

| | |
|---|-----|
| 16.1 INTRODUCTION | 1 |
| A. ASSIGNMENT OF MEDICAL SUPPORT RIGHTS..... | 1 |
| B. DATA SYSTEM INTERACTION | 2 |
| C. CERTIFICATE OF COVERAGE WHEN MEDICAID COVERAGE ENDS..... | 3 |
| D. CHILD SUPPORT REQUIREMENTS AND PROCEDURES | 3 |
| E. HEALTH INSURANCE PREMIUM PAYMENT (HIPP) | 6 |
| 16.2 RELATIONSHIP WITH THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN) (Formerly Office of Handicapped Children) | 14a |
| A. NON-CSHCN RECIPIENTS WHO ARE APPLICANTS FOR DFA PROGRAMS | 14a |
| B. CSHCN RECIPIENTS WHO ARE APPLICANTS FOR MEDICAID | 14b |
| 16.3 MEDICAID ELIGIBILITY BETWEEN COVERAGE GROUPS..... | 15 |
| A. CONSIDERATION FOR ALL MEDICAID GROUPS | 15 |
| B. CONSIDERATION OF MAGI AND NON-MAGI COVERAGE GROUPS | 15 |
| C. WHO RECEIVES LIMITED COVERAGE..... | 16b |
| D. BACKDATING MEDICAID COVERAGE | 16b |
| 16.4 RELATIONSHIP BETWEEN COVERAGE GROUPS | 16c |
| A. CATEGORICALLY NEEDY MEDICAID (Chart) | 18 |
| B. MEDICALLY NEEDY MEDICAID (Chart) | 20 |
| 16.5 CATEGORICALLY NEEDY, MANDATORY - FOR ADULTS, FAMILIES AND/OR CHILDREN | 21 |
| A. PARENTS/CARETAKER RELATIVES | 21 |

| | | |
|-------------|--|-----|
| B. | DEEMED PARENTS/CARETAKER RELATIVES RECIPIENTS | 22 |
| 1. | Extended Medicaid (ME C, ME S)..... | 22 |
| 2. | Children Covered Under Title IV-E Adoption Assistance | 22 |
| 3. | Children Covered Under Title IV-E Foster Care | 22a |
| C. | TRANSITIONAL MEDICAID (TM) (ME I, ME T, ME D)..... | 22a |
| 1. | Phase I Coverage..... | 23 |
| 2. | Phase II Coverage..... | 29 |
| 3. | Return To Parents/Caretaker Relatives Medicaid, Phases I And II | 31 |
| D. | CHILDREN UNDER AGE 19 | 32 |
| E. | PREGNANT WOMEN..... | 32 |
| F. | ADULT GROUP | 34 |
| G. | FORMER WV FOSTER CHILDREN..... | 35 |
| H. | CATEGORICALLY NEEDY (MN) CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN (CEN), | 37 |
| 16.6 | CATEGORICALLY NEEDY, MANDATORY - FOR AGED, BLIND OR DISABLED | 39 |
| A. | SSI RECIPIENTS (MSS)..... | 39 |
| B. | DEEMED SSI RECIPIENTS | 40 |
| 1. | Disabled Adult Children (DAC) (MP D)..... | 40 |
| 2. | Blind, Disabled - Substantial Gainful Activity (SGA) (MP G) | 40 |
| 3. | Essential Spouses Of SSI Recipients (MSS) | 40a |
| 4. | Pass-Throughs (MP C)..... | 41 |
| 5. | Pickle Amendment Coverage (PAC) (MP W) | 42 |
| 6. | Disabled Widows And Widowers (MP T)..... | 42a |
| 7. | Drug Addicts And Alcoholics (DA&A) (MP R) | 43 |
| C. | QUALIFIED MEDICARE BENEFICIARIES (QMB) (QMB) | 44 |
| 1. | Medicaid Card Issuance | 45 |
| 2. | Nursing Facility Services | 45 |
| 3. | Reimbursement Of Medicare Premium Amount..... | 46 |
| 4. | Changes To Buy-In Status | 46 |

| | | |
|-------------|--|------------|
| D. | SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) (SLMB) | 46 |
| 1. | Medical Card Issuance | 47 |
| 2. | Nursing Facility Services | 47 |
| 3. | Reimbursement Of Medicare Premium Amount..... | 47 |
| 4. | Changes In Buy-In Status | 47 |
| E. | QUALIFIED INDIVIDUAL (QI-1) (QIA) | 48 |
| F. | QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) (QDWI) | 50 |
| G. | INELIGIBLE/ILLEGAL ALIENS-EMERGENCY COVERAGE (MIIS, MIIR, MIIU)51 | |
| 16.7 | CATEGORICALLY NEEDY, OPTIONAL..... | 52a |
| A. | INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX WAIVERS (MALH, MALM, MALW – PLACE HOLDER CATERGORY FOR ADW/TBI ONLY) | 52a |
| B. | ADOPTION ASSISTANCE OTHER THAN IV-E | 52a |
| C. | FOSTER CARE OTHER THAN IV-E | 52a |
| D. | CHILDREN WITH DISABILITIES COMMUNITY SERVICE PROGRAM (CDCS) (MALC) | 52a |
| E. | AIDS DRUG ASSISTANCE PROGRAM (ADAP)..... | 54 |
| F. | WV CHILDREN'S HEALTH INSURANCE PROGRAM (WV CHIP) | 55 |
| G. | WOMEN WITH BREAST OR CERVICAL CANCER (BCC) | 55 |
| 1. | Eligibility Requirements | 55 |
| 2. | Application Process | 57 |
| 3. | Redetermination Process | 58 |
| 4. | Data System Coding and Communications with the Breast and Cervical Cancer Program (BCCSP) | 58 |
| H. | SSI-RELATED/NON-CASH ASSISTANCE (MS Reason Code 193) | 58a |

| | | |
|-------------------|---|------------|
| I. | AFDC/NON-CASH ASSISTANCE..... | 58b |
| 16.8 | MEDICALLY NEEDY, MANDATORY - FOR FAMILIES AND/OR CHILDREN | 59 |
| A. | CONTINUOUSLY ELIGIBLE NEWBORN CHILDREN (CEN), MEDICALLY NEEDY (MN) | 59 |
| B. | AFDC/U-RELATED MEDICAID (MAOR, MAOU, NAOR, NAOU) | 59 |
| 16.9 | MEDICALLY NEEDY, OPTIONAL - FOR AGED, BLIND OR DISABLED (SSI-RELATED MEDICAID) (MS, NS) | 61 |
| 16.10 | MEDICALLY NEEDY, OPTIONAL - FOR FAMILIES AND/OR CHILDREN (AFDC/U-RELATED MEDICAID for Adults (MAOR, MAOU, NAOR NAOU) | 63 |
| 16.11 | GENERAL ASSISTANCE FOR DISABLED ADULTS (GA FOR DA) | 64 |
| | Discontinued July 1, 1996 - Historical Information Only | |
| APPENDIX A | GUIDE TO TRANSITIONAL MEDICAID | A-1 |
| APPENDIX B | MEDICAID COVERAGE GROUPS DISCONTINUED 10/31/13 | B-1 |
| APPENDIX C | PUBLIC FORMS | C-1 |
| | DFA-BBC-1, Medicaid Application – BCCSP Participation | |