MA-3230 ELIGIBILITY OF INDIVIDUALS UNDER AGE 21
REVISED 09/01/09 - CHANGE NOTICE NO. 11-09

I. POLICY RULES – INDIVIDUAL UNDER AGE 21, M-AF

DO NOT APPLY THESE RULES FOR A CHILD ELIGIBLE FOR NEWBORN PROTECTION UNDER M-AF OR M-IC. Refer to IV.

To be eligible, an individual must:

A. Be under 21 years of age.

B. Be a citizen of the United States or meet alienage requirements. Refer to MA-3330, Citizen/Alien Requirements.

C. Be a resident of North Carolina as defined in MA-3335, State Residence.

D. Not have resources in excess of the applicable allowance for the budget unit. Refer to MA-3320, Resources.

E. Meets income criteria:

1. For private living budgeting, refer to MA-3305, M-AF, M-IC, H-SF Budgeting.

2. For long-term care budgeting, refer to MA-3325, Long-Term Care Budgeting.

F. Not be receiving Medicaid from another aid/program category, county, or state.

G. Not be an inmate of a public institution, except individuals receiving psychiatric care in the state's mental hospitals.

H. Provide verification of all health insurance coverage for him and assign to the State all rights to third party payments from such insurance coverage. Refer to MA-3510, Third Party Recovery (TPR).

I. Furnish his Social Security number, or apply for a number if he does not already have one, and furnish all Social Security numbers which he has used or under which he has received benefits. Refer to MA-3355, Enumeration Procedures.

NOTE: Refer to MA-3355, Enumeration Procedures, for enumeration instructions of a child in adoptive placement.

J. Apply for all benefits to which he may be entitled (For example: UIB, Disability, SS, etc.). Refer to MA-3300, Income.

(**I**)

K. Cooperate with the local child support enforcement agency in establishing paternity and securing medical support for any child who lacks parental care and support due to continued absence of one or both parents for reasons other than death and for whom assistance is requested under any aid program/category. Refer to MA-3365, Child Support.

(This applies only if the individual is the caretaker of a child who is also applying for or receiving Medicaid.)

II. POLICY RULES – INDIVIDUALS AGE 16 THROUGH 20, HCWD

A. Health Coverage for Workers with Disabilities (HCWD) covers blind or disabled workers age 16 through 64 with incomes equal to or less than 200% of the federal poverty level (FPL). Those with incomes over 150% of FPL must pay a $25 enrollment fee per certification period. In addition, those above 150% of FPL must have unearned income at or below 150% of FPL.

The resource limit is the minimum community spouse resource allowance (See MA-2231, Community Spouse Resource Protection). HCWD recipients are entitled to full Medicaid coverage under MAB or MAD. Recipients age 16 through 20 are also entitled to additional services provided under EPSDT (See MA-3540, Medicaid Covered Services, XXXVIII.). HCWD recipients can not be receiving under any CAP program. HCWD consists of two groups, the Basic Coverage Group and the Medically Improved Coverage Group.

B. Eligibility Requirements

To be eligible to receive HCWD, an individual must:

1. Be at least 16 years of age, but less than 65 years of age;

2. Meet the Social Security Administration definition of disability except for earnings or be eligible under the Medically Improved Group;

3. Be employed;

4. Have countable resources equal to or less than the minimum community spouse resource allowance (See MA-2231, Community Spouse Resource Protection II.B), whether budgeted as an HCWD individual or HCWD couple;

5. Meet the income requirements for his coverage group;

(II.B.)

6. Meet all the other eligibility requirements applicable to Adult Medicaid coverage groups. (See MA-2000, Non-SSI Eligibility Regulations).

   See MA-2180, Health Coverage for Workers with Disabilities in the Aged, Blind and Disabled Medicaid Manual.

III. POLICY RULES - INDIVIDUAL UNDER AGE 19, M-IC

When the age requirement is met or ceases to be met during a month, the a/r is eligible for that month if all other eligibility factors are met. Prior to termination of benefits the recipient's eligibility must be evaluated for all other programs.

