living apart from parent/guardian. Examples include but are not limited to:
 - a. The Minor parent's return to her parents' home would cause noncompliance on the parents' part in a fixed lease.

24.24 EDUCATIONAL ACTIVITIES

Many welfare-to-work programs use education to help participants become self sufficient through quality employment. This section sets forth general training criteria for WV WORKS, participation standards, registrant placement criteria, and types of education activities.

A. EDUCATION SERVICES

Education services to be available for participants will include High School, Literacy, English as a Second Language Adult Basic Education, College, High School Equivalency (GED), skills, and vocational training. Placement into any of the activities will depend on the needs of each individual. Participants interested in attending college, skill and/or vocational training are required to complete a training request packet for approval by the Family Support Specialist.

B. LITERACY

When necessary an individual will be placed in a literacy program. To qualify for placement the individual must test at a fourth or lower grade level.

C. HIGH SCHOOL

This activity is mandatory for individuals under the age of twenty without a high school diploma or equivalent. The student must adhere to the established attendance policy of the training institution.

When an individual is no longer accepted in the school system, or placing them back in the school system is inappropriate, they must be placed in Adult Basic Education (ABE), vocational training or an alternative school setting.

D. ENGLISH AS A SECOND LANGUAGE

When necessary, training in English language skills for adults whose native language is not English will be available through referral.

E. ADULT BASIC EDUCATION

Adult Basic Education will include training in basic skills to improve the basic literacy level of adults. It may also be used to help prepare a participant to

24.25 JOBS SKILLS/VOCATIONAL TRAINING

Jobs Skills Training enables individuals to acquire the necessary knowledge and skills to compete in a specific occupation. This activity will be provided through existing resources available in the community on a non-reimbursable basis until these resources have been exhausted.

Job Skills/vocational training is preparation for a specific occupation conducted by an instructor in a non-work site or classroom setting. Entry into this activity is restricted and training will be authorized only for programs that can be completed in one year or less.

A. PARTICIPANT CRITERIA

Individuals to be served include those:

- Whose job goal is for an occupation that requires completion of a vocational course prior to employment.
- With no job skill or with obsolete or non-marketable skills who must be retrained in order to enter the local labor market.
- Who have demonstrated the ability to do the course work and who meet entrance requirements for the course.
- Who do not have a high school diploma/GED and the skill training has been identified as an alternative which can lead to employment.

B. STANDARDS

- An individual must not be assigned to skill/vocational training unless such an assignment is an integral part of the participant's Self-Sufficiency Plan.
- The training institution and instructor must meet licensing and certification standards of the appropriate governing agency. Unlicensed or uncertified instructors will not be approved for training when licensing or certification standards exist.
- A participant's evaluation for an appropriate skill training situation shall include appropriate

2. Name of the instructor.
3. Type of training.
4. Certification and background information on instructor and institution.
5. Expectations of employment of individuals successfully completing training. This will include documentation of existing openings in the labor market.
6. Training outline (including length of the course).
7. Location of training facility.
8. Total Cost.

Approval or disapproval of the course will be given in writing. Technical assistance will be provided to negotiate and develop the contract.

F. AGREEMENT ADDENDUM

The Agreement Addendum (WT-35) provides staff with a means to amend or cancel Skills Training contracts. The WT-35 can be used to change the beginning and ending dates, the training content, the duration, cost, or any other change in the terms and conditions of the Skills Training Agreement (WT-34).

G. PAYMENTS WHICH CAN BE NEGOTIATED WITH TRAINING PROVIDERS

Payments for Job Skills Training are limited to the payment of tuition, books, supplies and expenses associated with completing the course of study. Under no circumstances will costs for medical procedures such as Hepatitis B vaccines or physical exams be included. A contract cannot be negotiated for an amount in excess of \$600 per individual. In the case of high/demand wage jobs, a waiver of this limitation may be requested.

The waiver request must be in writing to the state Office of Family Support. The waiver request should contain the participants name, address, Social Security number, the name of the training facility and the occupation along with a statement of the wage rate and the identification of the employment prospects in the immediate labor market.

