

SPECIALIZED MEDICAL CATEGORIES

B-200 OVERVIEW

Eligibility for medical assistance is categorized in groups based on budgeting methodologies associated to the eligibility determination.

Family Medical groups - cover individuals, families and children in Nevada Check Up using the MAGI budget methodologies. These groups have no resource test.

Specialized Medical groups - cover individuals in specialized groups such as Aged Out, Rite of Passage and Breast and Cervical and allows for exemptions from income and resource determinations.

MAABD groups - cover aged, blind and disabled individuals using SSI budgeting methodologies. These groups have a resource test.

Individuals requesting medical assistance must be evaluated under all potential medical groups including Nevada Check Up prior to being referred to the exchange. Individuals determined ineligible due to excess income will be referred to the Nevada Health Link to apply for advanced premium tax credits and shop for insurance. LPRs, which are ineligible because they are serving the 5 year bar, may be eligible to purchase insurance through the exchange and receive advance premium tax credit.

If an applicant is pending an SSI decision, evaluate eligibility for all Medicaid categories, including the new childless adult group, until a decision is made by SSA.

If the individual is determined to be eligible in another category:

- approve eligibility in the appropriate month; and
- deny the MAABD pending SSI case effective the same month of approval; and
- keep SSI pending for months which are not covered by another category, until an SSI decision is received.

A new application is not required to move between a MAGI group and non-MAGI groups. Additional information may be required to process the conversion. See Conversions section in D-500 for more information.

B-205 SPECIALIZED MEDICAID ELIGIBILITY GROUPS

The following eligibility groups provide exemptions from income and resource calculations when determining Medicaid eligibility.

Exempt all income and resources of the children when determining eligibility in the Specialized Medicaid eligibility groups.

B-210 MEDICAID FOR CHILDREN FOR WHOM A PUBLIC AGENCY HAS ASSUMED FINANCIAL RESPONSIBILITY

Medicaid is available for some children for whom financial responsibility is assumed in whole or in part by a public agency. Public agencies include county, state and Native American social service agencies.

The Division of Child and Family Services (DCFS) is a qualifying public agency only if:

- a. the agency is assuming partial or full financial responsibility for the child; and
- b. the child is placed at Desert Willow; and
- c. DCFS **DOES NOT** have custody of the child.

Children must be:

- a. less than 18 years of age; or
18 years of age and full time student in a secondary school; or in an equivalent level of vocational or technical school; and
- b. expected to complete secondary school or the vocational/technical school program before reaching age 19.

B-215 MEDICAID ELIGIBILITY FOR TITLE IV-E ELIGIBLE FOSTER CHILDREN AT RITE OF PASSAGE

This category provides medical assistance to children who are:

- a. less than 18 years of age; and
- b. residing at the Rite of Passage facility in Nevada; and
- c. eligible for and receiving IV-E foster care benefits from the custodial state.

B-220 AGED OUT OF FOSTER CARE PROGRAM (435.150, 435.226)

This category provides medical assistance to children who are:

- a. under 26 years of age; and
- b. were in foster care in Nevada, under the responsibility of the state or a tribal entity at the time they turned 18 years of age; and
- c. were enrolled in Medicaid while in foster care;

OR

- d. under 21 years of age; and
- e. were in foster care under the responsibility of a state or tribal entity at the time they turned 18 years of age.

B-225 BREAST\CERVICAL CANCER MEDICAID (Public Law 106-354)

Medical assistance is provided to women who:

- a. are under age 65;
- b. are uninsured or underinsured;
- c. are not eligible under any other Medicaid eligibility group;
- d. are enrolled and active in the Women's Health Connection program for breast and cervical cancer by the "Centers for Disease Control and Prevention" (CDC); and
- e. are found to need treatment for either breast or cervical cancer.

A woman is considered to be underinsured when she:

- a. is in a period of exclusion (such as a preexisting condition exclusion or an HMO affiliation period);
- b. is not actually covered for treatment of breast or cervical cancer; or
- c. has contract health care coverage through Indian Health Services or Tribal Clinics.

A woman is considered to have been screened if she:

- a. has received a screening mammogram, clinical breast exam, or pap test;

OR

- b. has received diagnosis of breast or cervical cancer or of a pre-cancerous condition of the breast or cervix as the result of the screening under the CDC program.

A woman is considered to need treatment if:

- a. in the opinion of her treating health professional, the diagnostic evaluation following the clinical screening indicates she is in need of treatment services.

Note: Services include diagnostic services necessary to determine the extent and proper course of treatment, as well as treatment itself.

B-225.1 MCB Presumptive Eligibility

Eligibility begins the date on which the Women's Health Connection's (WHC) contracted provider determines the individual meets the above eligibility requirements.

Once approved, the DWSS case manager sends an application for assistance to the individual. If the individual does not file an application for assistance by the last day of the month following the month during which presumptive eligibility was determined, medical assistance may be terminated.

A woman's Medicaid eligibility ends when her course of treatment is completed or she no longer meets the criteria for this eligibility category. A woman eligible in this category is eligible for all Medicaid services.

Note: The MCB presumptive eligibility program is not currently approved through the hospital presumptive eligibility portal. Applications and Form 2591-EM are submitted directly to DWSS and will be referred to the Elko District Office.