EXAMPLE: A child becomes age 19 on 4/2/06. Eligibility exists for M-IC for April if all other eligibility factors are met for the month.

To be eligible, an individual must:

A. Be under age 19.

B. Be a citizen of the United States or meet alienage requirements. Refer to MA-3330, Citizen/Alien Requirements.

C. Be a resident of North Carolina as defined in MA-3335, State Residence.

D. Meet income requirements:

1. For private living budgeting, refer to MA-3305, MAF, MIC, and HSF Budgeting, to establish appropriate income levels and needs unit.

   a. 185% of poverty: Under age 1 (birth through 12 months) for MIC-N.

   b. 133% of poverty: Through age 5 for MIC-N.

   c. Greater than 185% or 133% of poverty but less than 200% of poverty: Birth through age 5 for MIC-1.

   d. 100% of poverty: Through age 18 for MIC-N.

2. For long-term care need budgeting, refer to MA-3325, Long Term Care Budgeting.

E. Not be receiving Medicaid from another assistance category, county, or state.

(III.)

F. Provide verification of all health insurance coverage for himself and assign to the State all rights to third party payments from such insurance coverage. Refer to MA-3510, Third Party Recovery (TPR).

G. Furnish his Social Security number, or apply for a number if he does not already have one, and furnish all Social Security numbers which he has used or under which he has received benefits. Refer to MA-3355, Enumeration.

H. Be evaluated for continuation of coverage when an M-IC child is hospitalized or in a nursing facility on the last day of the month in which he becomes age 1 or 6. Refer to MA-3305, MAF, MIC, HSF Budgeting.

I. Apply for all benefits to which he may be entitled (For example: UIB, Disability, SS, etc.). Refer to MA-3330, Income.

NOTE: Once determined eligible for MIC, Medicaid eligibility is continuous for 12 months without reacting to changes in income or in household composition. Refer to MA-3305**,** M-AF, M-IC, H-SF Budgeting, for continuous eligibility.

J. Cooperate with the local child support enforcement agency in establishing paternity and securing medical and child support for any child who lacks parental care and support due to continued absence of one or both parents for reasons other than death and for whom assistance is requested under any aid program/category. Refer to MA-3365, Child Support. (This applies only if the individual under age 19 is the caretaker of a child who is also applying for or receiving Medicaid.)

IV. POLICY RULES - AUTOMATIC NEWBORN, M-AF OR M-IC

A. The Newborn

1. Is not required to meet the regulations for the M-AF or M-IC aid program/category as described in I. or II., nor is he required to provide U.S. citizenship and identity documentation.

2. Is deemed to have filed an application for assistance and been found eligible for Medicaid if he:

   a. Is born to a woman who is eligible for Medicaid under any aid program/category on the date he is born or who is later approved for Medicaid with an authorization effective no later than the child's date of birth, and

   b. Lives in the home with his mother or is temporarily absent.

(IV.A.)

3. The child continues to be authorized as a newborn through the month he turns one year of age as long as:

   a. He continues to live in North Carolina with his mother, or is temporarily absent, and

   b. His mother was eligible on his date of birth in one of the following Medicaid aid programs/categories/classifications:

      (1) MPW

      (2) AAF

      (3) MAF with a classification of C or N

      (4) MIC with a classification of N

      (5) MAD or MAB with a classification of C or N

4. If his mother was eligible on his date of birth under an aid program/category/ classification that pays for pregnancy services not listed in III.A.3.b., such as MAF-M or IAS, or HSF the child is authorized as long as: See X.

   (1) He continues to live in North Carolina with his mother, and

   (2) His mother remains eligible for Medicaid.

B. Determining Whether Automatic Newborn Coverage Applies

1. Newborn Coverage Applies

   a. If the mother is authorized for Medicaid on the date of birth, complete the newborn's authorization within 5 workdays of report of the child's birth. This includes infants born to aliens authorized for coverage of emergency medical services including labor and delivery.

   b. If the mother is approved <u>after</u> the child's birth and her Medicaid authorization is effective no later than the date of birth, authorize the newborn at the same time the mother is authorized.

c. If the newborn remains in the hospital after the mother's release, and it is her intent to take the child home when he is released from the hospital, newborn coverage applies. The mother is the caretaker, although they are temporarily separated by the newborn's hospitalization.

