

19.1 DEFINITION 01

19.2 EMERGENCY FINANCIAL ASSISTANCE 2

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(4) Case Closure, Reopen and Sanction Entries
 (HOMELESS CASES ONLY)

Case closure, reopen and sanction codes are available only for Homeless cases.

(M) DISPOSITION CODE (DCD) - the Worker will enter into the disposition code block on the ES-CHET-1 form the correct code for the following case actions:

- * H-53 - one month sanction
- * H-54 - three month sanction
- * H-55 - six month sanction
- * H-56 - case closed
- * H-57 - case reopened

(M) DATE CLOSED/REOPEN (Date Paid/W/D) - The Worker will enter into the Date Paid/W/D block the correct closure or reopen date. Note that this block is used for five different types of dates (payment, denial, withdrawal, closure, reopen and sanction dates).

(5) Medical Care Approvals

As indicated in item B.3-d, payment of medical care benefits can be made via MMIS system, CHET or the Financial Clerk. REGARDLESS OF WHAT PAYMENT METHOD IS USED, THE MEDICAL CARE APPROVAL (OR DENIAL) MUST BE ENTERED IN THE CHET SYSTEM AS FOR ANY OTHER ITEM OF NEED.

Therefore, the following instructions apply to vendor file entries:

- * Payment through MMIS

Since the amount of payment is unknown, the concept of an encumbrance of payment status does not exist when payment is being made via MMIS. The following entries will be made for a vendor file entry:

- (M) PROGRAM SELECTION - The Worker will enter a "T" to indicate the NEMT Program.
- (M) LAST NAME - Enter no more than 15 alpha positions for the last name.
- (O) M.I. (Middle Initial) - Enter the middle initial. Make no entry if there is no middle initial.
- (M) SOCIAL SECURITY NUMBER - Enter the social security number of the case name. If the case name has no social security number, the computer will automatically assign a case number as described in item B-2 b.
- (M) COUNTY - Enter the county code number in which the payment was processed.
- (O) STREET ADDRESS - Enter no more than 19 positions and abbreviate if necessary.
- (M) CITY - Enter no more than 15 alpha positions.
- (M) STATE - No more than two alpha positions.
- (M) ZIP CODE - 9 positions are provided in case the larger zip code must be used.

NOTE: As described in item C-3 (M) and (O) refer to "mandatory" and "optional" entry field.

b. Vendor File Case Information

It is not necessary to encumber NEMT approvals in the same entry status as the Emergency Assistance and Homeless Programs. However, any NEMT payment entry will be shown as an encumbrance until the check is actually written. Therefore, encumbrances will be revealed for administrative purposes. Vendor file entries should be made when the NEMT case is otherwise cleared for payment (e.g., ES-NEMT-1 is returned and final approval made via DF-67-B).

- (2) Check written by Financial Clerk
- (M) DATE PAID - When the Terminal Operator enters this date, the computer accepts the date but does not write a check. However, no changes or corrections can be made in the vendor file after this date is entered.

As outlined in the instructions for Emergency Assistance and Homeless, no entry is made in the "date authorized" field when the check is written by the Financial Clerk. The resulting blank "date authorized" field and a date entered in the "date paid" field would illustrate that payment was generated by the Financial Clerk.

c. Managing Vendor File Entries of NEMT Payments

Because NEMT payments often consist of numerous checks in small amounts, special consideration should be given on how these payments should be entered into the vendor file.

It is necessary, of course, that each payment or authorization be entered separately on the DF-67-B form.

This is required to provide an adequate paper trail and because each authorization must be covered by a verification form (ES-NEMT-1). However, it is not required that the entries into the vendor file exactly match the entries made on the DF-67-B form.

For example, six authorizations at \$25.00 each using the same disposition code and the same vendor are entered for the same case in the vendor file. Six payment blocks are used for the entries. When the computer writes the check, ONE check for \$150.00 will be written for the vendor.

It would save computer time and reduce the number of payment blocks used if ONE entry for \$150.00 is made in the vendor file.

EO - Emergency Medical Care -
Outpatient

NOTE: "O" is alpha

EP - Emergency Medical Care -
Pharmacy

EM - Both of the above benefits

The letter "E" denotes the Emergency Assistance Program and the number indicates the type of need.

In Emergency Assistance, cases approved for payment because of fire, man-made or natural disaster must be identified because such approvals affect the time limitation policy. The following affixes were devised for this purpose:

"F" affix added to any code E1 through EM denotes emergency caused by fire.

"D" affix added to any code E1 through EM denotes emergency caused by disaster.

Finally, an affix will be used to denote approvals because of policy exceptions. The "X" affix added to any code E1 through EM denotes cases approved because of policy exception.

(2) Denial and Withdrawal Codes

The following codes are used to indicate the specific reason for denials or withdrawals:

E01 because your income exceeded the amount allowed by \$.

E02 because a resource referral was not accepted.

E03 because the resource was not accepted.

- E17 because you are in a penalty period with the AFDC/U program.
- E18 because you did not accept the emergency assistance benefits.
- E19 because you did not apply for certain benefits from other programs in order to eliminate or assist in the elimination of the emergency.
- E20 because you failed to complete the application form.
- E21 because you failed to verify your social security number.
- E22 because you failed to submit a correctly written statement to verify the impending eviction.
- E23 because you failed to submit a correct statement to verify the impending mortgage foreclosure.
- E24 because you failed to verify the existence of a landlord-tenant relationship.
- E25 because it could not be verified that you were a homeless stranded transient for which transportation arrangement to your community is incomplete.
- E26 because it could not be verified you were homeless due to the destruction of your living quarters.
- E27 because it could not be verified you were homeless due to eviction.
- E28 because it could not be verified you were homeless due to mortgage foreclosure.
- E29 because it could not be verified you were homeless due to being evicted from shared living quarters.

- E40 because you did not submit a written statement from the provider that no future bottled gas orders will be filled.
- E41 because you did not submit a written statement from the provider that no future coal orders will be filled.
- E42 because you did not submit a written statement from the provider that no future firewood orders will be filled.
- E43 because the electric service bill was not in the name of any member of the benefit group.
- E44 because the gas service bill was not in the name of any member of the benefit group.
- E45 because the water service bill was not in the name of any member of the benefit group.
- E46 because the sewage service bill was not in the name of any member of the benefit group.
- E47 because your need for a food order was not caused by an unusual or catastrophic event which rendered your food coupons unusable.
- E48 because your household supplies or furnishings were not destroyed in a man-made or natural disaster.
- E49 because you and the persons in the benefit group were not homeless and the Department was not seeking or had located housing on your behalf. Therefore, you are ineligible for household supplies and furnishings.
- E50 because emergency household supplies or furnishing were not needed for homeless persons.

- E63 because written verification from the attending physician of the need for emergency outpatient hospital or emergency room treatment was not submitted.
- E64 because the need for prescription medicine was not verified by a written prescription signed by a physician.
- E67 because your emergency was not caused by a man-made or natural disaster.
- E68 because your emergency was not caused by a fire.
- E69 because the existence of a fire was not verified.
- E70 because the vendor failed to eliminate the emergency.
- E71 (Section 19.2 Item D 8-c.) this letter is to inform you that you withdrew your application for Emergency Assistance.
- E72 (Section 19.2 Item B-6.) because you are in a penalty period with the Homeless Program.
- E73 because the item of need you requested is not covered by the Emergency Assistance Program.

b. Homeless Person Program

(1) Approval Codes

The CHET System has been reprogrammed to accommodate Homeless program affiliation with the IV-A entitlement. Approval codes are now grouped to represent expenditures that will be matched with IV-A funds and expenditures that are ineligible to receive IV-A matching funds. Homeless IV-A codes will be used

- H41 Failed to meet the resource eligibility requirement.
- H42 Failed to accept the homeless program benefit.
- H43 Failed to manage resources after the initial period of eligibility.
- H44 Failed to cooperate with Social Service plan.
- H45 Failed to accept referral to community resources.
- H46 Failed to accept community resources.
- H47 Failed to cooperate with vendor.
- H48 Failed to return information requested on the ES-6 form.
- H49 Failed to meet specific eligibility guidelines for shelter.
- H50 Failed to meet specific eligibility guidelines for food.
- H51 Failed to meet specific eligibility guidelines for medical care.
- H52 Shelter and/or food and/or medical care provided by community resources.
- H53 One month sanction period.
- H54 Three month sanction period.
- H55 Six month sanction period.
- (3) Closure and Reopen Codes
 - H56 Case closed
 - H57 Case reopened
 - H58 - H59 Open

EXAMPLES:

- E 1 (Emergency Assistance shelter approval)
- E 6 F (Emergency Assistance clothing approval because of fire)
- H E (Homeless program non-IV-A shelter approval)
- T 3 (NEMT approval for transportation, tolls and food)
- E 0 1 (Emergency Assistance denial code for failure to meet income eligibility)
- E 7 1 (Emergency Assistance withdrawal code)

6. Relationship Codes

Relationship codes will be used in the benefit group data section of the client file. These codes are arranged into two lists. The first list contains codes for Title IV-A children. CODE "IC" IS USED WHEN A CHILD IS OTHERWISE INELIGIBLE FOR TITLE IV-A MATCHING FUNDS. The second list denotes adults age 21 or over. ALL CODES ARE ENTERED ON THE BASIS OF THE BENEFIT MEMBER'S RELATIONSHIP TO THE APPLICANT.

- a. Codes that denote a IV-A eligible child when the birthday indicates an age below 21:

- S - Son (also step-son)
- D - Daughter (also step-daughter)
- B - Brother (also step-brother)
- SI - Sister (also step-sister)
- NI - Niece
- NE - Nephew
- GS - Grandson
- GD - Granddaughter
- EC - Eligible Child

Code "EC" (eligible child) is used when the child is otherwise IV-A eligible but not related to the applicant.

the mandatory requirements are met. For example, the DF-67 contains a block which permits it to become a transmittal document for CHET payment entries. At the field office's option, however, this block may also be used to record certain information but NOT function as a transmittal document.

Field staff, therefore, may decide how the options will be used. The instructions will note when options are available and when mandates exist.

- a. Joint Responsibilities of Worker, Supervisor and Financial Clerk concerning the completion, distribution and routing of Form DF-67

The responsibility for ensuring the proper completion of the DF-67 form as instructed below is a joint responsibility of the worker, supervisor, and financial clerk. The DF-67 form MUST be completed in a legible and accurate manner. In addition, the instructions for completing the form must be followed as outline in this section and in other sections that relate to the completion of this form.

- (1) Worker's Responsibility

The Worker is responsible for completing the form in an accurate and legible manner to authorize payment on behalf of ELIGIBLE recipients and submitting with the completed DF-67 required verification (notice of utility termination, notice of eviction, etc.).

- (2) Supervisor's Responsibility

The Supervisor is responsible for determining that the Worker has correctly applied the policy in determining eligibility. Although it is at the county office's option, the Supervisor may assume the responsibilities of the Financial Clerk as outlined in #3 below. The instructions outlined in #3 below will be followed by the Supervisor if the county office uses this option. The

sent to the vendor and the vendor would need a copy to validate his claim of payment due.

b. Completing the Form for Computer-Generated Payment Prior to the Vendor's Signature

(1) TYPE OF PAYMENT AUTHORIZATION

- Item of need - The Worker may enter the disposition code which represents the item of need or opt to enter the actual name or description of the item, e.g., ("E-1" or "shelter" under Emergency Assistance or "HS" or "shelter" under Homeless).
- Amount - This entry is optional since the amount MUST be entered in the payment authorization section.

(2) IDENTIFICATION

The Worker MUST enter the case number (applicant's Social Security number), the vendor name and address and the client name and address.

- Medical Care Authorizations

When authorizations for medical care are made under the Emergency Assistance or Homeless programs, it is necessary to enter the patient's name on the DF-67. This is required because the medical vendor may opt to use the patient name to complete the MMIS billing process.

When the client and patient name are identical, the client name will be labeled "patient name."

When the client and patient name are different, the patient name will be entered just below the line on which the client name is entered and labeled "patient name."

- Depending upon the program under which medical care is being authorized, the following entry MUST be made by the Worker:
- Emergency Assistance - Enter the following statement in the recording: "Payment is made in accordance with Medicaid audit guidelines. Use patient identification #38-0000000 (COUNTY NUMBER) and bill the Department of Health and Human Resources on the appropriate claim form."
- Homeless Person Program - The statement is the same as indicated above; however, the patient identification number is #15-0000000 (COUNTY NUMBER).
- Medical Care Authorization Remitted Via CHET or Local Fiscal Office - Enter the following recording: "Payment will be made in accordance with routine disbursement procedures of the (Emergency Assistance or Homeless Program). DO NOT bill for charges to the Medicaid Program."

Emergency Assistance and Homeless Programs

The type of medical service and/or pharmaceuticals must be LEGIBLY specified in the recording section. In addition, the authorization period for the service must also be entered. Unless otherwise indicated by the medical vendor, the authorization period will be the same as the 30-day period of eligibility for the emergency assistance program. For the homeless program, the authorization period may be longer except for the IV-A homeless authorizations.

- Other - The recording may contain whatever local staff wishes to enter except that NO STATEMENTS THAT WOULD

If the county office opts to require the Worker to complete the first three entry fields, the Worker will simply enter the vendor name (and account number if necessary), vendor street address, city, state and zip and the amount of payment.

THE DATE AUTHORIZED AND DATE PAID IS ENTERED ONLY BY THE FINANCIAL CLERK AND ONLY AFTER THE DF-67 FORM IS RETURNED FROM THE VENDOR.

- Medical Care Authorizations - When Medical Care authorizations are remitted or paid through the MMIS system, no authorization date or date paid is necessary. Therefore, the payment transmittal block will never contain entries for MMIS Medical Care authorizations.

When Medical Care authorizations are paid via CHET or the local fiscal office, the procedure for completing the payment transmittal block will be no different than is described above under #4 (excluding the MMIS Medical Care authorization).

(5) PAYMENT AUTHORIZATION, SIGNATURES AND REVIEW BY FINANCIAL CLERK

The Worker will enter the amount of payment in the space provided and enter the name and address of the local office. The Worker will obtain the client's signature and the date on which the client signed his name to this form.

The Worker will sign his name on this form in the space provided.

- Supervisor

as described above for computer-generated payments with one exception. This involves the instructions concerning account numbers. As indicated above in Recordings, it was noted that the account number would be on the printout that accompanies the check. This will not occur when the Financial Clerk writes the check. Therefore, the vendor will have only form DF-67 from which to report the account number.

- d. Processing the DF-67 Form for Payment
After the DF-67 form is returned to the financial office by the vendor, the Financial Clerk or designee is ready to process and make the final entries for the payment entry on the case. Before the final entries are made, the clerk must first determine that the vendor has properly signed and dated the form. After this is accomplished, the clerk must be aware of the type of payment to be made on behalf of the case.

(1) Computer-Generated Payment

When payment is to be generated by CHET, the Financial Clerk is responsible for determining the date authorized. THE DATE AUTHORIZED WILL BE THAT DATE ON WHICH THE CLERK DETERMINES THE DF-67 FORM IS IN PROPER ORDER FOR PROCESSING PAYMENT.

- Transmitting the Date Authorized via DF-67 Form

The Financial Clerk will enter the date into the space provided in the Payment Transmittal Block. Next, she will enter her signature in the space provided in the lower left corner. The completed DF-67 form will be sent to the Terminal Operator for the payment entry (or to place the case into payment status).

- Transmitting the Date Authorized via ES-CHET-1

The form may also be used to permit the Terminal Operator to transmit data entries for computer-generated NEMT payments.

When it becomes necessary to manually generate payment via the fiscal office, the form can be used to authorize payment and transmit the record of the transaction into the computer.

Finally, as described in Section 19.3, NEMT, the form is used in part as an application form for EPSDT and other approved clinics.

b. Completion

(1) Computer-Generated Payment

- Date of Service - Enter the date(s) on which the expenses were incurred.
- Case name, address and Social Security Number - Enter the case name, address and social security number of the person in whose name the case is labeled.
- Disp. Code - Enter the correct disposition code that designates the nature of the payment.
- Vendor's Name/Address/Number - Enter the vendor(s) number if a number exists. Otherwise, the name and address must be entered. When it becomes necessary to enter the number or name of more than one vendor for one approval, care must be used to enter the correct disposition code for each vendor. (Additional columns should be used for these transactions to permit easier terminal entries.)
- Patient's Name(s)

Enter the name of the patient(s) who has received medical treatment. Although this data is not entered into the terminal, the recording of

- Tolls - Enter the DOLLAR amount of tolls.
- Lodging - Enter the DOLLAR amount of lodging.
- Mileage - Enter the DOLLAR amount of mileage.
- Total Amount Due - Enter the total DOLLAR amount per vendor in this column.
- Date Authorized - Enter the date on which payment was authorized.

