

Association of Administrators on the Interstate Compact on Adoption and Medical Assistance

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Regional Meeting September 22, 2009

Questions and Answers: Medicaid Eligibility

1. Question: Can a state require a IV-E child-eligible to complete a Medicaid application before providing Medicaid services/issuing a Medicaid card?

Answer: No, a state cannot require a child who has an adoption assistance agreement in effect under title IV-E of the Social Security Act or who is receiving title IV-E foster care or guardianship assistance maintenance payments to complete a Medicaid application before the state provides Medicaid services or issues a Medicaid card. These IV-E eligible children are “deemed” to be Medicaid eligible as mandatory categorically needy. Federal law states that individuals receiving title IV-E adoption, foster care, or guardianship assistance are to be considered as receiving Aid to Families with Dependent Children (AFDC). Another law stipulates that the state agency must not require a separate Medicaid application if the individual receives AFDC. Read together, the laws prohibit the practice of requiring a separate Medicaid application for a title IV-E eligible child. This is true for initial openings of Medicaid and for interstate transfers of Medicaid that accompany adoption or foster care assistance under title IV-E.

Cite: 42 CFR §§ 435.115(e), 435.145, and 435.909.

2. Question: To what categories of Medicaid eligibility do the (annual) redetermination requirements apply? (Must Medicaid redetermination be conducted annually for title IV-E adoption assistance eligible children and children receiving title IV-E foster care maintenance payments?)

Answer: For most Medicaid eligibility groups, redeterminations of Medicaid eligibility are required at least annually and also whenever the Medicaid program becomes aware of a change that may impact an individual’s Medicaid eligibility. (See 42 CFR 435.916) However, children who are eligible for IV-E adoption assistance or receiving IV-E foster care or guardianship maintenance payments are “deemed” to be Medicaid eligible so long as the IV-E adoption assistance agreement remains in effect or the child is receiving the IV-E foster care or guardianship maintenance payments. (See 42 CFR 435.115(e) and 42 CFR 435.145) Therefore, an annual or periodic Medicaid eligibility redetermination is not required because the child’s Medicaid eligibility derives from the child’s continued IV-E eligibility. The Medicaid eligibility worker could “tickle” the case to verify at least annually that the IV-E adoption assistance agreement is still in effect or that IV-E foster care or guardianship maintenance payments are still being received. However, the child’s representative should not be required to complete a Medicaid re-application for ongoing Medicaid eligibility of a IV-E child.

Cite: 42 CFR §§ 435.115(e), 435.145, and 435.909.

B. Must Medicaid determinations be conducted annually for non-IV-E adoption assistance recipients?

Answer: No, once initial eligibility is established, the child remains eligible for Medicaid under this category, (42 CFR 425.227) so long as the state adoption subsidy agreement remains in effect.

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3. Question: Can a Medicaid eligible child/individual maintain more than one Medicaid card?

Answer: No. Medicaid is received through a child's state of residence. Residence for Title IV-E adoption assistance eligible children is defined as where they live--in general, this is where they are present physically. An individual can only be considered to be living in one place at a time; and, therefore, only one state can be responsible for the provision of Medicaid at a time. The result would be that a child should have only one active Medicaid card at a time, although for various reasons, a child might be active in more than one state's Medicaid program at the same time (e.g., the child's representative did not inform the previous state when the child moved, the previous state has not processed the disenrollment yet). If state residency is disputed, the involved states must determine where the child lived on the date(s) of service for which a provider or managed care organization is requesting reimbursement. If this cannot be resolved, the state of residence is where the child was physically present.

Please note that states are not required to issue a Medicaid card to each Medicaid enrollee and then to update that card as necessary, but are required to verify for Medicaid providers an individual's Medicaid eligibility upon request. Every state has an automated eligibility verification system (EVS) that Medicaid providers may access by telephone, a card reader, and/or the internet to verify an individual's Medicaid eligibility status on a date specified by the provider. It is recommended that providers use EVS to verify a patient's Medicaid eligibility, rather than depending on a Medicaid card to verify current eligibility.

Cite: 42 C.F.R. §§ 431.52 and 435.403(g), (k), and (m).

4. Question: Are all title IV-E recipients eligible for Medicaid?

Answer: All title IV-E eligible children are equally eligible for Medicaid as mandatory categorically needy, regardless of which state is responsible for providing the IV-E assistance and which state is the state of residence. However, IV-E children are only eligible for Medicaid so long as a IV-E adoption assistance agreement is in effect, IV-E foster care maintenance payments are being received, or IV-E guardianship assistance payments under the IV-E State plan or a IV-E guardianship waiver are being received. Title IV-E is what is known as a Medicaid "mandatory categorically needy" eligibility group. This means that they are part of an eligibility group that all states are **required** to include in their Medicaid coverage under the state's Medicaid Plan.

Cite: 42 C.F.R. §§ 435.115(e), 435.145, 435.403(g).

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5. Question: If a Medicaid-eligible child under a Title IV-E guardianship waiver or Title IV-E guardianship assistance State plan moves from their guardian state to another state, are they eligible for Title XIX Medicaid from their new state of residence?

Answer: Yes, a child is eligible for Medicaid if the child is receiving Title IV-E guardianship assistance payments and moves from their guardian state to another state. They eligible for Title XIX Medicaid from their new state of residence, **even if** the new state does not cover guardianship assistance subsidies under its IV-E State plan or a IV-E guardianship waiver.

6. Does Medicaid eligibility end if an adoption assistance eligible child’s adoptive parent(s) dies, or the adoption dissolves?

Answer: Medicaid eligibility *through Title IV-E adoption assistance eligibility* ends if a child’s adoptive parent(s) dies, or the adoption dissolves *and the child is not readopted*. The child must be adopted to receive adoption assistance, and the Medicaid that accompanies it. The child may be eligible for Medicaid through another eligibility category/program, such as Supplemental Security Income for the Aged, Blind, and Disabled (SSI) under Title XVI of the Social Security Act. (Cite: 42 U.S.C. 673 (a)(4) and 42 U.S.C. §§1381-1383(f)).

7. Question: Can Medicaid be received outside the United States?

Answer: Yes, Medicaid can be received outside the United States, but only in the U.S. territories. There are Medicaid programs in Guam, Puerto Rico, the (American) Virgin Islands, the Northern Mariana Islands, and American Samoa. Note: There are no Medicaid programs in Mexico or Canada.

Cite: 42 CFR 431.52, 435.2, and 436.1

8. Q: Are all Medicaid eligible children eligible for EPSDT?

Answer: Yes. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is mandatory Medicaid coverage for individuals under the age of 21. All Medicaid eligible children are eligible to receive preventive screenings, diagnosis, and treatment services. EPSDT requires that eligible individuals receive all services and treatment coverable under Federal Medicaid law, whenever a service is considered “medically necessary” to detect, correct, or lessen the effects of an identified physical or mental condition, even if the state did not choose to cover the service under the state’s Medicaid State Plan. This obligation is limited to mandatory and optional services potentially covered by a state’s Medicaid program under the State Plan. States must also make necessary exceptions to across-the-board limits in amount, duration, and scope of services in order to meet a child’s medically necessary needs. In addition to covering a broad range of medical services, states are required to provide support services to eligible individuals and perform certain activities such as informing individuals or their families about EPSDT services.

Cite: 42 CFR 441 Subpart B