2. Automatic Newborn Coverage Does Not Apply

Do not authorize a newborn for automatic coverage when:

a. The mother is authorized in error on the date of birth. If the child has already been approved for automatic newborn coverage, send a DSS 8110 proposing termination, and then evaluate for all other aid program categories.

b. The mother is authorized for presumptive eligibility only.

c. The newborn child does not go home from the hospital with the mother and the mother is never his caretaker and/or does not intend to provide a home for him.

d. The mother releases the child for adoption at the time of birth and is never his caretaker.

e. The mother specifically requests in writing that the newborn not be covered. File the written request in the case record. The record must include documentation that the mother understood that the newborn may be eligible for Medicaid and the mother chose for him not to be covered.

C. Procedures

1. For Automatic Newborn Coverage, Document That The Child:

a. Was born to a mother who is an authorized Medicaid recipient on the date of birth or whose application is later approved for coverage on that date, and

b. Lives in a home with his mother or is temporarily absent, and

c. Is less than 1 year of age. (He may remain eligible under automatic newborn coverage through the month in which he turns one year of age.)

2. Do not require citizenship and identity documentation or enumeration until continued eligibility is evaluated during the redetermination at the end of automatic newborn coverage.

3. Verification of newborn babies born in U.S. hospitals whose delivery was covered by Medicaid is not required. See MA-3330 for documentation procedures. Documentation of automatic newborn eligibility verifies the child is a U.S. citizen. No further verification of citizenship is needed at the end of the automatic newborn coverage.

(IV. C.)

3. Consider income/resources of the newborn at the end of the automatic newborn coverage when continued eligibility is evaluated.

4. When Notification of Birth is Given:

   a. Obtain the newborn's name, sex, and date of birth in order to authorize,

   b. Use the race of the mother for the race of the newborn unless it is reported to be different from hers,

   c. Notification of the newborn's birth is presumed to meet the requirement for "living with."

5. Do Not Authorize A Newborn Until He Has A Name, Unless He Dies At Birth.

   a. Request the newborn's name as soon as possible. Medicaid cannot be authorized until a name is provided, except in case of death.

   b. If no name is indicated when notification of the birth is received, contact the parent and the person/agency that provided the notification and document the contact in the case record.

   c. If the newborn died shortly after birth, contact the hospital and ask for the name the hospital will use to submit claims. Key in that name in EIS. Refer to the EIS User's Manual.

   d. Authorize the newborn within 5 work days of receipt of the name and document the case record with the date the name is received.

6. Sources Of Notification Of The Newborn's Birth Include, But Are Not Limited To:

   a. A verbal or written statement from any person who has knowledge of the newborn's birth, including parent(s), doctors, nurses, Maternity Care Coordinators, social workers, relatives, etc., or

   b. The DMA-5020, Notification of Case Status/Referral for Inpatient Hospital Services. If the DMA-5020 is used by the hospital, the reverse side must be completed within the 15-day time standard stated on the form. Return the form to the referral source. Include the newborn's Medicaid identification number on the form, or

   c. A copy of the DHS-1201, Certification of Live Birth.

(IV.)

D. Instructions For Authorization

1. Continue automatic coverage through the month the newborn turns age 1 when:

   a. The newborn lives with his mother, and

   b. The mother:

      (1) Was eligible on his date of birth in one of the following Medicaid aid programs/categories/classifications:

         (a) MPW

         (b) AAF

         (c) MAF with a classification of C or N

         (d) MIC with a classification of N

         (e) MAD or MAB with a classification of C or N

         or

      (2) If his mother was eligible under an aid program/category/classification not listed in III.D.1.b. (1), she remains eligible for Medicaid.

2. Newborn Coverage With Break In Mother's Coverage

   If the mother was eligible for Medicaid under an aid program/category/classification not listed in III.D.1.b.(1) and her Medicaid coverage ends, newborn coverage also ends. Refer to E. for instructions on evaluating ongoing Medicaid eligibility when newborn coverage ends.

