



## Medicaid eligibility Medicaid and title IV-E Adoption Assistance—FAQs

### 1. Is it mandatory for a child to receive Medicaid if the child is eligible for title IV-E adoption assistance?

**Yes**, it is mandatory for children to receive Medicaid if they are eligible for title IV-E adoption assistance. Individuals eligible for title IV-E adoption assistance are in a Medicaid eligibility group known as “mandatory categorically needy”. This means that their receipt of Medicaid is automatic by virtue of their eligibility for title IV-E adoption assistance. A separate Medicaid application is unnecessary and precluded by law.

*Cite: 42 U.S.C. §1396a (10)(A)(i)(I); 42 C.F.R. §§435.115(1), 435.145, 435.909 and 436.114.*

### 2. Is it necessary for an adoption assistance maintenance payment to be made on behalf of a title IV-E adoption assistance eligible child in order for the child to receive Medicaid?

**No**, it is not necessary for a child to receive a title IV-E adoption assistance maintenance payment in order to receive Medicaid. The law only requires that an adoption assistance agreement be in effect under title IV-E of the Social Security Act, “whether or not adoption assistance is being provided”.

Note: States have various names for an adoption assistance agreement with a maintenance payment of zero. These agreements are often called deferred adoption assistance. States also refer to them as “dormant subsidies”, “zero cash payment agreements”, “agreement only assistance”, “medical/Medicaid only agreements”, and “conditional agreements”. A deferred adoption assistance agreement allows the adoptive family an opportunity to activate assistance and/or add a maintenance payment after adoption finalization if there is a change in the needs of the child.

*Cite: 42 U.S.C. §§673(b) and 1396a (10)(A)(i)(I); 42 C.F.R. §§435.115 (e)(1) and 435.145.*

### 3. Are all title IV-E recipients eligible for Medicaid in all States?\*

**Not necessarily.** Title IV-E children only remain eligible for Medicaid in all States 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

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categorically needy" eligibility group. This means that they are part of an eligibility group that all States are **required** to cover under the State's Medicaid State Plan. 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.

This means that a title IV-E child must be covered by a State's Medicaid program **even if** the child would not qualify for assistance under title IV-E in that State (e.g., the State does not have a title IV-E subsidized guardianship waiver or State plan program or the child is above the age to qualify for title IV-E assistance in that State). A child's eligibility for assistance under title IV-E is based on the IV-E State Plan in effect in the State with which the child has an adoption/foster care/guardianship assistance agreement. So long as the child remains eligible for IV-E assistance in the State with the agreement, the child is automatically eligible for Medicaid in any State where the child is currently living. Medicaid eligibility for title IV-E children is an entitlement, as specified in Federal statute and regulations and in each State's Medicaid State Plan. No State may place additional conditions or requirements on Medicaid eligibility for title IV-E children.

Example 1: The maximum age to receive title IV-E adoption assistance is 21 under State A's IV-E State plan. State A has a title IV-E adoption assistance agreement with a child whose mental or physical needs warrant the continuation of assistance to age 21. The child remains eligible and must receive Medicaid (*including EPSDT services*) from the State in which the child lives until the assistance agreement ends with State A at age 21. If the child moves prior to age 21 to a State whose policy under its IV-E State plan ends title IV-E adoption assistance receipt (*and the accompanying Medicaid*) for all children, regardless of special needs, at the age of 18, the State is still required to provide Medicaid to the child.

Example 2: The maximum age to receive title IV-E adoption assistance is 18 under State B's IV-E State plan. State B has a title IV-E adoption assistance agreement with a child that is predetermined to end at age 18. The child can receive Medicaid as a IV-E child up until the age at which the adoption assistance agreement ends with State B at age 18, even if the child moves to a State whose policy under its IV-E State plan extends title IV-E adoption assistance receipt to the age of 21 (*and the accompanying Medicaid*) for children with on-going needs.

*States must provide Medicaid to all title IV-E recipients. Since Federal law allows to States to make a determination of continued need on behalf of the child, the State can continue to provide assistance to the age of 21. It is, therefore, possible for a child to receive Medicaid*

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*as a title IV-E recipient to the possible maximum age of 21, depending on policies in the IV-E State plan of the State with the adoption assistance agreement.*

***Meaning:** If a child receives title IV-E and is below the age of 21, all States must provide Medicaid to that child, if the IV-E adoption assistance agreement remains in effect in the State with the agreement.*

**\*Response approved by CMS, February 2010**

*Cite: 42 C.F.R. §§ 435.110, 435.115(e), 435.145, 435.403(g).*

**4. Is it possible for a title IV-E adoption assistance eligible child to receive Medicaid past the age of eighteen?**

For children receiving title IV-E adoption assistance, Medicaid receipt is not considered separately from their adoption assistance eligibility. Adoption assistance eligibility is the basis for Medicaid eligibility for most title IV-E adoption assistance children.

