

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE MANUAL			CHANGE NUMBER: 153		
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DATE: SEPTEMBER 1999			TO: ALL INCOME MAINTENANCE MANUAL HOLDERS		

This change eliminates Brinkley Procedures for WV WORKS. Brinkley procedures no longer apply to any program administered by OFS.

Brinkley Procedures for Medicaid were eliminated by IM Change #101 and this change removes Brinkley references from Chapters 1 and 2. See Item 3 on the DW-17 of Change#101. In addition, terminology was updated and references to TANF, AFDC/U and the C219 and M219 systems were eliminated in Sections 1.7 and 1.8. Chapter 1 is in the process of a complete revision for this purpose and other sections will be corrected at that time.

For WV WORKS, the Brinkley procedures in Section 15.3,J were previously deleted because of a printing error. This policy allowed continuation of the WV WORKS check for 4 months after child/spousal support exceeded the WV WORKS check amount. When the Worker receives information that support exceeds the check amount, appropriate notices are sent. Section 6.3 has been revised to remove instructions on Brinkley notification.

If the child/spousal support amount varies, it must be averaged like any other income and the averaged/converted amount used. See Section 10.24,A. Eligibility for Food Stamps and Medicaid must also be re-evaluated, if appropriate.

Policy questions should be directed to the OFS Policy Unit.

RAPIDS procedural questions should be directed to the RAPIDS Help Desk.

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B. THE BENEFIT

1. Retroactive Benefits

The first medical card generated by the data system shows retroactive eligibility, based on Block 36 or Block 10, and eligibility through the end of the current month.

2. Ongoing Benefits

The initial medical card shows the eligibility dates for the current month. After the initial month's medical card, a new card is issued monthly which shows the month's eligibility dates. The monthly medical card is received with the TANF check and is part of the mailing package which contains the check.

3. Ending Date Of Eligibility

The ending date of eligibility for Medicaid as a TANF recipient is the last day of the month of the effective date of closure of the TANF case.

C. PERSONAL RESPONSIBILITY CONTRACT (PRC)

The PRC is not used for Medicaid purposes.

D. ORIENTATION

Attending WV WORKS orientation is not an eligibility requirement for Medicaid.

1.8 TRANSITIONAL MEDICAID (TM)

**NOTE:** Eligibility is based on income, assets and deprivation of parental support of the former AFDC Medicaid Coverage Group. These requirements are the same as those for the former AFDC/U Program. See Section 16.5,C for the eligibility requirements that must be met.

There is no application procedure for this coverage group.

The Worker is expected to evaluate for TM:

- All AFDC Medicaid cases which become ineligible due to hours of employment, amount of employment income or loss of the \$30 + 1/3 Disregard; and
- All WV WORKS cases, which are also eligible for AFDC Medicaid, which become ineligible for WV WORKS due to earnings; and
- All WV WORKS cases, which are also eligible for AFDC Medicaid, which become ineligible for AFDC Medicaid due to hours of employment, amount of employment income or loss of the \$30 + 1/3 or \$30 Disregard, whether or not the case continues to receive a WV WORKS check.

When the case is eligible for TM, the Worker must properly code the case and notify the client of his continued coverage.

Although there is no formal redetermination process for TM cases, recipients must comply with the requirements for Phase I recipients found in Chapter 16, to qualify for Phase II coverage.

A new medical card is received on approximately the first of each month.

Phase I coverage ends on the last day of the sixth month of the Phase I period, or on the last day of the effective month of closure, whichever occurs first.

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2.6 DEEMED AFDC/U RECIPIENTS

A. EXTENDED MEDICAID

See Chapter 16 and Section 2.3.

B. ADOPTION ASSISTANCE

The Office of Social Services is responsible for these cases.

C. FOSTER CARE

The Office of Social Services is responsible for these cases.

Removal of an individual from the Medicaid AG:  
The name of the individual being removed.

Change to a spenddown case: The fact that the eligibility status has changed, reason for and the effective date of the change, beginning and ending dates of the new POC.

**NOTE:** If the closure is due to excessive assets, the notification letter must specify the asset limit and the total value counted for all the client's assets. In addition, the letter must contain the following statement: "You may request a detailed accounting of the asset calculations used by the Department. If you so request, this will be mailed to you within five (5) working days of receipt of your request. You may request this in writing, by phone or in person."

3. Changes Not Affecting the Benefit Level

a. Food Stamps Only

The following are not adverse actions, but do require client notification:

- When the coupon allotment does not increase following a WV WORKS or SSI check reduction for repayment of an error caused by the client's misrepresentation
- When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements.

When used to notify the client of these actions, the ES-NL-B must specify that Food Stamp benefits would normally increase following a reduction in income, but that, due to the fact that the client caused these reductions by his own actions, benefits will not increase. The Worker must also indicate which agency made the determination of the client's failure to comply.