3. Mother Receives Work First

   If the mother receives Work First, follow procedures in Work First-202 for including an automatic newborn who is a family unit member. If the child is later found ineligible for Work First, authorize the newborn under M-AF or M-IC to ensure that he receives automatic coverage through the month of his first birthday.

4. When adding the newborn to an existing Medicaid case, follow EIS procedures for add individual applications in EIS-2012. The date of application is the date you learn of the child's birth.

(IV.D.)

5. If a new case must be opened for the child, complete the following forms:

   a. Enter a DSS-8124 screen in EIS as administrative. The date of application is the date of birth. A signed application is not required.

   b. Complete the DMA-5063BB, Verification/Eligibility Determination Document, Supplement BB, Change in Situation form, documenting the newborn's eligibility.

   c. Enter a DSS-8125 screen in EIS. Refer to the EIS User's Manual for instructions, if needed.

   e. Certification/authorization begins with the newborn's month of birth and continues through the month the child turns age 1.

E. Automatic Newborn Protection Ends

1. All Cases

   a. When automatic newborn coverage ends, complete a redetermination to evaluate the child for ongoing eligibility in all other aid programs/categories.

   b. Do not terminate Medicaid until it is determined that he is ineligible under all other aid program/categories.

2. Mother Was MPW Eligible (Refer to III.E.2.)

   a. End of Automatic Newborn Coverage

      (1) When newborn coverage ends at the end of the month of the child's first birthday:

         (a) Complete a redetermination of Medicaid eligibility no later than the end of the month the child turns age one.Do not require further citizenship verification of children born in U.S. hospitals whose delivery was covered by Medicaid. See MA-3330 for documentation procedures

         (b) If the redetermination is not completed by the end of the month of the first birthday, extend the certification period for an additional month until the redetermination is completed. Refer to MA-3420, Re-Enrollment.

      (2) When newborn protection ends prior to the child's first birthday, continuous eligibility applies until the month after the child's turns 1 year of age.

(IV.E.)

3. Mother Was M-AF MN with Income Exceeding M-PW Income Limit When Child Was Born

If the mother ceases to be authorized for Medicaid upon or after the birth of the newborn, the newborn is entitled to newborn coverage from his month of birth through the month the mother's Medicaid coverage stops. Prior to stopping the child's Medicaid authorization, complete an ex parte review to evaluate his eligibility under all other aid program/categories.

a. End of Certification Period

If the mother goes into deductible status at the end of the certification period, conduct a full redetermination of the child's eligibility in all other aid program/categories. Refer to MA-3420, Re-Enrollment.

b. Changes During Certification Period

If the mother goes into deductible status during her current Medicaid certification period as a result of a change in situation or if the child ceases to live with his mother, the child is no longer eligible for automatic newborn coverage. Conduct an ex parte review to determine ongoing eligibility under other aid program/categories. Refer to MA-3410, Terminations and Deletions.

V. POLICY RULES - SPECIAL NEEDS ADOPTION INDIVIDUAL UNDER AGE 18, M-AF

A. Description

Children covered under this section must have special medical or rehabilitative needs, which are barriers to adoption. These special needs are the result of medical, mental or emotional conditions that require periodic treatment or therapy. Other factors considered as special needs are the necessity of placing siblings together to maintain a family group, ethnic background, age, or membership in a minority race. The county foster care or adoption assistance worker makes the determination for special needs of an adoptive child. Section V.B. provides policy for special needs children adopted in North Carolina. Section V.C. provides policy for special needs children adopted in another state now living in North Carolina. Children included under this section are children receiving State Adoption Assistance, TITLE IV-B, and children who were HS-F upon adoption.

(V.)

B. North Carolina Special Needs Adoption Assistance Children Living In N.C.

These children are ineligible through Title IV-E because at the time of placement in foster care they did not meet IV-E requirements. There may be other extenuating circumstances at the time of placement that preclude IV-E eligibility. The majority of these children are placed in foster care and receive Medicaid under H-SF category; and upon adoption, would not continue to be Medicaid eligible if the adoptive parents' income and resources were considered. Evaluate these special needs adoptive children under M-AF categorically needy guidelines counting only the child's income and resources. Do not evaluate these children for MAF-M.

