

16.4 RELATIONSHIP BETWEEN COVERAGE GROUPS

All Medicaid coverage groups are assigned to one of two broad sections: Categorically Needy and Medically Needy.

Persons eligible under either section must be "associated" with a "category" of cash public assistance, either the former Aid to Families with Dependent Children (AFDC/U) Program or Supplemental Security Income (SSI). To be associated with **AFDC/U**, there must be a **dependent child**. To be associated with **SSI**, the individual must be **aged, blind or disabled**, according to SSA guidelines. Eligibility for coverage groups associated with AFDC/U is determined using the AFDC/U methodology in effect at the time the AFDC/U Program ended. Those associated with SSI use SSI methodology. There are no standard definitions of these methodologies. Instead, they may vary depending upon the coverage group.

Even though AFDC/U cash assistance ended in West Virginia in 1/97, Medicaid eligibility continues to be associated with AFDC/U, rather than with WV WORKS. See Section 15.1 for more specific information about the change in cash assistance programs. AFDC/U methodology is used in determining eligibility for all Medicaid coverage groups associated dependent children and/or families.

Receipt of WV WORKS cash assistance has no relationship to receipt of Medicaid.

CATEGORICALLY NEEDY MEDICAID recipients are those who:

- Receive AFDC Medicaid; or
- Receive SSI payments; or
- Are required by federal law to be treated as AFDC/U recipients, according to the guidelines of the former cash assistance program, for Medicaid purposes, or as SSI recipients; or
- Are pregnant women, children, aged, blind or disabled persons whose income eligibility is based on the Federal Poverty Level (FPL).

The federal government mandates states to cover some Categorically Needy coverage groups; other coverage groups are optional.

MEDICALLY NEEDY MEDICAID recipients are those who would be eligible for AFDC Medicaid or SSI except that their income and/or assets are too high. However, even though their resources are too high for AFDC Medicaid eligibility, they cannot afford to pay their medical bills. These people are allowed to spenddown their excess income to the Medically Needy Income Level (MNIL) by incurring medical expenses.

Specific Medicaid Requirements

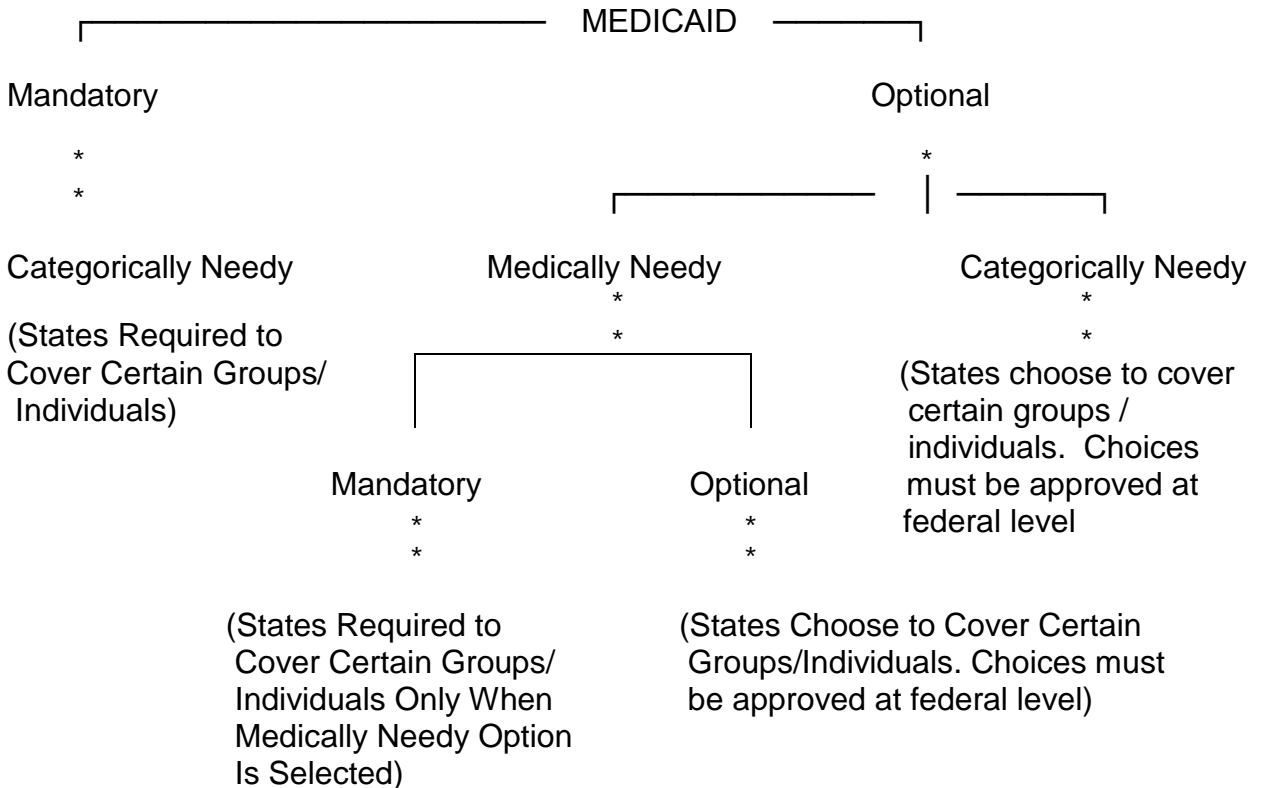
The spenddown process is explained in Chapter 10.