(2) Local Office-Generated Payment

Items (a) through (k) will be completed as described above. DO NOT MAKE AN ENTRY INTO THE COLUMN ENTITLED, "DATE AUTHORIZED." An entry must be made into the column entitled "date paid." This entry means that payment was generated by the county fiscal office. Into the column entitled "Check No." will be entered the number from the check written by the Financial Clerk.

c. Responsibilities for Completing the Form and Entering Signatures

(1) Completing the Form

The Worker assigned the duties of intake and eligibility determination will complete items (a) through (k).

The Financial Clerk or designee will complete "date auth.," "date paid," "Check No." and enter the control no. in the upper right section of the form.

(2) Signatures

- Worker

The Worker will enter his signature, title and the date in the space entitled,

b. Denials

There are no encumbrance entries for denial case actions. The denial case action entry is made in the vendor file. As indicated above, the message of the letter is controlled by the disposition code. When the wrong disposition code is entered, an incorrect letter will be mailed to the client.

Denial Based on Excessive Income (E01)

When the E01 disposition code is used to deny an application because of excessive income, the message on the letter includes the amount of the excess. Therefore, the monthly income amount entered into the client file must be accurate. The computer will subtract the allowable amount of monthly income from the actual amount. The excessive amount of income will then be printed on the computer-generated letter.

c. Withdrawals

The withdrawal letter is generated after a withdrawal case action entry is made in the vendor file. Only one code number is required to generate the withdrawal letter.

D. Case Maintenance

1. CHET Client Record Purge

The CHET client record will consist of the client file (WEA1) and the vendor file (WEA2). Therefore, the purge will eliminate from the CHET system all the data contained in these two files for all program transactions. The purge will occur for each case one full year after the last date entered into the date paid, date denied or date withdrawn block located in the vendor file.

one of the three programs contained in CHET. These circumstances pose no problem as long as the Worker correctly identifies the applicant and the benefit group. Therefore, it is extremely important that the Worker avoid the creation of a duplicate case by carefully screening the case inquiry file to determine if the case is already on file in the CHET system.

Assume, for example, that a case is approved for benefits under the Homeless Program and that the case is identified in the CHET system under the father's social security number. Later, the mother applies for Emergency Assistance because the father is occupied. It would be incorrect to re-enter the case under the mother's social security number since this would create a duplicate case. In this example, the father would be the applicant for Emergency Assistance benefits. The Worker would be required only to update or correct the client file under the father's social security number. If the father is no longer a member of the benefit group, the next adult (mother) becomes the applicant and a new case would be created under the mother's social security number. The following guidelines will apply to making corrections or changes to the client file:

- To avoid the erroneous creation of duplicate cases, the case inquiry file should be carefully screened before any new case is entered into the CHET system.
- If the applicant is already on file, the Worker must determine from the circumstances if the case needs to be updated or a new case created.
- Any change or update in the client file MUST be accompanied by a case transaction. A case transaction is defined as an approval, denial, withdrawal, reimbursement, cancelled check and correction.
- As it relates to NEMT cases, the case name that is entered into the CHET system is ALWAYS the same case name of the categorical assistance, handicapped

number with the incorrect data will not create problems when the payment amount and date authorized are removed.

- The incorrect date may be removed from the WEA1 payment block by "zeroing out" the vendor number, correcting the vendor name and/or address (by writing over the incorrect date) and entering the transaction. The computer will respond with a new vendor number and the corrected data in the same payment block formerly occupied by the old vendor number and the incorrect data. This transaction, however, has not purged the old vendor number and incorrect data from the file. It has only been cleared from the WEA2 payment block. This method has the advantage of removing unnecessary clutter.

(2) Making Corrections to the Remaining Entries in the Payment Block

Corrections may be made to the remaining entries as follows:

- Amount - the amount must be erased and the corrected figures re-entered.
- Date authorized, account number/categorical identification number - type over with the correct entry.

(3) Incorrect Entry in the "Date Paid" Field

Inappropriate or incorrect entries in this block must be changed to avoid the appearance in the vendor file and CHET reports that a check was written or a case denied or withdrawn when in fact it was not. A memorandum must be prepared to request the removal of the data from the "date paid" field. The memorandum should

Unless otherwise indicated, the actual correction will be made by the Worker or financial clerk by running a line through the incorrect article which is located on the original transmittal document (ES-CHET-1, DF-67 or DF-67-B form). The Worker or Financial Clerk will initial and date the correction and forward the document to the Terminal Operator for entry into the computer. ALL CORRECTIONS IN THE VENDOR FILE MUST HAVE A PAPER TRAIL.

b. Taking Corrective Action AFTER the Check is Written

Since vendor file changes cannot be made at the field level after the check is written, it will be necessary to contact Accounts Payable, Financial Services via memorandum to request that changes and corrections be made. The case name and certificate number must be included along with the corrections or changes to be made. Justification for making the change or correction must also be included. Indicated below are examples of the more common types of corrective action.

(1) Rewrite of Check

Checks that are written in the wrong amount or were written to the wrong vendor must be rewritten. The incorrect check must be submitted to Accounts Payable via Form DF-68. Other corrections (if applicable) such as the vendor number and vendor name and address must also be corrected with a request to rewrite a check.

(2) Incorrect Account Number for Utility Payments

An incorrect account number may cause the utility company to inquire before crediting the payment to a certain

determine if the number was verified. Assume that the number in county B is incorrect.

The second step is to remove the client file data from screen WEA1 on the incorrect case. This is completed by entering the client data from the case in county A over the client data from the case in county B. (The case number is one item that cannot be changed, not is this needed since it belongs to the case from county A.) This step is carried out by the county A Worker because he has the case data. The client data has now been corrected and with the correct county code transferred to county A.

The county B Worker will carry out the last step. The vendor file data must be removed via memorandum to Financial Services. This action will clear the WEA2 screen or vendor file for the county A case. The county B Worker will re-enter the other case under its correct case number via WEA1 screen and complete the vendor file entries.

c. Reimbursements

A reimbursement occurs when payment is returned to the county fiscal office from the vendor. The payment will be submitted to Accounts Payable via Form DF-68. The Financial Clerk will be responsible for processing all reimbursements, including the necessary action to have a record of the reimbursement entered in the CHET system. Please contact Financial Services concerning the disposition of the returned check.

(1) Financial Clerk's Responsibilities

- To determine if the return of the payment is, in fact, a reimbursement or a cancelled check (refer to d. below for cancelled checks).

The alpha code for a cancelled check is "C". Therefore, all approval codes in which a cancelled check is shown will have a "C" entered in the third space of the disposition code block.

e. Summary: Reimbursements and Cancelled Checks

There are three mandatory entries into the vendor file in order to record a reimbursement or a cancelled check.

- The third space of the disposition code block must have an "R" code for reimbursement or a "C" code for a cancelled check. "F", "D" or "X" codes must be dropped when it becomes necessary to add an "R" or "C" code.
- The amount of the reimbursement or cancelled check.
- The vendor number.

5. Corrective Action to the Computer-Generated Letters

Placing a "Hold" on the Letter - After the letter is written by the computer, it may be necessary to request that it be held. This occurs when the letter is incorrect because of an error discovered prior to the mailing of the letter. The letter can be placed on hold by contacting the Projects Unit, Office of Income Maintenance IMMEDIATELY when it is determined that the letter must be held.

After the incorrect letter is placed on hold, the Worker will complete and mail to the applicant a corrected notification via ES-NL-A. The ES-NL-A must still be used to correct the notification when the Worker has failed to stop the incorrect computer-generated letter.

<u>TITLE OF REPORT</u>	<u>NUMBER</u>	<u>DISTRIBUTION</u>	<u>FREQUENCY</u>
* Emergency Assistance	WEEA26P1	Financial & Income Maintenance Counties Upon Request	Monthly

Illustrates a complete breakdown of EA expenditures by county, disposition code, IV-A match regular, AFDC or other.

* Emergency Assistance	WEEA27P1	On Request	On Request But Compiled Monthly
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Illustrates the number of applications, approvals, denials, and withdrawals for Emergency Assistance and Homeless Program intake activity by county. It also contains the number of invalid or incorrect disposition codes.

* Emergency Assistance & Homeless Person	WEA27P2	On Request But Totals Compiled Monthly	On Request
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Illustrates the following by county:

- Number of encumbered cases and total amounts by disposition codes.
- Number of authorized cases and total amounts by disposition codes.
- Number of paid cases and total amounts by disposition codes.
- Number of IV-A paid cases and total amounts by disposition codes.
- Number of non IV-A paid cases and total amounts by disposition codes.

19.5 INDIGENT BURIAL PROGRAM

A. Introduction

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

B. Eligibility Requirements

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

1. Residence

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

2. Exception to the Residence Requirement

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

3. Need

The applicant must indicate whether the deceased at the time of death had sufficient resources to pay for the burial costs. The allowable amount of available resources is \$1,600 for an adult burial and \$625 for a child burial.

Finally, the maximum allowable payment is used to establish the amount of resources (i.e., payment received from sources other than the Department) that may be received by the funeral home before the maximum burial rate is reduced.

a. Maximum Allowable Payment for Adult Burials.

The maximum allowable payment for adult burials may not exceed \$1,600. The amount of resources that are EXEMPTED before being applied to the adult burial rate is \$1,200 (exempted resources amount of \$1,200 + adult burial rate of \$400 = \$1,600). THEREFORE THE DEPARTMENT WILL NOT PARTICIPATE IN THE BURIAL COSTS WHEN THE TOTAL AMOUNT OF RESOURCES RECEIVED BY THE FUNERAL DIRECTOR FOR AN ADULT BURIAL IS \$1,600 OR MORE. When the amount of resources exceeds \$1,200 but is less than \$1,600, that amount (the excess) will be deducted from the adult burial rate.

b. Maximum Allowable Payment for Child Burials.

The maximum allowable payment for child burials may not exceed \$625. The amount of resources that are EXEMPTED before being applied to the child burial rate is \$300 (exempted resources amount of \$300 + child burial rate of \$325 = \$625). THEREFORE THE DEPARTMENT WILL NOT PARTICIPATE IN THE BURIAL COSTS WHEN THE TOTAL AMOUNT OF RESOURCES RECEIVED BY THE FUNERAL DIRECTOR FOR A CHILD BURIAL IS \$625 OR MORE. When the amount of resources exceeds \$300 but is less than \$625, that amount (the excess) will be deducted from the child burial rate.

6. Interment Plans

The following instructions describe the casket and merchandise that must be used when the Department makes payment for burial. In addition, certain types of allowable interment plans are described.

The burial rates for adults and children will include the funeral service, casket, outside wood or concrete box, clothing and transportation. There is no extra allowance for local or long distance transportation for the deceased.

(3) Oversize Caskets

The use of an oversize casket is permitted when necessary. For billing purposes, an oversize casket shall be considered an adult burial and will be treated no differently than any other burial as it relates to the burial rate and the maximum allowable payment.

b. Cremation

The person who has made application for burial expenses may request that the deceased be cremated. Cremations are allowed under the burial program policy. However, the applicant and funeral home director must understand that the appropriate burial rate (adults - \$400; child -\$325) and maximum allowable payment (adults - \$1,600; child - \$625) will apply to cremations as in any other interment plan.

c. Burial of Two Bodies in One Casket

In certain rare situations when it is warranted by the condition of the bodies or when it is desired by the family, the Department will make payment for the burial of two bodies in one casket.

The following conditions must exist before the Department will make payment for this type of interment plan:

- The family or the person who has taken the responsibility for the burial arrangements AND the Funeral Home Director MUST agree to this type of interment.
- The appropriate burial rate will be based upon the size of the CASKET used for the interment.

EXAMPLE: Two infants are buried in a child casket. The Department will pay only the child burial rate of \$325 and apply the maximum allowable payment of \$625.

EXAMPLES:

#1 The funeral director receives payment of resources on an adult burial for \$1,400.

\$1,400	Resources
<u>-1,200</u>	Exempted resource amount
\$ 200	Excess
\$ 400	Adult Burial Rate
<u>- 200</u>	Excess
\$ 200	Amount of payment received by the funeral director from the Department.

\$1,400	Resources
<u>+ 200</u>	Burial Payment
\$1,600	Maximum allowable payment (total payment received by the funeral director)

#2 The funeral director receives payment of resources on an adult burial for \$500.

\$ 500	Resources
<u>-1,600</u>	Exempted resource amount
\$ 0	Excess
\$ 400	Adult Burial Rate
<u>- 0</u>	Excess
\$ 400	Amount of payment received by the funeral director from the Department.
\$ 500	Resources
<u>+ 400</u>	Burial Payment
\$ 900	Total payment received by the funeral director

In this example, the Funeral Director is entitled to receive \$700 in additional resource before the maximum allowable payment of \$1,600 is reached. Assume further that the funeral director receives \$800 in additional resources after the burial payment from the Department was received. The funeral director must reimburse the Department \$100 because the maximum allowable payment was exceeded by \$100.

a. Form ES-BU-3, Affidavit of Burial Costs

The Department will seek reimbursement of burial costs by filing the Affidavit of Burial Costs with the office of the County Clerk having jurisdiction of the deceased's estate (the county in which the deceased maintained his residence or the county in which the deceased owned real estate).

This action is taken only when the value of the deceased's estate warrants such action. The Worker must attempt to obtain sufficient information about the deceased's estate in order to make decisions to seek reimbursements. When the Worker determines that the estate is valued at at least \$400 after the costs of administration are deducted, the decision should be to seek reimbursement.

b. Instructions for Completing Form ES-BU-3

The Financial Clerk will complete the ES-BU-3 form on those cases in which it has been determined that the estate after administrative costs have been deducted is valued at \$400. The Affidavit of Burial Costs is a form letter and is completed as follows:

Introductory Statement

The Financial Clerk will enter the name and address of the County Clerk. The name of the deceased and the amount of the claim will be entered in the spaces provided. The amount of the claim shall not exceed \$400.

Affidavit and Verification

- The Financial Clerk shall enter her name, the amount of the claim against the deceased's estate, and the name of the deceased in the spaces on the form.
- A copy of the ES-BU-3 application form and a copy of the check issued to the Funeral Home Director from the Office of Financial Services will be attached.

b. Treatment of Resources

All resources will be treated alike, regardless of whether the deceased was a recipient of public assistance or any other type of benefit from the Department or other agencies. Please note that the treatment of resources discussed in this section is EXCLUSIVE of resources received by the Department from the deceased's estate as discussed above.

E. Application Process

1. General Instructions

Although it is preferable that the application for payment of burial expenses be made by the surviving spouse or other close relative, the application may be made by the person who has accepted responsibility for making burial arrangements.

Form ES-BU-1, Application for Burial Expenses, will be used in taking applications for payment of burial expenses.

Form ES-BU-2, Affidavit of Responsible Relative, is used to determine whether certain relatives, who are designated under State Law as liable for burial expenses, are financially able to make payment of all or part of the maximum payment allowed by the Department. In order to maintain the Department's policy of developing all possible resources, other relatives who are NOT designated under State Law as liable for burial expenses are also evaluated as to their ability and willingness to pay all or part of the appropriate burial rate.

2. Liability of Responsible Relatives

As indicated in the Public Welfare Law (9-5-9, liability of relatives for support) certain relatives of the deceased who are financially able shall be responsible to pay the expenses of burial. These relatives are listed in the order of priority:

the county in which he resided prior to his death. When this occurs, the county in which the deceased has been returned will accept the application and process payment.