These individuals are excluded from citizenship and identity documentation requirements. They are exempt as the social worker must verify citizenship/identity.

1. Special Needs Status

   a. The child must have documented special needs which are barriers to adoption.

   b. The Foster Care or Adoption Assistance worker in the county DSS makes the determination of whether the child has "special needs" based on criteria in V. A. which might prohibit adoption.

   c. If the child receives SSI as a foster child and has been in the custody of DSS or a private agency prior to the adoption, he is considered to have special needs status. SSI children who are independently placed in adoption are not considered to have special needs status.

2. Financial Eligibility Criteria

   At the point the adoption agreement is finalized, the child must:

   a. Meet the M-AF categorically needy eligibility criteria if the income and resources of the adoptive parents are disregarded.

   b. Live with the adoptive parent(s), unless temporarily absent.

(V. B.)

3. Medicaid Application Procedures

   a. The Adoption Assistance worker must inform the adoptive family of their right to receive Medicaid for the child when the adoption agreement is finalized.

   b. The Adoption Assistance worker will provide form DSS-5095, Child Placement Information and Tracking System, as verification that the child has special medical or rehabilitative needs which would be a barrier to adoption.

   c. Field 18 of the DSS-5095, Child Placement Information and Tracking System, will indicate the initial period of the adoption agreement. Field 23 and 26 will indicate the funding source as "State" or "IV-B". Accept this as verification that the child has special medical needs and is not eligible for IV-E. The child's adoption records will contain verification of special needs status should it ever be questionable for a child adopted in North Carolina.

   d. A signed application DMA-5063, or DMA-5063 (Spanish) is required. The application may be signed by the adoptive parents, or a representative designated by the adoptive parents.

   e. This is an administrative application.

   f. Verification Requirements:

      (1) Verify the child's income and resources and compare to M-AF Categorically Needy income and reserve levels.

      (2) The budget unit consists of the child only. Do not count the parent's income and resources.

   g. Verify if the potential for third party insurance from any source exists for the child. Report available insurance information on form DMA-2041, Third Party Health and Accident Resources Information.

4. Children Adopted Prior to 10/1/94 in North Carolina

   a. Children with special medical or rehabilitative needs who were adopted without Medicaid coverage, prior to 10/1/94, may qualify for coverage under this group when the child's records at the time of adoption indicated special medical or rehabilitative needs. Verification of special needs status for these children must come from the Adoption Assistance Worker in the county social services department via form DSS-5095, Child Placement Information and Tracking System.

(V.B 4.)

b. An application for Medicaid must be filed by the adoptive parents or a representative designated by the adoptive parents. This is not an administrative application.

c. In order to be eligible as an adopted child with special needs, the child must meet financial eligibility criteria defined in V.B.2 above. In determining eligibility, use current Categorically Needy income and resource levels, not those in effect at the time of adoption.

5. Authorization

a. Key the DSS-8125 screen, authorizing Medicaid under M-AF once the adoption agreement is finalized.

(1) Medicaid classification is "N."

(2) Certification Period is six months.

(3) If eligible, retroactive coverage may be authorized for up to three months prior to the date of application.

(4) If the child was previously authorized for Medicaid in another category, terminate the coverage and authorize as M-AF the month following the month of termination.

b. Confidentiality

Due to confidentiality requirements associated with adoption procedures, the case worker must follow procedures in MA-3355, Enumeration Procedures, for Children in Foster Care or Adoptive Placement for enumeration.

6. Redetermination

Once the adopted child has been determined eligible on the basis of special needs, he or she remains eligible for Medicaid as long as adoption assistance remains in effect. Do not react to change in child's assets, resources, or income.

a. Verify the following by contact with the adoptive parents and adoption assistance worker at each six-month review and document in the case file:

(V.B. 6. a)

(1) That the adoption agreement has not been terminated.

(2) Changes in third party insurance.

b. A DMA-5063R (redetermination document) is not required.

c. Authorize the child as M-AF with a six-month certification period.

