1.1 INTRODUCTION....1

1.2 GENERAL INFORMATION....2

A. RIGHT TO APPLY....2

B. OVERVIEW OF THE ELIGIBILITY DETERMINATION PROCESS....4

1. Application Process....4
2. Redetermination Process....4
3. Case Maintenance....5
4. Resource Development....5

C. APPLICATION REGISTER AND OTHER COUNTY CONTROLS....6

1. Application Register....6
2. Home Visit Register....6

D. WORKER RESPONSIBILITIES....6

E. CLIENT RESPONSIBILITY....9

F. APPLICANT RECEIVES BENEFITS FROM ANOTHER STATE....10

G. CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE....11

H. WHEN APPLICATION IS MADE OR RECEIVED IN THE INCORRECT COUNTY OFFICE....11

I. GENERAL REQUIREMENTS FOR THE INTAKE INTERVIEW....12

J. HOME VISITS....13

K. MAIL-IN APPLICATIONS....14

L. CLIENT NOTIFICATION, WRITTEN AND VERBAL....15

M. COMPLETION OF THE APPLICATION PROCESS....16

N. COMMUNICATION WITH SSA....16

O. DOMESTIC VIOLENCE ASSISTANCE....17

P. DETERMINING RACE AND ETHNICITY FOR FEDERAL REPORTING 17

1.3 APPLICATION FORMS 19

A. OFS-2 19

1. OFS-2 Generated By RAPIDS 19
2. OFS-2 Shelf Document 19

B. OFS-RR-1 20

C. OFS-MCAT-2 20

D. OFS-PW-4 20

E. CHIP-1 20

F. REAPPLICATIONS NOT REQUIRING A NEW FORM 21

G. ADDITION OF ANOTHER BENEFIT TO AN ACTIVE CASE WHEN NEW APPLICATION FORM IS NOT REQUIRED 22

1.4 FOOD STAMP APPLICATION PROCESS 24

A. APPLICATION FORMS 24

B. COMPLETE APPLICATION 25

C. DATE OF APPLICATION 26

D. INTERVIEW REQUIRED 26

E. WHO MUST BE INTERVIEWED 27

F. WHO MUST SIGN 28

G. CONTENT OF THE INTERVIEW 28

H. DUE DATE OF ADDITIONAL INFORMATION 29

I. AGENCY TIME LIMITS 29

J. AGENCY DELAYS 30

K. PAYEE 30

L. REPAYMENT AND PENALTIES 30

1. Repayment 30
2. Penalties 30

M. BEGINNING DATE OF ELIGIBILITY 31

N. REDETERMINATION SCHEDULE 31

O. EXPEDITED PROCESSING 35

1. Eligibility Requirements 35
2. Screening For Expedited Service 36
3. Variations In Usual Procedures 36

P. CLIENT NOTIFICATION 39

Q. DATA SYSTEM ACTION 39

R. SPECIAL CONSIDERATIONS 39

1. Joint SSI/FS Application/Redetermination Process 39
2. Mail-In Food Stamp Applications 41
3. Categorical Eligibility 45

S. REDETERMINATION VARIATIONS 46

1. Redetermination Cycle 46
2. Redetermination Alerts 46
3. Scheduling Interviews 46
4. Completion 47
5. Overdue Redetermination 48

