

| | | |
|------------|--------------------------------------------------------------------------------|-----|
| 7.1 | INTRODUCTION | 1 |
| 7.2 | APPLICATION/REDETERMINATION PROCESS | 2 |
| A. | INTRODUCTION..... | 2 |
| B. | SHARED POLICIES BETWEEN WV CHIP AND THE CHILDREN UNDER AGE 19 GROUP | 2 |
| C. | POLICIES THAT DIFFER BETWEEN WV CHIP AND THE CHILDREN UNDER AGE 19 GROUP | 2a |
| D. | CONTENTS OF THE INTERVIEW | 4 |
| E. | AGENCY DELAYS..... | 4 |
| F. | BEGINNING DATE OF ELIGIBILITY | 4 |
| G. | REDETERMINATION SCHEDULE AND SPECIAL PROCEDURES | 4b |
| H. | CLIENT NOTIFICATION | 6 |
| I. | THE BENEFIT..... | 7 |
| J. | EXPEDITED PROCESSING | 7 |
| 7.3 | THE CASE MAINTENANCE PROCESS..... | 8 |
| A. | CLOSURES | 8 |
| B. | CHANGE IN INCOME | 9 |
| C. | UPDATE IN AG INFORMATION..... | 10 |
| D. | WV CHIP BENEFIT MAXIMUMS | 10a |
| 7.4 | FEDERAL DATA MATCHES | 11 |

| | |
|----------------------------------------------------------------|-----|
| 7.5 VERIFICATION..... | 12 |
| 7.6 RESOURCE DEVELOPMENT | 13 |
| 7.7 CLIENT NOTIFICATION | 14 |
| 7.8 COMMON ELIGIBILITY REQUIREMENTS..... | 15 |
| A. RESIDENCE | 15 |
| B. CITIZENSHIP AND ALIEN STATUS..... | 15 |
| C. COOPERATION WITH QUALITY CONTROL | 15 |
| D. LIMITATIONS ON RECEIPT OF OTHER BENEFITS..... | 16 |
| E. NON-DUPLICATION OF BENEFITS | 16 |
| F. ENUMERATION..... | 16 |
| 7.9 ELIGIBILITY DETERMINATION GROUPS..... | 17 |
| A. THE ASSISTANCE GROUP (AG)..... | 17 |
| B. THE MAGI HOUSEHOLD INCOME GROUP (IG)..... | 17 |
| C. THE MAGI HOUSEHOLD NEEDS GROUP (NG) | 17 |
| 7.10 INCOME | 19 |
| MAGI METHODOLOGY | 19 |
| A. BUDGETING METHOD | 20 |
| B. DETERMINE THE MAGI HOUSEHOLD SIZE FOR EACH APPLICANT | 20 |
| C. DETERMINE THE MAGI HOUSEHOLD INCOME FOR EACH HOUSEHOLD...24 | |
| D. CALCULATING MAGI..... | 24a |
| E. MAGI INCOME DISREGARD AND DEDUCTIONS | 24d |
| F. DETERMINING ELIGIBILITY | 24d |
| G. SPECIAL SITUATIONS | 24j |

| | |
|----------------------------------------------------------------------------------|------------|
| 7.11 ASSETS | 27 |
| 7.12 DETERMINING DISABILITY, INCAPACITY AND BLINDNESS..... | 28 |
| 7.13 WORK REQUIREMENTS..... | 29 |
| 7.14 SPECIFIC WV CHIP REQUIREMENTS | 30 |
| A. REQUIREMENTS FOR WV CHIP CHILDREN | 30 |
| B. MEDICAID REQUIREMENTS APPLICABLE TO WV CHIP | 32a |
| C. MEDICAID REQUIREMENTS THAT ARE DIFFERENT FOR WV CHIP | 32a |
| D. GOOD CAUSE FOR TERMINATING NON-EXCEPTED HEALTH INSURANCE COVERAGE..... | 34 |
| 1. Applicant's Responsibilities | 34 |
| 2. Worker's Responsibilities | 35 |
| 3. Excessive Cost Of Family Coverage | 35 |
| 4. Geographical Non-Accessibility | 37 |
| 5. Other Good Cause Criteria | 39 |
| E. WV CHIP PREMIUM EXPANSION COVERAGE | 39 |
| 1. Worker Action Required / Client Notification..... | 40 |
| 2. Premium Payment..... | 40 |
| 3. Beginning Date of Eligibility | 41 |
| 4. Changes in AG Circumstances | 41 |
| 7.15 BENEFIT REPAYMENT | 42 |
| 7.16 BENEFIT REPLACEMENT | 43 |
| APPENDIX A DEFINITIONS OF INSURANCE FOR WV CHIP | A-1 |
| APPENDIX B HISTORICAL REFERENCE – Non-MAGI Based Income Methodology .. | B-1 |
| APPENDIX C WV CHIP INCOME LIMITS AND ENROLLMENT GROUPS | C-1 |