7. Terminations

Adoption assistance will terminate when the child reaches age 18, the state determines that the adoptive parents are no longer legally responsible for the child, the child dies or upon the death of both adoptive parents. Adoption assistance may also be voluntarily terminated by the adoptive parents. At this point, the child is no longer eligible on the basis of special needs.

a. Complete an ex parte review for ongoing Medicaid eligibility under another program prior to terminating assistance unless the parents have specifically requested termination in writing of Medicaid coverage.

b. Once coverage under this group is terminated (e.g. child turns 18), parental financial responsibility applies if the child remains in the home with the parents. Count the adoptive parent's income and resources when determining eligibility for ongoing Medicaid coverage.

c. Continuous Eligibility does not apply beyond age 18.

8. Children Receiving SSI

Individuals in North Carolina who receive SSI are automatically authorized for Medicaid. If the SSI recipient is a child who is pending adoption, the child's SSI may be terminated once the child is placed with the adoptive family, as SSI does not disregard parental financial responsibility. Take the following actions:

a. Follow instructions in MA-3120, SSI Medicaid, to complete a Medicaid Ex Parte review.

b. Verify the child's special needs status and financial eligibility by evaluating the following at the point the adoption agreement is finalized:

(1) Meets the M-AF categorically needy eligibility criteria if the income and resources of the adoptive parents are disregarded.

(2) Lives with the adoptive parent(s), unless temporarily absent.

c. If the child is eligible under special needs criteria, authorize as M-AF. Enter a DSS-8124 screen. Key the DSS-8125 screen to authorize a six-month certification period.

(V.)

C. Adoptive Children With Special Needs Living In States Other Than Where They Were Adopted

1. General

Interstate Compact on Adoption and Medical Assistance (ICAMA) is an agreement by which states have the option to provide "special needs" adoption assistance for children entering their state from another ICAMA state. States have the option to participate; therefore, some special needs adoptive children entering or leaving North Carolina may not qualify under this agreement.

County eligibility and adoption workers are encouraged to work together to coordinate services for the special needs adoptive family. ICAMA is administered through the State Division of Social Services.

2. Adoptive Children From Other ICAMA States Living in N.C.

A child with special needs who is a resident of North Carolina and is the subject of an adoption assistance agreement with another ICAMA state shall be accepted as being entitled to receive Medicaid from N.C. provided all eligibility criteria outlined below are met.

These individuals are excluded from citizenship and identity documentation requirements. They are exempt as the social worker must verify citizenship/identity.

a. Special Needs Status

(1) Child must be under 18 years of age

(2) Verify with the adoption worker that the adoption state is an ICAMA state. The State Division of Social Services will keep a current copy of participating states.

If the child is not from an ICAMA state he cannot be evaluated as a "special needs" adoptive child. Evaluate eligibility for all other programs including North Carolina Health Choice (NCHC), counting financial responsibility of the adoptive parents.

(3) The adoptive parent (s) must provide a certified copy of the adoption agreement, Decree of Adoption/Order of Adoption, from the adoption state that verifies special needs adoption assistance.

Request the State Division of Social Services ICAMA Coordinator to forward the ICAMA packet including the ICAMA form 6.01, Notice of Medicaid Case Eligibility/Case Activation and the adoption assistance agreement. The State ICAMA Coordinator can be reached at 919-733-4622.

(V.C. 2.)

(4) If the document is not provided, the worker should work with the foster care or adoptive worker in the county to assist the adoptive family in obtaining this information.

b. Financial Eligibility Criteria

The child must:

(1) Meet the M-AF categorically needy eligibility criteria, if the income and resources of the adoptive parent (s) are disregarded, and

(2) Live with the adoptive parent(s), unless temporarily absent.

c. Medicaid Application Procedures

(1) A signed application DMA-5063/DMA-5063 (Spanish), is required. The application may be signed by the adoptive parent(s), or a representative.

(2) This is an administrative application.

(3) Verification Requirements:

(a) Verify the child's income and resources and compare to M-AF Categorically Needy income and resource levels.

(b) The budget unit consists of the child only. Do not count the parent(s) income or resources.