The real question is, "Can a child receive title IV-E adoption assistance past the age of eighteen?"

And the answer is, "Yes, a child can receive title IV-E adoption assistance past the age of eighteen."

It is the adoption assistance state's option to continue adoption assistance past the age of eighteen. If the adoption assistance state determines that a child has a mental or physical handicap that warrants the continuation of assistance, the state can continue assistance up to the age of 21. Since children who are title IV-E adoption assistance eligible are also eligible for Medicaid, the Medicaid would also continue in the state in which the child lives, *so long as that state provides Medicaid for this eligibility group past the age of eighteen.*

Practice issue: *Interstate implications of the extension of title IV-E adoption assistance past the age of eighteen.* It is at the option of the adoption assistance state to extend the receipt of adoption assistance past the age of eighteen. It is mandatory for all states to provide Medicaid through the age of eighteen and it is at state option whether to continue Medicaid past the age of eighteen. States can choose to extend Medicaid coverage through the age of nineteen or twenty, up to the age of 21. If the child lives in a state that ends Medicaid coverage for children receiving adoption assistance at an age *lower than the age to which the adoption assistance state extends a child's adoption assistance*, the child may not be able to receive Medicaid from the resident state, unless the child is

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determined Medicaid eligible in a different category. If the child is eligible for title IV-E adoption assistance, they are mandatorily eligible for Medicaid, but may need to look to the adoption assistance state for Medicaid coverage.

Cite: 42 U.S.C. §§673 (a)(4), 1396a and 1396d.

**5. Does Medicaid eligibility end if an adoption assistance eligible child's adoptive parent(s) dies or the adoption dissolves?\***

**Yes**, Medicaid eligibility through title IV-E adoption assistance 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 determined eligible for Medicaid through another eligibility category, such as Medicaid eligibility for recipients of Supplemental Security Income for the Aged, Blind, or Disabled (SSI) under title XVI of the Social Security Act.

**\*Response approved by CMS, February 2010**

Cite: 42 U.S.C. 673 (a)(4) and 42 U.S.C. §§1381-1383(f).

**6. Is the child in the question above (Question # 5) Medicaid eligible if the child is placed with an aunt and uncle who were made legal guardians of the child in the deceased parent's will?**

**No**, Medicaid eligibility ends through title IV-E adoption assistance if a child's adoptive parent(s) dies, or the adoption dissolves and the child is not readopted. (See Question #5.) Legal guardianship is not adoption, so Medicaid through the adoption assistance program would end unless and until the child was readopted. However, the child may be eligible for Medicaid through another eligibility category/program, and the adoption assistance state staff can connect the child and family to other federal, state, or non-profit sources to find assistance. Examples:

- o State Children's Health Insurance Program (SCHIP) Link: <http://www.cms.hhs.gov/home/schip.asp>
- o Medicaid (income-based and other categorical eligibility) Link: <http://www.cms.hhs.gov/home/medicaid.asp>
- o Non-profit state or national support and advocacy organizations that address a child's specific special need(s) can assist adoptive families in locating or funding services. Examples:
  - Easter Seals, link: <http://www.easterseals.com>

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- Autism Society of America, link: <http://www.autism-society.org>
- American Association on Intellectual and Developmental Disabilities: <http://www.aamr.org>

**7. Can an Interstate Compact on Adoption and Medical Assistance (ICAMA) member state require documentation of the title IV-E eligibility determination made by the adoption assistance state in addition to the ICAMA 6.01 form before providing Medicaid in an interstate case?**

**No**, under the ICAMA, an ICAMA member state should not require documentation of the title IV-E eligibility determination in addition to the ICAMA 6.01 form before providing Medicaid in an interstate case. Under the Compact and member standard practice, a completed ICAMA 6.01 accompanied by a copy of the fully executed adoption assistance agreement is all that is required of the sending state (the adoption assistance state) to send the receiving state (the resident state) in order for the receiving state to initiate Medicaid for a title IV-E adoption assistance eligible child.

