



## Receiving Medicaid Interstate: Process and Implications

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We live in an increasing mobile society. Children receiving adoption assistance are often placed for adoption with families in another state or move from the state from which the child was adopted (the Assistance State) after finalization. Because Medicaid is received through a child's state of residence, families and child welfare professionals must work together to ensure the receipt of Medicaid in a new state of residence.

### Medicaid Services: Two Adoption Assistance Populations

#### Non-title IV-E Adoption Assistance (State-funded)

Recipients of non-title IV-E adoption assistance may not be eligible for Medicaid in all states. The receipt of Medicaid for children eligible for non-title IV-E assistance may be lost in an interstate move, specifically, a move to a state without what is referred to as *COBRA-reciprocity*. In addition, some states request a separate Medicaid application for these children, and it may take additional time to process the application and generate a Medicaid number. *Note: Four states do not provide Medicaid interstate to resident youth receiving non-title IV-E adoption assistance. States: HI, IL, NV, NM.*

#### Title IV-E Adoption Assistance

Title IV-E adoption assistance recipients are eligible for Medicaid in all states and across all states. Furthermore, states are precluded from requiring a separate Medicaid application for title IV-E recipients, so the process of receiving a Medicaid number in a new state of residence is streamlined. The Medicaid agency in the new state of residence receives notice of the child's Medicaid eligibility and creates a Medicaid identification number and issues a Medicaid identification card.

#### Interstate Medicaid Process

Families are required to inform the Assistance State of any changes in the circumstances of the family or needs of the child. In addition, *families are required to inform the Assistance State of moves between states* and a key reason for this requirement is Medicaid. This is because Medicaid is received through the state in which a child lives, and Medicaid cases must transfer to the new state of residence. The Interstate Compact on Adoption and Medical Assistance (the ICAMA) was created to do just that. Each state has designated, ICAMA staff whose job it is to facilitate that transfer. For Medicaid to be received in the new state of residence, the Assistance State must notify the ICAMA staff in the residence state of the need to close Medicaid and must contact the ICAMA staff in the new state of residence to open a Medicaid case. This relieves families from having to navigate state, child welfare and Medicaid departments. The Compact ensures that Medicaid cases for eligible youth are seamlessly transferred interstate and that services are uninterrupted to children and youth. The process is as follows:

- Notifying the Assistance State of a move triggers an issuance of an Interstate Compact on Adoption and Medical Assistance (ICAMA) form to the new state of residence. The Assistance State sends a copy of the child's Adoption Assistance Agreement (AAA) and an ICAMA 7.01 form to the new state of residence. The ICAMA 7.01 informs the new state of the child's eligibility for adoption assistance- the basis for the child's Medicaid eligibility.
- Upon receipt of the 7.01, the new state then informs the state's medical assistance agency of the child's Medicaid eligibility status and triggers the issuance of a state, Medicaid identification number. The Medicaid identification number is unique to that state's Medicaid program and allows a child to receive Medicaid benefits from a state's Medicaid program.



### **Medicaid Services: Services provided in a new state may differ**

Services available from a state's Medicaid program vary across states. There is no guarantee of receiving the same Medicaid services in a new state of residence that were received in a previous state of residence. States provide services listed in their Medicaid State Plans. While all states are required to include certain, mandatory services in their State Plans, they are free to determine whether to include other services considered optional. Because optional services are not compulsory, states will vary in the Medicaid services they choose to include in their Medicaid program. In fact, some of the most requested services for children with special needs include services that are optional under Medicaid. Optional services include prescription drugs, mental health services, and therapies such as speech, behavioral, and physical therapy.

### **Two important issues to keep in mind to ensure receipt of needed, medical services interstate:**

- The language in the AA Agreement (AAA) can be critical. If the language of the AAA states that the Medicaid services of the Assistance State are to be provided or the agreement specifies that a particular medical service will be provided, then the Assistance State remains responsible for ensuring the receipt of that service.
- EPSDT - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a mandatory, Medicaid service. Under EPSDT, if a Medicaid service is deemed medically necessary for a child to receive, the state must cover the service, even if the service is not in the state's Medicaid State Plan.

### **When families notify the Assistance State of an impending move, staff can inform families:**

- Whether a child may lose Medicaid in an interstate move. Families of youth receiving non-title IV-E assistance who lose Medicaid coverage may be eligible for Medicaid through another, eligibility category or the state's Children's Health Insurance Program (CHIP) or Temporary Assistance to Needy Families (TANF.) State, ICAMA staff can work with families to secure medical assistance for youth eligible for non-title IV-E assistance residing in states that do not have COBRA-reciprocity or do not have reciprocity with the child's Assistance State.
- Whether a new state of residence requires a separate, Medicaid application for non-title IV-E assistance recipients. Families will need to be given the ICAMA contact for the new state of residence and informed of the new state's Medicaid process.
- Whether their child may have a period that they are not "Medicaid active" in the new state. However, children who are found to be eligible in the new state may have the eligibility retroactively dated up to three months (~ 90 days). The child will be Medicaid eligible during that period and Medicaid will cover any incurred expenses for the amount, duration, and type that would have been covered under Medicaid for services received from a Medicaid-approved provider. This means that if a family pays out of pocket for a service that is not Medicaid-covered, from a non-Medicaid provider, for a period longer or visits more frequent than Medicaid covers, or for an amount above the Medicaid reimbursement level, the family is responsible for the payment or the monetary difference.

