

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE

CHANGE NUMBER: 49

DELETE

INSERT OR CHANGE

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DATE: October, 1996					
TO: All Income Maintenance Manual Holders					

Changes are being made as follows:

1. Section 9.2,A was changed to define "otherwise eligible" more clearly 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 of an AFDC/U child with income, 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.

Thanks to Roger Neptune of the RAPIDS staff for bringing the need to clarify this to our attention.

THE EXPLANATION OF THIS CHANGE WAS PREVIOUSLY INCLUDED IN THE DW-17 FOR MANUAL CHANGE #42, BUT THE MANUAL PAGES WERE NOT CHANGED.

2. Prior to this change, the Manual addressed the treatment of the income of the MP(s) when the mp was included in the case as a dependent child and when included as the caretaker relative. It did not address how to treat the income of the MP(s) when the mp does not have care and control of the child but must be included due to being the parent of the child. When this is

3 months unless otherwise specified under the appropriate coverage group. No such statement appeared under the coverage group, even though it was found in Chapter 1.

5. An additional toll-free telephone number for estate recovery contacts was added to Sections 17.13,C and 20.4,A. The number is a 1-888 number instead of a 1-800 number.
6. Changes have been made to Section 20.4 involving Medicaid repayment. When the Department pays for medical expenses for a client who is ineligible for Medicaid due to an unintentional client error or a Worker error, repayment cannot be sought from the client. Therefore, the Worker's responsibilities in the repayment process were removed, except those related to intentional client errors.
7. Section 23.5, Blocks 11-29, were changed to show the benefit codes for persons included in the C-219 system for Medicaid only.
8. Minor terminology changes were made in Sections 13.25 - 13.27.
9. Instructions were added to Chapter 13 to indicate that an M-219 system case must be opened when the entire AFDC/U case becomes ineligible due to a JOIN penalty.

There may be some pages in this change that have no changes. If so, this is due to the inclusion and then removal of a major change as part of this release. There are currently no plans to release the change.

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

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1.11 POVERTY-LEVEL CHILDREN

All application and redetermination procedures found in Section 1.9, Qualified Children, apply to all groups of Poverty-Level Children.

A. THE BENEFIT

See Section 1.9,S.

A medical card is issued for each group of Poverty-Level children in a family who are blood-related siblings. When possible, the Poverty-Level pregnant woman, who is a parent of eligible children, appears on the same card.

NOTE: Even though different coverage groups are in the same case, appropriate codes must be used to identify each coverage group.

B. ENDING DATE OF ELIGIBILITY

The ending date of eligibility is the last day of the month of the effective date of closure.

- Any verification which must be returned with the form
- That the case will be closed after proper notification, if the redetermination is not completed
- That the client may come into or telephone the office, if he requires assistance completing the redetermination form

When the client is in the office to complete a redetermination for another program, the CEN child redetermination is completed at the same time. The redetermination is completed using the ES-2, when that form is required for the other Program.

4. Completion Of The Redetermination

When the redetermination is completed and the individual(s) remains eligible under another coverage group, the new eligibility period must begin the month immediately following the month of the redetermination.

C. THE BENEFIT

The CEN remains in the case with his mother during her postpartum period, regardless of the case or the coverage group. After the postpartum period, he is included with his eligible siblings who are QC's, Poverty-Level children or CEN, or with his mother who is a QC or Poverty-Level pregnant woman, or in a case by himself, if appropriate.

1. Initial Benefit

When a CEN is added to his mother's or his sibling's case, his identifying information appears on the following month's medical card when the change is transmitted prior to the current month's M-219 deadline. The Worker must issue a manual medical card for the CEN for any eligible month prior to the month in which his name appears on the card.

2. Ongoing Benefit

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

APPENDIX A

COMMONLY USED

ACRONYMS AND ABBREVIATIONS

ACF	Administration for Children and Families
ACT, the	The Social Security Act
ADH	Administrative Disqualification Hearing
AFDC	Aid to Families With Dependent Children
AFDCU	Aid to Families With Dependent Children - Unemployed Parent
AFDC/U	Includes AFDC and AFDCU
AIDS	Acquired Immune Deficiency Syndrome
AP	Absent Parent
APPALRED	Appalachian Research and Defense Fund
BEP	Bureau of Employment Programs
BFU	Basic Filing Unit
CA	Coupon Allotment
CAN	Social Security Claim Number
CAO	Child Advocate Office
CDCS	Children With Disabilities Community Service Program
CE	Coupon Entitlement
CFR	Code of Federal Regulations
CHIP	West Virginia Child Health Initiative Program
CK	AFDC/U Check Amount, when there is no earned income
COLA	Cost of Living Adjustment
CPI	Consumer Price Index

HCFA	Health Care Financing Administration
HSS	Homeless Shelter Standard
HUD	Housing and Urban Development
ICF/MR	Intermedicate Care Facility/Mentally Retarded
IEVS	Income and Eligibility Verification System
IFM	Investigations and Fraud Management
IM	Income Maintenance
IPV	Intentional Program Violation
IV-A	Section of the Act dealing with AFDC/U
IV-D	Section of the Act dealing with Child Support
IV-E	Section of the Act dealing with Foster Care
JOBS	Job Opportunity and Basic Skills
JOIN	Joint Opportunities for Independence
JTPA	Job Training Partnership Act
LIEAP	Low-Income Energy Assistance Program
MCH	Maternal and Child Health
MEDICAID	Medicaid
MIS	Management Information Systems
MP	Major Parent
mp	Minor Parent
MNIL	Medically Needy Income Level (formerly PIL)
MR/DD	Mentally Retarded/Developmentally Disabled
MRT	Medical Review Team
NEMT	Non-Emergency Medical Transportation
NF	Nursing Facility (formerly nursing home)

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2.10 CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN

A CEN (birth - 12 months) is eligible for Medicaid until he reaches age 1, when all of the conditions in Chapter 16 are met. Therefore, only the routine case maintenance items listed in Section 2.1 apply to CEN children.