*Cite: The Interstate Compact on Adoption and Medical Assistance, Section E of the 6.01 ICAMA form, Certification (Reflecting back to what is listed in Section A. 6, Basis of Medicaid Eligibility)*

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## State Responsibility for the provision of Medicaid Title IV-E Adoption Assistance FAQs

### 1. Is a new state of residence required to provide a particular Medicaid service to a child eligible for title IV-E adoption assistance if the child received the service from the Medicaid program in a previous state of residence?

No, a new state of residence is not required to provide a particular Medicaid service to a title IV-E adoption assistance eligible child simply because the child was receiving the service in a previous state of residence. States can only provide services as listed in their Medicaid State Plan. If the child received a service in a previous state ("old state") that is not in the resident state's Plan, the service cannot be received from the resident state ("new state").\*

There are mandatory Medicaid services that all states must provide and there are services that are optional under Medicaid. States can elect which, if any, optional services they will provide under their Medicaid program. It is possible for a child to have received an optional Medicaid service in one state and move to another state whose Medicaid program does not include that service.

Practice issue: If the language of the adoption assistance agreement states that the Medicaid services of the adoption assistance state are to be provided or if the agreement specifies that a particular medical service would be provided, the adoption assistance state remains responsible for ensuring the receipt of that service.

*\*Note: Exception to the above answer— Early and Periodic Screening and Diagnostic Treatment (EPSDT). EPSDT is one of the mandatory services of the Medicaid program. Under EPSDT, if a service is deemed medically necessary for a child to receive, states must cover the service, even if the service is not in the state's Medicaid State Plan.*

*Cite: 42 U.S.C. §§1396d (a)(4)(B) and (r); 42 C.F.R. 441 Subpart B.*

### 2. Are all Medicaid eligible children eligible for EPSDT?\*

**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

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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 C.F.R. 441 Subpart B*

**\*Response approved by CMS, February 2010**

*Cite: 42 CFR 441 Subpart B.*

**3. If a title IV-E adoption assistance eligible child is Medicaid eligible in one state and moves to another state in which they are unable to receive Medicaid, can the child receive a Medicaid service in the new state if the service is deemed medically necessary under EPSDT?**

**No**, a child may not receive a Medicaid service in a state in which they are ineligible for the Medicaid program. EPSDT is not a separate program from Medicaid. EPSDT is a mandatory service *of* the Medicaid program. A child must be eligible for Medicaid in the new state to be able to receive any Medicaid service, including EPSDT.

The child, however, remains eligible for adoption assistance under title IV-E and this eligibility carries with it mandatory categorical eligibility for Medicaid (See Question #1 above). Given that the adoption assistance agreement between the family and the adoption assistance state is a contract and the terms of the contract remain in effect regardless of where the family lives, the child may be able to receive medical assistance from the adoption assistance state to fulfill the obligations of the adoption assistance agreement.

*Cite: 42 U.S.C. §1396 (a)(10)(A).*

**4. Which state is responsible for providing Medicaid when a title IV-E adoption assistance eligible child is placed in a Residential Treatment Facility (RTF) outside the state in which they usually reside?**

The state in which the RTF is located is responsible for providing Medicaid to a title IV-E  
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adoption assistance who is receiving care from the facility. Federal law states that title IV-E adoption assistance eligible children are eligible to receive Medicaid from the state in which they *live*. Where a child lives can be different than where they reside. Residence is a legal term that is used to describe a physical presence in the state and intent to stay in the state. A child is considered to be *living* in the RTF during their treatment period and, therefore, the state in which the RTF is located is required to provide Medicaid to a title IV-E adoption assistance eligible child during their stay.

Note: This answer also applies to residential educational placements out-of-state.

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

**5. Which state is responsible for providing Medicaid to a title IV-E eligible child if the child's adoption dissolves while s/he is living outside the adoption assistance state—the adoption assistance state or the state in which the child currently lives?**

No state is responsible for providing Medicaid to a child based on adoption assistance eligibility unless the child is readopted. If the child enters care of a state at the time of disruption (i.e., the adoption process ends prior to finalization) or dissolution (i.e., the adoption fails after finalization), that state is responsible for the application for and determination of title IV-E adoption assistance eligibility in a subsequent adoption and the provision of Medicaid that would accompany that eligibility.

If a child does not enter custody of a state at the time of disruption or dissolution and is subsequently adopted, the state of the adoptive parents is responsible for the application and drafting of the agreement for title IV-E adoption assistance and the provision of Medicaid.

