

|            |                                                                        |          |
|------------|------------------------------------------------------------------------|----------|
| <b>1.1</b> | <b>INTRODUCTION</b>                                                    | <b>1</b> |
| <b>1.2</b> | <b>GENERAL INFORMATION</b>                                             | <b>2</b> |
| A.         | APPLICANT AND POTENTIAL APPLICANT'S RIGHTS                             | 2        |
| 1.         | Right To Apply                                                         | 2        |
| 2.         | Right To Information                                                   | 2        |
| 3.         | Right To Consideration For All Programs                                | 2a       |
| B.         | OVERVIEW OF THE ELIGIBILITY DETERMINATION PROCESS                      | 2        |
| 1.         | Application Process                                                    | 2        |
| 2.         | Redetermination Process                                                | 3        |
| 3.         | Case Maintenance                                                       | 3        |
| 4.         | Resource Development                                                   | 4        |
| C.         | APPLICATION REGISTER AND OTHER COUNTY CONTROLS                         | 4        |
| 1.         | Application Register                                                   | 4        |
| 2.         | Home Visit Register                                                    | 4        |
| D.         | WORKER RESPONSIBILITIES                                                | 4        |
| E.         | CLIENT RESPONSIBILITY                                                  | 7        |
| F.         | APPLICANT RECEIVES BENEFITS FROM ANOTHER STATE                         | 8        |
| G.         | CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A<br>CLOSED CASE       | 9        |
| H.         | WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT<br>COUNTY OFFICE | 10       |
| I.         | GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW                          | 10       |
| J.         | HOME VISITS                                                            | 12       |
| K.         | MAIL-IN APPLICATIONS                                                   | 12       |
| L.         | CLIENT NOTIFICATION, WRITTEN AND VERBAL                                | 14       |
| M.         | COMPLETION OF THE APPLICATION PROCESS                                  | 14       |
| N.         | COMMUNICATION WITH SSA                                                 | 15       |
| O.         | DOMESTIC VIOLENCE ASSISTANCE                                           | 15       |

|            |                                                                                                   |           |
|------------|---------------------------------------------------------------------------------------------------|-----------|
| <b>1.3</b> | <b>APPLICATION FORMS . . . . .</b>                                                                | <b>17</b> |
| A.         | OFS-2 . . . . .                                                                                   | 17        |
| 1.         | OFS-2 Generated by RAPIDS . . . . .                                                               | 17        |
| 2.         | OFS-2 Shelf Document . . . . .                                                                    | 18        |
| B.         | OFS-RR-1 . . . . .                                                                                | 18        |
| C.         | OFS-MCAT-2 . . . . .                                                                              | 18        |
| D.         | OFS-PW-4 . . . . .                                                                                | 18        |
| E.         | CHIP-1 . . . . .                                                                                  | 19        |
| F.         | REAPPLICATIONS NOT REQUIRING A NEW FORM . . . . .                                                 | 19        |
| G.         | ADDITION OF ANOTHER BENEFIT TO AN ACTIVE CASE WHEN NEW APPLICATION FORM IS NOT REQUIRED . . . . . | 20        |
| <b>1.4</b> | <b>FOOD STAMP APPLICATION PROCESS . . . . .</b>                                                   | <b>22</b> |
| A.         | APPLICATION FORMS . . . . .                                                                       | 22        |
| B.         | COMPLETE APPLICATION . . . . .                                                                    | 23        |
| C.         | DATE OF APPLICATION . . . . .                                                                     | 24        |
| D.         | INTERVIEW REQUIRED . . . . .                                                                      | 24        |
| E.         | WHO MUST BE INTERVIEWED . . . . .                                                                 | 24        |
| F.         | WHO MUST SIGN . . . . .                                                                           | 25        |
| G.         | CONTENT OF THE INTERVIEW . . . . .                                                                | 25        |
| H.         | DUE DATE OF ADDITIONAL INFORMATION . . . . .                                                      | 26        |
| I.         | AGENCY TIME LIMITS . . . . .                                                                      | 26        |
| J.         | AGENCY DELAYS . . . . .                                                                           | 26        |
| K.         | PAYEE . . . . .                                                                                   | 27        |
| L.         | REPAYMENT AND PENALTIES . . . . .                                                                 | 27        |
| 1.         | Repayment . . . . .                                                                               | 27        |
| 2.         | Penalties . . . . .                                                                               | 27        |