T. THE BENEFIT 48

1. Initial Benefits 49
2. Ongoing Benefits 50
3. Electronic Benefits Transfer (EBT) 51

U. PERSONAL RESPONSIBILITY CONTRACT (PRC) 54

V. ORIENTATION 54

1.5 RESERVED FOR FUTURE USE 55

1.6 AFDC MEDICAID....56

A. APPLICATION FORM....56

B. COMPLETE APPLICATION....56

C. DATE OF APPLICATION....56

D. INTERVIEW REQUIRED....56

E. WHO MUST BE INTERVIEWED....56

F. WHO MUST SIGN....56

G. CONTENT OF THE INTERVIEW....57

H. DUE DATE OF ADDITIONAL INFORMATION....57

I. AGENCY TIME LIMITS....58

J. AGENCY DELAYS....58

K. PAYEE....58

L. REPAYMENT AND PENALTIES....58

M. BEGINNING DATE OF ELIGIBILITY....58

N. REDETERMINATION SCHEDULE....59

O. EXPEDITED PROCESSING....59

P. CLIENT NOTIFICATION....59

Q. DATA SYSTEM ACTION....59

R. REDETERMINATION VARIATIONS....59

1. Completion Of The Redetermination....59
2. Overdue Redeterminations....59

S. THE BENEFIT....59

1. Retroactive Benefits....59
2. Ongoing Benefits....60
3. Ending Date Of Eligibility....60

T. PERSONAL RESPONSIBILITY CONTRACT (PRC) 60

U. ORIENTATION 60

1.7 MEDICAID FOR DEEMED AFDC/U BENEFITS 61

A. EXTENDED MEDICAID 61

1. Redetermination Variations 61
2. The Benefit 61
3. Ending Date Of Eligibility 61

B. CHILDREN COVERED AS RECIPIENTS OF ADOPTION ASSISTANCE 61

C. CHILDREN COVERED AS RECIPIENTS OF FOSTER CARE PAYMENTS 61

1.8 TRANSITIONAL MEDICAID (TM) 62

1.9 QUALIFIED AND POVERTY-LEVEL CHILDREN, REGARDLESS OF BIRTHDATE, AND WV-CHIP CHILDREN 63

A. APPLICATION FORMS 63

1. Choosing The Correct Form 63
2. Special Outreach/Application Procedures 63

B. COMPLETE APPLICATION 64

C. DATE OF APPLICATION 64

D. INTERVIEW REQUIRED 64

E. WHO MUST BE INTERVIEWED 64

F. WHO MUST SIGN 65

G. CONTENT OF THE INTERVIEW 65

H. DUE DATE OF ADDITIONAL INFORMATION 65

I. AGENCY TIME LIMITS 65

J. AGENCY DELAYS 66

K. PAYEE 66

L. REPAYMENT AND PENALTIES 66

M. BEGINNING DATE OF ELIGIBILITY 66

N. REDETERMINATION SCHEDULE 66

O. EXPEDITED PROCESSING 66

P. CLIENT NOTIFICATION 67

Q. DATA SYSTEM ACTION 67

R. REDETERMINATION VARIATIONS 67

S. THE BENEFIT 68

1.10 POVERTY-LEVEL PREGNANT WOMEN 69

A. APPLICATION FORMS 69

B. COMPLETE APPLICATION 69

C. DATE OF APPLICATION 69

D. WHO MUST BE INTERVIEWED AND SIGN THE APPLICATION 69

1. Poverty-Level Pregnant Woman Age 18 And Over 69
2. Poverty-Level Pregnant Woman Under Age 18 And Living At Home With A Parent(s) 70
3. Poverty-Level Pregnant Woman Under Age 18 And Not Living At Home With A Parent(s) 70

E. BEGINNING DATE OF ELIGIBILITY 70

1. Application While Pregnant 70
2. Application After Pregnancy Ends 70

F. EXPEDITED PROCESSING 70

G. SPECIAL PROCEDURE 70

H. CLIENT NOTIFICATION 71

I. REDETERMINATION SCHEDULE 71

J. THE BENEFIT 71

1.11 RESERVED FOR FUTURE USE 72

1.12 CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN 73

A. APPLICATION FORM 73

B. THE REDETERMINATION PROCESS 73

C. THE BENEFIT 74

1. Initial Benefit 74
2. Ongoing Benefit 74
3. Ending Date Of Eligibility 74

1.13 SSI RECIPIENTS 75

A. APPROVALS FROM DATA EXCHANGE 75

B. APPROVALS AT THE REQUEST OF THE BMS MEDICARE BUY-IN UNIT 75

C. OTHER APPROVALS 75

D. ESTABLISHING THE DATE OF APPLICATION 76

E. WHO MUST BE INTERVIEWED 76

F. WHO MUST SIGN 76

G. DUE DATE OF ADDITIONAL INFORMATION 76

H. AGENCY TIME LIMITS 76

I. AGENCY DELAYS 76

J. PAYEE 76

K. REPAYMENT AND PENALTIES 76

L. BEGINNING DATE OF ELIGIBILITY 76

M. REDETERMINATION SCHEDULE 77

N. EXPEDITED PROCESSING 77

O. CLIENT NOTIFICATION 77

P. DATA SYSTEM ACTION....77

Q. REDETERMINATION VARIATIONS....77

R. THE BENEFIT....78

1. Retroactive Benefits....78
2. Ongoing Benefits....78
3. Ending Date Of Eligibility....78

1.14 DEEMED SSI RECIPIENTS....79

1.15 QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED INDIVIDUALS (QI-1)....80

A. APPLICATION FORMS....80

B. COMPLETE APPLICATION....80

C. DATE OF APPLICATION....80

D. INTERVIEW REQUIRED....81

1. OFS-MCAT-2....81
2. OFS-2....81

E. WHO MUST BE INTERVIEWED....81

F. WHO MUST SIGN....81

G. CONTENT OF THE INTERVIEW....81

H. DUE DATE OF ADDITIONAL INFORMATION....82

I. AGENCY TIME LIMITS....82

J. AGENCY DELAYS....82

K. PAYEE....82

L. REPAYMENT AND PENALTIES....82

M. BEGINNING DATE OF ELIGIBILITY....82

1. QMB....82
2. SLIMB....83
3. QI-1....83

N. REDETERMINATION SCHEDULE 83

O. EXPEDITED PROCESSING 83

P. CLIENT NOTIFICATION 83

Q. REDETERMINATION VARIATIONS 83

1. The Redetermination List....83
2. The Date Of The Redetermination....83
3. Scheduling The Redetermination....84
4. Completion Of The Redetermination 84