The entire Medically Needy section is optional. However, when a state elects to provide coverage to the Medically Needy, the federal government mandates coverage of some coverage groups; some other coverage groups are optional.

EXAMPLE: WV has elected to provide medical coverage to Medically Needy individuals. It is mandatory that dependent children be covered under AFDC/U-Related Medicaid, when the Medically Needy option is selected. However, WV has also chosen to cover caretaker relative(s) of the AFDC/U-Related children, and the policy reflects the requirement that they be included.

The charts on this and the following two pages are diagrams of the relationship.

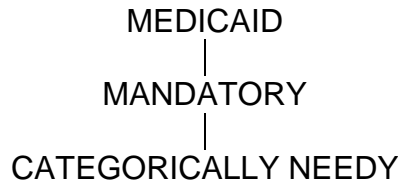
The following diagram illustrates the relationship between Categorically and Medically Needy Medicaid.



Specific Medicaid Requirements

Additional information about categorization of the various groups is shown on the following charts.

A. CATEGORICALLY NEEDY MEDICAID



Families and Children

MANDATORY

OPTIONAL

- AFDC Medicaid Recipients
- Deemed AFDC Recipients:
 - Extended Medicaid (child/spousal)
 - IV-E Adoption Assistance **
 - IV-E Foster Care **
- Transitional Medicaid
- Qualified Children Born on or After 10-1-83*
- Poverty-Level Pregnant Women Program
- Poverty-Level Children Under Age 1
- Poverty-Level Children, Ages 1-5
- Poverty-Level Children, Ages 6-18 Born on or After 10-1-83*
- Continuously Eligible Newborn Children

- Adoption Assistance other than IV-E **
- Foster Care other than IV-E**
- Children With Disabilities Community Services (CDCS)
- Qualified Children, Born Before 10/1/83, Under Age 19 (Medicaid Expansion)
- WV Children’s Health Insurance Program

* The maximum age limit for these children increases each year. Eligibility ends at age 19.

** These cases are handled by the Office of Social Services and are in the SSIS Data System.

Specific Medicaid Requirements

Aged, Blind, or Disabled

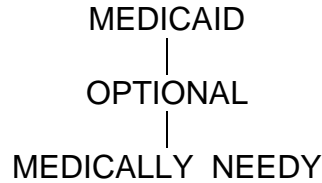
MANDATORY

- SSI Recipients
- Deemed SSI Recipients:
 - Disabled Adult Children (DAC)
 - Blind or Disabled - Gainful Activity (SGA)
 - Essential Spouses of SSI Recipients
 - Pass-Throughs
 - Pickle Amendment Coverage (PAC)
 - Disabled Widows, Widowers
 - Drug Addicts and Alcoholics
- Qualified Medicare Beneficiaries (QMB)
- Specified Low-Income Medicare Beneficiaries (SLIMB)
- Qualified Individual (QI-1)
- Qualified Individual (QI-2)
- Qualified, Disabled Working Individuals (QDWI)
- Illegal Aliens - Emergency Coverage

OPTIONAL

- Home and Community Based Waivers (HCB and MR/DD)
- AIDS Programs

B. MEDICALLY NEEDY MEDICAID



**MANDATORY IF MEDICALLY
NEEDY IS CHOSEN**

OPTIONAL

- Continuously Eligible Newborns born to Medically Needy Women
 - AFDC/U-Related Medicaid: Children under 19 who would be eligible for AFDC Medicaid except that income/assets are too high
 - SSI-Related Medicaid: Aged, blind or disabled individual who would be eligible for SSI except that income/assets are too high
- AFDC/U-Related Medicaid: Caretaker relative(s) of children under 19 who would be eligible for AFDC Medicaid except that income/assets are too high