The CEN must be added to his mother's case within 5 working days of the date the birth is reported by the client, hospital worker or clinic/hospital staff.

EXAMPLE: Mr. and Mrs. G, both age 35, 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, ages 27 and 30, 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.

decision using the above criteria, the Supervisor makes the decision.

A minor parent (mp) is treated as a dependent child in the benefit group when:

- An application is made by a caretaker relative who has care and control of both the mp and her child.
- An application is made for the mp only by a caretaker relative who has care and control of the mp.

NOTE: The mp who lives with a spouse cannot be considered a dependent child.

NOTE: When the mp is a dependent child, she must be included on the benefit group with her dependent blood-related siblings who are otherwise eligible.

The mp is treated as the caretaker relative anytime she has care and control of her own child.

NOTE: When the mp and the legal father of the child live together, it is assumed that they are the caretakers of their child.

When an individual in the home, other than the mp, has care and control of the mp's child and applies for AFDC for the child, the mp who lives in the home must be included in the benefit group because she is the parent of the child, not because she is the caretaker relative. In this situation, the mp is considered to be the non-caretaker parent. The individual who has care and control of the mp's child is the caretaker relative of the child.

NOTE: The mp must be treated the same for the income group and for the benefit group, i.e., when the mp is treated as a dependent child in the benefit group, the mp's own income is treated as that of a child. When the mp is treated as a caretaker relative or a non-caretaker parent, the income is treated as that of an adult.

B. THE INCOME GROUP

The non-excluded income of all benefit group members is counted.

The non-excluded income of the following individuals must be counted when determining eligibility, but not when determining need:

The benefit group consists of Mr. and Mrs. D and the two dependent children who do not receive SSI. The SSI child is not included in the benefit group and the SSI income is not counted.

EXAMPLE: Household consists of Mr. and Mrs. E, Mr. E's two children from a previous marriage and Mrs. E's child from a previous marriage. Mr. E and his two children are included in one benefit group. A separate benefit group is established for Mrs. E and her child.

EXAMPLE: Household consists of Mr. and Mrs. F, their two children and Mrs. F's niece. Mr. and Mrs. F and their children are in one benefit group. A separate benefit group is established for Mrs. F's niece.

EXAMPLE: Household consists of Mrs. G and her daughter Miss G. Mrs. G and her daughter receive AFDC/U. After the birth of Miss G's child, Mrs. G seeks AFDC/U for the child. Because the grandmother, the minor mother and the minor mother's child are all seeking AFDC, the Worker must determine who is exercising responsibility for the care and control of Miss G's child.

If Miss G is the caretaker, the benefit group consists of Miss G and her child. Miss G is included in the benefit group as the caretaker relative. Mrs. G is no longer eligible because she has no dependent child.

If Mrs. G is the caretaker of Miss G's child, Miss G is still required to be included in the benefit group as the non-caretaker parent, and is treated as an adult.

If Mrs. G is the caretaker for both Miss G and Miss G's child, and applies for both as such, Miss G and her child are both treated as dependent children.

EXAMPLE: Household consists of Mrs. I and her two sons who receive AFDC. Mrs. I's daughter Miss I, a minor parent, returns to the home with her child. Miss I has been living independently with her child, and receives AFDC. After she returns home, Miss I continues to have responsibility for the care and control of her child. She and her child are a separate benefit group.

EXAMPLE: Household consists of Mr. J, his wife and her two children from a previous marriage. Mrs. J and her two children receive AFDC.

9.9 CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN (CEN)

A. THE BENEFIT GROUP

1. Who Must Be Included

The CEN must be included in the benefit group.

2. Who Cannot Be Included

The CEN is the only person who is included.

B. THE INCOME GROUP

No income determination is required.

C. THE NEEDS GROUP

No need determination is required.

D. CASE COMPOSITION

The CEN may be included in the case of his blood-related siblings who are Qualified, Poverty-Level or CEN children or with his mother who is a Poverty-Level pregnant woman, if possible. If his mother is eligible as a QC, he is included in the case with her.

NOTE: The CEN must be included in the same case with his mother through the end of the postpartum period, regardless of the data system.