- Situations may occur, however, when the person who has taken charge of the funeral arrangements (including the institution or nursing home administration) may wish to inter the deceased within the county in which the institution or nursing home is located. When this occurs, that county will accept the application and process payment.
- When a non-resident of West Virginia dies while visiting or traveling through the state, the county in which he dies will assume the responsibility for accepting the application and, if eligible, process payment. This procedure will apply only in these situations when the plan is to have the deceased buried in this state. However, situations may occur when someone from another county has taken responsibility for the funeral arrangements and wishes to have the deceased interred in that other county. When this occurs, the other county will accept the application and process payment.
- If so desired by the applicant, a burial application can be received via the mail. If the applicant wants to apply through the mail, the Worker will mail the application forms with an accompanying letter of instructions that includes a deadline for returning the completed application through the mail. The instructions will also request a copy of the death certificate and the deceased's social security number if not included on the certificate. After the application is received through the mail, the Worker will carefully review the completed application form and make a decision regarding eligibility or request the applicant to supply additional information.

Section F - Resources

The applicant must indicate the type and amount of resources received or to be received toward the burial expenses. It will be the responsibility of the applicant to report this accurately and completely. It may be necessary for the applicant to contact the funeral director regarding this item to insure accuracy. Finally, the Worker should inform the applicant that the DF-67-A burial billing form submitted by the funeral director will be compared with Section F for discrepancies.

Section G - Signatures

The applicant must read each of the four statements and place an "X" in "Yes" or "No" prior to signing and dating the application form. The Worker should ask the applicant if he understands each of the four statements and verbally explain any of the statements that the applicant does not understand.

The applicant must sign and date the application form.

The Worker must enter the following information in the recording section:

- Action taken on the application - This will include approval, denial or pending status of the application. In addition, the Worker will indicate if the OIM-BU-2 form was completed by a responsible relative and any other information as required.
- The Worker shall also indicate whether the deceased was receiving any program benefits from the Department at the time of his death.

form been signed and dated by the applicant? The Department will NOT make payment if the ES-BU-1 form is not completed or completed improperly.

- If a LIABLE RELATIVE made application, has the Affidavit of Responsible Relative been completed? If not, the application must be denied.
- Did the relative who signed the ES-BU-2 form, Affidavit of Responsible Relative, agree to pay for the burial costs? If so, the application will be denied.
- Did the applicant indicate in Section D of the ES-BU-1 form that the deceased had sufficient resources to pay for the burial costs? If so, the application will be denied.
- Did the applicant indicate in Section F of the ES-BU-1 form that sufficient resources will be applied toward the adult burial that is equal to or exceeds \$1,600? If so, the application will be denied.

After consideration is given by the Worker to the above items, he will make a decision regarding the eligibility for payment of burial costs and make a recording on the application form to support his decision.

F. Burial Payment Process

The DF-67-A Burial Billing Form is completed by the funeral home director and submitted to the Department. It is used in the payment process for the purpose of determining the amount of payment to be made by the Department to the funeral home director.

1. Responsibilities of the Funeral Director

As indicated above, the funeral director will complete the DF-67-A form. If any questions arise in completing the form, the funeral director should consult the Funeral Director's Handbook or contact the Worker.

Upon completion of the audit, the Financial Clerk must stamp the DF-67-A with a certification stamp and sign and date the spaces made by the stamp. Next, an original and four copies of the DF-67-A will be submitted to the Office of Financial Services. All back-up material pertaining to the burial will remain in the county office.

When the Office of Financial Services prepares a check and it is ready for distribution to the vendor, a copy will be made and attached to a copy of the DF-67-A. This information will be returned to the appropriate area office. The copy of the check will be attached to the ES-BU-3 and mailed by the Financial Clerk to the County Clerk.

In order for the Financial Clerk to have a record of burials submitted for payment, a Log for Burial Payments will be maintained in each area office. On this log, the following items are suggested:

- Date DF-67-A received for payment
- Name of vendor
- Name of deceased
- Date DF-67-A submitted to Finance for payments
- Date copy of check is received reflecting payment.

Situations may occur when the funeral director has indicated on the DF-67-A form (#10) that he has applied for but did not receive certain resources at the time of burial.

When this occurs, the Financial Clerk must develop a control to contact the funeral director every 60 days from the date entered on the DF-67-A form to determine if the funeral director received the resource.

If the funeral director receives any resources at a later date, he will be required to reimburse the Department if these resources:

- are in excess of the exempted resource amount
- when added to the resource received at the time of burial are in excess of the exempted resource amount.

19.6 LOW-INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

A. Introduction

The goal of the Low Income Energy Assistance Program (LIEAP) is to provide financial ASSISTANCE to eligible households that are affected by rising costs of home heating that are excessive in relation to household income. It is not the purpose of this program to meet the entire cost of home heating during the winter season. Instead, the program is designed to partially offset the continuing rise in costs of home heating.

1. State Administration

The program will be administered on the State level by the West Virginia Department of Health and Human Services, Public Assistance Programs, Office of Income Maintenance. The West Virginia Department of Health and Human Resources will have the final responsibility of program planning, implementation, operation and management.

2. Local Administration

On the local level, the LIEAP Program will be administered through the county offices of the Department of Health and Human Resources. Local administration will consist of receiving applications, determining eligibility for program benefits, receiving referrals via outreach activities and generating payment to or on behalf of eligible recipients.

B. LIEAP Program Operation

An overview of the main operational components of the LIEAP Program is provided below.

1. Mail-Out Application Kit

The mail-out application kit consists of an application form and an instruction sheet. This kit will be mailed to approximately 20,000 - 25,000 unduplicated households in which there is at least one or more persons in the household age 60 years or older or one or more handicapped persons of any age. THESE CASES WILL BE OBTAINED FROM THE APPROVED LIEAP CASELOAD OF THE PREVIOUS FISCAL YEAR. These applications will be mailed just prior to the program starting date.

where they may apply. For example, all persons who wish to apply for emergency LIEAP will be referred to the local Health and Human Resources office.

3. LIEAP Forms

Two LIEAP forms will be used to determine eligibility and generate payment of benefits:

Application Form ES-LIEAP-1

Data Transmittal ES-LIEAP-2

In addition to the two forms indicated above, an instruction sheet will be included in the mail-out kit to assist applicants in completing the form and an information leaflet will be provided to local offices for distribution to interested persons.

4. LIEAP Client Information System

The LIEAP client information system is a computerized program control device that will perform the following activities:

- Control program expenditures.
- Determine the amount of payment for regular LIEAP benefits.
- Provide a computer-generated notification letter for all applications of regular LIEAP and emergency LIEAP approvals entered into the terminal.
- Store benefit group information data.
- Assist in the prevention of duplicate payments via edit of Social Security Numbers.
- Generate payment to or on behalf of eligible recipients.
- Provide a computer-generated repayment letter.

EXAMPLE: The date of application is December 3. Applicant receives \$100.00 gross income each Friday from employment. There are four Fridays or four receipt dates of income. Gross monthly income for December is \$400. INCOME WILL NOT BE CONVERTED TO A MONTHLY AMOUNT VIA MULTIPLIERS (4, 3, 2.0, etc.).

(3) Benefit Group

The benefit group will consist of any individual or group of individuals who are living together as one economic unit for whom residential home heating is customarily purchased in common or who include payment for home heating in the form of shelter payment such as rent or mortgage.

It will be the responsibility of the applicant to indicate whether the household includes persons paying for the privilege of living in the household. Otherwise, the worker will assume that all persons listed on the application will meet the definition of the benefit group. When the household includes persons who are paying for the privilege of living in the household, the Worker must carefully determine if the policy statement applies to these persons. The Worker should determine if the person(s) lives permanently and as one economic unit with the other household members and what the payment is intended to cover.

If part or all of the payment is not intended to cover expenses for home heating, the person(s) will be included in the household benefit group, and his income must be counted as gross income of the benefit group.

If part or all of the payment is intended to cover expenses for home heating, the person(s) will not be included in the household benefit group and only the total amount he pays for his living privileges will be applied to the gross income of the benefit group. This person(s) may be permitted to apply for LIEAP benefits on his own behalf and his total gross monthly income must be

- Title III, SCORE and ACE of the Domestic Volunteer Service Act of 1973.
- Senior Companion Program listed under Title XX and as funded through the U.S. Action Agency.
- Community Service Employment Program (CSEP) as authorized under Title V of the Older Americans Act.
- ALL student loans, grants, scholarships and college work study programs.
- The value of food coupons.
- The value of food commodities.
- Payments under Alaska Native Claims Settlement Act
- Any payments received or funds held in trust for members of any Indian tribe under Public Laws: 98-64, 97-458, 98-123 and 98-124 referred to as "Indians Judgement Funds.". Also, any funds from payment of relocation assistance to members of the Navajo and Hopi tribes under Public Law 93-531.
- Payments under Title I of the Domestic Volunteer Service Act of 1973 (VISTA ACTION), University year of Action, Urban Crime Prevention Program).
- Payments, allowances or reimbursements for transportation and attendant care costs under Title VI of the Rehabilitation Act of 1973, Title II, Public Law 95-607.
- Value of supplemental food program for women, infants and children (WIC), Public Law 94-105.
- Value of National School Lunch Program, Public Law 90-302.

tenants whose home heating is included in the rent payment are also considered vulnerable to the cost of home heating. Situations may occur in which a member of the benefit group receives a cash payment for the purpose of meeting the cost of home heating from someone who does not live in the household. Although the benefit group is vulnerable, the cash payment must be counted as income for LIEAP eligibility purposes. Clients who have received sufficient benefits from LIEAP and/or other similar programs that met their home heating costs during the past year(s) are vulnerable if they continue to be responsible for paying the home heating costs.

(2) Partial Vulnerability

Vulnerability exists when the benefit group must pay only a part of the cost of home heating. This applies in situations when partial payment is made each time a home heating bill is received or when the total bill is alternately paid by the benefit group in conjunction with a third party.

(3) Invulnerable

Examples of invulnerability include individuals who live in state institutions, hospitals and certain group living facilities, such as halfway houses and domestic violence centers. Although foster homes and adult family care homes are considered vulnerable, vendor payments received for the care of such individuals must be counted as gross household income.

In addition, certain benefit groups do not have home heating costs and are therefore invulnerable. This would include payment(s) made directly to the home heating supplier by someone who does not live in the household or by an agency on behalf of the group. Examples of such payments would include alimony or child support agreements, parents who pay home heating bills on behalf of their dependents living in separate dwellings, and agencies such as HUD that make vendor payments for home heating bills on behalf of

authorities may be in the process of installing individual meters for each dwelling in which the tenants may make payments for home heating costs to the housing authority or to the home heating supplier.

(5) Vulnerability of Zero Income Applicants

When zero income applicants report that their home heating costs are being paid by someone else, VULNERABILITY CAN BE DETERMINED BY THE MANNER IN WHICH THE HEATING COSTS ARE BEING PAID.

Applicants who report zero income but have someone else not living in the household who make payment for the ENTIRE COST OF HOME HEATING TO THE VENDOR (on behalf of the applicant) are considered invulnerable and ineligible for LIEAP benefits.

Zero income applicants who receive a direct CASH PAYMENT from someone not living in the household (or not otherwise a member of the benefit group) for the purpose of paying for home heating costs are vulnerable. However, the cash payment means that they are not zero income applicants since the payment must be counted as income.

(6) Non-Discrimination Against Renters

The eligibility requirements of vulnerability will be applied consistently and equally without regard to the method in which LIEAP applicants pay for shelter costs.

d. Age

Approved regular LIEAP cases in which the head of household is age 60 or over will be eligible to receive an application kit as part of the outreach requirement for each LIEAP program year. Therefore, the age of the head of the household must be entered on the application form and into the LIEAP Information System to comply with the outreach requirement.

EXCEPTIONS:

- When the applicant and/or other person has no social security number, the Worker will request the person(s) to apply for the social security number(s) at the social security office. Because it takes from four to six weeks to obtain a social security number, the application will be approved provided all other eligibility factors are met. However, the applicant must agree to provide the social security number(s) after it is received from social security. The social security number(s) will be entered in the client information system when the client supplies this information to the Worker. (Please refer to Item G, #3C for entry instructions regarding approvals when the applicant has no social security number or denials when the applicant fails to provide his social security number.)
- In order to comply with the 1974 Privacy Act, applicants who refuse to provide their social security numbers AND who do not receive any type of Federal assistance (i.e., SSI, RSDI, SSA, AFDC/U, VA, Medicaid, etc.) cannot be denied because they failed to meet the eligibility guidelines regarding social security numbers. Instead, nines will be entered as instructed in Item C of the client information system. THE WORKER, HOWEVER, WILL CONTINUE TO REQUEST THE SOCIAL SECURITY NUMBER OF ALL LIEAP APPLICANTS.

f. Residence and Citizenship

(1) Residence

Please refer to Chapter 8.2 of the Income Maintenance Manual in determining whether the applicant meets the eligibility requirement of residence.

(2) Citizenship

Please refer to Chapter 18 of the Income Maintenance Manual regarding the eligibility requirements of citizenship or permanent alien status.

c. Emergency Home Heating Need

In order to be found eligible for emergency LIEAP benefits, the applicant must have an emergency home heating need. An emergency home heating need shall be defined as individuals and families who are without home heating or who are imminently faced with the prospect of being without home heating.

d. Regular LIEAP Payment

When Regular LIEAP is simultaneously available with Emergency LIEAP, the applicant must always apply for Regular LIEAP first.

Clients who are approved for direct payment of regular LIEAP benefits must be informed by the Worker that the direct payment must be used to pay for home heating costs and that receipts which verify these payments must be submitted with the Emergency LIEAP application. FAILURE TO SUBMIT THIS VERIFICATION OF PAYMENT FOR HOME HEATING COSTS WILL CONSTITUTE GROUNDS FOR DENYING THE EMERGENCY LIEAP APPLICATION.

e. Duplicate Payment

All eligible households will be entitled to one emergency LIEAP payment only. The emergency LIEAP benefit is a one-time only benefit. Subsequent applications received from persons that have already been found eligible for emergency LIEAP will be automatically denied. All applications must be carefully screened and compared with the approved case load printouts to prevent approval of duplicate payment.

f. Emergency LIEAP Heating Season

Because emergency LIEAP is technically available on a year-round basis (unless funds are exhausted first), it is necessary to designate a heating season. This is necessary to maintain the integrity of the emergency LIEAP home heating policy and provide equal treatment for utility and bulk fuel users.

of home heating" is defined as delaying or preventing the emergency from occurring for a period of not less than 30 days from the date the vendor is made aware of and accepts the Department's offer. Payment will be denied if the supplier fails to agree to or otherwise does not carry out this requirement.

(2) Bulk Fuel Home Heating Suppliers

Because bulk fuel cannot be transported to the household in the same manner as gas and electricity and because too many variables prevent the accurate determination of a 30-day supply for each type of fuel, the amount of bulk fuel for emergency LIEAP approvals is determined somewhat differently.

THEREFORE, THE AMOUNT OF BULK FUEL REQUIRED TO ELIMINATE AN EMERGENCY IS DETERMINED BY THE MINIMUM AMOUNT REQUIRED BY THE BULK FUEL SUPPLIER TO MAKE A DELIVERY. The minimum delivered amount of bulk fuel may or may not last for 30 days or may last for more than 30 days depending upon such variables as severity of weather, size and degree of insulation of living quarters, etc. After the Worker determines the MINIMUM DELIVERED amount of fuel required by the bulk fuel vendor, the amount of payment must then be determined. In determining the amount of payment, the Worker must consider the amount of regular LIEAP benefits and the maximum allowable household benefit. (Please refer to item D, 5.)

(3) Determining the Amount of Self-Delivered Bulk Fuel

For various reasons, the applicants for Emergency LIEAP occasionally desire or need to make their own bulk fuel delivery. WHEN THIS REQUEST IS MADE, THE AMOUNT OF BULK FUEL WILL BE IDENTICAL TO THE MINIMUM AMOUNT REQUIRED BY THE VENDOR TO DELIVER THE BULK FUEL.

For example, if the minimum delivered amount of bottled gas in your locale is 100 pounds, the eligible client who will self-deliver

be denied.

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

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

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

3. Other Programs

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

- a. Emergency Assistance

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

- b. 20% Utility Discount Program

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

- c. Vendor-Supported Home Heating Assistance Programs

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

Emergency LIEAP applications may be taken in the home of certain individuals. This special procedure will be limited only to those persons age 60 and over or severely handicapped persons of any age who live alone and who have no means of transportation to the county offices in order to apply for emergency LIEAP benefits.

