



AAICAMA Learning Series—title IV-E
Teleconference February 23, 2010

Presented by Centers for Medicare and Medicaid Services (CMS)

Questions and Answers: Medicaid Eligibility for Title IV-E Children

1. Question: 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.

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

2. Question: 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?

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 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

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required to complete a Medicaid reapplication for ongoing Medicaid eligibility of a title IV-E child.

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

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

Answer: No, once initial eligibility is established, the child remains eligible for Medicaid under this category as optional categorically needy (*See 42C.F.R. 435.227*), so long as the State adoption assistance agreement remains in effect and the child does not move to a different State. If the child moves to be different State, the child's Medicaid case is closed in the State where the child had lived. If the parent/representative applies for Medicaid in the new State of residence, the child's Medicaid eligibility is determined in accordance with the new State's eligibility policies. If the State subsidized adoption agreement remains in effect with the previous State and the new State covers that optional category, the new State determines the child's eligibility in accordance with its policies. If the child is not eligible for the State subsidized adoption category or the State does not cover that category, the new State determines the child's eligibility for other categories covered under its Medicaid State plan or for the Children's Health Insurance Program (CHIP).

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. 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

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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.

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 in all States?

Answer: 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 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

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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 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.

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

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 are eligible for title XIX Medicaid from their new State of residence, ***even if*** the new State does not cover guardianship assistance subsidies under its title IV-E State plan or a IV-E guardianship waiver. They are automatically eligible for Medicaid as title IV-E children wherever they live, so long as title IV-E guardianship assistance is paid by the State with the guardianship assistance agreement.

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

Answer: 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.

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

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

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

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