

Specific Medicaid Requirements

- Write the status of the case on the bottom of the printout. Examples include, but are not limited to, approved for BCC, needs CDC certificate or ineligible for BCC as eligible for another mandatory coverage group.
- Fax the printout, along with the CDC certificate of diagnosis and the BCC Medicaid application, to the attention of: BCCSP at (304) 558-7164 or mail to the Office of Maternal, Child and Family Health (OMCFH), ATTN: BCCSP, 350 Capitol Street, Room 427, Charleston, WV 25301-3715.

Notify BCC by fax or mail of any change in the BCC client's name, demographic change or death.

I. SSI-RELATED/NON-CASH ASSISTANCE (MS Reason Code 193)**Income: SSI Payment Level****Assets: \$2,000 Individual
\$3,000 Couple**

NOTE: This Categorically Needy, Optional coverage group is not subject to the spenddown provision.

Individuals who meet the SSI definition of aged, blind or disabled are eligible for Medicaid when all of the following conditions are met. Aged means 65 years or over. All requirements in Chapter 12 for determining disability or blindness for SSI-Related coverage groups apply to this coverage group.

- Countable income is under the SSI Maximum Payment level, see chapter 10, Appendix A. The income eligibility determination methodology detailed in Chapter 10.23 applies to this coverage group. Refer to the SSI-Related column in the chart of income sources in Chapter 10.3 for this coverage group.
- Countable assets do not exceed the limits for the SSI-Related program described in Chapter 11. All SSI-Related asset methodologies found in Chapter 11 apply to this coverage group. Refer to the SSI groups column in the list of assets in Chapter 11.4 for this coverage group.

Specific Medicaid Requirements

J. AFDC/NON-CASH ASSISTANCE

**Income: 185% Need Standard
100% Need Standard
AFDC Payment Level**

Assets: \$1,000

Note: This Categorically Needy, Optional coverage group is not subject to the spenddown provision.

Caretaker Relatives and pregnant women are eligible for Medicaid under this coverage group when all of the following conditions are met. Eligibility determination groups are determined according to AFDC methods detailed in Chapter 9.4

- Countable income is under the AFDC Payment level. The income eligibility determination methodology detailed in Chapter 10.7 applies to this coverage group.
- Countable assets do not exceed the limits for the AFDC program described in Chapter 11. All AFDC asset methodologies found in Chapter 11 apply to this coverage group.
- The individual is otherwise eligible for AFDC Medicaid. For the purpose of this Section only, otherwise eligible means the AG includes a dependent child, living with a specified relative and a deprivation factor exists.