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SOURCE OF INCOME	CONSIDERED AS INCOME FOR:		
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U-RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI-RELATED MEDICAID
<p>EEE. REPLACE- MENT OF PROPERTY BENEFITS</p> <p>(From insurance companies, federal or state agencies, public or private organizations or other individuals.)</p>	<p>No, when it is received for the purpose of replacing or repairing an asset which is lost, stolen or damaged. If it is not used for the above purpose, it is counted as a lump sum payment.</p>	<p>No, when it is received for the purpose of replacing or repairing an asset which is lost, stolen or damaged. If it is not used for the above purpose, it is counted as a lump sum payment.</p>	<p>No, when it is received for the purpose of replacing or repairing an asset which is lost, stolen or damaged. If it is not used for the above purpose, it is counted as a lump sum payment.</p>
<p>FFF. RETIREMENT BENEFITS</p>	<p>Unearned. Count gross.</p>	<p>Unearned. Count balance after subtracting mandatory payroll deductions.</p>	<p>Unearned. Count gross.</p>
<p>GGG. RSDI (Retirement, Survivors, Disability Insurance)</p>	<p>Unearned. Count the amount of the client's entitlement. The entitlement amount includes any amount deducted for Medicare, child support or for any other purpose.</p> <p>NOTE: See SSI for exclusion of fees collected by some organizations. Applies only when RSDI is based on disability.</p>	<p>Unearned. Count the amount of the client's entitlement. The entitlement amount includes any amount deducted for Medicare, child support or for any other purpose.</p>	<p>Unearned. Count the amount of the client's entitlement. The entitlement amount includes any amount deducted for Medicare, child support or for any other purpose.</p>
<p>HHH. ROOMER/ BOARDER PROVIDER INCOME</p>	<p>Earned, Self-employment</p>	<p>Earned, Self-Employment</p>	<p>Earned, Self-Employment</p>

(2) Earnings Unknown At Beginning of Semester

When the amount of the earnings is not known at the beginning of the semester, any portion of the CWS income specifically earmarked for items of need is treated as earned income and converted to a monthly amount according to item A. All earned income disregards and deductions apply.

c. Other Sources

Educational funds from any source, other than those listed in items a. and b. above, are totally excluded as being earmarked for educational purposes, unless any portion of the funds is specifically earmarked for items of need included in the AFDC/U check (shelter, utilities, food, clothing not needed for the program or course of study, or incidentals).

Any of the funds specifically earmarked for items of need are counted as unearned income and prorated over the period of time they are intended to cover.

8. Deeming

a. General Rules For Deeming of Income

The following general rules for deeming are applicable:

- Income is deemed from a major parent(s) to minor parents.
- For income to be deemed from one person to another, the individuals must be living together.
- Income of the SSI recipient is never deemed to any other individual. This applies to all income of the SSI recipient, not just the SSI amount.

NOTE: In some cases, payments made to former SSI recipients are deemed. See item b. below.

Appendix A for the number of ineligible individuals living in the home, including the stepparent, who are, or could be, claimed by him as dependents for federal income tax purposes. Do not include a parent of the AFDC/U children who is not included in the benefit group.

Step 4: Subtract any amounts he actually pays to persons not living in the home, but who are, or could be, claimed by him as dependents for federal income tax purposes.

Step 5: Subtract any child support or alimony actually paid to individuals not living in the home.

The remaining amount is deemed as unearned income to the benefit group.

c. Deeming from the Spouse of a Caretaker Relative Who is Not the Parent

When the child is in the home of a specified relative other than the natural or adoptive parents, only one relative is included in the benefit group. If the specified relative, who is included in the benefit group, has income, all of this income is counted. When the spouse of an included non-parent caretaker relative has income, it is deemed according to instructions in item b. above. When the non-parent caretaker relative is not included in the benefit group, neither the non-parent caretaker relative's income nor his spouse's income is deemed to the AFDC/U children.

d. Deeming from Major Parent(s)

A Major Parent (MP) is defined as a parent(s) of a minor parent (under 18 years of age).

NOTE: See Chapter 9 to determine the benefit group composition.

This provision requires the deeming of income when a minor parent (mp) and the mp's dependent child live with the MP(s). The income of the MP(s) is deemed as if he were a member of the benefit group, when the mp is included as a dependent

10.13 **MEDICAID FOR CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN**
(Categorically and Medically Needy, Mandatory)

NOTE: The spenddown provision does not apply.

There is no income test for the CEN. See Sections 16.5,I
and 16.8,A.

10.18 **MEDICAID FOR ILLEGAL ALIENS (Categorically Needy, Mandatory)**

NOTE: The spenddown provision does not apply.

An illegal alien, eligible for emergency Medicaid coverage, must meet the income requirements of the AFDC/U or SSI Program.

An illegal alien who is a dependent child or the parent of a dependent child is income eligible if, after using all AFDC/U income policy in Section 10.5, income is below the AFDC/U payment level. Only the family member with the emergency medical need is eligible for Medicaid, even though it is necessary to determine the family's eligibility.

An illegal alien, who is aged, blind or disabled, is income eligible if, after using all SSI-Related Medicaid income policy, except for the spenddown provision in Section 10.22, income is below the maximum SSI payment for an individual or a couple, if applicable.

Step 12: Subtract the maximum SSI payment for a couple from the Step 11 amount.

The amount remaining after Step 12 is deemed to the SSI-Related child as unearned income. If there is more than one SSI-Related child, divide the amount equally among the SSI-Related children.

5. Strikers

The presence of a striker has no effect on SSI-Related Medicaid.

6. Irregular Income

Regardless of the source, irregular income is excluded because it cannot be anticipated.

7. Lump Sum Payments

Lump sum payments are treated as unearned income in the month received.

8. Withheld Income

a. From Earned Income

Earnings withheld to repay an advance payment are disregarded if they were counted in the month received. If not counted in the month received, the withheld earnings is income. No other earned income is excluded just because it is withheld by the employer.

b. From Unearned Income

All withheld unearned income is counted, unless an amount is being withheld to repay income that was previously used to determine Medicaid eligibility.

