

An individual is eligible for limited\* Medicaid coverage when all of the following conditions are met:

- The individual must have been diagnosed as HIV positive.
- The income of the individual, his spouse and his dependent children who live with him must meet the income limits detailed in Chapter 10.
- He must be ineligible for any other Medicaid full-coverage group or be eligible as a Medically Needy client who has not met his spenddown.

\* Medicaid coverage is limited to payment for medications listed on the current WV ADAP Formulary for HIV/AIDS treatment.

Except for acceptance of the initial **DFA-2** Medicaid and the 2-page ADAP applications, this coverage group is administered by BMS. Potential eligibility for or receipt of Medicare, Part D, does not affect the application or referral process for ADAP eligibility determination. **The resource development policies in Chapter 5 do not apply to ADAP.** For special communication between the Worker and BMS, refer to Chapter 1.

If the client becomes eligible under any other coverage group or meets his spenddown, the Worker must notify BMS immediately by memorandum and must specify the beginning date of Medicaid eligibility.

#### **F. WV CHILDREN'S HEALTH INSURANCE PROGRAM (WV CHIP)**

WV CHIP is not Medicaid. See Chapter 7 for WV CHIP policy.

#### **G. WOMEN WITH BREAST OR CERVICAL CANCER (BCC)**

**Income: N/A**

**Assets: N/A**

A woman is eligible for BCCSP Medicaid if she is diagnosed with a breast or cervical cancer or certain pre-cancerous conditions, regardless of income. She must also be receiving active treatment for her diagnosis and currently enrolled in the Breast and Cervical Cancer Screening Program through a screening provider to be eligible for this type of Medicaid coverage.

##### **1. Eligibility Requirements**

A woman who meets the following requirements may be eligible for full-coverage Medicaid:

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Specific Medicaid Requirements

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- She has been diagnosed with breast or cervical cancer through the Centers for Disease Control (CDC) program administered by the Office of Maternal, Child and Family Health.
- She has no medical insurance or insurance that meets an exception listed in Chapter 7, Appendix A under Excepted Insurance Benefits. No penalty applies for discontinuing insurance.
- There may be limited situations in which a woman with creditable coverage can receive BCC coverage. Examples include, but are not limited to, no coverage for breast or cervical cancer, periods of exclusion, such as for a preexisting condition, or having exhausted lifetime or annual benefits for all services or for breast or cervical cancer.
- She is under age 65.
- She is not eligible for Medicaid under any of the following Mandatory Categorically Needy coverage groups:
  - AFDC Medicaid
  - Deemed AFDC Medicaid
  - Transitional Medicaid
  - Qualified Child Medicaid
  - Poverty-Level Pregnant Woman
  - Poverty-Level Child
  - SSI Medicaid
  - Deemed SSI Medicaid

Medicaid eligibility begins up to three months prior to the month of application, providing she would have met the eligibility criteria, and concludes when the cancer treatment ends or when she is no longer eligible. For example, she attains age 65 or obtains creditable insurance. Coverage is not limited to charges related only to cancer treatment, and there is no limit to the number of eligibility periods for which a woman may qualify.