16.4 RELATIONSHIP BETWEEN COVERAGE GROUPS

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

CATEGORICALLY NEEDY MEDICAID recipients are those who:

- Receive Parents/Caretaker Relatives Medicaid; or
- Receive SSI payments; or
- Adults who are between 19 – 64 years of age; 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 Categorically Needy except that their income and/or assets are too high. However, even though their resources are too high for Categorically Needy 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.

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-Related Medicaid, when the Medically Needy option is selected. However, WV chose to cover aged, blind and disabled individuals, 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.

```
  ┌────────────────────    MEDICAID    ──┐
  │ Mandatory                  │    │ Optional                  │
  │   *                        │    │   *                       │
  │   *                        │    │   *                       │
  └────────────────────    MEDICAID    ──┘

Categorically Needy          Medically Needy          Categorically Needy
(States Required to          *                        *                        (States choose to cover
cover certain groups /      *                        *                        certain groups /
individuals)                *                        *                        individuals. Choices
                                *                        *                        must be approved at
(States Required to           *                        *                        federal level)
cover certain groups /
cover certain groups /
individuals only when
medically needy option
is selected)                  *                        *                        (States choose to cover
certain groups/individuals. Choices must
be approved at federal level)
```
Additional information about categorization of the various groups is shown on the following charts.

A. CATEGORICALLY NEEDY MEDICAID

MEDICAID

MANDATORY

CATEGORICALLY NEEDY

Adults, Families and Children

**MANDATORY**

- Parents/Caretaker Relatives
- Extended Medicaid (child/spousal)
- IV-E Adoption Assistance *
- IV-E Foster Care *
- Transitional Medicaid
- Children Under Age 19
- Pregnant Women
- Adult Group
- Former WV Foster Children
- Illegal Aliens – Emergency Coverage
- Continuously Eligible Newborn Children

**OPTIONAL**

- Adoption Assistance other than IV-E *
- Foster Care other than IV-E*
- Children With Disabilities Community Services (CDCS)
- WV Children’s Health Insurance Program
- AFDC/Non-Cash Assistance

* These cases are handled by the Office of Social Services and are in the SSIS Data System.
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) (Discontinued December 31, 2002)

- Qualified, Disabled Working Individuals (QDWI)

- Illegal Aliens - Emergency Coverage

**OPTIONAL**

- Home and Community Based Waivers (AD, TBI, and I/DD)

- AIDS Programs

- SSI-Related/Non-Cash Assistance

- Breast and Cervical Cancer Program

- M-WIN

- Special Pharmacy
B. MEDICALLY NEEDY MEDICAID

<table>
<thead>
<tr>
<th>MEDICAID</th>
<th>OPTIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICALLY NEEDY</td>
<td></td>
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</tbody>
</table>

MANDATORY IF MEDICALLY NEEDY IS CHOSEN

- AFDC-Related Medicaid: Children under Age 19 or Pregnant Women who would be eligible for Categorically Needy Medicaid except that income/assets are too high

- Continuously Eligible Newborns born to Medically Needy Women

- SSI-Related Medicaid: Aged, blind or disabled individual who would be eligible for SSI except that income/assets are excessive