9. Funds Diverted To A PASS

Funds diverted to a PASS account are disregarded.

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13.15 JOB OPPORTUNITIES AND BASIC SKILLS TRAINING PROGRAM (JOBS)

Sections which follow, 13.16 through 13.28 below, outline the requirements for JOBS, designate the members of the benefit group to whom the requirements apply and the penalty for failure to meet the requirements.

NOTE: Penalties or sanctions applied by other states for failure to cooperate in their work programs do not prohibit eligibility in West Virginia.

West Virginia began a demonstration project under a federal waiver in January, 1996 titled "Joint Opportunities for Independence" (JOIN). Mandatory JOBS participants are randomly selected by the data system for assignment to the JOIN project. JOIN becomes the mandatory participant's JOBS activity. JOIN policy and procedures are the same as those for JOBS unless specified in the following appropriate items.

13.18 JOBS REFERRAL PROCEDURES (AFDC/U)

The Worker is responsible for coding the data system with each individual's JOBS enrollment status.

All mandatory and voluntary individuals coded in the data system are referred by printout to W&T. Prior to referral, the Worker must explain the purpose of JOBS to the client.

At the time of application or redetermination, the Worker informs all AFDC/U applicants and recipients in writing and orally, as appropriate, of the availability of the JOBS program.

An individual who is exempt from participation, but able to work, must be given an opportunity to volunteer for participation and, if interested, referred to JOBS. The Worker must make clear to the client that the he is not required to participate, and that his failure to do so will not affect eligibility.

NOTE: AFDC/U recipients who are exempt from JOBS, but who are attending a self-initiated education or training activity, are not required to enroll in JOBS to be eligible for JOBS-related Day Care. The Worker is responsible for identifying individuals who are in a self-initiated education or training activity and are in need of Day Care services. The Worker refers such individuals to W&T using form DHS-1 within three (3) working days. W&T is responsible for determining if the activity is an approved JOBS activity, and that the activity meets the placement criteria for a self-initiated activity, as well as the criteria for the specific activity.

13.25 ACTION WHEN THE CLIENT REFUSES TO COOPERATE (AFDC/U)

When the mandatory participant refuses to cooperate with W&T, procedures aimed at resolving the problem and enabling participation in a responsible manner are instituted by the W&T Worker. See Section 13.28 for the effect on Food Stamp and Medicaid eligibility.

The steps in this process follow.

- Determination of whether or not the individual has refused to cooperate with W&T without good cause. If good cause exists, the Worker is not notified in any part of the process. If good cause does not exist, W&T notifies the Worker to apply appropriate sanctions at the conclusion of the JOBS Conciliation Process.
- If a Fair Hearing is requested, action is delayed until the Fair Hearing is held.
- For mandatory JOBS participants, the first sanction results in removal from the benefit group until the failure or refusal ceases.
- For mandatory JOBS participants, the second such failure or refusal results in removal from the benefit group until the failure or refusal ceases, or for three months, whichever is longer.
- For mandatory JOBS participants, the third and any subsequent failure or refusal results in removal from the benefit group until the failure or refusal ceases, or for six months, whichever is longer.
- For JOIN participants, the first penalty is removal of the participant's needs from the AFDC/U benefit group until the failure to comply ceases, or three months, whichever is longer.
- For JOIN participants, the penalty for the second and any subsequent failure to comply is termination of AFDC/U benefits for all members of the benefit group at the time the failure to comply occurred, until the failure to comply ceases, or six months, whichever is longer. An M-219 system case must be automatically opened to accomplish continuation of Medicaid eligibility. The case is coded as an AFDC/U-Related Medicaid case. To prevent the possibility of a spenddown, \$0 income is used.

13.26 PENALTY WHEN THE MANDATORY PARTICIPANT IS SANCTIONED (AFDC/U)

A. W&T NOTIFICATION PROCEDURES

W&T advises the Worker of the length of the sanction to be applied. The DHS-1 shows the following:

- Case number
- Case name
- Participant's name, if different from case name
- Status of second parent
- Participant's SSN
- Participant's address
- Reason for sanction
- Length of JOBS sanction
- Name of W&T Worker
- Affect on Food Stamp eligibility

B. INCOME MAINTENANCE PROCEDURES

Upon notification of the sanction the Worker applies the appropriate penalty as follows:

- The sanctioned individual is removed from the AFDC/U benefit group.
- When a parent in an AFDC/U case is sanctioned, the second parent is removed from the benefit group, unless the second parent is participating in the JOBS program, whether or not the second parent would otherwise be exempt. The JOBS exemptions apply to the second parent, who would be required to participate when the parent who is required to participate fails to do so, with the exception of the exemptions relating to the care of children or of ill or incapacitated persons. If the parent

D. WORKER'S NOTIFICATION PROCEDURES

The Worker must notify W&T within three days of the receipt of the DHS-1, of the month in which the sanction will begin. The DHS-1 to W&T must specify:

- Case name
- Case number
- Participant's name, if different from case name
- SSN
- Effective date of penalty
- Ending date of penalty
- Registration status

NOTE: It is possible that checks for two or three months could be received before the Fair Hearing decision is reached. In this case, when the agency is upheld, each month of repayment counts as one month of the sanction period.

