

Medicaid Eligibility

Medicaid provides medical care in the community or in an institutional setting, such as a nursing home, to individuals who otherwise may not be able to afford the care. A variety of services are provided, according to state and federal guidelines, depending upon the individual or family circumstances. Recipients of Supplemental Security Income (SSI) automatically qualify for Medicaid. In addition, other individuals or families may apply for and receive Medicaid, if eligible and it is provided under a number of coverage groups. Medicaid is administered at the federal level by the Centers for Medicare and Medicaid Services (CMS) under the US Department of Health and Human Services.

There are many ways to qualify to receive Medicaid. Some of these coverage groups are mandatory, i.e., required by CMS to be provided by each state, and some are optional. With the combination of the mandatory and optional coverage groups, and those for which West Virginia has received waivers from federal requirements, West Virginia offers coverage to a wide range of groups.

Medicaid Citizenship and Identity Requirements

Effective July 1, 2006, proof of U.S. citizenship and identity must be provided before an individual can receive Medicaid. All Medicaid applicants or recipients will be asked to provide documents to verify U.S. citizenship and identity if this information cannot be verified through electronic data match. If a person receives Medicaid, a reasonable amount of time will be given to show this verification at the time of redetermination. Medicaid coverage will continue while the person obtains the documentation. The proof of citizenship must only be provided once.

The following documents listed are some of those you may use to prove citizenship and/or identity:

Proof of Citizenship and Identity (No other proof required):

- U.S. Passport; Certificate of Naturalization (N-550 or N-570); or
- A Certificate of Citizenship (N-560 or N-561);
- Documentation from a federally recognized Indian Tribe.

Proof of Citizenship (Separate Proof of Identity Required):

- A U.S. public birth record;
- A final adoption decree; evidence of civil service employment;
- An official military record of service;
- or U.S. census records.

Proof of Identity:

- Driver's license with a photograph or other identifying information;
- School Identification Card with a photograph;
- School records, such as report cards verified by issuing school;
- U.S. military card or draft record;
- ID card issued by the federal, state or local government with the same information listed on the driver's license;
- Military Dependent's ID card;
- Native American Tribal document
- U.S. Coast Guard Merchant Mariner card;
- 3 or more specified corroborating documents to prove identity; or
- Clinic, doctor, or hospital records.

Coverage Groups for Families and Children

Parent/Caretaker Relatives Medicaid

The Parents/Caretaker Relatives coverage group replaces the former Aid to Families with Dependent Children (AFDC) Medicaid coverage group for parents and other caretaker relatives. The parent or caretaker relative must be living in the household with a dependent child for whom they assume primary responsibility. Income must be under the Parent/Caretaker Relative Medicaid limit. No asset test.

AFDC-Related Medicaid

If income or assets exceed the limits for Parents/Caretaker Relatives Medicaid, the family may become eligible by incurring medical expenses which "spend down" its income to a Medically Needy Income Level. The asset limits are \$2,000 for 1 person and \$3,000 for 2. Above 2 persons, \$50 is added to the limit for each person.

Children with Disabilities Community Services

A child with a disability who has been denied Supplemental Security Income (SSI) due to the excess income and/or assets of a parent(s) may qualify for Medicaid if the cost of care at home is less than the cost of institutionalization. The income limit is 300% of the current SSI level. The asset limit is \$2,000. Only the income of the child is counted.

Pregnant Women

Pregnant women with family income at or below 185% of the current Federal Poverty Level (FPL). No asset test. The pregnant woman remains eligible for 1 year postpartum after the pregnancy ends. Children born to Medicaid eligible mothers remain eligible for 1 year after birth without the need for a Medicaid application.

Children Under Age 19

The income limit for this coverage group is 158% FPL for children ages 0-1; 141% FPL for children ages 1-5; and 133% FPL for children ages 6-19. No asset test.

WV CHIP

Although WV CHIP is not a Medicaid coverage group, DHHR takes applications and determines eligibility for children who may qualify. The child must be under age 19 and family income must be at or below 211% of the current FPL. Those with family income at or below 300% may qualify for WV CHIP with a premium payment. Additional information about WV CHIP is available online at www.chip.wv.gov.

Coverage Groups for Adults

Adult Group

Effective January 1, 2014, Medicaid coverage will be provided in the adult group to individuals age 19 or older and age 65, who are not eligible for another categorically mandatory Medicaid coverage group (SSI, Deemed SSI, Parents/Caretaker Relatives, Pregnant Women, Children Under Age 19, Former WV Foster Children), and are not entitled to or enrolled in Medicare Part A or B. The income limit is 133% FPL. No asset test.

Former Foster Children

Effective January 1, 2014, Medicaid coverage will be provided in the Former Foster Children group to individuals who are under 26 years of age; were in foster care under the responsibility of any State and receiving Medicaid on the date of attaining 18 years of age, or the date they aged out of foster care, up to age 21. There is no income or asset test.

SSI-Related Medicaid

Aged, blind, or disabled individuals who do not qualify financially for SSI, may qualify for this coverage group by "spending down" income to an established income level by use of incurred medical expenses. Assets must also be within established limits which are \$2,000 for 1 and \$3,000 for 2.

Breast and Cervical Cancer

Women who are diagnosed with breast or cervical cancer by a Centers for Disease Control (CDC) program may qualify for Medicaid coverage when certain other non-financial requirements are met. The individual must be under age 65 and cannot be enrolled in Medicare or have other creditable health insurance. If all requirements for the coverage group are met, there is no income or asset test.

Qualified Medicare Beneficiaries (QMB)

Medicare recipients with income at or below 100% for the current FPL and assets no greater than \$8400 for 1 and \$12,600 for 2 qualify for payment of the Medicare, Part B, premium and payment of Medicare co-payments and deductibles. A burial exclusion of \$1,500 per person applies.

Specified Low-Income Medicare Beneficiaries (SLIMB)

Medicare recipients with income over 100% and at or below 120% for the current FPL and assets no greater than \$8400 for 1 and \$12,600 for 2 qualify for payment of the Medicare, Part B premium. A burial exclusion of \$1,500 per person applies.

Qualified Individual 1 (QI-1)

Medicare recipients with income above 120% and at or below 135% for the current FPL and assets no greater than \$8400 for 1 and \$12,600 for 2 qualify for payment of the Medicare, Part B, premium if the individual does not qualify for coverage under any other Medicaid group. A burial exclusion of \$1,500 per person applies.

Qualified Disabled Working Individuals (QDWI)

Former recipients of Social Security Disability benefits and Medicare, with earnings which exceed Social Security limits, may qualify for payment of the Medicare, Part A, premium if income is at or below 200% FPL and assets are below \$4,000 for one and \$6,000 for two.

Medicaid Work Incentive (M-WIN)

This Medicaid coverage group is for individuals who are disabled and are between ages 16 and 65. Individuals who meet the Social Security disability requirement and who are employed may qualify when total gross income is at or below 250% FPL and when unearned income is at or below the current SSI Payment Level. The asset limit is \$2,000 for an individual and \$3,000 for an individual with a spouse, but the program provides more liberal asset disregards to help individuals qualify. The individual must pay a \$50 enrollment fee and a monthly premium based on his income. Coverage may continue during some periods of temporary unemployment or when a disability condition improves.