

- Employment Assistance Program (EAP): Any month for which the AG is authorized to receive benefits
- Diversionary Cash Assistance (DCA): three months beginning with the month of approval
- Support Service Payments: As long as actively enrolled in Work Programs (WP)
- School Clothing Allowance (SCA) and West Virginia School Clothing Allowance (WVSCA): Until the voucher expiration date

Authorized for Information and Referral Services

AGs with income at or below 200% are authorized to receive information and referral services. The DFA-SNAP- I&R-1 is mailed to the AG by the eligibility system to inform the client of potential programs or services available to him. The DFA-SNAP-I&R is paid for by TANF/MOE funds.

➤ AGs Containing Only Individuals Authorized to Receive SSI

When the AG contains only individuals approved for SSI, the AG is categorically eligible. This also includes the following:

- Persons determined eligible for SSI even though benefits have not been paid yet.
- Persons determined eligible, but who receive zero benefits, such as:
 - SSI recipients whose benefits are withheld for repayment
 - Persons whose SSI payments are suspended.

1.4.17.C.2 Who Is Not Categorically Eligible

An AG cannot be categorically eligible in the following situations:

- A person who is normally required to be a member of the AG is disqualified due to an IPV.
- The AG refuses to cooperate in providing information necessary to make an eligibility determination.
- The AG is ineligible due to the striker provisions.
- A person who is normally required to be a member of the AG is disqualified due to being convicted of a **specific** felony offense. **The felony must meet two criteria:**

The felony must involve an element of the possession, use, or distribution of a controlled substance as defined by Section 802 (6) of the Controlled Substance Act; and

The offense of conviction has at least one of the following elements:

- Misuse of SNAP benefits
 - Loss of Life
 - Causing of physical injury
- The AG does not meet any of the requirements in Categorical Eligibility, Who is Eligible section above.

NOTE: Persons who are normally required to be included in the AG are individuals who purchase and prepare with a member of the AG or are require under Section 3.2.1.A to be included in the AG.

- The presence of any of the following people does not prevent the remaining AG members from being categorically eligible.
 - Ineligible non-citizen
 - Ineligible student
 - Any individual disqualified due to enumeration
 - A person institutionalized in a non-exempt facility

1.4.17.C.3 Presumed Eligibility Requirements

Once it is determined that an AG qualifies for Categorical Eligibility, the following eligibility requirements are presumed to be met.

- Asset limit: The transfer of assets policy is applied as appropriate. See Chapter 5.
- Gross income limit, when applicable
- Net income limit
- Sponsored alien information
- Residency
- SSN information: Only if the AG member is receiving a benefit which requires the SSN to be verified.

Categorical Eligibility Example 6: An individual who purchases and prepares with other members of a SNAP AG is an ineligible student who has a felony conviction for drug possession, **which had an element of misuse of SNAP benefits, or loss of life or the causing of bodily injury.** The individual's status as a student has no effect on categorical eligibility. However, the felony offense for possession of a controlled substance **with any of the three elements listed in Section 1.4.17.C.2** prevents the AG from being categorically eligible.

1.4.18 APPLICATION/REDETERMINATION VARIATIONS

Redetermination procedures are the same as application procedures except in the following situations.

1.4.18.A Redetermination Forms

The following methods can be used for redetermination:

- System generated redetermination forms (CSLE or CSLR)
- inROADS
- DFA-2 and DFA-RR-1
- DFA-SNAP-1

The eligibility system automatically mails the CSLE in the last month of the certification period. The form must be completed and returned prior to the scheduled interview date specified on the CSLE/CSLR. The form is considered complete when signed and dated by the client or his authorized representative or completed and submitted by inROADS.

1.4.18.B Redetermination Cycle

When a case is redetermined and found eligible, a new certification period is established. See Section 1.4.14, Certification Period.

DCA does not count toward the 60-month lifetime limit or the 24-month limit.

Transitional Medicaid is available only when all requirements in Section 23.10 are met. Transitional Medicaid eligibility is not based on receipt of DCA.

DCA payments are not subject to repayment unless fraud is established.

DCA is available only one time for an applicant family. Acceptance of the DCA payment in lieu of ongoing WV WORKS payments is an option for the client.

After receipt of a relocation payment due to employment, the household is ineligible for Temporary Assistance for Needy Families (TANF) in West Virginia for three months following the month of receipt. This restriction does not apply to victims of domestic violence who have been relocated or relocation for proximity to public transportation

The Case Manager must make a case comment regarding relocation and the three-month ineligibility period.

The West Virginia Employment Assistance Program (EAP) is considered a continuation of services payment. Participants choosing this option will be ineligible for TANF in West Virginia for three months following the final EAP payment when a relocation payment has been received. Moved from 18.19.3.G

NOTE: If the household contains even one AG member or a non-recipient Work-Eligible Individual who was included in a household which received a DCA payment, another DCA payment cannot be made to that AG. The Worker must check issuance history to determine if a non-recipient Work- Eligible Individual was included in a household which received a DCA payment as these individuals are not tracked by the system.

1.5.18.A Determining If DCA Is Appropriate

The following guidelines are used to determine if DCA is appropriate.

- The AG must demonstrate a need which cannot be met with current or anticipated family resources.
- A member of the AG or a non-recipient Work-Eligible Individual in the household must be employed or have a verified promise of employment or other verified source of income within two months of application.

When the redetermination process cannot be completed automatically, the eligibility system sends a pre-populated form containing case information and requires the client to provide additional information necessary to determine continuing eligibility. A signature is required.

The pre-populated redetermination form provides the following information:

- A statement that the AG(s) for the individual(s) listed is due for redetermination;
- The address to which the form is returned, if submitted by mail;
- The date by which the information must be submitted;
- Specific information necessary to complete the redetermination;
- The opportunity to report changes;
- A statement that the AG may receive a verification checklist for completion and return, if reported changes require follow-up;
- A statement that the AG(s) will be closed after proper notification, if the redetermination is not completed; and
- Instructions for submitting the pre-populated redetermination form online by using inROADS. A phone number to call is included if the individual has questions about submitting the pre-populated redetermination form online.

The client must be given 30 days from the date of the letter to return the information. The information may be submitted by mail, phone, electronically, internet, or in person. Failure to respond and provide the necessary information will result in closure of the benefits.

If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be back dated up to 3 months.

1.8.6.B Rolling Redeterminations

When a change is reported during the certification period which affects eligibility, the DHHR must only request the information on the change reported.

A rolling redetermination will be completed for all MAGI Medicaid and WVCHIP AGs only during a 12-month SNAP or TANF review or another MAGI Medicaid or WVCHIP review. The agency must begin a new 12-month certification period for all MAGI Medicaid AGs in the case.

Rolling Redetermination Example: A redetermination for SNAP benefits is completed on May 14, 2014. The original Medicaid certification period is April 1, 2014, through March 31, 2015. After the SNAP redetermination is completed, the Worker finds the information provided is enough to begin a new twelve-month