- If the individual's status changes to exempt during his second or subsequent sanction, the minimum sanction period must run its course. The M-219 system AFDC/U-Related Medicaid case must be closed and the C-219 system AFDC/U case must be reopened with no overlapping Medicaid coverage. AFDC/U eligibility is established as of the date the sanction ends, provided the benefit group is otherwise eligible. The work status of all benefit group members must be reevaluated when the AFDC/U case is reopened, making certain that the work status of the individual who caused the previous sanction is changed to exempt.

13.29 WORK REQUIREMENTS FOR MEDICAID

There are no work requirements for the Medicaid Program.

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A. CATEGORICALLY NEEDY MEDICAID

MEDICAID
|
MANDATORY
|
CATEGORICALLY NEEDY

MANDATORY

- AFDC/U Recipients
- Deemed AFDC/U Recipients:
 - Check amount below \$10
 - Extended Medicaid (child/spousal)
 - IV-E Adoption Assistance **
 - IV-E Foster Care **
- Transitional Medicaid
- Qualified Children Born on or After 10-1-83*
- Poverty-Level Pregnant Women
- Poverty-Level Children Under Age 1
- Poverty-Level Children, Ages 1-5
- Poverty-Level Children, Ages 6-18
Born on or After 10-1-83*
- Continuously Eligible Newborn Children

OPTIONAL

- Home and Community Based Waivers (HCB and MR/DD)
- Adoption Assistance other than IV-E **
- Foster Care other than IV-E **
- Children with Disabilities Community Services (CDCS)
- Qualified Children Born Before 10-1-83, Under Age 19 (Medicaid Expansion)
- AIDS Programs

Families and Children

Aged, Blind, or Disabled

- SSI Recipients
- Deemed SSI Recipients:
 - Disabled Adult Children (DAC)
 - Blind or Disabled - Gainful Activity (SGA)
 - Essential Spouses of SSI Recipients
 - Pass-Throughs
 - Pickle Amendment Coverage (PAC)
 - Disabled Widows, Widowers
 - Drug Addicts and Alcoholics
- Qualified Medicare Beneficiaries (QMB)
- Specified Low-Income Medicare Beneficiaries (SLIMB)
- Qualified, Disabled Working Individuals (QDWI)
- Illegal Aliens - Emergency Coverage

* The maximum age limit for these children increases each year. Eligibility ends at age 19.
** These cases are handled by the Office of Community Support and are in the SSIS Data System.

income from one sibling to another. These procedures are described in Chapter 10.

NOTE: The Worker must determine financial eligibility prior to entry into the M-219 system. No entries are accepted in the income blocks of cases containing a QC.

QC's are not required to have an AFDC/U deprivation factor or to live with a specified relative. There is no asset test for such children.

The maximum allowable age for children under this coverage group increases each year due to the requirement that these children be born on or after 10-1-83. The maximum ages and dates they become effective are as follows:

<u>Year</u>	<u>Maximum Age</u>
10/95	12
10/96	13
10/97	14
10/98	15
10/99	16
10/00	17
10/01	18
10/02	19 - Eligibility ends at age 19

When a QC becomes pregnant, refer to item E,3 below for more information.

E. POVERTY-LEVEL PREGNANT WOMEN (M-219, C-219 SYSTEMS)

A pregnant woman is eligible for Medicaid coverage as a Poverty-Level Pregnant Woman or as a Deemed Poverty-Level Pregnant Woman as follows. Eligibility may be backdated more than 3 months. See Chapter 1.

1. Categorically Needy, Deemed Poverty-Level Pregnant Woman

Income: N/A

Assets: N/A

Any woman who is pregnant when she is an eligible Categorically Needy, Medicaid recipient, remains eligible for Medicaid throughout her pregnancy and through a 60-day postpartum period when both of the following conditions are met:

- The woman receives Medicaid under any mandatory or optional Categorically Needy coverage group. See

and is not eligible as

- a Deemed AFDC/U Recipient
 - a Qualified Child.
- Income of the child's SFU meets the income eligibility requirements described in Chapter 10.

NOTE: Special procedures must be followed when the child's sibling(s) has income of his own. These procedures must be followed to avoid illegally deeming income from one sibling to another. These procedures are described in Chapter 10.

NOTE: The Worker must determine financial eligibility prior to entry into the M-219 System. No entries are accepted in the income blocks of cases containing a Poverty-Level Child Ages 1-5.

Poverty-Level Children Ages 1-5 must not be required to have an AFDC/U deprivation factor or to live with a specified relative. There is no asset test for such children.

H. POVERTY-LEVEL CHILDREN, AGES 6-18 (BORN ON OR AFTER 10-1-83)

Income: 100% FPL

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of the maximum age, eligibility must continue until the end of that inpatient stay.

A child at least age 6, but not yet age 19 is eligible as a Poverty-Level Child, Ages 6-18 when all of the following conditions are met:

- The child is not receiving
- AFDC/U
 - SSI

and is not eligible as

- a Deemed AFDC/U Recipient
 - a Qualified Child
- The child was born on or after 10-1-83.
- The child is under age 19, regardless of school attendance or course completion date.

- The child does not receive
 - AFDC/U
 - SSI

and is not eligible as a Deemed AFDC/U Recipient.

