16.7

Specific Medicaid Requirements

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 no longer receive coverage as a CDCS recipient. Individuals who reach age 18 continue to receive the services until approved for SSI. No individual who has attained age 18 is to be approved.

NOTE: The Worker must refer the family to SSA to apply for SSI, if the family has not done so already, even though the Worker may be able to determine that SSA would deny the child as a result of deeming the parents' income and/or assets.

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The Worker must then obtain a copy of the SSI denial letter and retain it in the case record.

The Long Term Care Unit in the Bureau for Medical Services determines medical eligibility and notifies the county office and the case management agency of the decision in writing. Refer to Chapter 12 for details about determining medical eligibility.

NOTE: When an applicant's eligibility for, or enrollment in, this program is pending, he must not be refused the right to apply due to his pending status with the CDCS Program, but must be evaluated for any or all DFA programs.

E. QUALIFIED CHILDREN BORN BEFORE 10-1-83 (QC-MEDICAID EXPANSION) (MQCB)

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.

Beginning 7-1-94, the Department provides Medicaid to Qualified Children (Section 16.5,D), born prior to the federal eligibility date of 10-1-83. This was mandated by the State Legislature and required a waiver from federal regulations to implement. These children are Qualified Children in every way except their age. They are referred to as Medicaid Expansion cases, because the approved waiver allowed the Department to expand Qualified Child Medicaid coverage to more children.

All of the information in Section 16.5,D applies to these Medicaid Expansion cases except as follows:

- The child must have been born prior to 10-1-83.
- Coverage to age 19 is not phased in. Therefore, as the maximum age of Qualified Children born on or after 10-1-83 increases, the coverage group for Qualified Children born prior to 10-1-83 will be phased out.

NOTE: This coverage will be completely phased out on 9-30-02.

F. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Income: 325% FPL

Assets: N/A

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The ADAP is also referred to as the AIDS Special Pharmacy Program or the ADAP WV Special Pharmacy Program.