It is permissible but optional for Regional Administrators to allow outreach workers from Senior Citizen Centers and/or Community Action agencies to take the application and/or DF-67 forms to the applicant for completion and to obtain the necessary documentation to verify the emergency.

The Department will make the final decision regarding eligibility for, and the amount of, emergency LIEAP benefits. In no way will any other agency personnel be permitted to make this decision or inform the applicant about his eligibility.

If the Department permits employees from other agencies to transport the paperwork between the household and the county offices, these employees should be carefully trained to assist the homebound applicant to complete the application form, obtain the required verification and otherwise perform the necessary tasks required to permit Departmental employees to make a decision on the application.

2. Completion of Form ES-LIEAP-1

The ES-LIEAP-1 form consists of four sections. Section I, identifying information, provides data concerning the benefit group. Section II, home heating/other assistance information, provides information related to the type of home heating used and vendor information. Section III contains signatures and statements of liability. Section IV provides space to allow the Worker to summarize the action taken on the application.

Section I - Identifying Information

This section is mostly self-explanatory. The Worker must be sure that all questions are answered. The Worker should also determine that the total gross monthly income and the number of persons under and age 60 or over matches that which is entered on the form. The LIEAP application CANNOT be processed unless the SEX, BIRTHDATE, SOCIAL SECURITY NUMBER and ADDRESS of the CASE NAME are known.

The applicant MUST sign and date the application. If someone else assisted the applicant, that person must also sign and date the form.

Section IV - For Other Agencies and Departments

This section is provided for the use of the Health and Human Resources Worker and if appropriate, the Worker from another agency. If the application was received by another agency, this must be indicated because a terminal entry code must indicate the agency that received the application.

The Human Resource Worker will enter a checkmark indicating whether the application is for regular LIEAP benefits or emergency LIEAP benefits. In addition, the appropriate space will be check marked to indicate whether the application was received through an office visit, another agency, or through the mail.

Items A, B, C, D and E

When the application is received by the Department directly from the applicant (via mail or office visit), items A, B and C will be answered either "YES" or "NO" and additional information provided as appropriate.

When the application is received initially by another agency, Item A and B must be answered either "YES" or "NO" and the other agency worker MUST enter his signature, title and the date before sending the form to the Department. The Department of Health and Human Resources Worker will complete Item D by entering the appropriate date form ES-NL-A was sent, if appropriate, and the date additional information or verification was received from the applicant. The recording space should be used to justify certain case actions being taken and to retain a record of various events related to the case. The DHHR Worker will enter the date of application in Item E. THE DATE OF APPLICATION WILL BE THE DATE THE APPLICATION IS RECEIVED FROM THE APPLICANT BY ANY OF THE THREE AGENCIES WHO ARE ACCEPTING APPLICATIONS. Finally, the DHHR Worker must sign the application form.

NOTE: Date of Application for LIEAP Outreach Applications

The date of application to be used will be the actual date the outreach applications were received by the county office. For example, if the date of application

The LIEAP redetermination process is designed to shorten worker and terminal operator time by simply updating an existing LIEAP case to current status and a subsequent eligibility determination for the current program year. This means that the entire LIEAP caseload for the previous year will remain on file or in the computer until updated for an eligibility decision.

Each local office will receive the total payroll and a "dumpsheet" for every single LIEAP case entered into the terminal for the previous year. The dumpsheet will accurately reflect the LIEAP computer screen with sufficient space to update each item as required. The dumpsheet, therefore, will replace the ES-LIEAP-2 transmittal sheet for those cases that can be updated. The Worker will use the completed application form to update the dumpsheet the client and payment information of the previous program year. When entered into the computer, however, this process translates into case action for the current program year. Most importantly, the Worker and terminal operator will no longer be required to enter the entire amount of client and payment information on cases that can be updated. It will now be necessary only to update the case information which has changed from the previous program year.

Upon receiving a completed LIEAP application, the Worker must decide whether to complete a new case or complete a "redetermination". In order to make this decision, the worker must compare the name and address of the head of the household on the new application with the previous year's records (dumpsheet). If the case can be located, the worker will complete a redetermination by updating the dumpsheet. If the case cannot be located, the worker must complete a new case instead. In completing a new case, the worker will complete the ES-LIEAP-2 transmittal form in the usual manner. Situations will occur when the head of the household has changed, but the Worker has identified the correct dumpsheet with the application, (i.e., the head of the household in the previous year is deceased and the surviving spouse is the new head of household). In these situations, it would be correct to complete a redetermination since time can be saved by updating the dumpsheet.

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

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

Documentation may include pay check stubs, award letters, written statements from employers, etc. Although documentation should be current, it is permissible to use pay check stubs and other documents showing earnings during the month prior to the month of application. **In no instances may documentation of this type be earlier.**

Documentation of student loans, grants, scholarships and payments from college work study programs should be obtained from the institution. Private or personal loans not verified by the institution must be verified via award letters, bank or loan company statements, etc.

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

The worker should begin the interview by asking the applicant when he and/or other benefit group members last received income and how he has paid for food, clothing, rent or mortgage, utilities and incidentals during the past 30 days. The applicant may respond by stating certain persons

a signed and dated bill from the bulk fuel vendor which designates that a delivery was or will be made or when such verification cannot be provided, the applicant must submit the name, address or telephone number of a vendor who can verify that fuel deliveries have been made in the past or will be made for the current winter season.

- (2) PSC-regulated Vendors - Refer to the first paragraph in this sub-section (item b above).
- (3) Other - The worker must obtain written verification of all other arrangements not referred to above. Statements must be dated and signed.

Otherwise, the decision to verify vulnerability will be left to the Worker's discretion. However, it will be necessary for the LIEAP supervisor or worker to contact managers of public housing authorities in their areas to determine if the tenants are vulnerable or invulnerable. A screening procedure must be established with the Housing Authority to verify whether or not certain applicants live in public housing. The managers should be informed that the applicant signs a release (Item E in Section III of the application) that protects them from violating confidentiality.

c. Social Security Numbers

Verification of social security numbers is at the discretion of the worker. However, situations may occur when no social security number exists for the person(s) who must enter a number on the application. When this occurs, the worker will request that person to apply for a social security number.

d. Emergency Home Heating Need

THE EXISTENCE OF AN EMERGENCY HOME HEATING NEED MUST BE VERIFIED. When the home heating provider is a PSC-regulated utility, such verification will be in the form of a written notice of service termination. When the home heating provider is a bulk fuel distributor, verification must be a written statement certifying that no future deliveries will be made. If the bulk fuel provider refuses to provide such verification, the

group has not already received a regular and/or emergency LIEAP payment. If it is determined that some, but not all members of the benefit group had previously received the benefits of a regular or emergency LIEAP payment, those members will be removed from the benefit group in determining eligibility for and the amount of the regular and/or emergency LIEAP payment.

g. Vendor Certification

When the applicant has provided a customer account number as required on the application form (Item F of Section II, Home Heating Information) that number must be verified as correct. However, the worker rather than the applicant will be required to verify the account number as part of the payment process. If the Worker is unable to verify the customer account number, the applicant may be required to submit a heating service bill in order to verify the customer account number.

h. Emergency LIEAP Heating Season

Verification of the emergency must be substantiated via termination notice for utility users. When bulk fuel users are involved and APPLICATION IS BEING MADE OUTSIDE THE HEATING SEASON, the applicant must submit a fuel bill that is at least 30 days in arrears. (Please refer to d above for required verification of bulk fuel users when they apply WITHIN the heating season.)

i. Home Heating Payments from Live-in Persons

The policy in item C, a (3) describes persons who "live-in" and make payment toward home heating costs for the privilege of living in the household. The Worker MUST request and obtain verification when the applicant indicates that such payment is received from live-in persons. Verification must include the amount designated to cover heating expenses and at least one signed and dated receipt that substantiates the actual payment is being made. The Worker may request additional receipts if he feels uncertain about the veracity of the arrangements.

4. Making the Decision in Determining Eligibility

a. Regular LIEAP Benefits

for home heating.

Percentage increments were devised for certain types of energy. These percentages will be applied to the base amount to arrive at the amount of increment for each type of energy. The base amount plus the incremental amount will represent the regular LIEAP benefit.

The percentage increments are as follows:

<u>Type of Home Heating</u>	<u>Percentage Increments</u>
Natural Gas	2.5
Liquefied Petroleum Gas	5.0
Coal	.5
Wood	None
Electricity	5.0
Fuel Oil and Kerosene	3.0

EMERGENCY LIEAP PAYMENTS WILL NOT BE AFFECTED BY THE PERCENTAGE INCREMENTS.

Fractional amounts will be rounded up to the nearest whole number when the fraction is .5 or more. Fractional amounts will be dropped when the fractional amount is .4 or less.

EXAMPLES:

- o LIEAP applicant who uses fuel oil is approved for a base amount of \$122. ($\$122 \times .03 = \$3.66 + \$122 = \125.66) \$126 is the amount of the regular LIEAP benefit.
- o LIEAP applicant who uses LPG is approved for a base amount of \$150. ($\$150 \times .05 = \$7.50 + \$150 = \157.50) \$158 is the amount of the regular LIEAP payment.

c. Emergency LIEAP Benefits

The amount of the emergency LIEAP benefit will be determined by the following:

- The amount of the regular LIEAP payment that the household was found eligible to receive,

$\$300 - \$126 = \$174.$

\$174 is equal to the remainder.

\$174 is the amount of the emergency LIEAP payment.

- Same example as above except the amount required to eliminate the emergency is \$350.

$\$300 - \$126 = \$174.$

$\$350 - \$174 = \$176$ excess.

$\$350 - \$176 = \$174$

The amount of the emergency LIEAP payment is \$174.

IN SITUATIONS WHERE THE AMOUNT REQUIRED TO ELIMINATE THE EMERGENCY EXCEEDS THE AMOUNT OF THE EMERGENCY LIEAP PAYMENT, THE APPLICATION FOR EMERGENCY LIEAP BENEFITS WILL BE DENIED IF THE EMERGENCY IS NOT ELIMINATED.

Therefore, the applicant will be required to find other resources or negotiate with the home heating supplier to accept the emergency LIEAP benefit.

d. Emergency LIEAP Home Heating Season

- (1) Persons who apply within the heating season (Please refer to item c above).
- (2) Persons who apply outside the heating season.

There is no difference from policy outlined in item c above in determining the amount of payment for eligible clients who apply for emergency LIEAP outside the heating season. THEREFORE, THERE WILL BE NO ATTEMPT TO CONSIDER FOR PAYMENT ONLY THAT PORTION OF THE BILL THAT WAS INCURRED DURING THE HEATING SEASON.

- (3) Persons who apply for Emergency LIEAP outside the heating season but who are making budget or installment payments.

Complicating the heating season policy are those situations in which the applicant has

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

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

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

6. Client Notification of Case Action Taken

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

a. Regular LIEAP Application

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

application should be made as soon as possible, the applicant should be given every opportunity to verify or produce additional information as soon as possible.

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

E. Payment Process

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

1. Regular LIEAP Benefits

a. Direct Payment

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

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

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

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

b. Vendor Payments

Vendor payments will be made only in the following circumstances:

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

2. Emergency LIEAP Benefits

a. Direct Payments

No direct payments will be made to the benefit group for emergency LIEAP benefits.

b. Vendor Payment

Payment of emergency LIEAP benefits will be made by vendor payment only. All emergency LIEAP payments will be made via the State Office.

(1) Authorization of the Emergency LIEAP Payment

Form DF-67, Authorization for Payment, will be used to authorize all emergency LIEAP payments.

The purpose of this procedure is to provide a record of the payment authorization at the county level since actual payment will be made via the State Office and to allow the client an opportunity to inspect the bulk fuel delivery and to accept or reject the delivery.

The following procedure will be used to authorize emergency LIEAP payments:

- Form DF-67 will be completed as instructed below in (2), Completion and Processing of Form DF-67.
- The completed form will be given to the vendor to authorize the delivery of bulk fuel or to restore or continue the heating service.
- The bulk fuel vendor will make the delivery and the client will sign and date the form which will indicate the client's acceptance and satisfaction with the bulk fuel delivery.

NOTE: When payment is being authorized to PSC-regulated heating providers or to the landlords who are, in effect, the gas or electric supplier, the first day of the 30-day period of service begins on the date the

- o Payment Authorization - The dollar amount of the delivery and the name and address of the area office must be entered in the space provided. The Worker must explain to the client that he must sign and date the form when the bulk fuel delivery is made. The vendor must also sign and date the form after the delivery is made and return it to the county office. The Worker must sign in the space provided and the Supervisor must sign in the space designated by "approval." The date of the signatures must be entered. The Worker and Supervisor's signature authorizes delivery and payment of the emergency LIEAP benefit.

- Processing of Form DF-67

The form is constructed with an original and two copies and is routed in the following manner:

The Worker will remove the pink copy and send (via mail or client) the original and yellow copy to the vendor. The yellow copy is for the vendor's records. The pink copy will be a record of outstanding authorizations and will be placed in the case record when the original is returned. The original will be returned to the local office. Payment of the emergency LIEAP benefit will not be made unless the signatures (and date of signatures) of the client and vendor are entered on the DF-67 form.

- (3) Completion and Processing of Form DF-67 in making Vendor payment of Regular LIEAP benefits to prevent bulk fuel emergencies. As indicated above, it may be necessary to use the DF-67 form to make vendor payment of regular LIEAP benefits to prevent bulk fuel emergencies. When this occurs, the following instructions will apply:

- Form DF-67 will be used to authorize the delivery in exactly the same manner as described above for Emergency LIEAP.

3. Vendor Certification

Vendor certification is the process of matching the billing name and address with the customer account number for all PSC-regulated home heating suppliers. It is not mandatory that vendor certification be carried out for bulk fuel suppliers unless the supplier requests the customer account number be used. Vendor certification will occur whenever payment of regular or emergency LIEAP is being made to a PSC-regulated home heating supplier of a household. Vendor certification of this type is not required for direct payment.

In order to assist the local offices in the vendor certification process, certain PSC-regulated home heating suppliers have agreed to supply printouts of billing names and customer account numbers. These printouts will be supplied to the counties and it will be a simple matter to check the name and customer account number on the printout against the information provided on the application form.

However, in the absence of these printouts or when the information on the printout and the application form fail to match, it will be necessary for the county to submit in letter or memorandum form the name, address and account number submitted by the applicant to the vendor for certification. Instructions to the vendor should include a request to indicate only if the name, address and account number is correct. In addition, the vendor should be requested to make any corrections in the account number or otherwise indicate whether the client has an account with the vendor. Finally, the vendor should be encouraged to review and return the list as quickly as possible since payment cannot be made until the certification process is completed. This correspondence should be sent to the vendors on a daily basis to permit a continuing flow of information.

Another form of vendor certification is obtained via the Fuel Supplier Agreements. The purpose of the Fuel Supplier Agreement is to require all vendors who receive LIEAP payments to comply with certain program requirements. No LIEAP payment can be made to any home heating vendor who has not agreed to the terms of the Fuel Supplier Agreement. The agreement needs to be signed only once unless the vendor changes his address or his incorporated name.

To process the Fuel Supplier Agreement, local office staff must obtain the vendor's signature and date on

action will be taken:

- (1) The Worker will determine the correct total amount of the payment that the case is entitled to receive.
- (2) A memorandum will be sent to the Office of Financial Services that indicates:
 - Case name, address and household number (identifying information).
 - The amount of the underpayment and the amount of the correct payment.
 - The payment (vendor or direct) should be made on behalf of or to the benefit group or the amount of the difference between the underpayment and/or overpayment.
- (3) The Office of Financial Services will write a check as instructed in the memorandum.
- (4) The Worker will notify the client via ES-NL-A that:
 - Due to an error, the client received an underpayment (state the amount).
 - The client is entitled to and will receive the difference between the underpayment and the correct payment (state the amount of the difference).
- (5) The Office of Financial Services will correct the amount of payment in the terminal.

NOTE: Corrections or changes in the payment information system cannot be made at the county level after the check has been written.

All changes affecting the amount of payment will be made by the Office of Financial Services.

2. Cases Approved in Error

When it has been determined that an ineligible case has been approved via client/agency error, it will be

of the utility company LIEAP customer lists to screen regular LIEAP applications in which electricity is named as the primary source of home heating.