- A Medicaid application was made, or considered to have been made, and approved. The application may be made up to three (3) months after the child's birth. If the child's mother was eligible for and receiving Medicaid on the date the child was born, an application is considered to have been made for the child.
- The child resides continuously in the mother's household. The definition of "resides with" or "lives with" which is used by the most closely associated cash assistance program (AFDC/U or SSI) is used to meet this requirement.

NOTE: Under SSI, a child born to an institutionalized woman is eligible on the date of birth only. Eligibility under all other Medicaid coverage groups must be explored immediately for these children.

- The mother remains eligible for any Categorically Needy Medicaid coverage group or would be eligible for Categorically Needy Medicaid if she were still pregnant. Changes in the mother's family income never affect the child's eligibility as a CEN, because changes in income never affect the eligibility of a Poverty-Level Pregnant Woman. Refer to item E above. In addition, failure of the child's mother to complete a redetermination does not result in ineligibility for the CEN.

CEN's must not be required to have an AFDC/U deprivation factor or to live with a specified relative (other than the mother), and there is no income or asset test for such children. Enumeration requirements are not to be applied.

NOTE: The CEN must receive Medicaid in the same case in which his mother receives her postpartum coverage, if applicable. After the mother's postpartum coverage ends, a CEN case must be opened for him in the M-219 system.

NOTE: There is no requirement that the CEN be evaluated as a QC. He must remain coded as a CEN until he reaches age one (1).

to have an SSI case in the C-219 system, even if they appear on the SDX "Need to Open" listing.

**D. CHILDREN WITH DISABILITIES COMMUNITY SERVICE PROGRAM (CDCS)
(C-219 SYSTEM)**

Income: 300% SSI Payment Level

Assets: \$2,000

The Department has chosen the option of providing Medicaid to disabled children, up to the age of 18, who can receive necessary medical services while residing in their family (natural or adoptive) homes or communities. The medical services must be more cost-effective for the State than placement in a medical institution such as a nursing home, ICF/MR facility, acute care hospital or approved Medicaid psychiatric facility for children under the age of 21.

This coverage group allows children to remain with their families by providing medical services, in the home or community, that are more cost-effective than care in a medical institution. It also eliminates the requirement that the income and assets of parents and/or legal guardians be deemed to the children.

A child is eligible for Medicaid as a CDCS client when all of the following conditions are met:

- The child has not attained the age of 18.
- The child's own gross income does not exceed 300% SSI payment level.
- The child has been determined to require a level of care provided in a medical institution, nursing home, ICF/MR, hospital or psychiatric facility.
- He is expected to receive the necessary services at home or in the community.
- The estimated cost of services is no greater than the estimated cost of institutionalization.
- The child would be eligible for an SSI payment if in a medical institution.
- The child has been denied SSI eligibility because the income and assets of his parent(s) were deemed to him, and as a result, the SSI income or asset eligibility test was not met.

NOTE: At age 18, individuals must apply for SSI. If SSI eligible, they receive SSI Medicaid and are no longer coded

NURSING CARE SERVICES

D. AFDC/U RECIPIENTS

When an AFDC/U recipient enters a nursing facility or an AFDC/U application is made, all eligibility requirements in Chapters 9 and 15 apply.

The nursing facility resident is included in the benefit group and \$30 of the AFDC/U check is used for his personal needs allowance. Because benefit groups of 8 or more receive only the capped AFDC/U check amount of \$477, a special needs allowance, as specified below, must be added to the AFDC/U check to ensure that the full personal needs allowance is available to the nursing care patient.

Benefit Group	Special Needs Allowance
8	\$15, \$50 or \$75
9 or more	\$30, \$65 or \$90

E. QUALIFIED MEDICARE BENEFICIARIES (QMB)

QMB recipients receive coverage for Medicare co-insurance payments and deductibles, which includes nursing care payment, when Medicare is participating in the cost of care. See Section 17.2.

F. APPLICATION OF TRUST AND TRANSFER OF RESOURCES POLICY

Because the trust and transfer of resources provisions which are effective for trusts and transfers established on or after 8/11/93 apply to all Medicaid Recipients, including SSI and Deemed SSI Recipients and AFDC/U Recipients, the Worker must contact the client or his representative to determine if these provisions apply. When either or both applies, the penalty is applied for as long as the trust exceeds the asset limit or until the transfer penalty period expires, or both, as appropriate.

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20.4 MEDICAID CLAIMS AND REPAYMENT PROCEDURES

The procedure for establishing claims and collecting repayments for Medicaid services is not as formal as for AFDC/U and SSI. It requires close coordination of the following groups: the county Worker, IFM Investigator, Financial Clerk, Third-Party Liability Unit in OMS.

A. REPAYMENT OF CORRECTLY PAID BENEFITS - ESTATE RECOVERY

Under certain circumstances, the Department must be reimbursed for Medicaid expenditures made on behalf of an eligible client. Repayment of correctly paid benefits is required only for those who received nursing care services, HCB Waiver, ICF/MR and related hospital and prescription drug services. BMS is responsible for implementing this law. Any inquiries referred to BMS' Estate Recovery contract agency at 1-800-359-4840 OR 1-888-378-0836.

B. REPAYMENT OF BENEFITS FOR WHICH CLIENT WAS INELIGIBLE

When it is determined that the client was ineligible for Medicaid and that the Department paid for medical services, the action depends upon whether or not the claim is due to intentional client misrepresentation.

