

2.5 AFDC MEDICAID

When a change is reported, continuing eligibility for the AG must be evaluated. This is a redetermination, even though an application/redetermination form is not required. The AG may be assigned a new certification period, if eligible, even though the AG is not due for a scheduled redetermination. A recording must be made in RAPIDS CMCC to document any actions taken. Any child included in an AFDC Medicaid AG, cannot have his CME period shortened and cannot be closed during his CME period unless one or more of the criteria outlined in Section 2.8,A is met.

NOTE: Children who qualify for AFDC Medicaid, but who also qualify for Qualified or Poverty-Level Child coverage, are placed by RAPIDS in the Qualified or Poverty-Level Child groups to protect the child's Continuous Medicaid Eligibility (CME). If the child loses his eligibility at the end of his CME period, he is added to his family's existing AFDC, Transitional or Extended Medicaid AG, if he is otherwise eligible to be included.

A. CHANGE IN INCOME AND/OR DEDUCTIONS

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. In addition, time-limited disregards may expire. The reported change(s) may not result in any benefit change, or may result in AG closure or the AG's eligibility for Transitional or Extended Medicaid. See Section 16.5, items B,1 and C for Transitional and Extended Medicaid. 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. See Section 2.8 for closures when a child in the family receives Medicaid and is eligible for Continuous Medicaid Eligibility (CME).

B. ADDITIONS TO OR REMOVALS FROM THE AG

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

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

NOTE: Individuals subject to a penalty for failure to cooperate with BCSE, who subsequently cooperate, are added to the AG effective the month following the month in which BCSE considers that the individual cooperated.

C. MRT REQUIREMENTS

An incapacitated, disabled, or blind individual may require a MRT reevaluation. See Chapter 12. Applicants to be added to an existing AG may require a MRT approval.

D. CHANGE IN DEPRIVATION FACTOR

When the AG reports a change in circumstances that results in a change in the AG's deprivation factor, eligibility for AFDC Medicaid must be redetermined based on the following.

1. Absent Parent Returns to the Home

Eligibility based on incapacity or unemployment must be evaluated. No application form is required. A MRT referral may be required to establish incapacity of 1 or both parents. The child(ren) may remain eligible for Medicaid, even if the parent(s) does not. See Section 2.8. Notify BCSE that the absent parent returned to the home. If the family is ineligible for AFDC Medicaid, evaluate all individuals for other Medicaid coverage groups and WV CHIP.

2. One Parent Leaves a 2-Parent Family

A referral to BCSE is required for the child(ren) of the absent parent.

3. Unemployment or Incapacity No Longer Exists

Eligibility for all other Medicaid coverage groups and WV CHIP must be evaluated. The child(ren) may remain eligible for Medicaid, even if the parents do not. See Section 2.8.