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## EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Medicaid and title IV-E Adoption Assistance—FAQs

### 1. What is EPSDT?

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is one of the mandatory services of the Medicaid program. Therefore, all states must provide EPSDT services to individuals under the age of 21, even when the service is not in the state's Medicaid State Plan, if the service is deemed "medically necessary" for the child to receive. 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.

Note: The Medicaid program is administered by a Federal agency, the Centers for Medicare and Medicaid Services (CMS), in partnership with the states. Information on the EPSDT program can be found on the CMS website at:

<http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/>. Information includes the following: *Overview, EPSDT Benefits, and State Agency Responsibilities.*

*Cite: 42 U.S.C. §§1396d (a)(4)(B) and (r); 42 C.F.R. 441 Subpart B.*

### 2. Are all Medicaid eligible children eligible for EPSDT? \*

**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 C.F.R. 441 Subpart B*

**\*Response approved by CMS, February 2010**

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**3. If a title IV-E adoption assistance eligible child is Medicaid eligible in one state and moves to another state in which they are unable to receive Medicaid (for example when states differ in the age to which they provide Medicaid for children receiving adoption assistance), can the child receive a Medicaid service in the new state if the service is deemed medically necessary under EPSDT?**

No, a child may not receive a Medicaid service in a state in which they are ineligible for the Medicaid program. EPSDT is not a separate program from Medicaid. EPSDT is a mandatory service of the Medicaid program. A child must be eligible for Medicaid in the new state to be able to receive any Medicaid service, including EPSDT.

The child, however, remains eligible for adoption assistance under title IV-E and this eligibility carries with it mandatory categorical eligibility for Medicaid (See Question #1 above). Given that the adoption assistance agreement between the family and the adoption assistance state is a contract and the terms of the contract remain in effect regardless of where the family lives, the child may be able to receive medical assistance from the adoption assistance state to fulfill the obligations of the adoption assistance agreement.

Cite: 42 U.S.C. §1396 (a)(10)(A).

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## Enrollment Medicaid and title IV-E Adoption Assistance—FAQs

### 1. Can a Medicaid eligible child/individual maintain more than one Medicaid card?\*

**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. As a result, the 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--such as when a child's representative did not inform a previous State when the child moved or the previous State has not processed the disenrollment from the State's Medicaid system. However, it does not mean that the child is actually eligible in more than one State at the same time. Also, possession of a Medicaid card does not guarantee that an individual is currently eligible in the State that issued the card.

Note: 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 on the date of service.

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, because it represents a recipient's most current eligibility status.

**\*Response approved by CMS, February 2010**

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

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**2. Can a State require a title IV-E eligible child to complete a Medicaid application before providing Medicaid services/issuing a Medicaid card?**

**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, because States are required to make these children automatically eligible for Medicaid. Under Federal Medicaid law, title IV-E eligible children are “deemed to be receiving” Aid to Families with Dependent Children (AFDC) and are eligible for Medicaid as “mandatory categorically needy”. Title IV-E recipients are eligible to receive Medicaid in whatever State they live in, even if it is not the State that provides the title IV-E assistance. A separate Federal Medicaid law stipulates that the State agency cannot 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.

**\*Response approved by CMS, February 2010**

*Cite: 42 C.F.R. §§ 435.115(e), 435.145, and 435.909*

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## Termination of Medicaid Medicaid and title IV-E Adoption Assistance—FAQs

### 1. Can Medicaid be terminated for a title IV-E adoption assistance eligible child if a family does not complete a redetermination of adoption assistance eligibility?

No, Medicaid cannot be terminated under title IV-E adoption assistance if a family does not complete a redetermination of adoption assistance eligibility. There is no Federal requirement to assess title IV-E adoption assistance eligibility after the initial state assessment. Medicaid for this population is based on eligibility for title IV-E adoption assistance and can be terminated *only* under the following three circumstances:

- a. Child has attained the age of eighteen (or, where the State determines that the child has a mental or physical handicap which warrants the continuation of assistance, the age of twenty-one)
- b. Parent(s) is no longer legally responsible for the support of the child (legal custody)
- c. Parent(s) is no longer providing any support\* to the child

Since a failure to complete a redetermination of adoption assistance eligibility is not a listed circumstance for termination, title IV-E adoption assistance eligibility would continue and the child would remain Medicaid eligible and continue to receive Medicaid services.

**\*Note:** Support can be other than financial, such as providing items of clothing or maintenance of the child's room in the home.