24.27 JOB SEARCH

The purpose of a Job Search activities is to assist participants in the process of searching and obtaining employment. These activities provide individuals an opportunity to learn job seeking/keeping skills to make the transition from public assistance to self-sufficiency.

A. DESCRIPTION OF JOB SEARCH

The Job Search activities are designed to offer flexibility in meeting the needs of participants. Therefore, the activities will be offered on an individual or group basis. The activities may be subcontracted to other agencies, but if resources do not exist for this service WV WORKS staff will operate these activities. The Job Search component consists of two separate activities.

B. STRUCTURED JOB SEARCH

Structured Job Search will follow a recognized Job Search model that will either be provided by a contractor or WV WORKS staff. Emphasis will be placed on organizing a strong Job Search plan. Participants should actively participate in structured job search up to six (6) weeks per year. Only (4) four weeks can be consecutive. The activity will be twenty (20) hours per week, (required hours of participation will increase as required federal participation rate increases). This activity will consist of classroom instruction and employment search.

- Classroom Instruction will include preparation for an interview, application completion, telephone techniques, grooming, job keeping skills, etc.
- In Employment Search participants will be expected to return to the classroom site to report progress, receive coaching, receive assignments and employment information, and if meeting as a group, to discuss experiences and receive support from group members. The participant is required to maintain a Job Search log entailing employers contacted. The number of required contacts may vary according to a mutually agreed Job Search plan.

24.28 SUPPORT SERVICES

Support services may be authorized to participants to assist them in securing or maintaining employment; or participating in activities.

Each payment requires the following information:

- The need for a payment must be verified. The verification of need may come from the participant, the employer or the training facility. An offer of employment must be verified by the employer either in writing or verbally. The participant's student status must be verified by the training institution.
- A case record narrative must be made for each payment (with the exception of recurring transportation expenses) explaining the need for the payment.
- Normally the same item may only be purchased for a participant once in a 12-month cycle.
- Checks may be written to participants or to vendors who have delivered authorized services. A vendor may be a private individual or a licensed business. Each vendor must be assigned a number to allow payment through the computer system. A participant's case number is also the vendor number.
- All payments are processed on form WT-ET-07. Recurring transportation payments need only one initial pay form processed. Subsequent payments may be made on the computer transmission log.
- WV WORKS payments cannot be made if the payments are available through other programs, such as JTPA, Rehabilitation Services, etc.
- The payment form must be signed by the participant and the worker.
- Any payment made to a vendor requires an itemized invoice or estimate of the charges to be obtained. The invoice must be on the vendors' regular invoice form, or on a business letterhead. The invoice is filed in the case record.
- The invoice or estimate must not include sales taxes.

- Participants using public transportation will be reimbursed at the actual cost of the service; and participants using a private vehicle when public transportation is available will be reimbursed at the lowest available transportation rate.
- When participants car pool, only the driver of the vehicle is entitled to a transportation allowance.
- Participants using a private vehicle in excess of a 2 mile round trip will be reimbursed for their costs at the rate of \$3.00 per day for daily round trip miles of 2-40; and at the rate of \$5.00 per day for round trip mileage of 41 or more miles per day.

Transportation expenses, if not otherwise provided, are allowed for participants in the following components:

- Assessment: limited to participants who are required to attend testing, orientation, limited to two days.
- Unsubsidized Employment, limited to two weeks.
- JOIN: limited to a one time payment prior to the start date of \$32.00 or \$64.00, based on employer's pay schedule.
- EIP: limited to two weeks.
- ABE
- Vocational/Skills: limited to approved training not covered by other grants and/or loans.
- CWEP
- Dual Components: authorized separately by component
- Community Service

C. TOOLS

Tools may be purchased for a participant when an offer of employment, and the need for the tools has been verified by an employer contact and are not furnished by employer or training site. The purchase of tools may

- JOIN
- EIP
- Vocational/Skills: (limited to approved training when uniforms or special clothing is required)
- Job Readiness: (limited to job interviews)
- Job Search: (limited to job interviews)
- Dual components: (authorized separately by component)

F. DRIVERS LICENSE

The fee for a West Virginia drivers license or chauffeurs license may be paid. In addition, up to \$300.00 may be paid for a participant to obtain a West Virginia Commercial Drivers License (CDL) when required for employment. Staff may not approve payment for the test required due to traffic violations; or for classes required for DUI convictions.

