

1.9 QUALIFIED AND POVERTY-LEVEL CHILDREN, REGARDLESS OF BIRTHDATE

A. APPLICATION FORMS

1. Choosing the Correct Form

Forms WV CHIP-1 or OFS-PW-4 are used as a mail-in application forms. When application is also made for another Program or Medicaid coverage group, an interactive interview is conducted and the OFS-2 is used as the application. When the OFS-2 is used as the application form, it is not necessary for the client to complete a WV CHIP-1 in addition to the OFS-2.

When application is also made for a PL pregnant woman, form OFS-PW-4 may also be used to determine eligibility for her other children as QC or Poverty-Level children.

A reapplication is treated as any other application, except that, in some situations a new form may not be required. See Section 1.3,F.

2. Special Outreach/Application Procedures

Form WV CHIP-1 is available at community and business sites throughout the State. The form is a mailer with a pre-printed address so that all forms are mailed to a central location for redistribution to county offices for processing. Return postage is pre-paid. Each CHIP-1 contains space for the client to write the name of his county of residence in order to expedite the redistribution from the central receiving site to county offices.

Forms received at the central location are counted and forwarded unopened to the local office on the day of receipt. If the client fails to show his county of residence on the outside of the mailer, the staff at the central location opens the form only to determine the county to which it must be forwarded.

Form WV CHIP-1 must be made available for pick-up and return by mail in all county DHHR offices. County offices may not require that the client meet with a Worker or register with the receptionist in order to receive a form. The client may complete the WV CHIP-1 at the county office and leave it there for processing without being required to meet with a Worker or register with the receptionist. The client may

also choose to pick up a form, complete it at a later date and return it in person for processing. Again, no meeting with a Worker or registration with the receptionist may be required. However, at any point, the client may choose to meet with a Worker to discuss the status of his application. Also at the client's request, form WV CHIP-1 may be mailed to him by the county office; it must be mailed on the same day it is requested.

B. COMPLETE APPLICATION

The application is complete when the client signs a WV CHIP-1, OFS-5, OFS-2 or OFS-PW-4, as appropriate, which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date of application is the date the client signs a completed WV CHIP-1, OFS-5, OFS-2 or OFS-PW-4 as defined in item B.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the OFS-2, form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The OFS-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when an OFS-5 has been signed. When the application is returned by mail or left at the office without an interview, the date of application is the date that a signed application which contains, at a minimum, the client's name and address, is received in the county office.

D. INTERVIEW REQUIRED

No interview is required when the WV CHIP-1 or OFS-PW-4 is used.

E. WHO MUST BE INTERVIEWED

No interview is routinely required, but when an interview is conducted the following persons must be interviewed:

- At least one parent with whom the child lives; or
- The adult, other than a parent(s), with whom the child lives; or
- S The representative of an adoption agency that has legal custody of the child; or

- The child, if he does not live with a parent(s) or other adult.

F. WHO MUST SIGN

The following person(s) must sign the application, depending on the living situation of the child.

- One parent with whom the child lives; or
- The adult with whom the child lives; or
- The representative of an adoption agency that has legal custody of the child; or
- The child who does not live with a parent(s) or other adult.

G. CONTENT OF THE INTERVIEW

Although not required, when an interview is conducted, the interview requirements found in Section 1.2 are applicable. In addition, the following must be discussed with the client:

- An explanation of the 12-month period of continuous Medicaid eligibility (CME). See Section 2.8.
- That any child under age 18 may be evaluated for SSI-Related Medicaid as a blind or disabled child
- That the client may receive more than one medical card when there is more than one eligible child
- That the client must report when any child becomes pregnant

H. DUE DATE OF ADDITIONAL INFORMATION

When an interview is conducted, the Worker and the client decide on a reasonable time for the information to be returned.

When the application is returned by mail or left at the office and additional information is required, the client must be given at least 10 days after the mailing date of the request for additional information to respond.

I. AGENCY TIME LIMITS

See item O.

J. AGENCY DELAYS

When the Department fails to request necessary verification, the Worker must immediately send a written request for the information. He must inform the client that the application is being held pending. When the verification is received and the client is eligible, retroactive medical coverage is based on the date of application.

When an application is not processed within agency time limits, the application must be processed immediately upon discovery and coverage must be backdated for any prior eligibility period. This may be more than 3 months if due to an agency error. To determine if the client is eligible to receive direct reimbursement for out-of-pocket medical expenses, see Chapter 2.

K. PAYEE

Depending on the child's living situation, the payee is a parent, other adult household member, or the child.

L. REPAYMENT AND PENALTIES

This does not apply to QC or Poverty-Level cases.

M. BEGINNING DATE OF ELIGIBILITY

The beginning date of eligibility is the first day of the month of application, if eligible. Eligibility may be backdated up to 3 months prior to the month of application, provided all eligibility requirements were met.

N. REDETERMINATION SCHEDULE

The first redetermination is scheduled in the 12th month of eligibility and completed annually after that.

O. EXPEDITED PROCESSING

Action must be taken to approve, deny or withdraw the application within 13 calendar days of the date a complete application is received in the county office. A complete application is defined in item B, above. If additional information or verification is required after the complete application is received, the Worker must request it immediately to allow the client 10 days to provide it, as required in item H, and to complete the application process within 13 days.

When application is made at the same time for another Medicaid coverage group(s) for another family member(s), or for other Programs, the application process for the QC or Poverty-Level child(ren) must be completed within 13 days, even though the application process for other individuals or for other Programs may still be pending.

P. CLIENT NOTIFICATION

See Chapter 6.

Q. DATA SYSTEM ACTION

Data system action is required to complete the application process, regardless of the eligibility decision except when denial is due to the fact that the child is already a Medicaid recipient.

When the child for whom application is made is already an active Medicaid recipient, the Worker must generate a RAPIDS notice of the denial.

R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process with the following exception:

The redetermination may be accomplished by mailing form OFS-PW-4 to the client. A letter of explanation must accompany the form. It must explain, at a minimum, the following:

- That the case is due for redetermination
- The address to which the form and information must be returned. This is the county office address.
- The date by which the form must be returned
- Any verification which must be returned with the form
- That the case will be closed after proper notification, if the redetermination is not completed
- That the client may telephone the Worker or come into the office if he requires assistance in completing the form.

When the client is in the office to complete a redetermination for another Program or Medicaid coverage group, the QC or Poverty-Level redetermination must be completed at the same time. The redetermination is completed using the OFS-2 when a redetermination for another Program or coverage group is completed.

When the redetermination is completed and the individual(s) remains eligible, the new eligibility period must begin the month immediately following the month of redetermination. See the RAPIDS User Guide.

If the client's coverage is interrupted due to agency delay or error, procedures for reimbursement of the client's out-of-pocket expenses may apply. See Chapter 2.

S. THE BENEFIT

The first medical card generated by the data system shows retroactive eligibility and eligibility through the end of the current month.

The ongoing medical card shows the eligibility dates for the current month. A new card is issued monthly and shows that month's eligibility dates.

The ending date of eligibility is the last day of the month of the effective date of closure.