

APPENDIX B

MEDICAID COVERAGE GROUPS DISCONTINUED 10/31/13

A. AFDC MEDICAID RECIPIENTS (MAAR, MAAU)

Income: 185% Need Standard (1993 FPL) **Assets:** \$1,000
100% Need Standard (1993 FPL)
Payment Level (24% 1994 FPL)

AFDC Medicaid provides for Medicaid coverage for those who would be eligible for AFDC, if the Program were still in effect. If so, AFDC Medicaid is approved; if not, eligibility under all other Medicaid coverage groups must be explored. Refer to Chapter 15 for a complete explanation of AFDC Medicaid.

NOTE: Receipt of a WV WORKS check has no bearing on Medicaid eligibility. Receipt of a WV WORKS check does not automatically qualify the client to receive Medicaid.

D. QUALIFIED CHILDREN (QC), BORN ON OR AFTER 10-1-83 (MQCA)

NOTE: For Qualified Children born before 10/1/83, see Section 16.7,E.

Income: N/A **Assets:** N/A

NOTE: If a Qualified Child is receiving inpatient services on the date eligibility ends due to attainment of the maximum age limit, eligibility must continue until the end of that inpatient stay.

A child is eligible for Medicaid coverage as a Qualified Child (QC) when all of the following conditions are met:

- The child is not eligible for SSI Medicaid
- The child was born on or after 10-1-83.
- The child is under age 19, regardless of school attendance or course completion date.
- The income eligibility requirements described in Chapter 10 are met.

QC's are not required to have an AFDC/U deprivation factor or to live with a specified relative. There is no asset test for such children.

E. POVERTY-LEVEL PREGNANT WOMAN

A pregnant woman is eligible for Medicaid coverage as a Poverty-Level Pregnant Woman or as a Deemed Poverty-Level Pregnant Woman as follows. In certain situations, eligibility may be backdated more than 3 months. See Chapter 1.

1. Categorically Needy, Deemed Poverty-Level Pregnant Woman

Income: N/A

Assets: N/A

Any woman who is pregnant when she is an eligible Categorically Needy, Medicaid recipient, remains eligible for Medicaid throughout her pregnancy and through a 60-day postpartum period when both of the following conditions are met:

- The woman receives Medicaid under any mandatory or optional Categorically Needy coverage group. See Sections 16.5, 16.6 and 16.7. Those women who apply for such coverage groups after the birth of the child, are not eligible as Categorically Needy, Deemed Poverty-Level Pregnant Women, but may be eligible as a Poverty-Level Pregnant Woman. See item 3 below.
- The pregnant woman becomes ineligible for the Categorically Needy coverage group due solely to a change in income.

The pregnant woman's coverage must continue under the same Categorically Needy coverage group through the end of the postpartum coverage.

If the pregnant woman does not meet these requirements, the requirements in item 3 below must be met to continue eligibility based solely on her pregnancy.

NOTE: A Poverty-Level Pregnant Woman cannot have Medicaid terminated or denied for failure to cooperate with QC until the end of the postpartum period. After the postpartum period, the sanction is applied, even if she qualifies under another coverage group.

2. Medically Needy, Deemed Poverty-Level Pregnant Woman

Income: N/A

Assets: N/A

Specific Medicaid Requirements

Any woman who is pregnant when she is an eligible Medically Needy recipient, remains eligible for Medicaid through the end of the current Period of Eligibility (POE), when the woman has no spenddown or the spenddown has been met.

At the end of the original POE, the pregnant woman's eligibility ends and reapplication is required. Eligibility is determined as for any other Medically Needy case, with pregnancy having no effect on eligibility. If the spenddown is met in the new POC, or it is met and another spenddown must be met due solely to a change in income, the pregnant woman is again guaranteed medical coverage only until the end of the POE. Only when the Medically Needy pregnant woman gives birth to the child during a Medically Needy POE, she is guaranteed medical coverage through the 60-day postpartum period.

If the pregnant woman does not meet these requirements, the requirements in item 3 below must be met to continue eligibility based solely on her pregnancy.

NOTE: A Poverty-Level Pregnant Woman cannot have Medicaid terminated or denied for failure to cooperate with QC until the end of the postpartum period. After the postpartum period, the sanction is applied, even if she qualifies under another coverage group.

3. Poverty-Level Pregnant Woman (MFPP)**Income: 150% FPL****Assets: N/A****a. General Requirements**

A pregnant woman is eligible for Medicaid coverage as a Poverty-Level Pregnant Woman when all of the following conditions are met:

- The pregnant woman is not receiving:
 - AFDC Medicaid
 - SSI

and is not eligible as a Deemed AFDC Recipient or a Deemed Poverty-Level Pregnant Woman.

Specific Medicaid Requirements

- The income eligibility requirements described in Chapter 10 are met. Changes in income after eligibility has been established have no effect on continuing eligibility.

Poverty-level pregnant women are not required to have a deprivation factor and there is no asset test.

NOTE: A Poverty-level pregnant woman is not referred nor required to cooperate with child support activities while pregnant nor during the postpartum period.

