

When there is an addition to or deletion from the Income Group or a change in the income of the existing group, financial eligibility must be reevaluated. See Chapter 10. See Section 2.8 for children's Medicaid groups

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

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, not redetermined in the 6th month of eligibility
- Medically Needy spenddown AG's at the end of the POC

In no instance is Medicaid Coverage under one coverage group stopped without consideration of Medicaid eligibility under other coverage groups. A child is also evaluated for WV CHIP eligibility. This is done before the client is notified that his Medicaid eligibility will end. Eligibility is evaluated based on case record information. The client may be required to visit the office only for completion of a Social Summary for a MRT referral. The AG does not remain active while the MRT decision is pending.

See Section 2.11 for special procedures for SSI, Medicaid when an individual is determined no longer disabled by SSA.

EXCEPTION: Changes in income do not affect the eligibility of 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 Children Under Age 19 coverage. See Section 2.8