|            |                                                               |           |
|------------|---------------------------------------------------------------|-----------|
| M.         | BEGINNING DATE OF ELIGIBILITY . . . . .                       | 28        |
| N.         | REDETERMINATION SCHEDULE . . . . .                            | 28        |
| O.         | EXPEDITED PROCESSING . . . . .                                | 29        |
|            | 1. Eligibility Requirements . . . . .                         | 29        |
|            | 2. Screening For Expedited Service . . . . .                  | 30        |
|            | 3. Variations In Usual Procedures . . . . .                   | 30        |
| P.         | CLIENT NOTIFICATION . . . . .                                 | 37        |
| Q.         | DATA SYSTEM ACTION . . . . .                                  | 38        |
| R.         | SPECIAL CONSIDERATIONS . . . . .                              | 38        |
|            | 1. Joint SSI/FS Application/Redetermination Process . . . . . | 38        |
|            | 2. Mail-In Food Stamp Applications . . . . .                  | 38        |
|            | 3. Categorical Eligibility . . . . .                          | 39        |
| S.         | REDETERMINATION VARIATIONS . . . . .                          | 42b       |
|            | 1. Redetermination Cycle . . . . .                            | 42c       |
|            | 2. Redetermination Alerts . . . . .                           | 42c       |
|            | 3. Scheduling Interviews . . . . .                            | 42c       |
|            | 4. Completion . . . . .                                       | 42d       |
|            | 5. Overdue Redetermination . . . . .                          | 42e       |
| T.         | THE BENEFIT . . . . .                                         | 42e       |
|            | 1. Initial Benefits . . . . .                                 | 42f       |
|            | 2. Ongoing Benefits . . . . .                                 | 42g       |
|            | 3. Electronic Benefits Transfer (EBT) . . . . .               | 42h       |
| U.         | PERSONAL RESPONSIBILITY CONTRACT (PRC) . . . . .              | 43        |
| V.         | ORIENTATION . . . . .                                         | 43        |
| <b>1.5</b> | <b>RESERVED FOR FUTURE USE . . . . .</b>                      | <b>44</b> |
| <b>1.6</b> | <b>AFDC MEDICAID . . . . .</b>                                | <b>45</b> |
| A.         | APPLICATION FORM . . . . .                                    | 45        |
| B.         | COMPLETE APPLICATION . . . . .                                | 45        |
| C.         | DATE OF APPLICATION . . . . .                                 | 45        |
| D.         | INTERVIEW REQUIRED . . . . .                                  | 45        |
| E.         | WHO MUST BE INTERVIEWED . . . . .                             | 45        |
| F.         | Who MUST SIGN . . . . .                                       | 46        |
| G.         | CONTENT OF THE INTERVIEW . . . . .                            | 46        |

|            |                                                                                                          |           |
|------------|----------------------------------------------------------------------------------------------------------|-----------|
| H.         | DUE DATE OF ADDITIONAL INFORMATION . . . . .                                                             | 47        |
| I.         | AGENCY TIME LIMITS . . . . .                                                                             | 47        |
| J.         | AGENCY DELAYS . . . . .                                                                                  | 47        |
| K.         | PAYEE . . . . .                                                                                          | 47        |
| L.         | REPAYMENT AND PENALTIES . . . . .                                                                        | 47        |
| M.         | BEGINNING DATE OF ELIGIBILITY . . . . .                                                                  | 47        |
| N.         | REDETERMINATION SCHEDULE . . . . .                                                                       | 48        |
| O.         | EXPEDITED PROCESSING . . . . .                                                                           | 48        |
| P.         | CLIENT NOTIFICATION . . . . .                                                                            | 48        |
| Q.         | DATA SYSTEM ACTION . . . . .                                                                             | 48        |
| R.         | REDETERMINATION VARIATIONS . . . . .                                                                     | 49        |
|            | 1. Completion of the Redetermination . . . . .                                                           | 49        |
|            | 2. Overdue Redeterminations . . . . .                                                                    | 49        |
| S.         | THE BENEFIT . . . . .                                                                                    | 49        |
|            | 1. Retroactive Benefits . . . . .                                                                        | 49        |
|            | 2. Ongoing Benefits . . . . .                                                                            | 49        |
|            | 3. Ending Date of Eligibility . . . . .                                                                  | 49        |
| T.         | PERSONAL RESPONSIBILITY CONTRACT (PRC) . . . . .                                                         | 49        |
| U.         | ORIENTATION . . . . .                                                                                    | 49        |
| <b>1.7</b> | <b>MEDICAID FOR DEEMED AFDC/U BENEFITS . . . . .</b>                                                     | <b>50</b> |
| A.         | EXTENDED MEDICAID . . . . .                                                                              | 50        |
|            | 1. Redetermination Variations . . . . .                                                                  | 50        |
|            | 2. The Benefit . . . . .                                                                                 | 50        |
|            | 3. Ending Date of Eligibility . . . . .                                                                  | 50        |
| B.         | CHILDREN COVERED AS RECIPIENTS OF ADOPTION ASSISTANCE                                                    | 50        |
| C.         | CHILDREN COVERED AS RECIPIENTS OF FOSTER CARE . . .                                                      | 50        |
| <b>1.8</b> | <b>TRANSITIONAL MEDICAID (TM) . . . . .</b>                                                              | <b>51</b> |
| <b>1.9</b> | <b>QUALIFIED AND POVERTY-LEVEL CHILDREN, REGARDLESS OF BIRTHDATE,<br/>and WV-CHIP CHILDREN . . . . .</b> | <b>52</b> |
| A.         | APPLICATION FORMS . . . . .                                                                              | 52        |
|            | 1. Choosing The Correct Form . . . . .                                                                   | 52        |
|            | 2. Special Outreach/Application Procedures . . . . .                                                     | 52        |

