

## 2.4 ADULT GROUP

When a change is reported during the certification period which affects eligibility, the Department must only request the information on the change reported. When the information is received the AG is evaluated for rolling renewal, see Section 2.4, B. The AG may be assigned a new certification period, if eligible, even though the AG is not due for a scheduled redetermination. Case comments must be made in eRAPIDS to document any actions taken.

### A. CHANGE IN INCOME

When a change in income is reported, eligibility for the AG must be re-evaluated. Changes include the onset or termination of income, as well as income increases and decreases. The reported change(s) may not result in any benefit change, or they may result in AG closure. Proper notice is required for any adverse action and the AG must be evaluated for all other Medicaid coverage groups and WV CHIP prior to closure.

### B. ADDITIONS TO OR REMOVALS FROM THE MAGI HOUSEHOLD

An individual(s) is removed from the AG the month following the month of the reported change and after the advance notice period expires. Eligibility for the remaining household members is re-evaluated based on the removal of the household member.

Individuals are added to the household effective the month they meet all eligibility requirements to be included. No application form is required.

### C. AG CLOSURES

The AG is closed when the individual(s):

- Turns age 65
- Begins receiving Medicare Part A or B
- For parents or other caretaker relatives living with a dependent child under the age of 19, when the child no longer receives minimum essential coverage

The AG is closed the month following the month of the change and after proper notice for the adverse action. The AG must be evaluated for all other Medicaid coverage groups prior to closure.

#### D. OTHER CHANGES

When a client is found eligible for coverage in the Adult Group, the approval notice informs the client of the option to report changes, including a pregnancy. When a woman reports a pregnancy, coverage is opened in the Pregnant Women Group beginning the following month if otherwise eligible. Coverage will also remain open in the Adult Group as a dual code in the data system.

**NOTE:** Back-dating does not apply in this situation.

The client receives the same benefits and protections while receiving Adult Group as if receiving Pregnant Women coverage only, including:

- Co-pay exclusions;
- Coverage will not be impacted by changes in income or household composition;
- Exemption from cooperation requirements with the Bureau of Child Support Enforcement; and
- 60-day post-partum coverage.

If a change is reported during the pregnancy that would make the client ineligible for the Adult Group, the Adult Group coverage would end and the client would continue to receive coverage under the Pregnant Women Group through the 60-day post-partum period.

Redetermination for the Adult Group will occur on the regularly scheduled review date. If at that time the client is still pregnant, the Adult Group coverage will close and the client will continue to remain in the Pregnant Women coverage group throughout the post-partum period.