1. Intentional Misrepresentation

When intentional misrepresentation is suspected and the amount of the medical payment is \$500 or more, the case is referred to IFM for investigation, using the IFM-1. Prior to the IFM referral, the Worker must determine that payment for medical services was made by the Department. The Worker must request such information from BMS in writing. The Medical Processing Unit produces a printout of the paid Medicaid expenses. This printout must be attached to the IFM-1.

The Worker takes no further action on the claim. Should IFM refer the case back to the Worker, the Worker follows the instructions in item 2 below.

2. Unintentional Misrepresentation Or Worker Error

Unless intentional misrepresentation is established, repayment from the client is not pursued. BMS may pursue repayment from the

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23.1 INTRODUCTION

The administration of IM Programs involves the use of two electronic data processing systems which are operated by Management Information Systems (MIS). These systems are:

- The C-219 system, which is used for Food Stamps, AFDC/U and the following Medicaid coverage groups:
 - AFDC/U Recipients
 - Deemed AFDC/U Recipients, except Foster Children and those receiving adoption assistance
 - GA for DA
 - SSI recipients, except Foster Children and those receiving adoption assistance
 - Deemed SSI Recipients
 - HCB and MR/DD Waiver Clients
 - Transitional Medicaid
 - Extended Medicaid
 - CDCS
 - Pregnant women whose families lose AFDC/U eligibility but who remain eligible as Poverty-Level pregnant women.
 - Deemed PL pregnant women
- The M-219 system, which is used for the following Medicaid coverage groups:
 - AFDC/U-Related Medicaid
 - SSI-Related Medicaid
 - QMB's
 - SLIMB's

STATUS	CODE
Is exempt from participation due to being A child under 16, or over 16 but not yet 18, and attending school or training full time (not institutions of higher education)	E1
Temporarily exempt due to illness	E2
Physically/mentally unable to work	E3
60 years of age or older	E4
Necessary to remain in the home to care for an ill or incapacitated person	E5
Necessary in the home to care for a child under age 3, who is included in the benefit group	E6
Residence too remote to permit participation	E9
Residence too remote to permit participation	E9
Necessary to remain in the home to care for a child under age 3, who is not included in the benefit group	E0
Employed 30 hours per week in unsubsidized employment	X1
Pregnant and child is due in month of registration or within the next 6 calendar months	X4
VISTA volunteer	X5

BENEFIT CODES

Member of Benefit Group	Base Code	Parent Deceased	Parent Incapacitated	Parent Incarcerated	Parent Divorced or Separated	Parent Deserted	Paternity Not Estab.	Court-Ordered Public Service	Other Cause of Absence	Parent Unemployed
Daughter	D	DD	DI	DJ	DX	DG	DP	DZ	DO	DU
Son	S	SD	SI	SJ	SX	SG	SP	SZ	SO	SU
Mother	M	MD	MI	MJ	MX	MG	MP	MZ	MO	MU
Father	F	FD	FI	FJ	FX	FG		FZ	FO	FU
Step-mother	SM									
Step-father	SF									
Grand-other	GM									
Grand-ather	GF									
Aunt	A									
Uncle	U									
Sister	S									
Brother	B									
Other Female	OF									
Other Male	OM									

To change an individual's SSN without entering the entire block, enter S*new number#.

EXAMPLE 18-S*235722884#

6. CAN Max. Length = 12 Numeric

Enter the complete Social Security Claim Number (CAN) for each member of the benefit group who has one. Enter the following series of numbers for any person who does not have a claim number: 123456789 followed by three X's.

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
39	Type of Earned Income	N	2	Alpha
40	Amount of Earned Income	N	4	Numeric
<p>Code as follows, based on the source of the client's earned income</p> <p>WC: Employment; Employment and Self-Employment</p> <p>SE: Self-Employment only</p>				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	30-N	Y	All except PL pregnant women and children, QC, CEN	45, 46, 49, 50, 51, 53, 58, 80
	40-Y	Y		

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
45	RSDI INDICATOR	N	2	Alpha
46	RSDI Amount	N	4	Numeric
<p>When the client receives RSDI benefits, enter SS in Block 45. Enter the total amount of the RSDI benefits, used to determine countable income, in Block 46.</p>				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	N	Y	All, except PL pregnant women and children, QC's, CEN	39, 40, 49, 50, 51, 53, 58, 80
Worker	Y	Y		

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
48	LTC Provider Code	Y - NF, ICF/MR	7	Numeric
Enter the seven-digit code which indicates the LTC facility in which the client resides. The codes are listed in Appendix B.				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	Y	N	NF, ICF/MR	None

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
49	Type/Unearned Income	N	2	Alpha
50	Amount of Non-RSDI Unearned Income	N	4	Numeric
Enter the code which indicates the primary source of non-RSDI unearned income which is entered in Block 50. The codes are as follows:				

23.17 M-219 SYSTEM MEDICAID ELIGIBILITY COMPUTATIONS

The M-219 System determines income eligibility for only the following coverage groups

- AFDC/U-Related Medicaid (See below for JOIN-sanctioned benefit groups)
- SSI-Related Medicaid
- QMB's, but not when dually eligible
- SLIMB's, but not when dually eligible

For the following M-219 system cases, the Worker determines financial eligibility prior to entry, and the M-219 system serves as a vehicle for Medicaid card issuance only.