|             |                                                                                                   |           |
|-------------|---------------------------------------------------------------------------------------------------|-----------|
| B.          | COMPLETE APPLICATION . . . . .                                                                    | 53        |
| C.          | DATE OF APPLICATION . . . . .                                                                     | 53        |
| D.          | INTERVIEW REQUIRED . . . . .                                                                      | 53        |
| E.          | WHO MUST BE INTERVIEWED . . . . .                                                                 | 53        |
| F.          | WHO MUST SIGN . . . . .                                                                           | 54        |
| G.          | CONTENT OF THE INTERVIEW . . . . .                                                                | 54        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . .                                                      | 54        |
| I.          | AGENCY TIME LIMITS . . . . .                                                                      | 54        |
| J.          | AGENCY DELAYS . . . . .                                                                           | 54        |
| K.          | PAYEE . . . . .                                                                                   | 55        |
| L.          | REPAYMENT AND PENALTIES . . . . .                                                                 | 55        |
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .                                                           | 55        |
| N.          | REDETERMINATION SCHEDULE . . . . .                                                                | 55        |
| O.          | EXPEDITED PROCESSING . . . . .                                                                    | 55        |
| P.          | CLIENT NOTIFICATION . . . . .                                                                     | 55        |
| Q.          | DATA SYSTEM ACTION . . . . .                                                                      | 56        |
| R.          | REDETERMINATION VARIATIONS . . . . .                                                              | 56        |
| S.          | THE BENEFIT . . . . .                                                                             | 57        |
| <b>1.10</b> | <b>POVERTY-LEVEL PREGNANT WOMEN . . . . .</b>                                                     | <b>58</b> |
| A.          | APPLICATION FORMS . . . . .                                                                       | 58        |
| B.          | COMPLETE APPLICATION . . . . .                                                                    | 58        |
| C.          | DATE OF APPLICATION . . . . .                                                                     | 58        |
| D.          | WHO MUST BE INTERVIEWED AND SIGN THE APPLICATION . . . . .                                        | 58        |
|             | 1. Poverty-Level Pregnant Woman Age 18 And Over . . . . .                                         | 59        |
|             | 2. Poverty-Level Pregnant Woman Under Age 18 and<br>Living At Home With A Parent(s) . . . . .     | 59        |
|             | 3. Poverty-Level Pregnant Woman Under Age 18 And Not<br>Living At Home With A Parent(s) . . . . . | 59        |
| E.          | BEGINNING DATE OF ELIGIBILITY . . . . .                                                           | 59        |
|             | 1. Application While Pregnant . . . . .                                                           | 59        |
|             | 2. Application After Pregnancy Ends . . . . .                                                     | 59        |
| F.          | EXPEDITED PROCESSING . . . . .                                                                    | 59        |
| G.          | SPECIAL PROCEDURE . . . . .                                                                       | 59        |

