

16.5 CATEGORICALLY NEEDY, MANDATORY - FOR FAMILIES AND/OR CHILDREN

NOTE: No Categorically Needy coverage group is subject to a spenddown provision.

A. AFDC MEDICAID RECIPIENTS (MAAR, MAAU)

Income:	185% Need Standard (1993 FPL)	Assets: \$1,000
	100% Need Standard (1993 FPL)	
	Payment Level (24% 1994 FPL)	

AFDC Medicaid provides for Medicaid coverage for those who would be eligible for AFDC, if the Program were still in effect. If so, AFDC Medicaid is approved; if not, eligibility under all other Medicaid coverage groups must be explored. Refer to Chapter 15 for a complete explanation of AFDC Medicaid.

NOTE: Receipt of a WV WORKS check has no bearing on Medicaid eligibility. Receipt of a WV WORKS check does not automatically qualify the client to receive Medicaid.

B. DEEMED AFDC RECIPIENTS

The following coverage groups are required by law to be treated as AFDC recipients for Medicaid purposes. This treatment automatically qualifies them for AFDC Medicaid. Therefore, the information in item A, above, is also applicable to these cases.

NOTE: Recipients of Extended Medicaid are not referred to nor required to cooperate with child support activities.

1. Extended Medicaid (ME C, ME S)**Income: N/A****Assets: N/A**

An AG is eligible for Extended Medicaid **for 4 months** when both of the following conditions are met:

- The AG lost eligibility for AFDC Medicaid due to receipt of **new child or spousal support** or an increase in child or spousal support; and
- The AG received AFDC Medicaid in any 3 or more months during the 6-month period that immediately precedes the 1st month of ineligibility for AFDC Medicaid.

Recipients of Extended Medicaid are not required to cooperate with, nor are they referred to BCSE.

2. Children Covered Under Title IV-E Adoption Assistance

Income: N/A

Assets: N/A

Families which receive Title IV-E Adoption Assistance payments from West Virginia for an adopted child, receive a medical card for the child only. This is provided by Social Services and is produced by the SSIS system. The Income Maintenance staff has no responsibilities in providing this coverage.

However, when a child receives Title IV-E Adoption Assistance and is also an SSI recipient, the Worker must determine which coverage group is appropriate for the child, as follows:

- When the child receives Title IV-E Adoption Assistance from West Virginia, medical coverage is provided as a recipient of Title IV-E Adoption Assistance. The Worker must not provide medical coverage for the child as an SSI recipient.
- When the child receives Title IV-E Adoption Assistance from a state other than West Virginia, coverage is provided in West Virginia as an SSI Recipient. See Section 16.6,A.

3. Children Covered Under Title IV-E Foster Care

Income: N/A

Assets: N/A

Persons who receive Title IV-E Foster Care payments from West Virginia for a foster child, receive a medical card for the foster child only. This is provided by Social Services and is produced by the SSIS system. The Income Maintenance staff has no responsibilities in providing this coverage.

However, when a child receives Title IV-E Foster Care and is also an SSI recipient, the Worker must determine which coverage group is appropriate for the child, as follows:

- When the child receives Title IV-E Foster Care from West Virginia, medical coverage is provided as a recipient of Title IV-E Foster Care. The Worker must not provide medical coverage for the child as an SSI recipient.

Specific Medicaid Requirements

- The pregnant woman becomes ineligible for the Categorically Needy coverage group due solely to a change in income.

The pregnant woman's coverage must continue under the same Categorically Needy coverage group through the end of the postpartum coverage.

If the pregnant woman does not meet these requirements, the requirements in item 3 below must be met to continue eligibility based solely on her pregnancy.

NOTE: A Poverty-Level Pregnant Woman cannot have Medicaid terminated or denied for failure to cooperate with QC until the end of the postpartum period. After the postpartum period, the sanction is applied, even if she qualifies under another coverage group.

2. Medically Needy, Deemed Poverty-Level Pregnant Woman

Income: N/A

Assets: N/A

Any woman who is pregnant when she is an eligible Medically Needy recipient, remains eligible for Medicaid through the end of the current Period of Eligibility (POE), when the woman has no spenddown or the spenddown has been met.

At the end of the original POE, the pregnant woman's eligibility ends and reapplication is required. Eligibility is determined as for any other Medically Needy case, with pregnancy having no effect on eligibility. If the spenddown is met in the new POC, or it is met and another spenddown must be met due solely to a change in income, the pregnant woman is again guaranteed medical coverage only until the end of the POE. Only when the Medically Needy pregnant woman gives birth to the child during a Medically Needy POE, she is guaranteed medical coverage through the 60-day postpartum period.

If the pregnant woman does not meet these requirements, the requirements in item 3 below must be met to continue eligibility based solely on her pregnancy.

NOTE: A Poverty-Level Pregnant Woman cannot have Medicaid terminated or denied for failure to cooperate with QC until the end of the postpartum period. After the postpartum period, the sanction is applied, even if she qualifies under another coverage group.

3. Poverty-Level Pregnant Woman (MFPP)

Income: 150% FPL

Assets: N/A

a. General Requirements

A pregnant woman is eligible for Medicaid coverage as a Poverty-Level Pregnant Woman when all of the following conditions are met:

- The pregnant woman is not receiving:
 - AFDC Medicaid
 - SSI
- and is not eligible as a Deemed AFDC Recipient or a Deemed Poverty-Level Pregnant Woman.
- The income eligibility requirements described in Chapter 10 are met. Changes in income after eligibility has been established have no effect on continuing eligibility.

Poverty-level pregnant women are not required to have a deprivation factor and there is no asset test.

NOTE: A Poverty-level pregnant woman is not referred nor required to cooperate with child support activities while pregnant nor during the postpartum period.

NOTE: A Poverty-Level Pregnant Woman cannot have Medicaid terminated or denied for failure to cooperate with QC until the end of the postpartum period. After the postpartum period, the sanction is applied, even if she qualifies under another coverage group.

b. Postpartum Coverage

This coverage applies only to the mother, not the child. The child may be covered as a Continuously Eligible Newborn. Refer to item I below.

Specific Medicaid Requirements

A woman who received coverage as a pregnant woman while living in another state or who is a recipient of postpartum coverage from another state, is not eligible for postpartum coverage in WV, unless she is determined eligible for Poverty-Level Pregnant Woman coverage in WV.

A woman continues to be eligible for Medicaid for 60 days postpartum, and the remaining days of the month in which the 60th day falls, provided that during the pregnancy or within 3 months of the end of the pregnancy, the woman met all of the following requirements:

- She applied for Medicaid (any coverage group)
- She was eligible for Medicaid (any coverage group)
- She received Medicaid services (any covered service, not limited to pregnancy services).