Cite: *42 U.S.C. §673 (a)(4)*.

Practice issue: Medicaid eligibility, with respect to circumstances that may change, must be (re)determined at least every 12 months. This requirement extends to all Medicaid recipients, including adoption assistance eligible children. Federal law allows for the greatest ease and least involvement of the family in the (re)determination. As title IV-E adoption assistance confers automatic eligibility for Medicaid, a child's continued eligibility for the assistance program is confirmation of continued eligibility for Medicaid. The practice is known as "passive redetermination" and is commonly used to meet the Federal law requiring determinations of eligibility for all Medicaid recipients on an annual basis. See the Federal law *at 42 C.F.R. 435.916 Periodic Redeterminations of Medicaid eligibility* and *42 C.F.R. 435.902 Simplicity of administration* regarding Medicaid program requirements.

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**2. Can Medicaid be terminated or suspended if a state attempts to withhold title IV-E adoption assistance payments while a child is in a Residential Treatment Facility?**

**No**, Medicaid cannot be terminated or suspended if a state attempts to withhold title IV-E adoption assistance payments while a child is in a Residential Treatment Facility. Title IV-E adoption assistance can be terminated only under three conditions. (See Question #1) Title IV-E adoption assistance cannot be terminated, suspended, or discontinued for any other reason. Withholding adoption assistance payments due solely to a temporary placement outside the home, as in the circumstance of an RTF placement, is impermissible. As long as a parent continues to provide any support to the child, the child remains eligible for title IV-E adoption assistance and, is, therefore, Medicaid eligible.

\*Note: Support can be other than financial, such as providing items of clothing or maintenance of the child's room in the home.

Cite: *42 U.S.C. §673 (a)(4)*.

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## Redetermination of eligibility for Medicaid Medicaid and title IV-E Adoption Assistance—FAQs

### 1. To what categories of Medicaid eligibility do the annual redetermination requirements apply? Must Medicaid redeterminations be conducted annually for title IV-E adoption assistance eligible children and children receiving title IV-E foster care or kinship guardianship maintenance payments? \*

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 42C.F.R. 435.916) However, children who are eligible for title IV-E adoption assistance or receiving IV-E foster care or guardianship maintenance payments are "deemed" to be Medicaid eligible so long as the title IV-E adoption assistance agreement remains in effect or the child is receiving the IV-E foster care or guardianship maintenance payments. (See 42C.F.R 435.115(e) and 42C.F.R. 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 title IV-E eligibility.

Note: The State Medicaid eligibility worker may choose to assess the case with the title IV-E assistance State staff periodically to ensure that the title 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 adoptive parent(s) or representative is not required to complete a Medicaid reapplication for ongoing Medicaid eligibility of a title IV-E child.

**\*Response approved by CMS, February 2010**

*Cite: 42 C.F.R. §§ 435.115(e), 435.145, and 435.909.*

### **Must Medicaid determinations be conducted annually for non-title IV-E adoption assistance recipients (state-funded adoption assistance)?**

**No**, once initial eligibility is established, the child remains eligible for Medicaid under this category, optional medically needy under age 21, (See 42 CFR 425.227) so long as the State adoption assistance agreement remains in effect.

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## Application for Medicaid Medicaid and title IV-E Adoption Assistance—FAQs

**Can a State require a title IV-E eligible child 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, because States are required to make these children automatically eligible for Medicaid. Under Federal Medicaid law, title IV-E eligible children are “deemed to be receiving” Aid to Families with Dependent Children (AFDC) and are eligible for Medicaid as “mandatory categorically needy”. Title IV-E recipients are eligible to receive Medicaid in whatever State they live in, even if it is not the State that provides the title IV-E assistance. A separate Federal Medicaid law stipulates that the State agency cannot 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.

**\*Response approved by CMS, February 2010.**

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

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**Private Health Insurance  
Medicaid and title IV-E Adoption Assistance—FAQs**

**1. Can States mandate that a title IV-E child be added to a family's private health insurance as a requisite to receiving Medicaid?**

**No**, States may not place additional conditions on Medicaid eligibility that are not required or permitted by Federal statute.

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**Medicaid outside the U.S.  
Medicaid and title IV-E Adoption Assistance—FAQs**

**Can Medicaid be received outside the United States?\***

**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 C.F.R. 431.52, 435.2, and 436.1*

**\*Response approved by CMS, February 2010**

*Cite: 42 CFR 431.52, 435.2, and 436.1.*

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