

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 the onset** 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

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).

NOTE: The post partum period begins with the child's date of birth. In some instances, the post partum period extends into the third calendar month after the month of birth to assure the recipient receives proper notice.

EXAMPLE: A woman with a pregnancy due date of August 7, 2009 reports on September 9, 2009 that her child was born on July 28, 2009. The redetermination date remains October 2009 to assure she receives proper notice of her scheduled eligibility redetermination. This also assures proper closure notice if she fails to complete the eligibility redetermination.