|             |                                                                       |           |
|-------------|-----------------------------------------------------------------------|-----------|
| H.          | CLIENT NOTIFICATION . . . . .                                         | 60        |
| I.          | REDETERMINATION SCHEDULE . . . . .                                    | 60        |
| J.          | THE BENEFIT . . . . .                                                 | 60        |
| <b>1.11</b> | <b>RESERVED FOR FUTURE USE . . . . .</b>                              | <b>61</b> |
| <b>1.12</b> | <b>CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN . . . . .</b>               | <b>62</b> |
| A.          | APPLICATION FORM . . . . .                                            | 62        |
| B.          | THE REDETERMINATION PROCESS . . . . .                                 | 62        |
| C.          | THE BENEFIT . . . . .                                                 | 63        |
| 1.          | Initial Benefit . . . . .                                             | 63        |
| 2.          | Ongoing Benefit . . . . .                                             | 63        |
| 3.          | Ending Date Of Eligibility . . . . .                                  | 63        |
| <b>1.13</b> | <b>SSI RECIPIENTS . . . . .</b>                                       | <b>64</b> |
| A.          | APPROVALS FROM DATA EXCHANGE . . . . .                                | 64        |
| B.          | APPROVALS AT THE REQUEST OF THE BMS MEDICARE BUY-IN<br>UNIT . . . . . | 64        |
| C.          | OTHER APPROVALS . . . . .                                             | 64        |
| D.          | ESTABLISHING THE DATE OF APPLICATION . . . . .                        | 65        |
| E.          | WHO MUST BE INTERVIEWED . . . . .                                     | 65        |
| F.          | WHO MUST SIGN . . . . .                                               | 65        |
| G.          | DUE DATE OF ADDITIONAL INFORMATION . . . . .                          | 65        |
| H.          | AGENCY TIME LIMITS . . . . .                                          | 65        |
| I.          | AGENCY DELAYS . . . . .                                               | 65        |
| J.          | PAYEE . . . . .                                                       | 65        |
| K.          | REPAYMENT AND PENALTIES . . . . .                                     | 65        |
| L.          | BEGINNING DATE OF ELIGIBILITY . . . . .                               | 65        |
| M.          | REDETERMINATION SCHEDULE . . . . .                                    | 66        |
| N.          | EXPEDITED PROCESSING . . . . .                                        | 66        |
| O.          | CLIENT NOTIFICATION . . . . .                                         | 66        |
| P.          | DATA SYSTEM ACTION . . . . .                                          | 66        |

|             |                                                                                                                                                                |           |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Q.          | REDETERMINATION VARIATIONS . . . . .                                                                                                                           | 67        |
| R.          | THE BENEFIT . . . . .                                                                                                                                          | 67        |
| 1.          | Retroactive Benefits . . . . .                                                                                                                                 | 67        |
| 2.          | Ongoing Benefits . . . . .                                                                                                                                     | 67        |
| 3.          | Ending Date Of Eligibility . . . . .                                                                                                                           | 67        |
| <b>1.14</b> | <b>DEEMED SSI RECIPIENTS . . . . .</b>                                                                                                                         | <b>68</b> |
| <b>1.15</b> | <b>QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME<br/>MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED<br/>INDIVIDUALS (QI-1 AND QI-2) . . . . .</b> | <b>69</b> |
| A.          | APPLICATION FORMS . . . . .                                                                                                                                    | 69        |
| B.          | COMPLETE APPLICATION . . . . .                                                                                                                                 | 69        |
| C.          | DATE OF APPLICATION . . . . .                                                                                                                                  | 69        |
| D.          | INTERVIEW REQUIRED . . . . .                                                                                                                                   | 70        |
| 1.          | OFS-MCAT-2 . . . . .                                                                                                                                           | 70        |
| 2.          | CAF OR ES-2 . . . . .                                                                                                                                          | 70        |
| E.          | WHO MUST BE INTERVIEWED . . . . .                                                                                                                              | 70        |
| F.          | WHO MUST SIGN . . . . .                                                                                                                                        | 70        |
| G.          | CONTENT OF THE INTERVIEW . . . . .                                                                                                                             | 70        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . .                                                                                                                   | 71        |
| I.          | AGENCY TIME LIMITS . . . . .                                                                                                                                   | 71        |
| J.          | AGENCY DELAYS . . . . .                                                                                                                                        | 71        |
| K.          | PAYEE . . . . .                                                                                                                                                | 71        |
| L.          | REPAYMENT AND PENALTIES . . . . .                                                                                                                              | 71        |
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .                                                                                                                        | 72        |
| 1.          | QMB . . . . .                                                                                                                                                  | 72        |
| 2.          | SLIMB . . . . .                                                                                                                                                | 72        |
| 3.          | QI-1 AND QI-2 . . . . .                                                                                                                                        | 72        |
| N.          | REDETERMINATION SCHEDULE . . . . .                                                                                                                             | 72        |
| O.          | EXPEDITED PROCESSING . . . . .                                                                                                                                 | 72        |
| P.          | CLIENT NOTIFICATION . . . . .                                                                                                                                  | 72        |
| Q.          | REDETERMINATION VARIATIONS . . . . .                                                                                                                           | 72        |
| 1.          | The Redetermination List . . . . .                                                                                                                             | 72        |

