

## 1.9 CHILDREN UNDER AGE 19

### A. APPLICATION FORMS

#### 1. Choosing The Correct Form

The Single-Streamlined Application (SLA) or DFA-2 is used as an application form. When application is also made for another Program requiring an interview, an interactive interview is conducted and the DFA-2 is used as the application. When the DFA-2 is used as the application form, it is not necessary for the client to complete the SLA. Applicants may submit an application online by inROADS.

#### 2. Special Outreach/Application Procedures

The SLA is available at community and business sites throughout the State. The form is given to anyone who requests it, regardless of the county in which he resides, if different from the county of the special outreach site. Forms received at these sites are forwarded to a central location and further distributed to the correct county office for processing.

The SLA must be available for distribution in all county DHHR offices and provided to anyone who makes the request. When the client requests the SLA mailed to him, this must occur the same day as his request. When received, the client has the option of completing the SLA the day he receives the form and leaving it for processing, taking it with him for completion and returning it to the local office at a later date or returning with the form for completion in the office.

NOTE: Regardless of the option chosen, at no point is the applicant required to register with the receptionist or meet with a Worker in order to receive a SLA or have it processed.

The applicant may also apply online by inROADS or through the Marketplace.

**B. COMPLETE APPLICATION**

The application is complete when the client signs the SLA, as appropriate, which contains, at a minimum, his name and address. An inROADS application is complete when the application is signed electronically by the applicant, a signed signature page is received or when an application with an E-Signature is submitted by a Community Partner.

**C. DATE OF APPLICATION**

The date of application is the date the applicant submits an application in person, by fax or other electronic transmission or by mail, which contains, at a minimum, his name and address and signature. When the application is submitted by mail or fax, the date of application is the date that the form with the name, address and signature is received in the local office.

**NOTE:** When a faxed copy or other electronic transmission of an application is received that contains a minimum of the applicant's name, address and signature, it is considered an original application and no additional signature is required.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the DFA-2, form DFA-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed DFA-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the DFA-2 when a DFA-5 has been signed.

**D. INTERVIEW REQUIRED**

No interview is required.

**E. WHO CAN BE INCLUDED ON THE SAME APPLICATION**

1. Individuals who have a familial relationship with the applicant (spouse, child - biological, adopted or step child; parent - biological, adopted or step parent; sibling - biological, adopted, half or step sibling.)
2. Individuals who are a tax dependent of, or on the same income tax return with, the applicant.

**EXCEPTION:** A non-custodial parent cannot apply for Medicaid or WVCHIP for their child even when claiming their child as a tax dependent. In this situation, based on MAGI rules, the child's MAGI household includes - himself, his parents (biological, adopted or step parents), or siblings (biological, adopted or step) under 19 with whom he resides. Information necessary to determine the child's eligibility cannot be determined based on the non-custodial parent's application; therefore, the case should fail for the child with the reason that the non-custodial parent cannot apply for the child.

3. Individuals who are under age 19 may be included on an application submitted by an adult application filer, even if the child and application filer are not in a familial or tax relationship.

Adult individuals who do not fall into one of these categories will be notified that they must submit a separate application.

**F. WHO MUST SIGN****1. Application Form or inROADS Signature Page**

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.

**2. Electronic Signature**

See Section 1.2.

**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 in the home

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, left at the office or submitted by inROADS 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 Expedited Processing Section below.

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 Children Under Age 19.

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

Cases are normally redetermined annually. The redetermination schedule is set automatically by the data system.

**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 Complete Application, 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 Due Date of Additional Information above, 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 Children Under Age 19 group 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 eRAPIDS notice of the denial.

**R. REDETERMINATION SCHEDULE AND SPECIAL PROCEDURES****1. Redetermination Schedule**

Redeterminations occur annually. When possible, the redetermination process is completed automatically using electronic data matches without requiring information from the client. This redetermination process is initiated by eRAPIDS which matches current information with the hub. The Reasonable Compatibility Provision applies each time this occurs. See Section 4.1. If determined eligible after completing the redetermination process, the Department will notify the client. The notice will identify the information used to determine eligibility. If the customer agrees with the information, no further action is required. If the client does not agree, he is to report the information that does not match the circumstances.

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Application/Redetermination Process

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When the redetermination process cannot be completed automatically, eRAPIDS sends a pre-populated form containing case information and requires the client to provide additional information necessary to determine continuing eligibility. A signature is required.

The pre-populated auto renewal verification checklist form provides the following information:

That the AG(s) for the individual(s) listed is due for redetermination,

The address to which the form is returned, if submitted by mail,

The date by which the information must be submitted,

Specific information necessary to complete the redetermination,

The opportunity to report changes,

- That the AG may receive a verification checklist for completion and return, if reported changes require follow-up,
- That the AG(s) will be closed after proper notification, if the redetermination is not completed, and
- Instructions for submitting the pre-populated auto renewal verification checklist form online by using inROADS. A phone number to call is included if the individual has questions about submitting the pre-populated auto renewal verification checklist online.

The client must be given 30 days from the date of the letter to return the information. The information may be submitted by mail, phone, electronically, Internet, or in person. Failure to respond and provide the necessary information will result in closure of the benefit.

If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be back dated up to 3 months.

## 2. Special Procedures – Rolling Renewals

When a change is reported during the certification period which affects eligibility, the Department must only request the information on the change reported.

A rolling renewal will be completed for all MAGI Medicaid and WVCHIP AG's only during a 12-month SNAP or TANF review or another MAGI Medicaid review. The agency must begin a new 12-month certification period for all MAGI Medicaid or WVCHIP AG's in the case. Rolling renewals do not apply to pregnancy Medicaid or to any non-MAGI Medicaid category.

**EXAMPLE:** A redetermination for SNAP benefits is completed on May 14, 2014. The certification period is April 1, 2014 through March 31, 2015. After the SNAP redetermination is completed, the Worker finds the information provided is enough to recertify. The Medicaid certification period is renewed from June 1, 2014 through May 31, 2015.

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

**S. THE BENEFIT**

Effective April 2015 the Medicaid card issuance process will change from a monthly to a yearly issuance. The Medicaid card will not include any date parameters since eligibility may terminate.

Each January, beginning with the 2016 issuance, Medicaid recipients will receive one Medicaid card per case.

In situations where retroactive eligibility is established, the Medicaid card will be validated appropriately for each back-dated month.

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