Specific Medicaid Requirements

The Worker must then obtain a copy of the SSI denial letter and retain it in the case record.

The Long Term Care Unit in the Bureau for Medical Services determines medical eligibility and notifies the local office and the case management agency of the decision in writing. Refer to Chapter 12 for details about determining medical eligibility.

NOTE: When an applicant's eligibility for, or enrollment in, this program is pending, he must not be refused the right to apply due to his pending status with the CDCS Program, but must be evaluated for any or all DFA programs.

E. AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Income: 325% FPL Assets: N/A

The ADAP is also referred to as the AIDS Special Pharmacy Program or the ADAP WV Special Pharmacy Program.

An individual is eligible for limited* Medicaid coverage when all of the following conditions are met:

- The individual must have been diagnosed as HIV positive.
- The income of the individual, his spouse and his dependent children who live with him must meet the income limits detailed in Chapter 10.
- He must be ineligible for any other Medicaid full-coverage group or be eligible as a Medically Needy client who has not met his spenddown.

EXCEPTION: Full-coverage Medicaid recipients on work release may receive ADAP, if otherwise eligible.

* Medicaid coverage is limited to payment for medications listed on the current WV ADAP Formulary for HIV/AIDS treatment.

Except for acceptance of the initial DFA-2 Medicaid and the 2-page ADAP applications, this coverage group is administered by BMS. Potential eligibility for or receipt of Medicare, Part D, does not affect the application or referral process for ADAP eligibility determination. The resource development policies in Chapter 5 do not apply to ADAP. For special communication between the Worker and BMS, refer to Chapter 1.

If the client becomes eligible under any other coverage group or meets his spenddown, the Worker must notify BMS immediately by memorandum and must specify the beginning date of Medicaid eligibility.