- Poverty-Level pregnant women
- Deemed Poverty-Level pregnant women
- Poverty-Level children
- Qualified children
- CEN's
- HCB and MR/DD Waiver participants
- Illegal aliens
- Dually eligible QMB's and SLIMB's
- JOIN-sanctioned benefit groups - AFDC/U-Related Medicaid computations are performed, but Workers must not enter income in these cases. They are entered in the M-219 system only because the C-219 system cannot handle these cases.

NOTE: For Medicaid recipients who receive nursing care services, eligibility is determined by the Worker prior to entry into the data system, but the system determines the amount of the client's contribution toward his cost of care in the post-eligibility calculations.

DENIALS

- 040 Failure to establish absence
- 041 Failure to establish death
- 042 Failure to establish incapacity
- 043 Failure to establish unemployment, not unemployed for 30 days
- 044 Failure to establish unemployment, no attachment to the labor force
- 045 Failure to establish unemployment, not available for employment
- 046 Failure to establish unemployment, has refused a job in the last 30 days
- 048 Failure to establish unemployment, obtained employment prior to approval
- 050 No specified relative
- 051 No eligible child
- 054 Total income exceeds payment level
- 055 Excess deemed income from the stepparent
- 056 Excess deemed income to the minor parent (mp)
- 057 Total income exceeds 100% of Need
- 058 Total income exceeds 185% of Need
- 060 Total lump sum income exceeds payment level
- 061 Excess assets
- 063 Failure to comply with enumeration
- 064 Refusal to take action required for approval
- 065 Failure to meet other eligibility requirements
- 066 Failure to meet CVR eligibility requirements, not currently in use
- 069 Loss of contact

INCREASES

- 101 Special need added, Personal Needs Allowance
- 102 Special need added, Chore services
- 103 Special need added, Court fees
- cg 31 104 Added benefit group member, Block 31 must designate person
- cg 31 105 Increase in deductions and/or disregards, Block 31 must designate person
- cg 31 106 Loss of employment, Block 31 must designate person
- cg 31 107 Decrease in earnings, Block 31 must designate person
- cg 31 108 Loss of unearned income or contributions, Block 31 must designate person
- cg 31 109 Decreased unearned income or contributions, Block 31 must designate person

cg: computer-generated Letters

cg 31: c-g & Block 31 Required

31: Block 31 Required

- 139 Extra periodic paycheck - \$0 check, Medicaid continues - Not currently in use
- 140 Loss of earned income disregards for 1 month - \$0 check, Medicaid continues - Not currently in use
- 141 Failure to report earned income within 10 days from start of employment
- 142 Start of TM Phase I - hours worked
- cg 31 143 Start of TM Phase I - earnings - Block 31 must designate person
- cg 31 144 Start of TM Phase I - loss of earned income disregards - Block 31 must designate person
- 145 Start of Extended Medicaid - child/spousal support - 4 months
- 146 Start of TM Phase II - 6 months
- 147 Repayment begun
- 148 Repayment adjustment
- 149 Previous error in calculation

CLOSURES

- cg 150 SSI closure
- 153 Death of recipients
- 154 No longer incapacitated
- 155 No eligible child
- 156 Return of the absent parent to the home
- 157 Recipients added to another benefit group
- 158 No eligible payee
- 161 End of special need consideration, Chore services
- 162 End of special need consideration, Court fees
- 163 End of special need consideration, SCA only
- 164 Assets exceed allowable limits
- 165 Lump sum income exceeds payment level
- 166 Excess deemed income from the stepparent
- 167 Excess deemed income to the minor parent (mp)
- 168 Onset or increase in child support
- 169 Onset or increase in unearned income
- 170 Onset or increase in earned income in excess of payment level
- 171 Onset or increase in earned income in excess of 100% of Need
- 172 Onset or increase in earned income in excess of 185% of Need
- 173 Onset or increase in earned income in excess of the payment level

cg: computer-generated Letters

cg 31: c-g & Block 31 Required

31: Block 31 Required

M-219 SYSTEM

The following Reason codes are used for Medicaid benefits in the M-219 System

APPROVALS:

0001 Initial application, no recent change in circumstances
0002 Disability or blindness
0003 Incapacity of the father
0004 Incapacity of the mother
0005 Incapacity of another adult
0006 Death of a household member, including father or mother
0007 Lay-off or discharge
0008 Lay-off or discharge of father
0009 Lay-off or discharge of mother
0010 Lay-off or discharge of another adult
0011 Discontinuance or reduction of support by absent parent
0012 Discontinuance or reduction of support as a result of
parent leaving home
0013 Discontinuance or reduction of support by another
person outside the home
0014 Discontinuance or reduction of other cash benefits
0020 Need for/or increased cost of nursing care services
0021 Clients income/assets within Medically Needy limits
0022 Income/assets unchanged. Client turned age 65.
0023 QC approval
0024 Case previously closed in error
0025 Recent change in law or policy
0026 Client's income in excess of MNIL, in spenddown status
0027 Case reentered to make corrections
0028 Poverty-Level pregnant woman approval
0030 Join-sanctioned Approval

DENIALS

0100 Income exceeds limit
0101 Excess assets
0102 Failure to develop potential resources
0103 Ineligible as a QC
0106 Incapacity, disability or blindness not established
0108 Definition of unemployment not met
0109 Age requirement not met
0110 Parent not absent