S. THE BENEFIT 84

1. QMB 84
2. SLIMB And Q-1....84
3. Ending Date of Eligibility 84

1.16 QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) 86

A. APPLICATION FORMS....86

B. COMPLETE APPLICATION 86

C. DATE OF APPLICATION 86

D. INTERVIEW REQUIRED....86

E. WHO MUST BE INTERVIEWED 86

F. WHO MUST SIGN....86

G. CONTENT OF THE INTERVIEW 86

H. DUE DATE OF ADDITIONAL INFORMATION....87

I. AGENCY TIME LIMITS 87

J. AGENCY DELAYS 87

K. PAYEE 87

L. REPAYMENT AND PENALTIES....87

M. BEGINNING DATE OF ELIGIBILITY....87

N. REDETERMINATION SCHEDULE 87
O. EXPEDITED PROCESSING 87
P. CLIENT NOTIFICATION 88
Q. DATA SYSTEM ACTION....88
R. REDETERMINATION VARIATIONS 88
S. THE BENEFIT 88

1.17 ILLEGAL ALIENS....89

A. APPLICATION FORMS....89
B. COMPLETE APPLICATION 89
C. DATE OF APPLICATION 89
D. WHO MUST BE INTERVIEWED....89
E. WHO MUST SIGN....89
F. CONTENT OF THE INTERVIEW 89
G. DUE DATE OF ADDITIONAL INFORMATION....89
H. AGENCY TIME LIMITS 90
I. AGENCY DELAYS 90
J. PAYEE 90
K. REPAYMENT AND PENALTIES....90
L. BEGINNING DATE OF ELIGIBILITY....90
M. REDETERMINATION SCHEDULE 90
N. EXPEDITED PROCESSING 79
O. CLIENT NOTIFICATION 90
P. DATA SYSTEM ACTION....91

Q. REDETERMINATION VARIATIONS 91

R. THE BENEFIT 91

S. ENDING DATE OF ELIGIBILITY 91

1.18 INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX WAIVERS 92

1.19 CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCS) 93

A. APPLICATION FORMS 93

B. COMPLETE APPLICATION 93

C. DATE OF APPLICATION 93

D. INTERVIEW REQUIRED 94

E. WHO MUST BE INTERVIEWED 94

F. WHO MUST SIGN 94

G. CONTENT OF THE INTERVIEW 94

H. DUE DATE OF ADDITIONAL INFORMATION 94

I. AGENCY TIME LIMITS 94

J. AGENCY DELAYS 94

K. PAYEE 95

L. REPAYMENT AND PENALTIES 95

M. BEGINNING DATE OF ELIGIBILITY 95

N. REDETERMINATION SCHEDULE 95

O. EXPEDITED PROCESSING 95

P. CLIENT NOTIFICATION 95

Q. DATA SYSTEM ACTION 95

R. REDETERMINATION VARIATIONS 96

1. The Redetermination List....96

2. The Date Of The Redetermination....96
3. Scheduling The Redeteremination....96
4. Completion Of The Redetermination 96