|             |                                                                |           |
|-------------|----------------------------------------------------------------|-----------|
| 2.          | The Date Of The Redetermination . . . . .                      | 73        |
| 3.          | Scheduling The Redetermination . . . . .                       | 73        |
| 4.          | Completion Of The Redetermination . . . . .                    | 73        |
| S.          | THE BENEFIT . . . . .                                          | 73        |
| 1.          | OMB . . . . .                                                  | 73        |
| 2.          | SLIMB AND Q-1 . . . . .                                        | 73        |
| 3.          | QI-2 . . . . .                                                 | 74        |
| 4.          | Ending Date Of Eligibility . . . . .                           | 74        |
| <b>1.16</b> | <b>QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) . . . . .</b> | <b>75</b> |
| A.          | APPLICATION FORMS . . . . .                                    | 75        |
| B.          | COMPLETE APPLICATION . . . . .                                 | 75        |
| C.          | DATE OF APPLICATION . . . . .                                  | 75        |
| D.          | INTERVIEW REQUIRED . . . . .                                   | 75        |
| E.          | WHO MUST BE INTERVIEWED . . . . .                              | 75        |
| F.          | WHO MUST SIGN . . . . .                                        | 75        |
| G.          | CONTENT OF THE INTERVIEW . . . . .                             | 75        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . .                   | 76        |
| I.          | AGENCY TIME LIMITS . . . . .                                   | 76        |
| J.          | AGENCY DELAYS . . . . .                                        | 76        |
| K.          | PAYEE . . . . .                                                | 76        |
| L.          | REPAYMENT AND PENALTIES . . . . .                              | 76        |
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .                        | 76        |
| N.          | REDETERMINATION SCHEDULE . . . . .                             | 76        |
| O.          | EXPEDITED PROCESSING . . . . .                                 | 76        |
| P.          | CLIENT NOTIFICATION . . . . .                                  | 77        |
| Q.          | DATA SYSTEM ACTION . . . . .                                   | 77        |
| R.          | REDETERMINATION VARIATIONS . . . . .                           | 77        |
| S.          | THE BENEFIT . . . . .                                          | 77        |



|             |                                                                                        |    |
|-------------|----------------------------------------------------------------------------------------|----|
| <b>1.17</b> | <b>ILLEGAL ALIENS</b>                                                                  | 78 |
| A.          | APPLICATION FORMS                                                                      | 78 |
| B.          | COMPLETE APPLICATION                                                                   | 78 |
| C.          | DATE OF APPLICATION                                                                    | 78 |
| D.          | WHO MUST BE INTERVIEWED                                                                | 78 |
| E.          | WHO MUST SIGN                                                                          | 78 |
| F.          | CONTENT OF THE INTERVIEW                                                               | 78 |
| G.          | DUE DATE OF ADDITIONAL INFORMATION                                                     | 78 |
| H.          | AGENCY TIME LIMITS                                                                     | 79 |
| I.          | AGENCY DELAYS                                                                          | 79 |
| J.          | PAYEE                                                                                  | 79 |
| K.          | REPAYMENT AND PENALTIES                                                                | 79 |
| L.          | BEGINNING DATE OF ELIGIBILITY                                                          | 79 |
| M.          | REDETERMINATION SCHEDULE                                                               | 79 |
| N.          | EXPEDITED PROCESSING                                                                   | 79 |
| O.          | CLIENT NOTIFICATION                                                                    | 80 |
| P.          | DATA SYSTEM ACTION                                                                     | 80 |
| Q.          | REDETERMINATION VARIATIONS                                                             | 80 |
| R.          | THE BENEFIT                                                                            | 80 |
| S.          | ENDING DATE OF ELIGIBILITY                                                             | 80 |
| <b>1.18</b> | <b>INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX WAIVERS</b> | 81 |
| <b>1.19</b> | <b>CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCS)</b>                    | 82 |
| A.          | APPLICATION FORMS                                                                      | 82 |
| B.          | COMPLETE APPLICATION                                                                   | 83 |
| C.          | DATE OF APPLICATION                                                                    | 83 |

