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DATE: OCTOBER 1999		TO: TO ALL INCOME MAINTENANCE MANUAL HOLDERS			

Section 16.1,A: This change is being made to the information which must be submitted for special approval of immunosuppressant drugs. Medicare now pays 80% of the cost of these drugs for 3 years after a transplant. Only the remaining amount for which the client is responsible is submitted as the average monthly cost. This amount is paid by the Department.

Questions should be directed to the OFS Policy Unit.

16.1 INTRODUCTION

The West Virginia Medicaid Program provides payment for covered medical services to certified medical providers for eligible individuals who are aged, blind or disabled and to eligible members of families with dependent children.

The determination of which medical services are covered under Medicaid and which medical providers are certified to accept Medicaid patients is the responsibility of the Bureau for Medical Services and is not addressed in this Manual. Unless otherwise specified, the coverage group receives all services covered under Medicaid.

For eligibility for nursing care services and MR/DD and HCB Waiver coverage groups, refer to Chapter 17.

This Chapter provides an overview of the Medicaid Program. In addition, each coverage group has specific requirements which must be met and procedures to follow that may not apply to other Income Maintenance programs or other Medicaid coverage groups. These are contained in this Chapter.

In addition to the coverage groups described in this Chapter which make up the Medicaid Program, the Department has special procedures in place to pay for certain necessary drugs for individuals not eligible for Medicaid. These costs are paid from State money only and cover only the costs shown in items A and B below. Procedures to obtain payment for these expenses are also described below. Workers must submit information about all persons who might qualify for payment of such services. None of the costs paid for through this process may be used to meet spenddown.

A. SPECIAL APPROVAL, IMMUNOSUPPRESSANT DRUGS FOR TRANSPLANT PATIENTS

Individuals who have received a transplanted organ and who are not eligible for Medicaid due solely to failure to meet a spenddown, may have the cost of anti-rejection drugs paid by the Department. To qualify, it must be established that the client does not have sufficient income available to pay for the medication. The individual must have been denied Medicaid for the above reason within six months of the date of the client's request for payment. In addition, the Worker must review the previous application to determine if the client's circumstances have changed. If he continues to be ineligible for Medicaid, due soley to failure to meet a spenddown, at the time he requests payment of the drugs, special approval is considered.

B. SPECIAL APPROVAL, CLOZAPINE/CLOZORIL, DRUG MANAGEMENT AND TESTING

Individuals for whom Clozapine/Clozoril has been prescribed and who are not eligible for Medicaid due solely to failure to meet a spenddown may have the cost of this medication paid by the Department. To qualify, it must be established that the cost of the Clozopine/Clozoril, if paid by the client, would reduce the family income below 100% of the AFDC/U standard of need for a family of the same size. The individual must have been denied Medicaid for the above reason within six months of the date of the client's request for payment. In addition, the Worker must review the previous application to determine if the client's circumstances have changed. If he continues to be ineligible for Medicaid, due solely to failure to meet a spenddown, at the time he requests payment of the drugs, special approval is considered. To have the client considered for this special approval, the Worker must submit a memorandum to Director, OFS. The memorandum must contain all of the information specified in item A above with the following additions:

- Average monthly cost of Clozapine/Clozoril
- Average monthly cost of lab tests
- Name of facility which will perform the lab tests.

No verification of the information submitted is required unless the client does not know the information or the Worker has reason to doubt the client's statement.

Once the eligibility decision is made, the county office is notified. The Worker must then notify the client and provide him with all necessary information to obtain the services.

C. ASSIGNMENT OF MEDICAL SUPPORT RIGHTS

As a condition of eligibility, all Medicaid applicants and recipients must assign to the Department any rights to medical support and to payments for medical care from any third party, provided they are legally able to do so. They must cooperate in identifying and providing information to use in pursuing third parties, unless good cause is established for not cooperating. Good cause is determined by OFS based on written information submitted by the Worker to the OFS Policy Unit.

- To evaluate evidence presented if the client claims good cause

- To determine if good cause for failure to cooperate with BCSE exists

- To apply the penalty for refusal without good cause to cooperate or provide information about medical support.

The following information provides details about the responsibilities of the Worker, the Legal Assistant, and the client in the child support process.