LIEAP cases summarized on the dumpsheets that have a code 5 in the method of heating block may be identified as having electricity as the primary source of home heating.

3. Duplicate Payment

A duplicate payment occurs when the benefit group has received more than one regular or emergency LIEAP payment (the notification and repayment procedure may be found in item 4, below). In addition to the notification and repayment procedures, all duplicate payments must be reported via memorandum to the Projects Unit, Office of Income Maintenance.

4. Repayment and Penalties for Refusal to Make Repayment

In ALL situations when the client received payment(s) on his behalf to which he is not entitled, repayment must be made to the Department. The Worker MUST initiate the repayment process whenever any of the situations described above have occurred.

a. Definition of the Repayment Process

The repayment process is defined as follows:

- (1) Notifying the client that repayment is necessary for a certain amount.
- (2) Obtaining the client's signature on an agreement form to repay a certain amount and receiving the funds from the client.
- (3) Returning the funds to the Office of Financial Services and entering the balance due in the LIEAP payment information system.

b. Operation of the Repayment Process

(1) LIEAP Payment Information System

The LIEAP Payment information system contains entry fields for initiating repayment on any LIEAP case (please refer to Item G #3-h for instructions in making entries).

Other Cases

Situations will occur when repayment involves the energy needs of another case. This is particularly true in incorrect payment situations. For example, a LIEAP payment is incorrectly credited to a certain case. The benefit group that should have received payment must have the benefit before repayment can be completed. In these situations, it is necessary to send a copy of the completed LIEAP repayment agreement to the Office of Financial Services, Attention: Accounts Payable with instructions to write a check to the correct case.

(5) Repayment via the Vendor

In certain situations, particularly when agency error is involved (such as incorrect vendor payments) the client may wish to have repayment made by the vendor. If the vendor is willing to make repayment within 30 days, it is permissible to accept repayment in this manner. However, the client is ultimately responsible for repayment if the vendor fails to honor the agreement.

(6) Refusal to Sign the Repayment Agreement

The Worker should explain the fair hearing process to the client if he refuses to sign the ES-LIEAP-3 form. In addition, the Worker should follow-up the discussion with a letter which states that certain LIEAP benefits the client would otherwise be entitled to receive WILL be affected by his refusal to sign the repayment agreement.

c. Penalties for Refusal to Make Repayment

When the client refuses to make repayment, he will be penalized. Penalties will be assessed ONLY after the Worker has completed the instructions outlined above.

(1) Imposing the Penalty

A penalty for refusal to make repayment will be imposed by withholding payment of regular LIEAP. Therefore, penalties can only be

d. Making Adjustments in the Regular LIEAP Payment

Adjustments cannot be made to the regular LIEAP at the county level in the LIEAP Client and Payment Information System. Therefore, the adjustments must be made in the Office of Financial Services. In a memorandum addressed to Accounts Receivable, Office of Financial Services, the Worker will provide the identifying information and explain exactly how the regular LIEAP payment must be adjusted. Particular care should be given to the payment amounts and to whom these payments are sent. Under no circumstances will the Worker or anyone else, in order to correct a payment, create a duplicate payment by entering nines in the Social Security block of the original case number and reenter the case to obtain a new case number. This practice constitutes fraudulent misuse of the LIEAP client and Payment Information System.

e. Withholding the Regular LIEAP Payment

Regular LIEAP payments are withheld on approved cases by simply holding the application and all other pertinent information in a special file.

At the end of the program year or sooner if notified thereof, these applications will be sent to the Office of Family Support, Attention: LIEAP Coordinator.

f. Client Notification

The client must be provided with written notification of all decisions made upon the regular LIEAP payment/repayment. For example, if the client is requested to discuss his approved regular LIEAP application and repayment but refuses to do so, he must be notified in writing five days after the appointment date that his regular LIEAP payment was approved but will be withheld until repayment is discussed. Similarly, written notification must be provided for adjustment to the regular LIEAP payment and/or fulfillment of the repayment.

5. Returned Checks

For various reasons, checks are returned by clients or postal authorities. The following sections provide instructions regarding these situations.

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

d. Client Refuses to Accept LIEAP Check

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

6. Lost, Stolen or Destroyed Checks

LIEAP recipients who claim that their checks were lost, stolen or destroyed must complete an affidavit attesting to the specific occurrence which prevented them from using the check. Form AA-36 with the appropriate changes in terminology to reflect the LIEAP check may be used for this purpose. It is extremely important to request a "stop payment" action as soon as possible by contacting the Office of Financial Services by phone. A follow-up memorandum must be sent to that office on these cases.

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

7. Client Refuses Emergency LIEAP Delivery of Bulk Fuel

As indicated in item E, Payment Process, the client will decide if he is satisfied with the bulk fuel delivery. In situations when the client refuses to accept the delivery, the Worker must evaluate all factors by obtaining information from both the client and vendor. However, the Worker should first allow the client and vendor to work out a solution to resolve the problem. Care must be taken by the Worker not to become an advocate for either party. The decision on

issue, the agency has 30 days after the hearing request is received to schedule the hearing, arrive at a decision and initiate the action necessary to carry out the decision.

- If the action by the Department is to decrease or stop the payment, the hearing must be scheduled and a decision made prior to any action by the agency.

b. Processing Requests for Fair Hearings

Please be advised that the computer-generated letter contains no instructions about how the applicant or client shall request a fair hearing except that he should consult the local Health and Human Resources office.

All requests for fair hearings resulting from a computer-generated letter must be placed on a log or register. This record must contain the name and address of the person who requested the hearing, and the date the request was forwarded to the appropriate Hearings Officer. Copies of the correspondence completed by the Worker and forwarded to the Hearings Officer must be maintained with the log.

Requests for Hearings resulting from the ES-NL-A form will be handled in the same manner as with other programs. Please change from 90 days to 60 days in the statement on the back of the ES-NL-A form under the heading "TIME LIMITS" since this is the deadline for the LIEAP Program.

G. LIEAP CLIENT AND PAYMENT INFORMATION SYSTEM

1. General Description and Purpose

The LIEAP client and payment information system consists of a case data entry system in which certain information obtained from the application form is entered into the terminal.

The system will perform the following tasks:

- Compute the amount of payment for regular LIEAP benefits.
- Generate one notification letter on all approvals and denials for regular LIEAP benefits and one

situations when cases must be denied to prevent duplicate payments.

b. Cases not to be Entered:

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

c. Previously Denied Regular LIEAP Cases

Whenever a previously denied regular LIEAP case has reapplied for regular LIEAP and has been found eligible, do NOT use the denied household number to make the terminal entry. Instead, enter 9's in the Social Security blocks of the denied case and enter the approved case to obtain a NEW household number. This procedure will prevent the denied case from being erased and will mail a computer-generated approval letter to the household. Use the same procedure when the previously denied regular LIEAP case has reapplied and has been found eligible for Emergency LIEAP.

d. Obtaining the LIEAP Screen

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

e. Quick and Efficient Entries

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

Dumpsheet Cases

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

3 Senior Citizen Agency

Household number - enter the county code. When one digit is entered, the terminal will respond with "01, 02, etc."

Race - Enter the appropriate code as shown below:

- 1 White
- 2 Black
- 3 American Indian
- 4 Asian
- 5 Hispanic
- 6 Other

Case Sex - Enter the sex code (F-M) of the person who will be the case name (usually the applicant).

Case Name -Enter last name first and then the first name. Space one block and enter middle initial if available.

Street or P.O. Box - Enter street and/or P.O. Box Number.

City/State - Enter the city and WV.

Zip Code - Enter the zip code.

Age 0-2 years - Enter the total number of all children in the benefit group who are under three years of age.

Age 3-5 years -Enter the total number of children in the benefit group who are at least three years of age but under six years of age.

Male Birthdate - Enter the birthdate of the adult male.

Female Birthdate - Enter the birthdate of the adult female.

Male's S.S. No. - Enter the social security number of the adult male.

Female's S.S. No. - Enter the social security number of the adult female.

Enter when applicant has no social security number:

system will respond with 00350.00.

EXAMPLE: The household income is \$352.45. The dollars amount must be entered to the left of the decimal point and the cents must be entered to the right of the decimal point. The amount will be entered in the system as 352.45. The system will respond as 00352.45.

PLEASE ENTER THE EXACT AMOUNT. DO NOT ROUND UP OR DOWN.

Other Assistance - Enter the appropriate code to indicate the type of other assistance, if any, that is being received by benefit group: (1-3) (refer to #6, Data Entry Codes).

Priority Classification - Enter the appropriate code to indicate the type of target group being reached by the program (refer to #6, Data Entry Codes, below).

Method of Home Heating - Enter the appropriate code to indicate how the client heats the home.

Date of Application - Enter the date of application as follows:

EXAMPLE: The date of application is February 4, 1996. The date will be entered in the system 02-04-96. The system will respond with 02-04-96.

Eligibility Determination - Enter code 1 if the case is approved and code 2 if the case is denied. If denied, enter the appropriate reasons code for the denial. (Please refer to item #6 which designates data entry codes for denial codes.)

h. Payment Information System

Regular LIEAP Payment

Direct Payment

In order to make a direct payment to the client, the terminal operator must enter all case information as described above. In addition, the code "DP" must be entered in V.N. (Vendor Number) block. The system will respond with a number in the V.N. block, the

on the screen.

In order to enter an Emergency LIEAP payment, the terminal operator will enter the correct six-digit vendor number in the V.N. block for both PSC-regulated and bulk fuel heating providers, and enter the correct customer account number in the V.C.N. block for PSC-regulated home heating providers and for bulk fuel vendors if the bulk fuel vendor so desires.

Finally, the terminal operator must enter the amount of the Emergency LIEAP payment as indicated below:

EXAMPLE: The Emergency LIEAP payment is \$142.00. The amount be will entered in the system as 142. The system will respond with 00142.00.

EXAMPLE: The Emergency LIEAP payment is \$142.93. The dollar amount must be entered to the left of the decimal point and centers must be entered to the right of the decimal point. The amount will be entered in the system as \$142.93. The system will respond with 00142.93.

PLEASE ENTER THE EXACT AMOUNT. DO NOT ROUND UP OR DOWN.

i. Repayment Data Entries

Repayment data entries are under the complete control of county staff. This means that the data may be entered, changed or removed at any time. Entry instructions are as follows:

"Repayment Amount" Block - the amount of the repayment is entered in this block. When the client is making repayment via installments, the amount should be reduced each time payment is made. The initial entry in this block will generate a dated repayment notification letter. This block refers to the date the repayment was initiated. This date will be identical to the data entered on the top of the ES-LIEAP-3 form.

"Dated" Block - This block refers to the date the repayment was initiated. This date will be identical to the date entered on the top of the

is vacant), the case is identified as being on file of the previous program year.

b. Social Security Number Match

In order to avoid a match of social security numbers between previous year's cases and the updated cases, the date of application will be removed from the previous year's case. The computer will be programmed for the social security match to read only those cases that have a date of application. This will ensure that the matching of social security numbers will occur only among the cases of the current program year.

c. Using the Dumpsheet for Entering Emergency LIEAP Cases

Whenever possible, the dumpsheet should be used to complete an Emergency LIEAP payment in order to save time and avoid the necessity of completing the ES-LIEAP-2 transmittal form. The Worker will simply enter the required information in the blank spaces on the dumpsheet. Emergency LIEAP entries will be made after the regular LIEAP approval.

After the terminal operator has updated the case from the data contained on the dumpsheet, she will sign her name and date the form.

5. Special Instructions Regarding the Client and Payment Information System

a. Deadline for Writing and Mailing the LIEAP Checks and computer-Generated Letter

LIEAP checks will be written once weekly. After the checks are written, they are sent to the Treasurer and then returned to the Office of Finance for mailing. The computer-generated letter is written at the same time the check is written. However, the computer-generated letter is mailed earlier than the check.

b. Terminal Response to Incorrect Entries in the Client Information System

When an entry is not made where mandatory or when

system will accept the entry and payment will be incorrectly made to Appalachian Power. For this reason, it is suggested that the Worker enter on the ES-LIEAP-2 form in the space entitled "name" under "pay to" the correct vendor's name in order that the terminal operator can check the correct name against the terminal response. (Or, the terminal operator can check the terminal response against the vendor's name and address entered in Item F of Section II, Home Heating information on the LIEAP application form). When the sequence of the vendor number is incorrectly entered, the system will respond with an "error message" ("vendor not on file") around the vendor number field to indicate the problem.

When a regular LIEAP vendor payment is to be made and the D.P. code is entered, the system will incorrectly make a direct payment to the client. When an emergency LIEAP vendor payment is to be made and a vendor number is NOT entered, the system will respond with an "error message" and the entry will not be accepted until the problem is corrected.

Vendor Customer Numbers (VCN) (or account number)

As indicated in Item E-3, the vendor certification procedure is for the purpose of making the LIEAP payment to the correct client/customer account for PSC-regulated home heating vendors. After the account number has been certified as correctly matching the LIEAP client, it must be entered in the V.C.N block. Since the system has no way of making the correct match, it will be up to the Worker and terminal operator to see that the number is correctly entered into the system. A total of 19 blocks are provided to enter this number.

Maximum Allowable Payment of a Combined Regular and Emergency LIEAP Benefit

The system is programmed to allow not more than the allowable benefit group maximum as the maximum allowable payment to each benefit group. Therefore, if the emergency and regular LIEAP payment exceed that maximum, the system will not accept the entry.

d. Changes and Corrections in the Client and Payment

NOTE: This procedure may be used only for direct payments and vendor payments in which payment is being received on behalf of one benefit group. The reason for this limitation is because checks written to large utility companies and large bulk fuel providers will represent payment on behalf of more than one and the check cannot be delayed or field for one case. However, corrective action must be taken as outlined in item F, Case Maintenance and Corrective Action.

NOTE: NO CHANGES CAN BE MADE IN THE TERMINAL BY THE COUNTY STAFF IN THE PAYMENT INFORMATION SYSTEM FOR REGULAR AND EMERGENCY LIEAP AFTER THE CHECK IS WRITTEN. ANY ATTEMPT TO MANIPULATE THE SYSTEM TO MAKE CORRECTIVE PAYMENT IS FRAUDULENT.

6. Data Entry Codes

The following data entry codes will be used in the Client Information System:

"Other Assistance" - the coding of this item refers to the type of assistance received by members of the benefit group as indicated in Section II of the application form (Code 1 through 3).

- 1 You and/or ANYONE in your household receive FOOD STAMPS ONLY.
- 2 You and/or ANYONE in your household receive OTHER ASSISTANCE as listed below:

AFDC/CU, Food Stamps, SSI Medical Card(s), or TRIP TICKETS.
- 3 NO ONE in your household receives any of the OTHER ASSISTANCE listed in number 2 above.

"Priority Classification" - The coding of this item refers to the type of target group being reached by the program (Code 1 through 6):

- 1 Aged - Enter code one when one or more persons in the benefit group are aged 60 or over.
- 2 Disabled - Enter this code when one or more persons in the benefit group are disabled.
- 3 Aged/Disabled - Enter this code when one or

fails to provide verification requested by the Worker.

- 7 Refuses to cooperate in establishing eligibility - Use when the client otherwise refuses or fails to cooperate in determining eligibility for or the amount of regular LIEAP benefits.
- 8 Duplicate payment.

NOTE: The duplicate payment code is used only by the computer to indicate a duplicate case approval that was ERRONEOUSLY entered by the county and automatically denied by the computer. This code is never entered by the Worker because duplicate applications for regular or emergency LIEAP known to the Worker are not entered in the terminal.

7. Editing of Social Security Numbers

In order to ASSIST in the prevention of duplicate payments, a weekly edit of social security numbers will occur when the LIEAP checks are written. The edit will determine whether there is a "match" between any social security numbers entered on all cases found eligible to receive payment of LIEAP benefits.

It will be the responsibility of the local office staff to correct the "match" between the two cases. The offices will receive copies of the social security number "match" printouts. Working from the printouts, the Worker will make the correction as indicated below:

Intra-County "Match" of Two Cases (Two cases within the same County):

When duplicate cases have been entered into the terminal within the same check-writing period. CHECKS FOR BOTH CASES WILL NOT BE WRITTEN. The case in which PAYMENT IS NOT TO BE RECEIVED must be brought up on the terminal and the social security numbers eliminated by entering 9's. The case THAT WILL RECEIVE PAYMENT must be brought up on the terminal and code 1 entered to approve the case for payment. Next, the payment information must be completed to make the appropriate type of payment (vendor or direct payment).