Payment by Component:

- Unsubsidized Employment
- JOIN
- EIP
- ABE
- Vocational/Skills
- Suspense to Employment
- Suspense to Training
- Job Readiness
- Job Search
- CWEP
- Dual Component: authorized separately by component

The insurance is limited to liability coverage, the legal minimum coverage needed to drive. The maximum purchase for car repair is \$250.00. Car repair will be a one time only pay payment.

Payment by Component:

- Unsubsidized Employment
- JOIN
- EIP
- Vocational/Skills
- Dual Components: authorized separately by component

24.30 NOTIFICATION/HEARINGS

This section describes the notification and hearings for dealing with sanctionable issues that arise after enrollment in WV WORKS. The purpose of developing guidelines for these procedures is to assure that the WV WORKS Program is administered according to Senate Bill No. 140 and the Temporary Assistance to Needy Families Federal Legislation.

A. NOTIFICATION

Under the WV WORKS Program it is imperative that the participant be given a chance to explain the circumstance (s) which prompted the refusal to participate with program requirements to determine if good cause existed prior to sanctioning. This will be accomplished through a Notification letter that will schedule a Determination interview.

A WV WORKS Staff member can initiate the Notification letter at any time. Examples when a Notification letter could be initiated include but are not limited to:

1. Failure or refusal to accept a job offer.
2. Failure or refusal to attend a scheduled employment interview.
3. Disagreement over the Personal Responsibility Contract or Self-Sufficiency Plan.
4. Failure to keep a scheduled appointment for assessment, testing, self-sufficiency plan, review, etc.
5. When a participant's attendance at an assigned activity or work activity has been irregular.
6. Failure to make satisfactory progress.
7. The employment of fraud or deception by the beneficiary in applying for or receiving program benefits.
8. A substantial breach of the requirements and obligations set forth in the Personal Responsibility Contract.

The participant must also be advised that he/she has a right to a fair hearing conducted by the State Hearings Officer when a WV Works staff member takes the action to impose a sanction.

D. GOOD CAUSE

Good Cause Criteria can be found in Section 24.4. Good Cause must be determined any time an participant contacts staff by telephone or in person.

WV WORKS

PERSONAL RESPONSIBILITY CONTRACT - PART 1 of 2

The purpose of WV WORKS is to empower families to become financially independent and self-sufficient through a work oriented, performance based, time limited system that emphasizes employment, child support, and personal responsibility.

CLIENT RESPONSIBILITIES:

- * I understand that WORK is the goal of WV WORKS.
- * I understand that if I am a parent age 20 or above, I will have to get a job or be in a job activity, or both.
- * I understand that if I quit a job, or refuse a job, without good cause, I will be penalized.
- * I understand that I must develop a Self-sufficiency Plan as part of my Personal Responsibility Contract. The final goal of my plan will be to get a job. My plan will have time limits set for me to do assignments/activities and to reach my goals. I must follow my plan or I will be penalized.
- * I will work with my Family Support Specialist to develop my Self-sufficiency Plan. I understand that my Self-sufficiency Plan will be developed based on my own life situations. My plan may be changed as needed to help me meet my goal of getting a job.
- * I will help to collect child support for my child/children. Unless good cause exists, this means helping to find the parent(s) of my child/children if the parent(s) does not live with me and my child/children, helping to determine who my child/children's mother or father is if it has not yet been determined, and helping to enforce court orders for my child/children's support.
- * I will make sure that my child/children get all their required shots.
- * I will, with the help of an appropriate health care provider, develop and keep a schedule of health care for my child/children to include shots and routine exams. I may also be asked to go to classes that teach me about healthy eating habits.
- * I will keep my child/children in school, or if my child/children is not of school age I will keep them in appropriate child care. If my Family Support Specialist thinks I should, I will also participate in counseling, parenting courses, mentoring, or family planning classes.
- * I will obtain Social Security numbers for everyone in my family.
- * I will report changes in my life situations as they happen. Changes may include, but are not limited to, a change in address, a change in phone number, someone moving in or out of my home, getting or losing a job, a change in work hours, and any changes in income or earnings. If a child is going to move out of my home, I must report this change within five days of my knowing that the child will no longer be living with me.
- * I understand that if I choose not to follow any part of my Personal Responsibility Contract, I will be penalized. Penalties will be:
 - a one third cut in my family's welfare benefits for three months for my first penalty,
 - a two-thirds cut in my family's welfare benefits for three months for my second penalty and,
 - my family's welfare benefits will stop for at least six months if I have a third penalty.