|             |                                                |           |
|-------------|------------------------------------------------|-----------|
| D.          | INTERVIEW REQUIRED . . . . .                   | 83        |
| E.          | WHO MUST BE INTERVIEWED . . . . .              | 83        |
| F.          | WHO MUST SIGN . . . . .                        | 83        |
| G.          | CONTENT OF THE INTERVIEW . . . . .             | 83        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . .   | 83        |
| I.          | AGENCY TIME LIMITS . . . . .                   | 83        |
| J.          | AGENCY DELAYS . . . . .                        | 84        |
| K.          | PAYEE . . . . .                                | 84        |
| L.          | REPAYMENT AND PENALTIES . . . . .              | 84        |
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .        | 84        |
| N.          | REDETERMINATION SCHEDULE . . . . .             | 84        |
| O.          | EXPEDITED PROCESSING . . . . .                 | 84        |
| P.          | CLIENT NOTIFICATION . . . . .                  | 85        |
| Q.          | DATA SYSTEM ACTION . . . . .                   | 85        |
| R.          | REDETERMINATION VARIATIONS . . . . .           | 85        |
|             | 1. The Redetermination List . . . . .          | 85        |
|             | 2. The Date Of The Redetermination . . . . .   | 85        |
|             | 3. Scheduling The redeteremination . . . . .   | 85        |
|             | 4. Completion Of The Redetermination . . . . . | 85        |
| S.          | THE BENEFIT . . . . .                          | 85        |
|             | 1. Retroactive Benefits . . . . .              | 86        |
|             | 2. Ongoing Eligibility . . . . .               | 86        |
|             | 3. Ending Date Of Eligibility . . . . .        | 86        |
| <b>1.20</b> | <b>AIDS PROGRAM . . . . .</b>                  | <b>87</b> |
| A.          | APPLICATION FORMS . . . . .                    | 87        |
| B.          | COMPLETE APPLICATION . . . . .                 | 87        |
| C.          | DATE OF APPLICATION . . . . .                  | 87        |
| D.          | INTERVIEW REQUIRED . . . . .                   | 87        |
| E.          | WHO MUST BE INTERVIEWED . . . . .              | 87        |
| F.          | WHO MUST SIGN . . . . .                        | 87        |

|             |                                              |           |
|-------------|----------------------------------------------|-----------|
| G.          | CONTENT OF THE INTERVIEW . . . . .           | 87        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . . | 88        |
| I.          | AGENCY TIME LIMITS . . . . .                 | 88        |
| J.          | AGENCY DELAYS . . . . .                      | 88        |
| K.          | PAYEE . . . . .                              | 88        |
| L.          | REPAYMENT AND PENALTIES . . . . .            | 88        |
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .      | 88        |
| N.          | REDETERMINATION SCHEDULE . . . . .           | 88        |
| O.          | EXPEDITED PROCESSING . . . . .               | 88        |
| P.          | CLIENT NOTIFICATION . . . . .                | 88        |
| Q.          | DATA SYSTEM ACTION . . . . .                 | 89        |
| R.          | REDETERMINATION VARIATIONS . . . . .         | 89        |
| S.          | THE BENEFIT . . . . .                        | 89        |
| 1.          | Special Pharmacy Program . . . . .           | 89        |
| 2.          | HIV Grant Program . . . . .                  | 89        |
| 3.          | Ending Date Of Eligibility . . . . .         | 89        |
| <b>1.21</b> | <b>AFDC-RELATED MEDICAID . . . . .</b>       | <b>90</b> |
| A.          | APPLICATION FORMS . . . . .                  | 90        |
| B.          | COMPLETE APPLICATION . . . . .               | 90        |
| C.          | DATE OF APPLICATION . . . . .                | 90        |
| D.          | INTERVIEW REQUIRED . . . . .                 | 90        |
| E.          | WHO MUST BE INTERVIEWED . . . . .            | 90        |
| F.          | WHO MUST SIGN . . . . .                      | 91        |
| G.          | CONTENT OF THE INTERVIEW . . . . .           | 91        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . . | 91        |
| I.          | AGENCY TIME LIMITS . . . . .                 | 91        |
| J.          | AGENCY DELAYS . . . . .                      | 92        |
| K.          | PAYEE . . . . .                              | 92        |

