

APPENDIX B**DISCONTINUANCE OF GA FOR DA**

(Released via Office Automation to begin discontinuance - May 8, 1996)

The Department is stopping the GA for DA Medicaid coverage group as recommended by the Medicaid Crisis Panel. Medicaid coverage will end on June 30, 1996. Information necessary to accomplish this discontinuance and some background information are found below.

A. LEGAL BASIS FOR DISCONTINUANCE

Until March, 1980, those eligible for GA for DA received a check and medical card. As a cost-saving measure, the Department attempted to stop the Program, but was prevented from doing so by court action. The court did allow the cash payments made to GA for DA recipients to be stopped, but required the Department to continue to provide medical coverage. The Department has continued to provide such coverage as part of its Medicaid Program, but the medical costs have been paid from State funds only.

Recently, the WV Attorney General's office filed a Motion to Dismiss this case (Pearlene Rose v. Ginsberg) due to the fact that there had been no action taken on the case since 1980. A dismissal order was signed on April 22, 1996. As a result of the order, the Department is no longer bound by the preliminary injunction entered in this case and is able to implement this recommendation of the Medicaid Crisis Panel.

The plaintiff has the right to make a motion to reinstate the case, but there are time limitations and good cause must be shown for plaintiff's failure to prosecute the claim from 1980 until the present time.

Even though the GA for DA coverage group is being discontinued, the Department is still obligated to determine eligibility for all other Medicaid coverage groups before medical coverage is stopped.

B. COUNTY OFFICE RESPONSIBILITIES

County offices have the following responsibilities in the process of discontinuing GA for DA:

Specific Medicaid Requirements

1. Reevaluate EACH GA for DA case (as found on your last monthly payroll) for eligibility for other Medicaid coverage groups. This must be completed as follows.

- a. Case Has Been Determined In Last 6 Months

When the GA for DA case has had a redetermination completed in the last 6 months, the Worker must review the case record information to determine if the client is eligible for any other full-coverage, non-spenddown coverage group. If so, a case must be opened for the new coverage group and the GA for DA case must be closed ON OR BEFORE MAY 31, 1996. The client must receive uninterrupted benefits.

If the only other coverage group the client is eligible for requires him to meet a spenddown or does not provide full coverage, the Worker MUST NOT STOP THE GA FOR DA COVERAGE PRIOR TO THE AUTOMATIC CLOSURE DESCRIBED IN ITEM C BELOW. Instead, the case is to remain active in the data system and will receive a closure notice from the State Office. However, the Worker must open a case for the coverage group which requires a spenddown or which does not provide full Medicaid coverage, WITH JULY 1, 1996 AS THE BEGINNING DATE OF CONSIDERATION OR COVERAGE. THE CLIENT MUST NOT BE REQUIRED TO VISIT THE OFFICE OR TO COMPLETE AN ES-2.

If the client is not eligible for any other Medicaid coverage group, the Worker is to take no action on the case, except to record that the evaluation was completed, the date completed and the results of the evaluation.

- b. Case Has NOT Been Redetermined in Last 6 Months

When the GA for DA case has not been redetermined in the last 6 months, a full-scale REDETERMINATION MUST BE COMPLETED IMMEDIATELY. Once the redetermination is completed, action is taken as described in item (a) above, depending upon the results of the redetermination. The Worker must complete the full-scale redetermination, make a decision about eligibility for any other coverage groups or continued eligibility for GA for DA and TAKE THE APPROPRIATE ACTION DESCRIBED IN ITEM (a), ON OR BEFORE MAY 31, 1996.

Specific Medicaid Requirements

2. Maintain a list of all GA for DA applicants and recipients showing their current status and final disposition. The list must include the following: name, case number, date redetermination scheduled for (if needed), date redetermination completed (if needed), date of evaluation for all other Medicaid coverage groups, date of transmission of new case (if needed).

These are to be submitted to the IM Policy Unit ONLY UPON REQUEST.

3. Continue to accept applications for GA for DA and to screen all applicants for possible GA for DA eligibility THROUGH JUNE 30, 1996. No one must be denied the right to apply for any of the Department's programs, and GA for DA will be a viable option through the end of June.
4. Respond to all inquiries about discontinuance of GA for DA, except those from attorneys outside the Department. All questions from outside attorneys or those related to the previous lawsuit or a possible future lawsuit are to be referred to the IM Policy Unit.

