

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 141		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
28	7	3/99	28	7	4/99
			29	7	3/99
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			iv	16	7/98
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DATE: March, 1999 TO: ALL INCOME MAINTENANCE MANUAL HOLDERS					

This change is being made to bring CHIP I eligibility requirements in line with CHIP II. Four new requirements were added to Section 16.7,G, including the prohibition of a CHIP I child from receiving CHIP I if eligible for a state group health plan. Those who will lose eligibility with the imposition of this requirement remain CHIP I eligible until the next redetermination.

A duplicate statement was removed from Chapter 7, p.28.

Questions should be directed to the OFS Policy Unit.

period which must be allowed for the client to meet a spenddown may cause the child to lose timely access to medical care because the child cannot be determined to be ineligible for Medicaid until the expiration of the 30-day spenddown period. Therefore, the Worker must determine, at the time of application and based on the applicant's best information, whether or not it is likely that the spenddown can be met within the next 30 days.

If the applicant states that there are not currently sufficient expenses to meet the spenddown and other expenses are not anticipated, the child must be determined to be ineligible for Medicaid and approved as a CHIP II child. If, however, the applicant states that the combination of current and anticipated expenses is likely to meet the spenddown, the client must be allowed 30 days to provide the information necessary to meet the spenddown; CHIP II coverage must not be approved to cover the 30-day period for meeting the spenddown.

If the child does not meet his spenddown during the 30-day period for doing so, but is CHIP II eligible and has lost CHIP II coverage as a result of the time period involved with meeting the spenddown, CHIP II coverage may be backdated. See item C,4 below.

- The child's family is not eligible for a state group health plan based on a family member's employment with a public agency. This requirement is based on eligibility for such coverage, not on the receipt of it. PEIA, including HMO coverage, is a state group health plan, so the children of WV State employees are not eligible for CHIP II.
- The child does not have individual or group health insurance coverage. See "Definitions" section at the beginning of this Chapter for information related to this provision. Most children with health coverage will not qualify for CHIP II.

NOTE: A child who starts receiving health insurance coverage after CHIP II approval loses CHIP II coverage prior to the expiration of the current 12-month continuous eligibility period.

- An SSN is provided for the CHIP II child.

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this provision. Most children with health coverage will not qualify for CHIP I.

- Individual or group health insurance coverage (See "Definitions" section at the beginning of Chapter 7) for the child has not been voluntarily terminated, without good cause, in the month of application or in the 6-month period immediately preceding the month of application. Good cause for terminating health insurance coverage is as follows:
 - The cost of the family coverage is 10% or more of the family's total gross annual income.
 - The employer terminates health insurance coverage.
 - Health insurance is stopped when the job is terminated by the employer.
 - Loss of coverage for the child is due to a change in employment.
 - Loss of coverage was outside the control of the employee.
 - A determination of good cause is made by the CHIP Board or its designated representative. Referral for Board consideration is made automatically by the Hearing Officer after a negative Fair Hearing decision for the client.

NOTE: Failure to accept available health insurance coverage does not affect CHIP I eligibility. This requirement is concerned only with dropping out of an existing program.

- The child is not an inmate of a public institution.
- The child is not a patient in an institution for mental diseases.
- The child meets the Medicaid citizenship and alienage requirements found in Chapter 18.
- The child's family is not eligible for a state group health plan based on a family member's employment with

16.8 MEDICALLY NEEDED, MANDATORY - FOR FAMILIES AND/OR CHILDREN

NOTE: Medically Needed coverage groups are subject to a spenddown provision.

A. CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN (CEN), MEDICALLY NEEDED (MN)

NOTE: See Section 16.5,I for Categorically Needed CEN coverage.

Income: N/A

Assets: N/A

The newborn child (birth - 12 months) of a Medically Needed-eligible woman is eligible for Medicaid until the end of the month during which he reaches age 1, under the same guidelines as the newborn child of a Categorically Needed-eligible woman. See Section 16.5,I.

To be considered a Medically Needed-eligible woman, the mother must not have had a spenddown, or must have met the spenddown prior to the birth of the newborn.

B. AFDC/U-RELATED MEDICAID (MAOR, MAOU, NAOR, NAOU)

Income: MNIL

Possible Spenddown

Assets: \$2,000 - 1 person
\$3,000 - 2 people
Increases for
each coverage
group member

Parents or other caretaker relatives and dependent children are eligible for Medicaid when all of the AFDC/U Medicaid eligibility requirements are met except as follows:

- The income may be in excess of the AFDC/U payment standard as found in Chapter 10. No AFDC/U-Related case is denied due only to excess income. Instead, incurred medical bills are deducted from the family's income for the 6-month Period of Consideration. This process is called spenddown and details of this procedure are in Chapter 10.
- The family's asset level may be higher than that of the same size family eligible for AFDC Medicaid. See Chapter 11.
- There are no work registration or participation requirements.