|             |                                                                 |           |
|-------------|-----------------------------------------------------------------|-----------|
| L.          | REPAYMENT AND PENALTIES . . . . .                               | 92        |
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .                         | 92        |
|             | 1. Non-Spenddown . . . . .                                      | 92        |
|             | 2. Spenddown . . . . .                                          | 93        |
| N.          | REDETERMINATION SCHEDULE . . . . .                              | 93        |
|             | 1. Non-Spenddown . . . . .                                      | 93        |
|             | 2. Spenddown . . . . .                                          | 93        |
| O.          | EXPEDITED PROCESSING . . . . .                                  | 93        |
| P.          | CLIENT NOTIFICATION . . . . .                                   | 93        |
| Q.          | DATA SYSTEM ACTION . . . . .                                    | 93        |
| R.          | REDETERMINATION VARIATIONS . . . . .                            | 93        |
|             | 1. Non-Spenddown . . . . .                                      | 94        |
|             | 2. Spenddown Cases . . . . .                                    | 94        |
| S.          | THE BENEFIT . . . . .                                           | 95        |
|             | 1. Non-Spenddown . . . . .                                      | 95        |
|             | 2. Spenddown Cases . . . . .                                    | 95        |
| <b>1.22</b> | <b>SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED . . . . .</b> | <b>97</b> |
| A.          | APPLICATION FORMS . . . . .                                     | 97        |
| B.          | COMPLETE APPLICATION . . . . .                                  | 97        |
| C.          | DATE OF APPLICATION . . . . .                                   | 97        |
| D.          | INTERVIEW REQUIRED . . . . .                                    | 97        |
| E.          | WHO MUST BE INTERVIEWED . . . . .                               | 97        |
| F.          | WHO MUST SIGN . . . . .                                         | 98        |
| G.          | CONTENT OF THE INTERVIEW . . . . .                              | 98        |
| H.          | DUE DATE OF ADDITIONAL INFORMATION . . . . .                    | 99        |
| I.          | AGENCY TIME LIMITS . . . . .                                    | 99        |
|             | 1. Application Processing Limits . . . . .                      | 99        |
|             | 2. MRT Time Limits . . . . .                                    | 99        |
| J.          | AGENCY DELAYS . . . . .                                         | 100       |
| K.          | PAYEE . . . . .                                                 | 101       |
| L.          | REPAYMENT AND PENALTIES . . . . .                               | 101       |