C. STATE OFFICE RESPONSIBILITIES

The following activities will be accomplished at the State Office:

1. The IM Policy Unit is responsible for notifying MIS of the computer action and printouts necessary to accomplish the discontinuance. In addition, the Policy Unit will prepare the client notification letter which will be automatically mailed to all cases in the C-219 system with an R prefix which remain active on June 3, 1996. You will be notified when the notices are mailed, but mailing labels will be prepared for all cases still active on June 3, 1996. IF THE CASE IS ACTIVE IN THE DATA SYSTEM ON THIS DATE, THE CLIENT WILL BE MAILED A CLOSURE NOTICE. CLOSURE LETTERS WILL NOT BE HELD.
2. The IM Policy Unit will test computer changes necessary to accomplish the discontinuance and will work with MIS to make certain that all GA for DA cases are closed effective 6/96.
3. The IM Policy Unit will distribute copies of the printout showing which cases received closure notices as follows: 2 copies to each county; 1 copy each to Dennis Rhodes, Client Services, Medical Review Team (MRT). In addition, a printout will be produced of all cases automatically closed. The IM Policy Unit will distribute copies of this printout to the same groups.
4. The IM Policy Unit will forward a copy of each client notification letter to the appropriate county so that it may be filed in the client's case record, IF THE COUNTY CHOOSES TO DO SO.

Specific Medicaid Requirements

5. The IM Policy Unit will respond to inquiries from county staff and from attorneys about the discontinuance of GA for DA and will notify SSA that an increase in SSI applications may occur and the reason for the increase.
6. MIS will take the necessary data system action to close all cases that are active for GA for DA in the data system. Cases will be closed effective 6/96 and the C-219 system deadline date will be placed in Block 39. The closures will actually occur immediately after the deadline date IN June. Medical expenses incurred on or before June 30, 1996 will be covered.
7. MIS will be responsible for coordinating the stuffing and release of the client notices based on deadlines established by the IM Policy Unit to ensure that each client receives at least 13 days advance notice of the discontinuance.
8. The IM Policy Unit will keep county and state office staff informed about any legal action which might be taken to prevent discontinuance of the Program.
9. MRT will give priority to any GA for DA case submitted for consideration under another coverage group, if MRT approval is required. Such cases must be marked in red with the following statement: GA for DA Priority. DO NOT AUTOMATICALLY SUBMIT ALL GA FOR DA CASES TO MRT FOR REEVALUATION BASED ON THE DISCONTINUANCE OF THE PROGRAM. Refer only those cases that are appropriate referrals. PLEASE REVIEW SECTIONS 12.5, 12.6 AND 12.7 PRIOR TO SUBMITTING CASES FOR A MRT DECISION.

Please contact the IM Policy Unit in OFS if you have any questions regarding these instructions. UNDER NO CIRCUMSTANCES CAN THE PROCESS OF EVALUATING GA FOR DA RECIPIENTS FOR ELIGIBILITY UNDER OTHER COVERAGE GROUPS BE EXTENDED BEYOND MAY 31, 1996. IF YOU ARE UNABLE TO MEET THIS DEADLINE, PLEASE CONTACT THE IM POLICY UNIT PRIOR TO THAT DATE.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

June 7, 1996

Gretchen O. Lewis
Secretary

IMPORTANT NOTICE

Your Medicaid coverage as a recipient of General Assistance for Disabled Adults (GA for DA) will stop on June 30, 1996. You will receive your last medical card in June. This action is being taken because the West Virginia Department of Health and Human Resources is discontinuing the GA for DA Medicaid Program on June 30, 1996, based primarily on a recommendation of the Governor's Medicaid Crisis Panel. You received GA for DA because you had a disability which was expected to last at least 6 months, but Social Security denied you Supplemental Security Income (SSI) benefits because they did not consider you disabled.

Prior to discontinuing your GA for DA Medicaid coverage, your local Health and Human Resources office evaluated your case to see if you qualify for Medicaid coverage under any other Medicaid group. If you do not qualify for Medicaid under another group, your Medicaid coverage will stop on June 30, 1996. The local office will notify you if they determine that you qualify for continued Medicaid coverage after June 30, 1996 under another Medicaid group.

The amount of Food Stamp benefits you receive, if any, will not be affected.

If you have any questions about the loss of your GA for DA Medicaid, contact your local Health and Human Resources office, or you may call the Client Services Unit at 558-2400 or toll-free at 1-800-642-8589.

You may apply for another Medicaid group at the local Health and Human Resources office. Additionally, recipients of Supplemental Security Income (SSI) benefits also receive Medicaid. You must apply for SSI at your local Social Security office, not at the local Health and Human Resources office. The Social Security office cannot answer questions about why your GA for DA Medicaid is being stopped.

If you do not agree with the proposed action, you may request a Fair Hearing and/or a Pre-Hearing Conference. If you ask for a Fair Hearing and/or a Pre-Hearing Conference within fourteen (14) days of the date of this letter your benefits will not be stopped, pending a final decision. Otherwise, the proposed action will be taken and you may ask for a Fair Hearing or Pre-Hearing Conference within Ninety (90) days of the effective date of the action taken. A form to ask for a Fair Hearing/Pre-Hearing Conference is enclosed. You also have the option to ask for a Hearing/Conference by phone or in person. A list of organizations which provide legal services without charge to eligible persons is also enclosed.