

MANUAL MATERIAL TRANSMITTED					
MANUAL: Income Maintenance			CHANGE NUMBER: 42		
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DATE: May, 1996			TO: All Income Maintenance Manual Holders		

This change is being made to Section 9.2,A to define otherwise eligible more sharply in the context of who must be included in the AFDC/U benefit group.

Apparently, some counties still believe that it is possible to exclude a blood-related sibling with income of an AFDC/U child from the benefit group if his income makes the benefit group ineligible. The reasoning is that this blood-related sibling is not "otherwise eligible" due to income. THIS IS NOT CORRECT. As long as the children are blood-related and have deprivation factors, they **MUST** be included in the same benefit group, even if the income of one child makes the entire family financially ineligible.

A definition of otherwise eligible was added to Section 9.2,A. Thanks to Roger Neptune of the RAPIDS staff for bringing this to our attention.

be a boarder, it is necessary to determine if an individual pays a reasonable monthly payment for board.

A reasonable monthly payment is defined as one of the following:

- More than two meals daily: An amount equal to or exceeding the maximum monthly coupon allotment for the appropriate size of the boarder benefit group; or
- Two meals or less daily: An amount equal to or exceeding two-thirds of the monthly coupon allotment for the appropriate size of the boarder benefit group.

**NOTE:** Foster children are considered boarders, regardless of the amount of monthly payment.

#### 4. Student Eligibility

In applying the student policy, it is first necessary to determine if any member of the Food Stamp benefit group is a student. If so, whether or not the student policy applies must be determined as found below in item a.

Student participation in the Food Stamp Program is limited to individuals who meet the criteria in item b.

##### a. Determination of Applicability of the Student Policy

If a member of the Food Stamp benefit group is a student and meets any one of the following criteria, he is not considered a student for Food Stamp purposes, and eligibility is determined as for any other individual. He does not have to meet one of the exceptions to the restriction on student eligibility in order to qualify.

- He is under age 18.
- He is age 50 or over.
- He is physically or mentally disabled. See Chapter 12.

**EXAMPLE:** Mr. and Mrs. G live with Mr. G's mother. They purchase food and prepare meals separately from the mother. Separate benefit group status is approved. The assets of the mother make her ineligible for Food Stamps, but a case is approved for Mr. and Mrs. G.

**EXAMPLE:** Mr. and Mrs. H live with her elderly and disabled mother. They purchase food and prepare meals together. The elderly and disabled requirements are met, so two benefit groups are established: one for Mr. and Mrs. H and one for the elderly and disabled mother.

**EXAMPLE:** Mr. I., age 25, lives with his parents and meets the definition of a boarder. Because of the parent/child relationship, Mr. I. cannot be considered a boarder, even though he is over age 21. He may be included in a benefit group with his parents if they so request.

**EXAMPLE:** Mrs. J has two children, John and Jane. Jane attends school in another town where special education classes are taught. During the week she lives with Mrs. K and attends school, where she receives free breakfasts and lunches. Food for her is customarily purchased and prepared with Mrs. K. In order to receive FS, Jane must be included in a benefit group with Mrs. K. She cannot be included with her mother and brother.

**EXAMPLE:** Mr. L. works out of state and comes home on weekends and holidays. When he returns to West Virginia, he lives with his wife and 3 children who receive Food Stamps. He is not eligible to be included in the benefit group with his wife and children, because his food is not customarily purchased and prepared with his family's. Only the amount of income he makes available to his family is counted as income.

- Received earned income of not less than \$50 during that quarter. Earned income for these purposes includes income as described in Chapter 10. Earned income also includes pay received while serving in the Armed Forces or serving a prison/jail sentence or participating in VISTA.
- Was a participant in the Work Incentive Program, the CWEP program or the JOBS Program for any part of that quarter. An individual is considered to be a W & T or JOBS participant from W & T registration until de-registration. This includes participation in the Community Work Experience Program (CWEP). Participation in any state's Work Incentive Program, CWEP, JOBS or other work program generated by the human services agency of the state and approved by OFA will meet this component.
- Has a "quarter of coverage" as defined by the Social Security Act. The Social Security Act provides for the crediting of quarters of coverage based on yearly earnings including deemed military wages (the amount of deemed military wages must be determined by the SSA) divided by the amount required to qualify a calendar quarter as a quarter of coverage. Quarters of coverage are determined by the amount of income an individual earns in a calendar year without regard to the length of time it takes the individual to earn it. An individual could earn four quarters of coverage for work performed in one calendar quarter, if the earnings are great enough. No more than four quarters of coverage may be earned in one calendar year.

quarter of coverage. A period of disability begins with the quarter of onset and ends with the quarter in which the last disability payment is due. In the case of a disability freeze, the period ends with the second month following the month in which the disability ceases.

(3) Is Available for Employment (AFDCU Only)

The unemployed parent whose activities or responsibilities preclude his being available for employment or training does not meet the definition of unemployment. If the parent states that he will end the activities that preclude his availability for employment or training when an offer is made by W & T, he will meet the requirement of being available for employment. The parent who takes the position that he cannot accept employment or training does not meet this component of the definition.

The parent who has part-time employment or is engaged in other activities must indicate that he is willing to accept full-time employment or training if offered.

(4) Has Not Refused a Bona Fide Offer of Employment or Training Without Good Cause

The unemployed parent must not have refused or left employment or training for employment in the 30-day period prior to the date of application without good cause. See Chapter 1 for determining eligibility dates when such an instance occurs.

Before it is determined that the unemployed parent has refused a bona fide offer of employment or training for employment without good cause, the Worker must determine that such an offer was actually made and whether the offer remains available. In the case of offers of employment made through public employment or manpower agencies, the determination of whether the offer was bona

## 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: UPV, Client Error

Used for repayment of a UPV, when the claim resulted from a client error.

The data system compares 10% of the current CA to \$10 and reduces the CA by the greater of the two amounts.

- D: IPV, No Disqualifications

Used for repayment of an IPV claim, when the period of disqualification ends.

The data system compares 20% of the current coupon allotment to \$10 and reduces the CA by the greater of the two amounts.

- E: IPV and UPV (Client), One Person Disqualified

Used for repayment of one IPV claim and one UPV claim simultaneously. The IPV claim must meet the specifications for code A above. The UPV claim must be the result of a client error.

The data system determines the entitlement the same way it is determined for code A. Twenty-percent (20%) of the entitlement is compared to \$10, and the greater of the two is held and added to the amount determined in the next step.

- H: UPV, Agency Error  
  
Used for repayment of a UPV, when the claim resulted from an Agency error.  
  
Calculations performed are the same as for code C above.
- I: IPV and UPV (Agency), One Person Disqualified  
  
Used for a combination of UPV and IPV claims. The IPV claim must meet the specifications for code A above. The UPV claim must be the result of an agency error.  
  
Calculations performed are the same as for code E above.
- J: IPV and UPV (Agency), Two Persons Disqualified  
  
Used for a combination of IPV and UPV claims. The IPV claim must meet the specifications outlined for code B above. The UPV claim must be the result of an agency error.  
  
Calculations performed are the same as for code F above.
- K: IPV and UPV (Agency), No Disqualifications  
  
Used when there is a combination of IPV and UPV claims involved. The IPV claim must meet the specifications for code D above. The UPV claim must be the result of an agency error.  
  
Calculations performed are the same as for code G above.