

:: Just the Facts ::

State Medicaid Obligations under Federal Law for Title IV-E Adoption Assistance

All states accepting any title IV-E funding must create and sustain a Title IV-E Adoption Assistance program, actively promote its availability, and assess eligibility for any youth known to the agency. ¹

- Income assessment for prospective, adoptive parents is prohibited.²
- Medicaid is mandatory for all youth found title IV-E eligible.³
- States must protect the rights of youth with special needs adopted interstate.⁴
- Medicaid must be provided to all title IV-E recipients living in the state. This includes youth placed interstate in a school or an inpatient, psychiatric care facility.⁵
- All states must provide Medicaid to age 21 to any resident who is title IV-E eligible. This includes foster care, adoption assistance and GAP recipients, whether or not the resident state includes an extension past age 18 for these populations in its Title IV-E Plan. Assistance states remain financially responsible interstate for the provision of all benefits and services listed in the assistance agreement, including Medicaid. ⁶
- Separate, Medicaid applications for title IV-E eligibles is precluded by federal law.
- Redetermination of title IV-E adoption assistance is precluded by federal law.⁸
- Medicaid eligibility redetermination is not required for title IV-E eligibles.⁹
- Passive redetermination of Medicaid eligibility is permitted. Title IV-E adoption assistance eligibility is presumed unless information to the contrary is confirmed.¹⁰
- Private health insurance is not a required for the receipt of Medicaid. States cannot mandate that families cover a youth on the family's private, health insurance as a condition of Medicaid receipt. 11
- Medicaid eligible youth under age 21 must receive any Medicaid service benefit found medically necessary, regardless of whether the benefit is in the resident state's State Medicaid Plan (See EPSDT).
- The services covered under EPSDT are limited to the category of services listed in federal law.¹³

¹ 42 U.S.C. §§ 671(a), 673; 45 C.F.R. §§1356.40(a), (f) and ACYF-CB-PA-01-01 (1/23/01).

² 45 C.F.R. §1356.40(c).

³ 42 U.S.C. §§673(b)(1), 1396a (10)(A)(i)(I) and 42 C.F.R. §435.145.

⁴ 42 U.S.C §§675(3) and 42 C.F.R. §1356.40(b)(4).

⁵ 42 U.S.C. §§673(b)(1), 1396a(10)(A)(i)(I) and (16); 42 C.F.R. §§435.145 and 435.403(g)).

 $^{^6\,}$ 42 U.S.C. §§673(b)(1), 1396a(a)(10)(A)(i)(I) and 45 C.F.R. §1356.40(d).

⁷ 42 C.F.R. §§ 435.115(e) and 435.909.

⁸ 42 U.S.C. §673(a)(4) and ACYF-CB-PA-01-01 (1/23/01).

⁹ 42 U.S.C. §§673(a)(4) and 1396a (10)(A)(i)(I).

¹⁰ 42 U.S.C. §673 (a)(4) and ACYF-CB-PA-01-01 (1/23/01). Note: Title IV-E adoption assistance can be terminated only if one of the following conditions is met: 1.) Youth reaches the maximum age the assistance state sets for the receipt of benefits. This can be the age of 21, if the assistance state determines that the youth has a mental or physical handicap that warrants the continuation of assistance. 2.) The assistance state has determined that the adoptive parents are no longer legally responsible* for the support of the child; or 3.) The assistance state determines that the child is no longer receiving any support from the adoptive parents. **Note:** Legal responsibility continues unless a termination of parental rights (TPR) is obtained against the adoptive parents. No state can suspend or terminate the receipt of adoption assistance benefits, including Medicaid, in response to a youth's status in or outside the adoptive home.

¹¹ 42 U.S.C. §1396e(b)(2).

¹² 42 U.S.C. §1396d(r) and CMS; State Medicaid Manual §§ 5010, 5121, 5310.

¹³ 42 U.S.C. §1396d(a). Note: EPSDT services include any medical or remedial care that is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition [health problem]." States must accept any request for a service not included in its SMP as a request for EPSDT. Cite: CMS issuance, EPSDT Policy Instructions Update, issued January 01, 2010.

 $Link: \ \underline{http://www.healthlaw.org/issues/child-and-adolescent-health/epsdt/epsdt-policy-instructions-update\#.Vo7YoYQsHww.}$



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Footnotes and their corresponding links to legal citations:

1.)	https://www.law.cornell.edu/uscode/text/42/671 https://www.law.cornell.edu/uscode/text/42/673 https://www.law.cornell.edu/cfr/text/45/1356.40 http://pa.taplink.org/post-placement-supports/finance-and-subsidy/pa0101.aspx (ACYF-CB-PA-01-01)	
2.)	https://www.law.cornell.edu/cfr/text/45/1356.40	
3.)	https://www.law.cornell.edu/uscode/text/42/673 https://www.law.cornell.edu/uscode/text/42/1396a https://www.law.cornell.edu/cfr/text/42/435.145	
4.)	https://www.law.cornell.edu/uscode/text/42/675 https://www.law.cornell.edu/cfr/text/45/1356.40	
5.)	https://www.law.cornell.edu/uscode/text/42/673 https://www.law.cornell.edu/uscode/text/42/1396a https://www.law.cornell.edu/cfr/text/42/435.145 https://www.law.cornell.edu/cfr/text/42/435.403	
6.)	https://www.law.cornell.edu/uscode/text/42/673 https://www.law.cornell.edu/uscode/text/42/1396a https://www.law.cornell.edu/cfr/text/45/1356.40	
7.)	https://www.law.cornell.edu/cfr/text/42/435.115 https://www.law.cornell.edu/cfr/text/42/435.909	
8.)	https://www.law.cornell.edu/uscode/text/42/673 http://pa.taplink.org/post-placement-supports/finance-and-subsidy/pa0101.aspx (ACYF-CB-PA-01-01)	
9.)	https://www.law.cornell.edu/uscode/text/42/673 https://www.law.cornell.edu/uscode/text/42/1396a	
10.)	https://www.law.cornell.edu/uscode/text/42/673 http://pa.taplink.org/post-placement-supports/finance-and-subsidy/pa0101.aspx (ACYF-CB-PA-01-01)	
11.)	https://www.law.cornell.edu/uscode/text/42/1396e	
12.)	https://www.law.cornell.edu/uscode/text/42/1396d https://www.cms.gov/Regulations-and-Guidance/guidance/Manuals/Paper-Based-Manuals-Items/CMS0 (<i>See</i> Chapter 5- Early and Periodic Screening)	21927.html
13.)	https://www.law.cornell.edu/uscode/text/42/1396d http://www.healthlaw.org/issues/child-and-adolescent-health/epsdt/epsdt-policy-instructions- update#.Vo7YoYQsHww	