

## 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, TBI or I/DD Waiver.

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.

reevaluated. See Chapter 10. See Section 2.8 for children's Medicaid groups.

**NOTE:** When an individual cooperates with BCSE, he is added to the Medicaid AG or the AG is reopened effective the month following the month in which BCSE considers that the individual cooperated.

**NOTE:** An AG which meets a spenddown remains eligible until the end of the POC in the following situations, regardless of whether or not the individual is an AG member.

- A member(s) of the Income Group experiences an increase in income; or
- An individual(s) with income is added to the Income Group; or
- An individual(s) is removed from the Needs Group

For special requirements relating to CEN'S, see Section 2.1.

**EXCEPTION:** Changes in income do not affect the eligibility of Poverty-Level and Deemed Poverty-Level pregnant women. Also, regardless of any changes, except those specified in Section 2.8, a child determined eligible for Medicaid must have 12 months of continuous QC or PL coverage. See Section 2.8.

**NOTE:** For QMB, SLIMB and QI-1 recipients, the RSDI COLA's are disregarded in determining income eligibility for January and any subsequent months prior to the effective month of the state's FPL updates for the year.

#### 4. AG Closures

When the recipient's circumstances change to the point that he becomes ineligible, the AG is closed. There are instances in which a Medicaid AG is closed by the data system. This occurs when:

- Phase II of TM coverage expires
- Extended Medicaid coverage ends
- Medically Needy non-spenddown AG's not redetermined in the 6<sup>th</sup> month of eligibility
- Medically Needy spenddown AG's at the end of the POC

c. Card Not System-Issued

When Medicaid eligibility is established in RAPIDS, but a card is not system-issued, the Worker must complete a manual card, RAPIDS verification letter or manual verification letter, whichever is appropriate, and mail or give to the client. Under no circumstance must a manual card or verification letter be issued unless eligibility dates are established in RAPIDS. See instructions in Section 21.4 for completion of a manual card or verification letter.

4. Incorrect Eligibility Dates

When an incorrect eligibility period(s) is reflected in RAPIDS, the Worker must follow the appropriate RAPIDS procedure or Work-Around to correct the date(s).

When a client who has a spenddown, submits bills and meets the spenddown, later sends in additional bills which would have met the spenddown at an earlier date, the Worker must follow the appropriate RAPIDS procedure or Work-Around to correct the eligibility date and insure that the client receives a correct card or verification letter for the new eligibility period.

RAPIDS generates form EDA7 to the client to inform him of his correct date of eligibility.