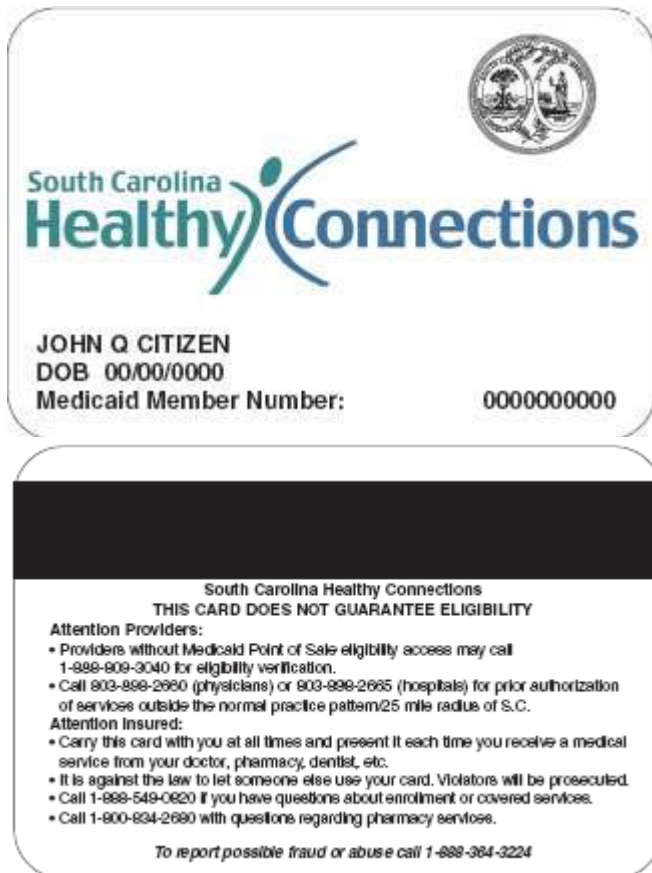


## Emergency Medicaid

It is necessary to have an open, Medicaid case in a state for that state to provide Medicaid coverage. However, it is **not** necessary to have a physical, Medicaid card to receive a Medicaid service. Once a case is opened in a state, the state, Medicaid agency can generate a Medicaid number and the family can use this number to obtain Medicaid services.

A family may need what is referred to as “emergency” Medicaid. Emergency Medicaid may be used by a state to provide Medicaid *when the need for medical services is immediate and a permanent, Medicaid number has not yet been generated*. Emergency Medicaid can expedite the receipt of Medicaid and may be necessary in some instances to ensure that Medicaid is not interrupted in interstate cases. Emergency Medicaid is only a stop-gap measure states employ when there is a delay in the confirmation of Medicaid eligibility or generation of a permanent, Medicaid number.

Note: Medicaid identification cards often have information on the back of the card directing recipients, Medicaid providers such as hospitals and physicians, and non-Medicaid providers to phone numbers to verify card holder eligibility. Medicaid is a form of insurance, and benefits vary between states. Information on covered services, pharmacy benefits, and prior authorization for services can also be received through contact numbers found on Medicaid cards. Below is an example of a state Medicaid card.





### Helpful tips: Recommendation for states and families

Medicaid can take time to initiate in a new state of residence for youth receiving adoption or guardianship assistance. States can assist families in this process by reminding families of:

- The requirement to inform states of interstate moves *in advance*
- The possible repercussions to their child's Medicaid receipt if advance notice is not received
- The importance of working together to ensure uninterrupted receipt of Medicaid benefits
- The need to safeguard children's health in a move. Examples include refiling any prescription medications in the current resident state prior to the move, keeping a copy of the Adoption or Guardianship Assistance Agreement with them (not packed) in a safe place, and knowing which type of assistance their child receives- whether title IV-E or non-title IV-E.

*Note: It may be possible to make a Medicaid request for medication in an amount in excess of one month's supply so that a child will have vital medication during any interstate move prior to the opening of Medicaid in the new state of residence.*

Together, states and families can simplify and expedite the transfer of Medicaid benefits between states and ensure that youth eligible for adoption and guardianship receive the vital, medical benefits for which they are eligible- interstate and in-state.