When duplicate cases have been entered in two different check-writing periods, the second case

19.7 Public Utility Programs

A. Special Reduced Residential Service Rate (20% Utility Discount Program)

1. Introduction

During the months of November through March, certain recipients of SSI, AFDC, AFDC/U and certain Food Stamp recipients who are age 60 or older are eligible for a 20% discount from their gas and electric companies. The Department's role is to send application kits to recipients of the qualifying benefits and to supply the utility companies with lists of customers who have become ineligible for the discounts because they have ceased receiving the qualifying benefits.

2. Operation

In October application kits are mailed from the State Office to recipients of SSI, AFDC, AFDC/U and recipients of Food Stamps who are age 60 or older.

During the program months (November through March), application kits are mailed by the State Office to new and reopened cases that are approved for the qualifying benefits.

During the program months, an application will be mailed by the State Office to a person who requests an application if he is a recipient of a qualifying benefit and has lost or failed to receive his original application kit. If he is not a recipient of a qualifying benefit, he will receive a notice from the State Office explaining why he is not eligible for the discount.

The client completes the application and submits it to the utility company.

The utility company determines eligibility for the discount and applies the reduced rate to the eligible client's account. Approved applications are sent by the utility company to the State Office.

Energy Aid Program (Electric) - West Virginia Power Company

Energy Aid Program (Gas) - West Virginia Power Company

These programs assist these public utility customers with payment of overdue utility bills. The Neighbor to Neighbor Program covers twenty-one counties (see Appendix A for a listing). The Energy Aid Program (Electric) covers five counties, and the Energy Aid Program (Gas) covers two counties (see Appendix B for listing).

Program funding is provided by private donations from the utility companies' respective customers and matched dollar for dollar by that particular company up to a set maximum amount.

2. Application Period

- (a) The application period for these programs begins upon notification to the local offices via memorandum from the Projects Unit, Office of Family Support. This memorandum will also include particulars regarding the closing date. Local offices will receive their initial allocation of funds prior to the start-up date.
- (b) Each Community Services Manager (CSM) or person designated by the CSM must assure that the allocated amount is not exceeded.
- (c) Any exceptions to this policy must have prior approval of the Projects Unit, Office of Income Maintenance.

3. Eligibility Guidelines

In order to be found eligible for program benefits, the applicant must meet the following qualifications:

- (a) The applicant must have a residential customer account with the utility company, either Appalachian Power or West Virginia Power (gas and/or electric). This does not mean that the electric and/or gas bills must necessarily be listed in the applicant's name. If he is making payments to Appalachian Power or West Virginia Power for bills not listed in his name, he is

Section IV - For Other Agency or Department of
Health and Human Resource Use Only

Item A - Please complete as appropriate.

Item B - The Worker will indicate in this space whether the client submitted a notice of termination received from Appalachian Power or West Virginia Power. THE APPLICANT WILL BE FOUND INELIGIBLE IF THIS NOTICE IS NOT SUBMITTED.

Items C, D, and E - The Worker will complete as appropriate. The Worker will record whether the applicant was found eligible or ineligible and the amount of benefits that will be paid on behalf of the client.

The Worker will sign and date the form.

5. Determining the Amount of Payment

The amount of benefits will be determined as indicated below.

Eligible customers will be entitled to a single benefit or payment that is based on the amount of their total current outstanding electric or gas bill as indicated in the following chart:

Amount of Bill	Amount of Benefits
1. Under \$50	1. The actual amount of the bill
2. \$50 up to but not exceeding \$200	2. \$50
3. \$200 up to but not exceeding \$600	3. 25% of the amount of the bill
4. Over \$600	4. \$150

* Round to the nearest cent.

(\$450 - \$112.50 = \$337.50 divided by 184 days x 30
- \$55.20)

Total benefits award the client via the three
programs is \$317.70.

The remaining balance of \$282.30 is the
responsibility of the client.

6. Payment Authorization Process

The Department will not make the actual payment on
behalf of an eligible client. Rather, the Department
will provide written authorization to the appropriate
bank and the utility company to make payment on behalf
of the eligible client. After receiving written
authorization, the appropriate bank will transfer funds
from the Special Account and the utility company will
credit the payment to the correct customer account.

(a) Procedure

- (1) Each Friday, the local office is to submit
the appropriate log sheet with only approved
utility company applications.
- (2) There are three separate invoice/log sheets
for the three programs:
 - Neighbor to Neighbor - white
 - West Virginia Energy Aid (Electric) -
yellow
 - West Virginia Energy Aid (Gas) - blue
- (3) The invoice/log sheet lists the date of
application, the customer's account number,
name, address, the amount of benefits, and
the counties' remaining balance.
- (4) A new invoice is used each week even if there
is only one name on the form.
- (5) The log will be sent to the appropriate
utility company by the State Office and will
be the payment authorization submitted by the
Department to the appropriate utility
company. The form should either be typed or

9. Effect Upon Other Programs

(a) LIEAP

Applicants requesting program benefits under the Neighbor to Neighbor, Energy Aid (Electric) or Energy Aid (Gas) program and whose primary source of home heating is electric (or gas) must first be evaluated for benefits under the LIEAP program (if still in operation for the season).

(b) Emergency Assistance Program

Applicants for Emergency Assistance who are requesting payment of overdue Appalachian Power or West Virginia Power gas or electric bills must first be evaluated for benefits under the appropriate utility program. Provided that all eligibility guidelines are met, payment of Emergency Assistance benefits may be used in conjunction with utility program benefits to eliminate the emergency.

(c) AFDC/U and SSI Programs

Benefits received from the utility programs will not be counted as income or as any resource in determining eligibility for any of these programs.

10. Fair Hearing

Fair hearings will be conducted for applicants of the utility programs following the same guidelines as for LIEAP. Please refer to 19.5 for instructions on when the client has a right to a fair hearing and processing requests for fair hearings.

11. Program Ending Date

The program will end when all funds allocated a Division have been exhausted or on a specified date established between the appropriate utility company and the Department.

- b. This program will operate continuously until it is terminated by WVAWC.
- c. Each Community Services Manager (CSM) or person designated by the CSM must assure that the allocated amount is not exceeded.
- d. Any exception to this policy must have prior approval of the Projects Unit, Office of Income Maintenance.

3. Eligibility Guidelines

In order to be found eligible for program benefits, the applicant must meet the following qualifications.

- a. The applicant must have a residential customer account with WVAWC. This does not mean that the bill must necessarily be listed in the applicant's name. If he is making payments to WVAWC for bills not listed in his name, he is considered to be a customer of WVAWC.
- b. The applicant must meet Emergency Assistance guidelines (refer to 19.2).
- c. The applicant must submit a cut off notice received from WVAWC including his WVAWC account number.

4. Application Process

- a. Form ES-CHET-1

The Emergency Assistance application form will be used to determine eligibility for program benefits.

- b. Completion of the Form

All sections are to be completed as for Emergency Assistance to include the following changes:

- Enter "WVAWC" in the upper right-hand side to distinguish this program.

- (4) As long as the applicant has not utilized \$150.00 for payment for water cutoff during the twelve consecutive months, he will not be referred to available community resources or considered for Emergency Assistance monies.
- (5) The amount of Emergency Assistance for payment of the water bill is taken into consideration after the available monies (\$150.00) for the client has been utilized.

6. Payment Authorization Process

The Department will not make the actual payment on behalf of an eligible client. The Worker in the local office will call WVAWC and identify the customer(s) that are going to be approved. The Department will provide written authorization to WVAWC to make payment on behalf of the eligible client. After receiving written authorization, WVAWC will credit the payment to the correct customer account. WVAWC will also maintain information regarding the client's amounts received for payment by Project Helping Hand and the twelve month period of time.

a. Procedure

- (1) As a client is approved for Project Helping Hand, the Worker will call WVAWC, 1-800-285-3470, ask for the Credit Supervisor and identify the client(s). The Credit Supervisor will then place a hold on the cutoff notice.
- (2) Each Friday, the local office is to submit the log sheet with only the approved Project Helping Hand applicants.
- (3) The invoice/log sheet lists the date of the application, the customer's account number, name, Social Security number, address, the amount of benefits, and the counties' remaining balance.
- (4) A new invoice is used each week even if there is only one name on the form.

9. Effect Upon Other Programs

a. Emergency Assistance Program

Applicants for Emergency Assistance who are requesting payment of overdue WVAWC bills must first be evaluated for benefits under Project Helping Hand. Provided that all eligibility guidelines are met, payment of Emergency Assistance benefits may be used in conjunction with Project Helping Hand benefits to eliminate the emergency.

b. AFDC/U and SSI Programs

Benefits received from Project Helping Hand will not be counted as income or as any resource in determining eligibility for any of these programs.

10. Fair Hearings

Fair Hearings will be conducted for applicants of Project Helping Hand following the same guidelines as Emergency Assistance. Please refer to 19.2 for instructions on client's rights to a Fair Hearing and processing requests for Fair Hearings.

11. Forms

ES-CHET-1

ES-NL-A

WVAWC Project Helping Hand invoice/log sheet

2. The individual must be sixty years or older or be disabled and whose household income is at or below the income level established for Social Security Supplemental Income eligibility.
 - Monthly gross income not to exceed current SSI income maximum for one or two person households, or
 - In the instance of an SSI case also receiving the SSI \$20 unearned income disregard, the maximum income can be the current SSI level plus the \$20.
3. All income in the household is counted toward eligibility.
4. The telephone bill does not have to be in the name of the payee of the benefit program.
 - Any adult member of the benefit group may apply for this service.

E. Application Process

1. Mail-Out Application Kits

Computer-generated application form ES-CG-TA-1 and an instruction sheet (ES-TA-3) which is automatically mailed to all new approvals and re-opened categorically eligible households, including Medicaid-Disability Related income eligible and incapacity cases (nursing home cases are excluded).

- ES-CG-TA-1 is mailed directly to the client who will complete it and return it to the appropriate telephone company.
- After certification of service, the telephone company will forward the approved application to the State Office of Income Maintenance.
- Approved applications are key punched at the State Office.

2. Walk-In Applications

The local offices are supplied with Walk-In Application form ES-TA-2 and instruction sheet (ES-TA-3) for distribution to any individual who makes a request for a Tel-Assistance application.

F. Redetermination Process

1. Categorically Eligible Households

Redetermination of eligibility is established within existing program policy for the category.

2. All other Tel-Assistance Households

Redetermination of eligibility will be completed annually by use of the Redetermination Form ES-TA-6.

- Form ES-TA-6 will be mailed from the State Office of Income Maintenance with a stamped return envelope.
- The redetermination form is to be returned by the Tel-Assistance recipient within thirty days.

G. Closure Process

1. Categorically Eligible Households

The Tel-Assistance Case will be closed upon closure of the Assistance or Food Stamp Case, and notification will be sent to the appropriate telephone company by the State Office Projects Unit.

2. All other Tel-Assistance Households

The Tel-Assistance Case will be closed for failure to return redetermination form or when the household circumstances change, making the household ineligible. Notification will be sent to the appropriate telephone company by the State Office Projects Unit

H. Telephone Company Responsibility

1. Notification Eligibility

Participating telephone companies will be responsible for notifying the applicant of Tel-Assistance regarding eligibility, amount of benefit, denials, or termination of benefits.

19.9 LINK-UP AMERICA

A. Introduction

Link-up America is a national consumer education and outreach program designed to promote universal service to low-income households and get individuals who currently do not have telephone service onto the telephone network. The Department's activity in this program is limited to the State Office.

B. State Administration

The program is administered at the State level by the Office of Income Maintenance, Projects Unit.

C. Area Administration

The local office will refer inquiries regarding Link-up America to the local telephone company or to the State Office Projects Unit. Forms will not be provided to the local offices unless a request is made to the State Office Projects Unit.

D. Eligibility Requirements

- The individual must have an active AFDC/U, Food Stamp, Medicaid, or SSI case, or
- Monthly gross income not to exceed current SSI income maximum for one or two person households

NOTE: The individual does not have to be elderly or disabled.

E. Application Procedure

Applications should be obtained from the telephone company or by request to the State Office Projects Unit, completed, and returned to the appropriate telephone company business office.

- The telephone company sends the completed form to the State Office of Income Maintenance for verification.
- The approval/denial is noted on the form and returned to the appropriate telephone company.

19.10 TRANSPORTATION REMUNERATION INCENTIVE PROGRAM

A. Introduction

The Transportation Remuneration Incentive Program (TRIP) is designed to recognize the unique transportation needs of low-income aged and handicapped persons. The purpose of TRIP is to provide assistance in the form of ticket coupons with which eligible participants may purchase transportation service. Providers such as taxis must be approved by the Public Service Commission of West Virginia and be registered with the TRIP Program to participate. The PSC gives mass transit providers an exemption from registration, but they must be registered as a provider with the Division.

TRIP tickets may be used to purchase transportation service for any purpose of travel desired by the participant. The emphasis of this program has changed from socialization to medical and rehabilitation needs for low-income and handicapped individuals.

B. General Information

The TRIP Program was implemented in June, 1974, through the joint efforts of the Community Services Administration, Commission on Aging, Department of Transportation, Department of Health, Education and Welfare and the West Virginia Division of Human Services. It is currently maintained by State funds through the Department of Health and Human Resources, Office of Income Maintenance.

TRIP is administered through a declaration eligibility process. The participant must meet the requirement of residence, age or handicap and financial eligibility.

Eligible participants receive a monthly authorization card which allows them to purchase TRIP tickets. The amount of TRIP tickets received and the cost depend on the number of people certified to receive them. Each book costs \$3.00. The authorization cards may be redeemed in person or by mail. Most contacts take place at the local Division of Human Services Office, but a few offices have local Community Action Agencies helping with the issuance of tickets.

The value of the bonus TRIP ticket allotment issued to an eligible client shall not be considered as income or resources for any purpose under Federal, State or County law relating to taxation, public assistance, or any other type of assistance.

E. Case Records

The purpose of the case record is to maintain the information needed to substantiate the status of the case at any given time. TRIP case record information will be filed in the same folder with information about other Department Programs. It will become a part of this case record, but will be retained in the two "blocks" separate from the other part of the record. These two TRIP case record "blocks" are:

1. TRIP Eligibility Block - This block of information will contain the application/redetermination form (ES-TR-1) and the transmittal/case record log (ES-5).
2. TRIP Correspondence and Verification Block - This block will contain all verification that is applicable to the case. It will also contain the Approval/Denial Letter (ES-NL-A), Notification of Case Action (ES-NL-B or ES-NL-C), Requests for Medical Information (ES-TR-6), Notification of Information Needed (ES-6), and any other correspondence.

F. Eligibility Requirements: Benefit Groups/Residence

1. Benefit Groups

The benefit group will consist of those individuals who reside in and occupy the same housing unit and meet the eligibility requirements of the TRIP Program. It is possible to certify any number of eligible individuals on any one application or within any given case. However, the maximum number of books that can be issued under any one case number via a computer-generated authorization card is three. Therefore, if five people are certified to receive TRIP tickets within the same case, they will receive an authorization card for only three books. Since the normal monthly issuance is one book of tickets per person, the household benefits are decidedly reduced. Therefore, each eligible person may constitute a separate TRIP benefit group, or the eligible individuals may be approved in any combination.

3. The Eligibility Requirements of Residence

Applicants for TRIP tickets will apply in the county in which they live. Any individual who maintains a residence, regardless of citizenship or length of time they have lived in the State, will be considered eligible provided they meet all other eligibility requirements. However, this does not include those who are merely visiting in the State. The intent of maintaining a residence should be one of a permanent nature.

4. Eligibility of Individuals in Special Living Arrangements

Certain individuals eligible for TRIP often have special living arrangements. In order to provide this special group with program benefits, the following procedures will apply:

a. Public Institutions

A 90-day period of eligibility will exist for TRIP clients who enter a public institution. Those not receiving TRIP tickets upon entering an institution may make application in the county in which the institution is located. If already active, the case will be transferred to the county in which the client will reside while institutionalized.