WV WORKS

PERSONAL RESPONSIBILITY CONTRACT- PART 2 of 2

SELF-SUFFICIENCY PLAN

Parent/Caretaker's Name (Printed) _____

Parent/Caretaker's SS Number _____

Target Date to Get a Job _____

GOALS:

No.	Goals	Original Target Date	Amended Target Date	Parent/Caretaker's Initials and Date
1.				
2.				
3.				
4.				
5.				
6.				

ASSIGNMENTS/ACTIVITIES:

No.	Specific Assignment/Activity	Expected Date to Complete	Follow-up Date	Specialist's Initials
1.				
2.				
3.				
4.				
5.				
6.				

TANF/WV WORKS

DRUG ATTESTATION

This document is part of the application. It must be signed during the application process.

No one in my household has ever been convicted of a felony drug charge involving possession, use, or distribution of a controlled substance.

Parent/Caretaker Signature

Date

Social Security Number

Other Parent in Two Parent Household's Signature

Date

Someone living in my household has been convicted of a felony drug charge involving possession, use, or distribution of a controlled substance.

That person's name is _____

Parent/Caretaker Signature

Date

Social Security Number

Other Parent in Two Parent Household's Signature

Date

**WV WORKS PROGRAM
DIVERSIONARY CASH ASSISTANCE AGREEMENT**

I (Parent/Caretaker) _____ SSN: _____ agree:

I (Other Parent/Caretaker) _____ SSN: _____ agree:

- To accept a one-time diversionary cash assistance payment in the amount of \$ _____ to meet immediate needs instead of receiving a regular cash assistance payment from the state. I am employed or have the strong possibility of being employed or expect to have other specific means of self-support within the next two months.
- To have the Office of Family Support deny my application for regular cash assistance effective this date.
- I have had explained to me the employment, Food Stamps, medical, child care, and child support services that are available and how to apply.

I UNDERSTAND THAT:

- I may reapply for regular cash assistance.
- I will be ineligible for regular cash assistance for three months beginning with the month discretionary cash assistance payments were issued.
- I understand that acceptance of a diversionary cash assistance payment will count as 3 of my 60 month lifetime limit for receipt of regular cash assistance.
- I need to immediately report employment and other income to my workers in order to be evaluated for continued medical services.
- If I need assistance in collecting child support, the Child Support Enforcement Division is available to assist me in collecting child support.

I understand that this diversionary cash assistance payment is to enable me to meet my current financial needs while I secure employment and/or other means of self-support. I understand that it is a criminal violation of federal and state law to provide false or misleading information for the purpose of receiving benefits. I understand my responsibility to provide complete and truthful information and that information provided by me may be verified.

Parent/Caretaker's Signature

Date

Other Parent/Caretaker's Signature

Date

Family Support Specialist's Signature

Date

WV WORKS COMPUTATION SHEET

Case Name _____

Case Number _____

Benefit Group Size _____

\$ _____

Gross Earned Income

+ _____

Unearned Income

\$ _____

Total Income

\$ _____

100% of Need Chart

\$ _____

Amount of Countable Income

Eligible

Ineligible



Complete Side 2

Worker Signature

Date