

Categories Eligible for PE:

- Children under age 19
- Pregnant Women
- Parents/Caretaker Relatives
- Adult Group
- Former WV Foster Children
- Breast and Cervical Cancer Women Receiving Current Treatment

a. Duties of the AHE

The AHE which could also include the DHHR hospital employee, makes a PE decision based on preliminary information provided by the individual seeking treatment, or someone with the patient who would reasonably be expected to know about the individual seeking benefits. They can attest to the individual's US Citizenship or satisfactory immigration status. The AHE is prohibited from requiring any other verification prior to approval. Additional information gathered includes name, household size, income limit, sex, address, and prior approval for PE in the last 12 months. Using the same inROADS portal as Community Partners, the AHE Worker sends the information electronically to the data system and issues a medical card with a PE Medical ID. The period of eligibility begins on the date of determination and ends on the last day of the next month, or when a full Medicaid application determination is made, whichever occurs earlier. The decision is not subject to fair hearing rights and advance notice is not required.

The AHE Worker must assist the applicant or his representative in completing the SLA for MAGI Medicaid and forward the application to the Department.

If the patient or the authorized representative is unable or unwilling to complete the full Medicaid application at that time, the AHE will tell the patient or AR of the different options they have to complete the SLA. If the patient indicates that they would like to complete their application via the telephone, the worker must have them contact the call center at 1-877-716-1212. The worker should explain that they must call this number because they will be required to give a recorded telephonic signature.

b. DHHR Worker Responsibilities

Upon receipt of a completed application, the DHHR worker begins processing the application which should include the PE Medicaid

Application/Redetermination Process

Identification Number. This process combines the two applications together, and closes the PE period upon approval or denial of the Medicaid application. The Worker must establish whether the client was eligible at the time of the PE determination, as well as ongoing Medicaid eligibility. Income is verified by the same method as any other application. Medicaid eligibility begins on the first day of the month of the PE determination. Retroactive back-dating is allowed with the Medicaid application, if the client is eligible.

The DHHR Worker at the hospital must take the BMS approved HBPE training and received certification prior to becoming an Authorized Hospital Employee that will be permitted to take application for Presumptive Eligibility. The hospital at which the DHHR Worker is placed will have made agreement to accept responsibility for all decisions and outcomes of the DHHR AHE. The DHHR Worker that is at the hospital will follow the same procedures for taking Presumptive Eligibility applications as any other HBPE worker.

NOTE: PE is limited to once every twelve months, with the exception of pregnant women, who are eligible for once per pregnancy.

9. Applications Submitted Through inROADS From the West Virginia Division of Corrections (DOC) or Regional Jail Authority (RJA)

The West Virginia Division of Corrections (DOC) or Regional Jail Authority (RJA) will provide the Bureau for Medical Services (BMS) a list of incarcerated individuals that have been admitted as an inpatient in a medical institution for at least 24 hours. Hospitals will also provide a list to BMS of incarcerated individuals who have been admitted for services for reconciliation against the DOC and RJA list.

If the individual is a current Medicaid recipient, BMS will code MMIS with the appropriate incarceration status. This will place a restriction on payment of Medicaid services while the recipient is an inmate, or incarcerated.

If the individual is not a current Medicaid recipient, BMS will notify DOC or RJA to assist the individual with submitting a Healthcare Application via inROADS.

The inROADS applications will be forwarded to the Customer Service Reporting Center (CSRC) for processing. If Medicaid eligible, the incarcerated individual living arrangement code will inform BMS/MMIS of the recipients' incarcerated status. The CSRC notifies BMS by email that the application has been processed.

L. CLIENT NOTIFICATION, WRITTEN AND VERBAL

The client must be notified in writing of the final decision on his application and the reason for it. Notification must be provided for each Program for which the client applied, but notification for more than one Program may be included on one form letter.

NOTE: There is specific, court-ordered client notification policy which must be followed. There are also specific forms which must be used and detailed procedures to follow. See Chapter 6.

During the intake interview or during some other client contact prior to written client notification, the Worker may know whether or not the client is eligible and, if so, the amount of the benefit. The Worker may tell the client the status of his application and/or benefit level, if he so chooses. However, even if the client has been told his status and/or benefit level, he must still receive the information in writing.

Under some circumstances, the data system automatically generates notification to the client. See the eRAPIDS User Guide.

M. COMPLETION OF THE APPLICATION PROCESS

The application process is completed when all of the following have occurred:

- Action is taken as follows:
 - To approve the application when all eligibility requirements are met; or
 - To deny the application when at least one eligibility requirement is not met or the client has failed to establish eligibility.
- The client is notified of the action taken.

EXCEPTION: When eRAPIDS determines a LIS/MPA applicant is a current MPA recipient, no notice is sent.

- The client receives his initial benefit, if eligible.

N. COMMUNICATION WITH SOCIAL SECURITY ADMINISTRATION (SSA)

Each CSM is responsible for appointing a contact person to communicate with a contact person in the local SSA Office. This contact person does not interpret

policy, but works out communication problems and any problems dealing with the completion and forwarding of forms, including those involved in the joint application process for SNAP benefits. The Department's contact works directly with the contact from SSA.

Any matters that cannot be worked out between the local office and the SSA contact person are referred to a DFA Policy Unit and to the SSA District Office by the appropriate staff.

NOTE: The Worker must not contact the SSA regarding LIS files received through data exchange. Different eligibility criteria are used by the SSA and the Department. The Worker may issue a eRAPIDS verification checklist or a DFA-6 if information in the LIS file and the Department's records differ and must be reconciled.

O. DOMESTIC VIOLENCE ASSISTANCE

Information about community resources that address the issue of domestic violence must be readily available in each waiting room of each county office. The information must be written and must be available for the client to take with him discreetly, without having to ask for it. In addition, the Worker must provide such information when it is requested and must offer it to any person who, in the Worker's judgment, could benefit. When possible, this must be accomplished during the office interview. In order to insure the safety of the individual to whom information about domestic violence is given, it is suggested that the domestic violence information be part of a packet which contains a variety of information. If, during the interview, the Worker observes language or other behavior which is threatening and discussion of such matters could pose a possible threat to the person who is judged to be in need of information the Worker must avoid direct discussion with the client. In those instances, a referral to the local domestic violence program, other available community resource or to Social Services is in order so that a contact can be made without the threat of additional harm to the client.

Each CSM is responsible for coordinating efforts between DFA staff, Division of Children and Adult Services, and available community resources. The CSM is also responsible for making sure that up-to-date information about domestic violence services is available at all times.

See Section 4.1 regarding allowances in the verification process for MAGI Medicaid and WV CHIP when the applicant attests to being a victim of domestic violence.

P. DETERMINING RACE AND ETHNICITY FOR FEDERAL REPORTING

It is the Worker's responsibility to determine the client's appropriate race and ethnic category and correctly enter the information in eRAPIDS.