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Chapter 10: A correction was made to the Table of Contents.

Section 16.1: Items A and B have been changed to read, "Individuals who have received a transplanted organ and who are not eligible for Medicaid until a spenddown is met, may have the cost of anti-rejection drugs paid by the Department."

A new Section, 16.1,C, was added to explain assignment of rights.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

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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 Office of 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 home 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 until a spenddown is met, 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.

To have the client considered for this special approval, the Worker must submit a memorandum to the Director, IM Policy Unit, OFS. The memorandum must contain the following information:

- Client's name, address and telephone number

C. ASSIGNMENT OF RIGHTS

As a condition of eligibility, all 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. Cooperation includes establishing paternity and obtaining medical support and payments. Good cause will be determined by OFS based on written information submitted by the Worker to the Policy Unit.

When an otherwise eligible individual cannot legally assign his own rights, and the person legally able to do so does not cooperate, the individual remains eligible.

EXAMPLE: A mother refuses to assign benefits for herself and her children, for whom she can legally make an assignment. The mother is ineligible and the children remain eligible for Medicaid.

NOTE: Poverty-Level Pregnant Women, through the two months postpartum, are exempt from establishing paternity and obtaining medical support.

An SSI applicant is required to assign third party rights to the Department as part of his application for SSI. If he refuses to assign these rights, he is ineligible for Medicaid.