A public institution is a facility which is the responsibility of a government unit or over which a governmental unit exercises administrative control.

b. West Virginia School for the Deaf

Located in Romney, this facility is operated through the State Board of Education and is not to be considered a public institution for TRIP eligibility and participation purposes. Applications for students of this school must be made in the county of their residence. Students who are receiving TRIP tickets will not have their cases closed after 90 days beyond their entrance date. TRIP tickets are to be mailed to the students by their parents after purchasing the tickets in the county of their residence.

Consideration may be given to wheelchair residents provided authorized wheelchair transportation vehicles can serve these applicants. Applications can be made in the county in which the VA hospital is located. If already active, the case will be transferred to the county in which the client will reside as a resident of the VA hospital.

G. The Eligibility Requirement of Age and Handicap/Disability

1. Age

To meet this eligibility requirement, the client must be 60 years of age or older during the month in which he applies (see Section K).

2. Handicap/Disability

a. Definition

In order to meet the Program's definition of handicap/disability, the client must be disabled in such a manner that it interferes with or prevents maintenance of a normal life routine. In addition, the handicap/disability must be expected to last at least TWELVE CONSECUTIVE MONTHS FROM THE DATE OF APPLICATION.

b. Procedure to Establish Handicap/Disability

(1) Receipt of Disability Benefits

Receipt of some disability benefits may be used to meet this eligibility requirement. Examples of this would include those who receive such statutory benefits as SSI, RSDI (disability), private disability benefits, SSI-Related Medicaid, VA and Black Lung benefits. Clients who are not receiving such benefits or who cannot establish, via a medical statement (ES-TR-6), a one-year period of continuing eligibility from the date of application, will not meet the requirement of handicap/disability.

- Insurance
- Interest, rent, room and board income
- Any other type of unearned benefits

NOTE: Monthly foster care payments (in addition to any other income) for handicapped foster children will be considered as unearned income to the child. The income of the foster parents would not be considered as income to the foster child.

b. Deductions from Unearned Income

The only deduction given for unearned income is the Medicare premium amount (Part B).

c. Excluded Unearned Income

There is only one type of excluded unearned income for TRIP. It is:

For clients in personal care or nursing homes, only the personal living allowance or any other form of payment over and above the nursing or personal care home payment will be considered as income.

d. Determining Countable Unearned Income

In deciding which unearned income in the household to count for the TRIP client, the Worker will consider only the income paid to him and/or for him (i.e., received by someone else because the client is unable to handle it).

EXAMPLE: Mr. Jones receives \$200/month VA benefits. He and his wife both live on this income, but none of it is designated by the VA as being for his wife. If Mr. Jones applies for TRIP, the income to be considered is his \$200/month. It is received by Mr. Jones for Mr. Jones. Should his wife want TRIP tickets, her income would be "0". If \$50/month of the VA benefits had been designated by VA for Mrs. Jones, then her income would be \$50/month, and Mr. Jones' would be \$150/month.

d. Excluded Earned Income

There are three exclusions for TRIP earned income:

- In-kind income
- Income received irregularly and income that cannot be reasonably anticipated as available during a three-month period and does not exceed \$30 in a three-month period.
- Income received from participation in the Foster Grandparents Program.

e. Determining Countable Income

In deciding which earned income in the household to count for the TRIP client, the Worker will divide the countable earned income by the number of people the income is expected to support. This number is limited to the number of people the working person has legal responsibility to support.

EXAMPLE: Mr. Jones' net earnings are \$650/month. He lives with his wife, one child and his mother-in-law. The mother-in-law receives \$75 in VA benefits. The parents are applying to receive TRIP tickets on behalf of the child. All the money in the home is pooled and expenses are shared. The income counted for the child is 1/3 of the father's countable earned income. The income of the mother-in-law is disregarded and she is not one of the persons that Mr. Jones is responsible to support, so that the earned income is divided by 3, not 4. If the mother-in-law wanted TRIP tickets, her net countable income would be \$75.

I. Determination of Total Countable Income

The countable earned and unearned income for the benefit group (see Section F-1) is added together and the total is compared to the Monthly Allowable Income Standards to determine eligibility. This information is sent by the TRIP Coordinator to the local offices at the beginning of each calendar year.

BASIS FOR TICKET BOOK ISSUANCE

Number in the Benefit Group	Ticket Value or Monthly Allotment
1	\$ 8
2	\$16
3	\$24

3. Purchase Requirement

Each book of TRIP tickets will cost \$3.00, including extra books issued for Authorized Attendant and Multiple Issuance (see Section K.5). Therefore, a one-person benefit group would receive one book of tickets for \$3.00 and a two-person benefit group would receive two books for \$6.00.

TRIP tickets may be paid for by personal check as well as by cash, cashier's check or money order.

4. The Eligibility Requirement of Client Cooperation

The client must provide the Department with information needed to establish or reestablish eligibility. Failure to cooperate with the Department will result in client ineligibility. The client will remain ineligible until the needed information is furnished or until it can be demonstrated that it is not needed. Case closure for failure to cooperate, as with any adverse action, is subject to prior notice.

J. Verification

With the exception of Multiple Issuance, Authorized Attendant and disability (when disability benefits are not received), verification is not required to establish eligibility for TRIP because it is based upon a declaration system. However, after examining the application or talking with the client regarding information provided on the application form, the Worker may at any time request verification from the client regarding any item contained on the application form if the Worker questions the information. For example, if the Worker is required to return the application form to the applicant more than once because of continued inconsistencies, it would be good judgement to require the applicant to verify his claims.

5. Verification for Extra Benefits (MI/AA)

- a. For Multiple Issuance, the Worker must verify that the client has to travel for medical reasons or meets other eligibility requirements for Multiple Issuance (see Section W). If Authorized Attendant policy is involved, the Worker must verify that the client must have someone travel with him due to medical reasons. Written medical statements should be obtained with possible. Otherwise, a verbal statement from the doctor's office will suffice. The Worker must document in detail any verbal verification received.
- b. If the MI client is not using the least expensive means of transportation available, it must be verified in the case record that he is unable to use it and must travel by a more expensive mode. For example, a client has two means of travel to keep a doctor's appointment -- taxi and bus. Since travel on a bus is usually less expensive than in a taxi, the case record must justify the use of a taxi if that is what is being requested.
- c. The cost of transportation for MI must be verified. If this is unavailable, the Worker must accept the client's word for the cost or rely on his own knowledge. This information needs to be included in the summary requesting approval for MI (see Section S).

K. Eligibility Determination System

1. The Declaration Process

In the declaration application process, the applicant "declares" his status by truthfully answering the questions on the ES-TR-1 form. The Worker will accept the applicant's answers as factually correct unless the Worker feels, because of conflicting or incomplete answers, that such information as supplied by the client is incorrect or false. The client will be asked to clarify any discrepancies the Worker may find. If he is unable to do so (to the Worker's satisfaction), the Worker must request verification.

tickets in one case, each person will have his own ID card identical to the one issued to the person whose name the case is in. The ID card must be presented when buying TRIP tickets in person from an issuance center. It need not be mailed in if the mail issuance process is used. In addition, some TRIP providers occasionally ask for client identification.

L. The Application Process

1. Anyone has the right to apply for TRIP tickets. Applications may be made in person at the Department's local offices or by completing an ES-TR-1 and returning it.
2. All applications require a decision within 30 days from the receipt of the completed ES-TR-1. The application process begins when the ES-TR-1 is received by the Worker and ends when the data system action has been completed and the client is notified of a final decision of eligibility in writing.

M. Initiation of Application Process

When an individual or someone in his behalf makes known his desire to apply for TRIP, form ES-TR-1 is given to that individual either in the office or via mail. If the applicant requests assistance in completing the ES-TR-1 form, the Worker should provide the assistance. If others are assisting in completion of the application, the Worker should remind them to sign the form. When assisting the applicant with form ES-TR-1, the Worker should encourage the applicant to complete the form himself.

N. The Formal Application

When the completed application is received from the applicant (hand-delivered or mailed to the office), the stamped date of receipt is the date of application. If the client would by chance give his application form to the Worker instead of the receptionist or the application is not stamped in, the date entered by the applicant becomes the date of application.

O. Responsibilities of the Economic Service Worker in Processing Applications

1. Accept the TRIP application (ES-TR-1) and check for completeness.

- b. If the client is not eligible, the Worker will submit a data system transaction via ES-5 to deny the application. The client will be notified via ES-NL-A and will be notified of his right to a Hearing.
- c. If the client withdraws his application, the Worker will submit a data system transaction via ES-5 to withdraw the application. The client will be notified via ES-NL-6. A client may reapply at any time after his application was denied or his case was closed no matter what the reason was for the denial or closure. A new application must be completed and the application process must be repeated.

P. Special Procedures in Processing Applications

- 1. If the Worker receives a request from another county to transfer a closed case, the Worker will transfer the case record to the new county of residence complete with a recording on the ES-5. No terminal transaction will be made. The Worker in the new county of residence will follow instructions in Item 3 below.
- 2. If an applicant has an inactive case in another county, see 3 below.
- 3. If the applicant has an inactive case in another county, the Worker will request the other county to transfer the case record to the new county of residence. If the case number is still valid (has not been inactive for 14 months or longer), the Worker in the new county of residence will transfer and reopen the case instead of assigning a new case number.

If an applicant is new and moves to another county before the application is processed, the application will be a new denial. The applicant will reapply in the county to which he moved.

Q. The Redetermination Process

- 1. Completion of Redetermination
 - a. Certification Period

Redeterminations are completed on all cases at the end of their period of certification. Usually,

a given month in which the overdue listing was received, the overdue case will not appear again on the listing received during the next month. Instead, it will appear on the listing received during the second month after the initial month it was reported. For example, if a redetermination was due in June and was not completed, it would appear again on the August printout, but not the July printout.

c. Deadline for Redeterminations

The deadline date for transmission of the redeterminations is the 15th of the month in which it was due. The Worker will have less than 30 days to complete the review because the printout is received about four or five days after the 15th of the month before it is due.

d. Completing a Redetermination Prior to Due Date

The Worker may complete a redetermination at any time before the actual due date when he is notified of any changes that have taken place such as changes in the family situation, etc.

3. Relationship to Food Stamp Redetermination

The TRIP redetermination will be done at the same time one of the Food Stamp redeterminations is being completed so that a schedule can be established for the two reviews to coincide.

EXAMPLE: A Food Stamp case is approved effective 1-93. It is due for review in 7-93. The Worker should complete both the Food Stamp and TRIP redeterminations in 7-93 so that the TRIP redetermination will be due at the same time every year.

4. Procedure When the ES-TR-1 is Incomplete

When the ES-TR-1 is returned incomplete, the Worker will return it to the client with instructions as to what is missing and will establish another deadline for its return.

5. Procedure When the ES-TR-1 is Not Returned

If the ES-TR-1 is not received within the deadline set by the Worker, he will close the case. If the

1. Initiation of Case Maintenance

The Worker performs case maintenance tasks as a result of information received from the client regarding changes in his circumstances. Whenever changes of this type are made as a result of information provided by the client, the worker may elect to complete a full scale redetermination if he feels it is in the best interests of the Agency and client to do so. For example, if numerous changes are required or if the redetermination date is near, the Worker may find it convenient to complete a redetermination. However, a new redetermination date can only be entered in Block 10 when the participant completes an ES-TR-1 form. If the Worker wishes to make changes only, the redetermination date must not be changed.

2. Transfer of Cases

If the Worker receives a request from another county to transfer an active case, the Worker will submit the ES-5 action transmittal sheet showing a TRANS to the new county or residence. The Worker will complete the case transfer form and forward the case record to the requesting county. For specific information about the transfer of inactive cases, see Section Q-1 and 3.

3. Case Closures

- a. Case closure may occur as a result of (1) failure to meet eligibility factors, (2) loss of contact, (3) failure of client to provide information needed to establish continuing eligibility and/or provide documents needed for verification and (4) client's request. Loss of contact is defined as the failure of the client to respond to correspondence when the Department uses its most current information in the attempted contact. The Worker must make a reasonable attempt to contact the client before case closure.
- b. In any situation, the Worker will prepare the ES-5 form for closure and prepare the ES-NL-B or ES-NL-C to inform the participant in writing that his case is being closed and the reason for the closure.

the household reports two instances of non-delivery, they must be denied mail issuance.

3. Lost Authorization Card

If the authorization card is lost, it may be replaced if a terminal inquiry shows it has not been cashed, and if the client will sign a statement that says he lost the card, but should he find it, he will not redeem it.

4. Stolen Authorization Card and TRIP Tickets

If the authorization card is stolen, it may be replaced if a terminal inquiry shows it has not been cashed and if the client can provide proof of the theft via police report. This also applies if the TRIP tickets themselves were stolen.

5. Lost TRIP Tickets

If TRIP Tickets are lost, they cannot be replaced.

6. Notification to Issuance Clerk

In instances where the whereabouts of the authorization card is unknown (not received by the client and not returned to Financial Services) and a replacement was issued, the issuance clerk should be instructed to watch for the original authorization card.

7. Ineligibility for Mail Issuance

If a client's TRIP tickets or authorization card must be replaced twice because he did not receive the card or the tickets in the mail, he will no longer be eligible for mail issuance. The issuance clerk must be notified of each instance.

8. Refund of Purchase Requirement

a. Under the following conditions, the purchase cost of transportation tickets may be refunded to the benefit group by request from the client, the authorized representative, legal committee, or a legally appointed administrator of an estate:

- (1). an authorized provider of transportation is no longer available in the area of the household's residence;

1. Authorized Attendant (AA)

An Authorized Attendant is an individual designated by the participant to assist the participant in his travels.

a. Requirements for Eligibility

The individual requesting extra benefits due to the need for an Authorized Attendant to travel with must have an active TRIP case and must provide medical verification of the need. There must also be someone available to fill this need. The AA may be any responsible person the client designates whether he is a member of the family or not.

b. Usage and Issuance of Extra Tickets for AA

- (1). Extra ticket books are issued in the name of the participant but used to pay the Authorized Attendant's travel costs.
- (2). When issuing extra ticket books for an Authorized Attendant, the books are issued in the case name and the client is requested to retain possession of these extra books. In no instances shall the number of extra ticket books for an Authorized Attendant exceed the number of regular and multiple issuance books to the client. For example, if the client needs an Authorized Attendant and two extra books via multiple issuance for traveling to his physician, then issuance for his Authorized Attendant would be three books to equal the regular and multiple issuance of the client. (The client receives one regular book and two extra books.)
- (3). If the client needs one book of regular issuance and an Authorized Attendant, then one extra book is issued to the Authorized Attendant.

2. Multiple Issuance (MI)

Consideration may be given in special situations for multiple ticket book issuance beyond the normal issuance of one \$8 ticket book per month. A limit of

5. Procedure for Approval of Extra Benefits for AA/MI

The Worker must prepare a brief summary of justification to be submitted to his Supervisor. The summary must contain the following:

a. Authorized Attendant

- (1). Justification for the need for an authorized attendant (attach medical verification).
- (2). Number of extra books to be issued to the participant on a monthly basis (maximum of three).
- (3). Name and address of the attendant.

b. Multiple Issuance

- (1). Distance in miles of travel from residence to service center, physician, medical facility and/or sheltered workshop.
- (2). Type of transportation available.
- (3). Cost per round trip on the most economical type of transportation available.
- (4). Required number of trips on a weekly basis and the resulting total number of trips during the month of issuance.
- (5). The justification for more expensive type of transportation if client is not using the most economical type of transportation available.

c. Supervisory Responsibilities

- (1). Economic Service Supervisor must approve any extra issuance. This can be done for a maximum of six months at a time. The maximum number of extra books issued for any given month is three per person in the benefit group for a total of 4 books. The multiple issuance authorization cards must be issued each month.

- a. Compute the amount of transportation ticket books the client is to receive and the amount of purchase requirement to be paid. Also, to permit Workers in county offices to obtain ready access to case records by teleprocessing.
 - b. Prepare the authorization cards and reconcile receipt of "cashed" authorization cards. This is done by the Financial Clerk.
 - c. Prepare printouts identifying households certified for and participating in the Transportation Remuneration and Incentive Program as well as various other informational and statistical data pertaining to authorization cards and case reviews.
2. Case Numbers

A new case number is assigned by the TRIP Data System to all cases at the time action is taken to approve or deny an application when the client does not already have a number.