S. THE BENEFIT 96

1. Retroactive Benefits....96
2. Ongoing Eligibility 96
3. Ending Date Of Eligibility 96

1.20 AIDS PROGRAM....97

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....97

G. CONTENT OF THE INTERVIEW 97

H. DUE DATE OF ADDITIONAL INFORMATION....98

I. AGENCY TIME LIMITS 98

J. AGENCY DELAYS 98

K. PAYEE 98

L. REPAYMENT AND PENALTIES....98

M. BEGINNING DATE OF ELIGIBILITY....98

N. REDETERMINATION SCHEDULE 98

O. EXPEDITED PROCESSING 98

P. CLIENT NOTIFICATION 98

Q. DATA SYSTEM ACTION....99

R. REDETERMINATION VARIATIONS 99

S. THE BENEFIT 99

1. Special Pharmacy Program 99
2. HIV Grant Program 99
3. Ending Date Of Eligibility 99

1.21 AFDC-RELATED MEDICAID 100

A. APPLICATION FORMS....100

B. COMPLETE APPLICATION 100

C. DATE OF APPLICATION 100

D. INTERVIEW REQUIRED....100

E. WHO MUST BE INTERVIEWED 100

F. WHO MUST SIGN....101

G. CONTENT OF THE INTERVIEW 101

H. DUE DATE OF ADDITIONAL INFORMATION 102

I. AGENCY TIME LIMITS 102

J. AGENCY DELAYS 102

K. PAYEE 102

L. REPAYMENT AND PENALTIES 102

M. BEGINNING DATE OF ELIGIBILITY....102

1. Non-Spenddown 102
2. Spenddown....102

N. REDETERMINATION SCHEDULE 103

1. Non-Spenddown 103
2. Spenddown....103

O. EXPEDITED PROCESSING 103

P. CLIENT NOTIFICATION 103

Q. DATA SYSTEM ACTION....103

R. REDETERMINATION VARIATIONS 103

1. Non-Spenddown 103
2. Spenddown Cases....104

S. THE BENEFIT 105

1. Non-Spenddown 105
2. Spenddown Cases....105

1.22 SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED....107

A. APPLICATION FORMS....107

B. COMPLETE APPLICATION 107

C. DATE OF APPLICATION 107

D. INTERVIEW REQUIRED....107

E. WHO MUST BE INTERVIEWED 107

F. WHO MUST SIGN....108

G. CONTENT OF THE INTERVIEW 108

H. DUE DATE OF ADDITIONAL INFORMATION....108

I. AGENCY TIME LIMITS 109

1. Application Processing Limits 109
2. MRT Time Limits....109

J. AGENCY DELAYS 110

K. PAYEE 111

L. REPAYMENT AND PENALTIES....111

M. BEGINNING DATE OF ELIGIBILITY 111

1. Non-Spenddown 111
2. Spenddown 111

N. REDETERMINATION SCHEDULE 111

1. Non-Spenddown 111
2. Spenddown 111

O. EXPEDITED PROCESSING 111

P. CLIENT NOTIFICATION 111

Q. DATA SYSTEM ACTION 111

R. REDETERMINATION VARIATIONS 112

1. Non-Spenddown 112
2. Spenddown 112

S. THE BENEFIT 113

1. Non-Spenddown 113
2. Spenddown Cases 113

1.23 RESERVED FOR FUTURE USE 115

1.24 SPECIAL PROCEDURES IN THE MEDICAID APPLICATION PROCESS 116

A. SPOUSES APPLY - ONE APPROVED, ONE PENDING 116

B. DEATH OF THE ONLY INDIVIDUAL PRIOR TO APPLICATION OR APPROVAL 117

1. Who Must Be Interviewed And Sign The Application 117
2. MRT Referral 117

C. DOCUMENTATION AND REVIEW OF PENDING MEDICAID APPLICATIONS 118

1. Instructions For Documentation For Pending Medicaid Applications 118
2. Procedure For Review Of Pending Applications 120

D. DETERMINING REASONABLE PERIOD OF TIME FOR SPENDDOWN ENTRY 120

E. PRIOR ELIGIBILITY FOR CASES NOT CURRENTLY ELIGIBLE 120

1. Approvals.....121
2. Denials.....121
3. Closures.....121

F. CHANGING COVERAGE GROUPS AND REDETERMINATION PERIOD.....121

1.25 WV WORKS.....122

A. APPLICATION FORMS.....122

B. COMPLETE APPLICATION.....122

C. DATE OF APPLICATION.....122

D. INTERVIEW REQURIED.....123

E. WHO MUST BE INTERVIEWED.....123

F. WHO MUST SIGN.....124

G. CONTENT OF THE INTERVIEW.....124

H. DUE DATE OF ADDITIONAL INFORMATION.....127

I. AGENCY TIME LIMITS.....127

J. AGENCY DELAYS.....128

K. PAYEE.....128

L. REPAYMENT AND PENALTIES.....129

M. BEGINNING DATE OF ELIGIBILITY.....129

N. REDETERMINATION SCHEDULE.....131

O. EXPEDITED PROCESSING.....132

P. CLIENT NOTIFICATION.....132

Q. DATA SYSTEM ACTION.....132

R. REDETERMINATION VARIATIONS.....132

1. Redetermination List 132
2. Scheduling Interviews 132
3. Completion Of The Redetermination 132
4. Overdue Redeterminations 133

S. THE BENEFIT 133

1. The WV WORKS Benefit 133
2. Diversionary Cash Assistance (DCA) 136
3. The Medical Card 141
4. Electronic Benefits Transfer (EBT) 141

T. PERSONAL RESPONSIBILITY CONTRACT (PRC) 144

1. PRC-Part 1 145
2. PRC-Part 2 146

U. ORIENTATION 148

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