

2.3 RESERVED FOR FUTURE USE

**DUE TO THE DELETION OF
MANUAL MATERIAL,
PAGES 26 THROUGH 38
HAVE BEEN REMOVED.**

2.4 MEDICAID

Individuals who receive Medicaid experience the same kinds of changes between application and redetermination and between redeterminations as individuals who receive SNAP benefits and WV WORKS. The differences are as follows:

- For Medicaid, there is no benefit level determined. Therefore, the individual is either eligible or ineligible. Every reported change results in a redetermination of eligibility. See Section 2.8 for children's Medicaid groups.
- For most Medicaid coverage groups, eligibility of AG members is determined on an individual basis. Therefore, the same change may impact each AG member differently.
- Regardless of any changes, except those specified in Section 2.8, a child determined eligible for a child's Medicaid coverage group must have 12 months of continuous QC or PL coverage. See Section 2.8.

See Chapter 17 for case maintenance requirements for nursing care services, ICF/MR, HCB Waiver or MR/DD.

The Worker's case maintenance requirements for illegal aliens emergency Medicaid is **usually limited and includes checking to determine if the emergency has ended. When the emergency is ongoing, usual case maintenance and redetermination policies of the coverage group for which the recipient is approved apply. If a Medical Review Team (MRT) decision was part of the client's eligibility determination, MRT redetermination requirements apply.**

There are no case maintenance requirements for QDWI.

Specific items other than the eligibility determination are addressed here.

A. SOURCES OF INFORMATION

Sources are listed in Section 2.1.

B. REPORTING REQUIREMENTS

All changes in the client's circumstances such as, but not limited to, income, assets, household composition and change of address must be reported.

Changes are reported as soon as possible after the client becomes aware of them. This allows the agency to make a change and allows for advance notice, if the reported information results in an adverse action.

C. AGENCY TIME LIMITS

The Worker must take action on reported changes as soon as possible. When the Worker is aware of anticipated changes which may effect eligibility, a control is set to take action at the appropriate time. See Section 2.8 for children's Medicaid groups.

When the request for reimbursement is denied, the DFA Economic Services Policy Unit notifies the CSM electronically of the decision. The local office notifies the client in writing of the denial.

2. Holding The Medicaid Card

Medicaid cards are not held under any circumstances.

3. Procedures For Cards Which Are Returned, Incorrect Or Not System-Issued

a. Returned Cards

Upon receipt of these cards, the State Office mails them to the appropriate local office.

When the address is incorrect, the Worker remails the card or gives it to the client when he learns the correct address. The correct address must be entered before deadline.

b. Incorrect Cards

When a client reports that information on his Medicaid card is incorrect, he may take it to the local office for correction.