

MANUAL MATERIAL TRANSMISSION WV INCOME MAINTENANCE MANUAL

DATE:	March 1, 2010		CHANGE NUMBER:	575	
TO:	ALL INCOME MAINTENANCE MANUAL HOLDERS				
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
69	1	7/05	69 - 72	1	3/10
70	1	8/05			
71 - 72	1	11/08			
iii	4	6/09	iii	4	3/10
24a - 24b	4	7/09	24a	4	3/10
25 - 28	4	7/09	24b	4	7/09
			25 - 28	4	3/10
Appendix C DFA-FH-1	6 FORM	9/05	Appendix C DFA-FH-1	6 FORM	3/10
i	7	11/09	i	7	3/10
ii	7	1/09	ii	7	1/09
10e - 10f	7	11/09	10e - 10f	7	3/10
15	7	11/09	15 - 16	7	3/10
16	7	12/02			
11 - 12	8	1/10	11 - 12	8	3/10
11 - 12	10	11/08	11 - 12	10	3/10
i	16	7/09	i - iii	16	3/10
ii	16	10/98	iv	16	6/08
iii	16	11/09			

iv	16	6/08			
9 - 10	16	2/08	9	16	3/10
			10	16	2/08
13	16	11/08	13	16	11/08
14	16	5/08	14	16	3/10
15 - 16	16	1/10	15	16	3/10
			16	16	1/10
21 - 22	16	5/07	21 - 22	16	3/10
33 - 34	16	11/08	33 - 34a	16	3/10
39 - 40	16	5/07	39	16	3/10
			40	16	5/07
43	16	11/10/05	43	16	11/10/05
44 - 46	16	1/10	44	16	3/10
47	16	11/10/05	45	16	1/10
48	16	1/10	46	16	3/10
			47	16	11/10/05
			48	16	3/10
51	16	11/05	51 - 52a	16	3/10
52 - 53	16	4/02	53 - 54	16	3/10
54	16	11/08			
57 - 58	16	11/09	57	16	11/09
			58	16	3/10
61 - 62	16	3/18/02	61 - 62	16	3/10

This change was made to implement the requirement that WV CHIP applicants and recipients document citizenship. This was mandated by the CHIP Reauthorization Act of 2009. This requirement was effective January 1, 2010, with implementation effective March 1, 2010 for all WV CHIP applicants and recipients. Appropriate changes were made in Chapters 4 and 7.

Additional changes and clarifications were made in the following chapters.

CHAPTER 1

Section 1.10: References to the OFS-2 were changed to DFA-2.

Section 1.10,I: A NOTE was added to clarify the redetermination process when a birth is reported prior to the expected due date.

CHAPTER 4

Section 4.2,H,16: WV CHIP was added as a program which requires citizenship documentation.

Section 4.3: The Section title was changed to add Medicaid and WV CHIP. Information about the CHIPRA 2009 implementing legislation for citizenship documentation for WV CHIP was added. Identity was added as documentation considered provided for a child born to a Medicaid eligible recipient. The requirement to obtain identity documentation for a CEN child at redetermination was removed.

Section 4.3,B: Information about a child born in the U.S. to a woman eligible for and receiving Medicaid on the date of the child's birth was added.

CHAPTER 6

Appendix C: Form DFA-FH-1 was revised at the request of the Board of Review to add information about and the choice of a phone hearing.

CHAPTER 7

Section 7.3,D,2,b: An EXAMPLE was corrected.

Section 7.8,B: A reference to Sections 4.2 and 4.3 for citizenship documentation for WV CHIP was added.

Section 7.8,C: Quality Assurance was changed to Quality Control.

CHAPTER 8

Section 8.4: A reference to Food Stamps was changed to SNAP. A clarifying statement was added to the EXCEPTION regarding the imposition of a penalty for non-cooperation with QC for a pregnant woman.

CHAPTER 10

Section 10.3, items H, K and L: A reference to another Section was corrected.

CHAPTER 16

Section 16.1,D,4,b: A reference was corrected.

Section 16.1: New item E, Health Insurance Premium Payment (HIPP) was added.

Section 16.3,B: QI-1 was added to the groups which are not full-coverage Medicaid.

Section 16.5,B,1: The 4-month limit was added and a clarification that eligibility must be lost due to receipt of new child or spousal support was added. Clarification that recipients of Extended Medicaid are not required to cooperate with, nor are they referred to BCSE, was added.

Section 16.5,E, items 1, 2 and 3: A clarification about QC cooperation for a pregnant woman was added.

Section 16.6,A: A clarification about individuals who do not receive an SSI payment due to a repayment was added.

Section 16.6, items C, D and E: Information about disregarding the COLA was corrected to correspond to the current update schedule.

Section 16.6,H: This section was changed to show that this coverage may be approved under a number of full-coverage Medicaid groups for which the individual qualifies. Clarification was added about the requirement for MRT referrals.

Section 16.7,A: The RAPIDS group for MR/DD Waiver was corrected.

Section 16.7,D: Clarification about the age of a CDCS child was added.

Section 16.7,H,3: Clarification about the Medicaid groups for which the BCC recipient may qualify was added.

Section 16.9: The definition of aged was added. Clarification of when an AG is closed was added.

Policy questions should be directed to the DFA Economic Services Policy Unit.

RAPIDS questions should be directed to the RAPIDS Help Desk.