The Case Number consists of the following:

- Alpha Prefix - One alpha prefix character to indicate the program for which the individual or household applies or is certified.
- "X" designates Transportation Remuneration and Incentive Program.
- Base Number - Seven (7) arabic digits.
- County of Residence - Two arabic digits for the number of the county in which the case is located. The residence number changes when the case moves from one county to another.

X. General Instructions for Data System Transactions

The term "transaction" is used to mean the transmission of all data about a particular case at a given time. A transaction consists of the following data in the order listed:

- b. CLOSE - Closure of an active case.
- c. CHANG - Any type of change on an active case that is not covered by the above transaction types.

Deadline Date for Terminal Transmissions

The deadline date for terminal transmission is five (5) working days before the last day of the month. This means that in order to meet the deadline, the data must be transmitted on or before 5 p.m. of the sixth working day before the end of the month. Data transmissions made after the deadline date will have the same effect as those entered the next month. There is no "pick-up" system for TRIP so that authorization cards are written only once per month.

Deadline for Authorization Card Reconciliation

Terminal transmissions for authorization card reconciliation must be completed on or before 5 p.m. on the first working day of the following month. This is done by the Financial Clerk.

3. Completion of the ES-5

For completion of the ES-5 the following instructions will apply:

- a. Case Name - The name in which the case is carried is to be written legibly across the top of the ES-5.
- b. Transaction Type Code - Enter the correct transaction type code.
- c. Case Number - Enter the case number by which the household individual is identified. The following are guides for case number entries according to transaction type codes.

(1) NEWDN or NEWAP

If the transaction type code is NEWDN or NEWAP there is no case number or other data about the case in the system. The Worker will enter only the correct alpha prefix (X) and the county or residence. Since there is no data in the system, entries must also be

After completion of the terminal transaction, the operator will enter the date of the transmission.

Y. Instructions for Data Block Entries

The following are specific instructions for the data which is to be entered in each of the data blocks.

1. Removal of Data from a Block

When data is to be removed from a block, the Worker will enter "remove" or "R" and the terminal operator will transmit the ampersand "&".

2. Specific Blocks of Information and Allocated Spaces

The numbers in parentheses indicate the number of spaces allocated to that block.

BLOCK 1 - Social Security Account Number (9 spaces)

Enter the participant's Social Security Account Number. If a committee is the payee, enter the participant's Social Security Account number. Enter only the first nine digits.

BLOCK 2 - Date of Last Change (6 spaces)

Enter the month, day and year that the last data was transmitted on the case. An entry is required in the block for all transactions except NEWDN and NEWAP.

BLOCK 3-A - NAME (20 spaces)

Enter the name of the recipient. If there is more than one recipient, enter the one who is head of the household. In the case of a committee, see Block 3B below.

BLOCK 3-B -

Enter the name of the Legal Appointed Committee as listed on the application (20 spaces).

BLOCK 4, 5 and 6 -

Mailing Address

The month and year of the action initiated by the transaction is to be entered in this block. An effective date must be entered each time data is transmitted.

o ESTABLISHING THE EFFECTIVE DATE

APPROVAL OF APPLICATION - Because TRIP authorization cards are written only once a month (to be received the first working day of the month), most of the time the effective date will be the month and year following the month in which the transmission is completed. This is also true if the applicant will not become eligible until the next month or if he is not eligible for a manually written card (see Section P-6a).

The effective date will be the month and year in which the terminal transmission is completed to approve the case if the client is eligible for the current month and a manually written card is issued.

DENIAL - The effective date is the month in which the decision to deny the application was made without regard to the month during which the transmission was completed.

CHANGE IN STATUS ON AN ACTIVE CASE - The effective date will be month and year following the month in which the terminal transmission was completed.

CLOSURES - The effective date will be the last month and year for which the participant is eligible for and did receive an authorization card or transportation tickets. The effective date for closures will ordinarily be the month and year during which the decision to close the case transmitted. The exception will be when a closure is backdated under the following circumstances. If the Worker becomes aware of the participant's ineligibility after the deadline date and he prevents the mailing of the authorization card or transportation tickets, the effective date should be the month and year during which the household last received an authorization card or transportation tickets.

BLOCK 14 - Race (1 space).

Enter one of the following codes to indicate the race of the participant. There must be an entry in this block. Failure to appropriately code this space will result in the rejection of the transmission.

Code 1 - White

Code 2 - African American

Code 3 - American Indian

Code 4 - Oriental

Code 5 - Other

BLOCK 15-A - RSDI Amount (3 spaces).

Enter the amount of any RSDI benefits received by the household. The Worker will deduct the Medicare premium (Part B) amount before entering the income in this block. This block does not include SSI income.

BLOCK 15-B - Income from Other Sources (3 spaces).

Enter all other monthly income available to the household. This includes SSI benefits.

BLOCK 16 -

Total Income Benefit Group (3 spaces).

Enter total income of the benefit group. This is the amount of income on which the purchase cost is determined.

BLOCK 19 - Benefit Group (2 spaces).

Enter the total benefit group (total number of persons in the case). This figure in relation to the income in Block 16 will indicate if the case falls within the income guidelines. Blocks 20-A and 20-B must equal the number in Block 19.

BLOCK 25 - Worker's Number (9 spaces).

Enter the Social Security Number of the Worker who completes the form. The Worker is to sign the form. The terminal operator is to sign the form and enter the month, day and year the transaction is entered on the terminal.

AA. Mandatory Data Entries

The following is a list of mandatory entries into the TRIP Data System according to transaction type code. The number in parenthesis shows the number of spaces to be completed.

X - NEWAP	X - NEWDN	X - NEWWD
20A - No. age 60 over (2) 20B - No. of handicapped (2) 21 - Ticket value (2) 22 - Purchase cost (4) 25 - Worker's SS No. (9)	25 - Worker's SS No. (9)	25 - Worker's SS No. (9)
REOPN AND APPRV Case No.	WITDR Case No.	DENIL Case No.
2 - Date of last change (6) 8 - Date of application (6) 9 - Date of Approval (6) 10 - Redt. date (4) 12 - Effective date 25 - Worker's SS No. (9) Anything that has changed from what is already in the computer.	2 - Date of last change (6) 8 - Date of application (6) 12 - Effective date 25 - Worker's SS No. (9) Anything that has changed from what is already in the computer.	2 - Date of last change (6) 8 - Date of application (6) 12 - Effective date 13 - Reason Code (2) 25 - Worker's SS No. (9) Anything that has changed from what is already in the computer.

BB. Other TRIP Data Components

In addition to the data system which process applications, other teleprocessing programs and listings are provided as described below.

- o A data inquiry system permitting immediate examination of case records at the terminal in local office.
- o Computerized printing of authorization cards for regular TRIP issuance.
- o An authorization card reconciliation system which accounts for authorization cards which have been "cashed".
- o Computer-produced listings of active cases, sorted alphabetically within local office.
- o "Cashed" authorization card listings.
- o Reports of cases coming up for redetermination in the following month.

CC. TRIP User Reports

1. REPORT	FREQUENCY
Active Households	Monthly; following sixth working day before the end of the month.
Cashed Authorization Card Report	Monthly; following the first working day of next month.
Redetermination Report	Monthly; approximately 5 days of Redetermination Deadline which is the 15th of each month.

2. The following detailed description applies to each individual report:

- a. Active Household List - This listing shows those cases who are active (not closed, denied or withdrawn) and who are receiving but not necessarily cashing their authorization cards. The list shows all cases known to the system as of the "CURRENT DATE" printed on the report. In

Unlike the Active Report (which documents the purchase requirement currently in Block 22), the Cashed Authorization Card Report shows the actual purchase requirement used during reconciliation. These values can be different if a person's eligibility changes in mid-month since the card for the previous month showing the old purchase requirement is already in the field and may be reconciled at any time this month. The purchase requirements on this report are the financial reference for reconciliation and cash collected.

- c. Redetermination Report - This listing shows those cases which are coming up for redetermination during the present month. Only active cases as of the time of "current date" are shown. The month of "current date" is the month in which the report was run. The date below "current date" is the month through which the examination for redetermination was made. The listing format is the same as the Cashed Authorization Card Report, except that DATE ISS and DATE CASH are not included, REDET (redetermination date) shows the month and year of redetermination, and FLAG contains an asterisk, rather than a blank, for those cases present on the redetermination report for more than one month (indicating a possible overdue action).

INCOME CHART

TRIP	Neighbor to Neighbor	Project Helping Hand	WV Power Energy Aid (Gas & Electric)	Tel-Assistance and Link-up America
Yes - but consider only the income paid to the client and/or for him	Yes	Yes	Yes	Categorical to AFDC/U, SSI, Food Stamps or household income is at or below income level established for SSI eligibility
Income Exclusions				
Excluded	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA

INCOME CHART

TRIP	Neighbor to Neighbor	Project Helping Hand	WV Power Energy Aid (Gas & Electric)	Tel-Assistance and Link-up America
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA
Excluded	Income received during the month of application must be counted	DNA	Income received during the month of application must be counted	DNA
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA

INCOME CHART

TRIP	Neighbor to Neighbor	Project Helping Hand	WV Power Energy Aid (Gas & Electric)	Tel-Assistance and Link-up America
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA
Yes	DNA	DNA	DNA	DNA
DNA	Excluded	Excluded	Excluded	DNA
DNA	Excluded	Excluded	Excluded	DNA

INCOME CHART

TRIP	Neighbor to Neighbor	Project Helping Hand	WV Power Energy Aid (Gas & Electric)	Tel-Assistance and Link-up America
DNA	Excluded	Excluded	Excluded	DNA
No	Yes	No	Yes	DNA
Yes	No	Yes	No	DNA
DNA	None	None	None	DNA

APPENDIX A

EMERGENCY ASSISTANCE INCOME

A. Monthly Allowable Countable Income to Determine Eligibility for
Emergency Assistance

Number of Persons in the Benefit Group	Monthly Allowable Countable Income of the Benefit Group
1	\$ 355
2	\$ 533
3	\$ 566
4	\$ 711
5	\$ 819
6	\$ 939
7	\$ 1,046
8	\$ 1,165
9	\$ 1,273
10	\$ 1,394

For Benefit Groups in which the number of persons exceeds ten,
add \$144 for each additional person.

DESK GUIDE FOR
CHET DISPOSITION CODES

I. EMERGENCY ASSISTANCE

A. Approval Codes

E1 - Shelter

E2 - Food

E3 - Utility

E4 - Bulk Fuel

E5 - Household Supplies and Furnishing

E6 - Clothing

E7 - Child Care

E8 - Transportation - Transient

E9 - Transportation - Emergency Transportation to
Medical Facility

E - Other

EO - Emergency Medical Care - Outpatient

EP - Emergency Medical Care - Pharmacy

EM - Both of the above benefits

AFFIXES

"F" - Fire

"D" - Disaster

"E" - Exceptions

B. Denial and Withdrawal Codes

E01 because your income exceeded the amount allowed by
\$.

E02 because a resource referral was not accepted.

- E19 because you did not apply for certain benefits from other programs in order to eliminate or assist in the elimination of the emergency.
- E20 because you failed to complete the application form.
- E21 because you failed to verify your social security number.
- E22 because you failed to submit a correctly written statement to verify the impending eviction.
- E23 because you failed to submit a correct statement to verify the impending mortgage foreclosure.
- E24 because you failed to verify the existence of a landlord-tenant relationship.
- E25 because it could not be verified that you were a homeless stranded transient for which transportation arrangement to your community is incomplete.
- E26 because it could not be verified you were homeless due to the destruction of your living quarters.
- E27 because it could not be verified you were homeless due to eviction.
- E28 because it could not be verified you were homeless due to mortgage foreclosure.
- E29 because it could not be verified you were homeless due to being evicted from shared living quarters.
- E30 because it could not be verified you were homeless due to being evicted from condemned quarters.
- E31 because it could not be verified you were homeless due to being locked out of your hotel or motel living quarters.
- E32 because it could not be verified you were homeless due to being physically battered and your living quarters were too dangerous.
- E33 because it could not be verified you were homeless due to being released from a state mental health facility with no available living quarters.

by an unusual or catastrophic event which rendered your food coupons unusable.

- E48 because your household supplies or furnishings were not destroyed in a man-made or natural disaster.
- E49 because you and the persons in the benefit group were not homeless and the Department was not seeking or had located housing on your behalf. Therefore, you are ineligible for household supplies and furnishings.
- E50 because emergency household supplies or furnishing were not needed for homeless persons.
- E51 because your clothing was not destroyed in a man-made or natural disaster.
- E52 because children were not abandoned and therefore ineligible for clothing.
- E53 because the parent(s) of the children were not hospitalized.
- E54 because the parent(s) of the children were not incarcerated.
- E55 because the children were not abandoned and immediate arrangements for care were unnecessary.
- E56 because you were not passing through the locality and experienced an emergency which made it necessary to return to your home community.
- E57 because the Department was unable to verify or establish that you had a place to live in the community to which you wish to return.
- E58 because you did not have a need for emergency medical treatment.
- E59 because transportation was available to you at the time of your need for emergency medical transportation.
- E60 because you are eligible to receive transportation benefits under the Medicaid program.
- E61 because inpatient medical care, emergency or

HF	Food	HF4
HO	Medical Care-Outpatient	HO4
HI	Medical Care-Inpatient	None
HP	Medical Care-Pharmacy	HP4
HM	Medical Care-multiple benefits	None
	Medical Care-Outpatient/ pharmacy	HM4
HU	Utilities	HU4
HT	Transportation	HT4
HH	Other	None

No IV-A approval code exists for inpatient benefits. Multiple benefits under Non-IV-A eligibility consist of outpatient, inpatient and pharmacy. IV-A multiple medical benefits consist only of outpatient and pharmaceutical treatment.

B. Denial Codes

- H40 Failed to meet the definition of Homeless.
- H41 Failed to meet the resource eligibility requirement.
- H42 Failed to accept the homeless program benefit.
- H43 Failed to manage resources after the initial period of eligibility.
- H44 Failed to cooperate with Social Service plan.
- H45 Failed to accept referral to community resources.
- H46 Failed to accept community resources.
- H47 Failed to cooperate with vendor.

- T8 - Tolls
- T9 - Transportation and Tolls
- T0 - Other

B. Categorical Identification Codes

- M - MAO
- C - AFDC
- U - AFDC/U
- A - SSI/A
- B - SSI/B
- D - SSI/D
- E - EPSDT
- H - Handicapped Children Patients
- G - Medicaid Eligible Handicapped Children's Patients
- P - Pending Medical Examination Case
- F - Foster Children who do not come under any of the codes above

All codes will be entered with the county code affixed to the letter code:

EXAMPLE:

M.41

B.28

H.42

IV. RELATIONSHIP CODES

Relationship codes will be used in the benefit group data section of the client file. These codes are arranged into two lists. The first list contains codes for Title IV-A

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

APPENDIX E

LIEAP DATA ENTRY CODES

The following data entry codes will be used with the following items in the Client Information System.

"Other Assistance" - The coding of this item refers to the type of other assistance received by members of the benefit group as indicated in Section II of the application form (Code 1 through 3).

- 1 You and/or anyone in your household receive Food Stamps only.
- 2 You and/or anyone in your household receive OTHER ASSISTANCE as listed below:

AFDC/CU, Food Stamps, SSI Medical Card(s), or TRIP tickets.
- 3 NO ONE in your household receives any other OTHER ASSISTANCE listed in number 2 above.

"Priority Classification" - The coding of this item refers to the type of target group being reached by the program (Code 1 through 6):

- 1 Aged - Enter code one when one or more persons in the household are aged 60 or over.
- 2 Disabled - Enter this code when one or more persons in the household are handicapped.
- 3 Aged/Disabled - Enter this code when one or more persons in the household are aged and/or disabled.
- 4 Low-Income Only - Use this code when there are no aged and/or disabled persons in this household but household income is at or below program maximum for the number of persons in that household.
- 5 Other
- 6 Open

NOTE: The duplicate payment code is used only by the computer to indicate a duplicate case approval that was ERRONEOUSLY entered by the county and automatically denied by the computer. This code is never entered by the Worker because duplicate applications for regular or emergency LIEAP known to the Worker are not entered in the terminal.

APPENDIX G

Counties Served by West Virginia Power Company

Electric Only:

Greenbrier

Monroe

Pocahontas

Raleigh

Summers

Gas Only:

Fayette

Nicholas