|             |                                                                            |            |
|-------------|----------------------------------------------------------------------------|------------|
| M.          | BEGINNING DATE OF ELIGIBILITY . . . . .                                    | 101        |
| 1.          | Non-Spenddown . . . . .                                                    | 101        |
| 2.          | Spenddown . . . . .                                                        | 101        |
| N.          | REDETERMINATION SCHEDULE . . . . .                                         | 101        |
| 1.          | Non-Spenddown . . . . .                                                    | 101        |
| 2.          | Spenddown . . . . .                                                        | 101        |
| O.          | EXPEDITED PROCESSING . . . . .                                             | 102        |
| P.          | CLIENT NOTIFICATION . . . . .                                              | 102        |
| Q.          | DATA SYSTEM ACTION . . . . .                                               | 102        |
| R.          | REDETERMINATION VARIATIONS . . . . .                                       | 102        |
| 1.          | Non-Spenddown . . . . .                                                    | 102        |
| 2.          | Spenddown . . . . .                                                        | 102        |
| S.          | THE BENEFIT . . . . .                                                      | 103        |
| 1.          | Non-Spenddown . . . . .                                                    | 103        |
| 2.          | Spenddown Cases . . . . .                                                  | 104        |
| <b>1.23</b> | <b>RESERVED FOR FUTURE USE . . . . .</b>                                   | <b>105</b> |
| <b>1.24</b> | <b>SPECIAL PROCEDURES IN THE MEDICAID APPLICATION PROCESS . . . . .</b>    | <b>106</b> |
| A.          | SPOUSES APPLY - ONE APPROVED, ONE PENDING . . . . .                        | 106        |
| B.          | DEATH OF THE ONLY INDIVIDUAL PRIOR TO APPLICATION OR APPROVAL . . . . .    | 107        |
| 1.          | Who Must Be Interviewed And Sign The Application . . . . .                 | 107        |
| 2.          | MRT Referral . . . . .                                                     | 107        |
| C.          | DOCUMENTATION AND REVIEW OF PENDING MEDICAID APPLICATIONS . . . . .        | 108        |
| 1.          | Instructions For Documentation For Pending Medicaid Applications . . . . . | 108        |
| 2.          | Procedure For Review Of Pending Applications . . . . .                     | 110        |
| D.          | DETERMINING REASONABLE PERIOD OF TIME FOR SPENDDOWN ENTRY . . . . .        | 110        |
| E.          | PRIOR ELIGIBILITY FOR CASES NOT CURRENTLY ELIGIBLE . . . . .               | 110        |
| 1.          | Approvals . . . . .                                                        | 111        |
| 2.          | Denials . . . . .                                                          | 111        |
| 3.          | Closures . . . . .                                                         | 111        |
| F.          | CHANGING COVERAGE GROUPS AND REDETERMINATION PERIOD . . . . .              | 111        |
| <b>1.25</b> | <b>WV WORKS . . . . .</b>                                                  | <b>112</b> |
| A.          | APPLICATION FORMS . . . . .                                                | 112        |

|    |                                                  |     |
|----|--------------------------------------------------|-----|
| B. | COMPLETE APPLICATION . . . . .                   | 112 |
| C. | DATE OF APPLICATION . . . . .                    | 112 |
| D. | INTERVIEW REQUIRED . . . . .                     | 113 |
| E. | WHO MUST BE INTERVIEWED . . . . .                | 113 |
| F. | WHO MUST SIGN . . . . .                          | 113 |
| G. | CONTENT OF THE INTERVIEW . . . . .               | 113 |
| H. | DUE DATE OF ADDITIONAL INFORMATION . . . . .     | 116 |
| I. | AGENCY TIME LIMITS . . . . .                     | 117 |
| J. | AGENCY DELAYS . . . . .                          | 118 |
| K. | PAYEE . . . . .                                  | 118 |
| L. | REPAYMENT AND PENALTIES . . . . .                | 118 |
| M. | BEGINNING DATE OF ELIGIBILITY . . . . .          | 119 |
| N. | REDETERMINATION SCHEDULE . . . . .               | 121 |
| O. | EXPEDITED PROCESSING . . . . .                   | 122 |
| P. | CLIENT NOTIFICATION . . . . .                    | 122 |
| Q. | DATA SYSTEM ACTION . . . . .                     | 122 |
| R. | REDETERMINATION VARIATIONS . . . . .             | 122 |
|    | 1. Redetermination List . . . . .                | 122 |
|    | 2. Scheduling Interviews . . . . .               | 122 |
|    | 3. Completion Of The Redetermination . . . . .   | 122 |
|    | 4. Overdue Redeterminations . . . . .            | 122 |
| S. | THE BENEFIT . . . . .                            | 123 |
|    | 1. The WV WORKS Benefit . . . . .                | 123 |
|    | 2. Diversionary Cash Assistance (DCA) . . . . .  | 126 |
|    | 3. The Medical Card . . . . .                    | 131 |
|    | 4. Electronic Benefits Transfer (EBT) . . . . .  | 132 |
| T. | PERSONAL RESPONSIBILITY CONTRACT (PRC) . . . . . | 136 |
|    | 1. PRC-Part 1 . . . . .                          | 136 |
|    | 2. PRC-Part 2 . . . . .                          | 137 |
| U. | ORIENTATION . . . . .                            | 138 |

|            |                                                    |     |
|------------|----------------------------------------------------|-----|
| APPENDIX A | COMMONLY USED ACRONYMS AND ABBREVIATIONS . . . . . | A-1 |
| APPENDIX B | GUIDE FOR SELF-SUFFICIENCY PLAN . . . . .          | B-1 |
| APPENDIX C | EFFECTIVE DATE OF TANF STATE PLANS . . . . .       | C-1 |