NOTE: A Poverty-Level Pregnant Woman cannot have Medicaid terminated or denied for failure to cooperate with QC until the end of the postpartum period. After the postpartum period, the sanction is applied, even if she qualifies under another coverage group.

b. Postpartum Coverage

This coverage applies only to the mother, not the child. The child may be covered as a Continuously Eligible Newborn. Refer to item I below.

A woman who received coverage as a pregnant woman while living in another state or who is a recipient of postpartum coverage from another state, is not eligible for postpartum coverage in WV, unless she is determined eligible for Poverty-Level Pregnant Woman coverage in WV.

A woman continues to be eligible for Medicaid for 60 days postpartum, and the remaining days of the month in which the 60th day falls, provided that during the pregnancy or within 3 months of the end of the pregnancy, the woman met all of the following requirements:

- She applied for Medicaid (any coverage group)
- She was eligible for Medicaid (any coverage group)
- She received Medicaid services (any covered service, not limited to pregnancy services).

NOTE: The post partum period begins with the child's date of birth. In some instances, the post partum period extends into the third calendar month after the month of birth to assure the recipient receives proper notice.

Specific Medicaid Requirements

EXAMPLE: A woman with a pregnancy due date of August 7, 2009 reports on September 9, 2009 that her child was born on July 28, 2009. The redetermination date remains October 2009 to assure she receives proper notice of her scheduled eligibility redetermination. This also assures proper closure notice if she fails to complete the eligibility redetermination.

If the mother is determined, after the end of the pregnancy, to have been eligible in a month prior to the end of the pregnancy, she is eligible for postpartum coverage. This is true even if income increases above the income eligibility limits in any month after she is determined eligible.

NOTE: Postpartum coverage is required if the pregnancy ends in a live birth, miscarriage, abortion, or if the child is stillborn.

The last day of pregnancy is counted as day one of the 60-day postpartum period, and a redetermination is completed in the 2nd month of the postpartum period. If eligible for other Medicaid, or WV CHIP, that coverage must not begin until expiration of the postpartum period.

If no review takes place, Medicaid coverage will automatically close after the adverse notice period.

F. POVERTY-LEVEL CHILDREN UNDER AGE 1 (MFPI)

Income: 150% FPL

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of age 1, eligibility must continue until the end of that inpatient stay.

NOTE: Twelve months of continuous Medicaid eligibility applies. See Section 2.8.

A child under the age of 1 is eligible for Medicaid coverage as a Poverty-Level Child Under Age 1 when all of the following conditions are met:

Specific Medicaid Requirements

- The child is not eligible for SSI Medicaid
- The income eligibility requirements described in Chapter 10 are met.

A Poverty-Level Child Under Age 1 must not be required to have an AFDC/U deprivation factor or to live with a specified relative. There is no asset test for such children.

G. POVERTY-LEVEL CHILDREN, AGES 1-5 (MFPC)

Income: 133% FPL

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of age 6, eligibility must continue until the end of that inpatient stay.

NOTE: Twelve months of continuous Medicaid eligibility applies. See Section 2.8.

A child at least age 1, but not yet age 6, is eligible as Poverty-Level Child Ages 1-5 when all of the following conditions are met:

- The child is not eligible for SSI Medicaid
- The income eligibility requirements described in Chapter 10 are met.

Poverty-Level Children Ages 1-5 must not be required to have an AFDC/U deprivation factor or to live with a specified relative. There is no asset test for such children.

H. POVERTY-LEVEL CHILDREN, AGES 6-18 (BORN ON OR AFTER 10-1-83) (MFPN)

Income: 100% FPL

Assets: N/A

NOTE: If a child is receiving inpatient services on the date he would lose eligibility due to attainment of the maximum age, eligibility must continue until the end of that inpatient stay.

NOTE: Twelve months of continuous Medicaid eligibility applies. See Section 2.8.

Specific Medicaid Requirements

A child at least age 6, but not yet age 19 is eligible as a Poverty-Level Child, Ages 6-18, when all of the following conditions are met:

- The child is not eligible for SSI Medicaid
- The child was born on or after 10-1-83.
- The child is under age 19, regardless of school attendance or course completion date.
- The income eligibility requirements described in Chapter 10 are met.

A Poverty-Level Child, Age 6-18, must not be required to have an AFDC/U deprivation factor or to live with a specified relative. There is no asset test for such children.

16.10 MEDICALLY NEEDY, OPTIONAL - FOR FAMILIES AND/OR CHILDREN (MAOR, MAOU, NAOR, NAOU)

Income: See 16.8

Assets: See 16.8

Only children under 19, who would be eligible for AFDC Medicaid, except that countable income/assets are too high, are required to be covered under AFDC-Related Medicaid. However, West Virginia has elected to cover caretaker relatives of such children.

Even though coverage for caretaker relatives is optional, the caretaker relative(s) and the dependent children for whom they care, are treated as a family unit according to Section 16.8,B.

NOTE: An AG which meets a spenddown remains eligible until the end of the POC in the following situations, regardless of whether or not the individual is an AG member.

- A member(s) of the Income Group experiences an increase in income;
or
- An individual(s) with income is added to the Income Group;
or
- An individual(s) is removed from the Needs Group