(c) The child is ineligible as a "special needs" child if his countable income or resources exceed the allowable limits. Evaluate eligibility for all other programs including NCHC, counting financial responsibility of the adoptive parent(s).

(d) Verify if the potential for third party insurance from any source exists for the child. Report available insurance information on the DMA-2041, Third Party Health & Accident Resources Information.

d. Authorization

Follow the same procedures in place for N.C. Special Needs Adoption Assistance as outlined in B.5., to authorize benefits.

e. Redetermination

Follow the same procedures in place for N.C. Special Needs Adoption Assistance outlined in B.6.

(V.C.2.)

f. Termination

Follow the same procedures as outlined in B.7.

g. SSI

Follow the same procedures as outlined in B.8.

D. N.C. Special Needs Adoption Assistance Child Moving To Another State

1. Moves to Another ICAMA State

a. Upon notification that a special needs adoption child moved to another state the income maintenance worker should:

(1) Send proper notice that assistance will terminate. Refer to MA-3430, Notice and Hearings Process, to see if timely notice required.

(2) Notify the adoption assistance worker of the change and any available information about the new state of residence.

b. The adoption worker will work with the "ICAMA Coordinator" through the State Division of Social Services office to complete the necessary ICAMA forms needed to notify the ICAMA state. See E.

2. Moves to a non-ICAMA State

a. Upon notification that a special needs adoption child moved to a non- ICAMA state, the income maintenance worker should notify the adoption assistance worker of the change and any available information about the new state of residence.

b. The adoption worker will work with the "ICAMA Coordinator" through the State Division of Social Services office to complete the necessary ICAMA forms.

E. Interstate Compact on Adoption and Medical Assistance (ICAMA) Forms

ICAMA mandates the use of standard forms by all participating states to facilitate the delivery of medical assistance to a child receiving adoption assistance and to make the process as smooth as possible for the family. ICAMA forms will be used primarily by the adoption assistance worker or the county designated person and coordinated through the state Division of Social Services office with the ICAMA Coordinator.

(V. E.)

1. DSS-5249 (ICAMA 6.01) - Notice of Medicaid Eligibility/Case Activation, is completed by the adoption social worker and sent with a copy of the adoption assistance agreement to the ICAMA Coordinator in the State Interstate Compact on the Placement of Children (ICPC) Office to be forwarded to the adoptive parents' new state of residence ICAMA Coordinator. The ICAMA Coordinator sends the information to the local Medicaid Office to request Medicaid.

2. DSS-5248 (ICAMA form 6.02) - Notice of Action, is sent to the adoptive parent (s) by the adoption social worker to inform them that all necessary information on the child has been sent to the new state of residence.

3. DSS-5250 (ICAMA form 6.03) - Report of Change in Child(ren)/Family Status, is used to notify the other state about:

   a. Change in address or Medicaid status;

   b. The adoption assistance state uses the ICAMA 6.03, Report of Change in Child(ren)/Family Status, to report/notify the resident state of a change in the child or family status; and

   c. The new resident state uses the ICAMA 6.03, Report of Change in Child(ren)/Family Status, to notify the adoption assistance state that a child receiving adoption assistance from their state has been issued a Medicaid card in the new state.

ICAMA forms are available online at: http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=dss . Interstate Compact on Adoption and Medical Assistance (ICAMA) forms are used primarily by the adoption assistance worker or the county designated person and coordinated through the state Division of Social Services office with the ICAMA Coordinator.

VI. POLICY RULES - TITLE IV-E INDIVIDUAL UNDER AGE 18, IAS

A. Living in North Carolina

Medicaid eligibility is authorized under I-AS (Title IV-E Adoption and Foster Care assistance) for a child living in North Carolina who has a Title IV-E adoption assistance agreement or who receives Title IV-E foster care payments.

B. Title IV-E Adoption Assistance

Medicaid is authorized without a separate determination of eligibility for Title IV-E Adoption Assistance children under I-AS if the child is:

1. Title IV-E with North Carolina, or
2. Title IV-E from another state and under age 18, which is the Title IV-E age limit in NC.

C. Procedures For North Carolina Title IV-E Adoption Assistance Child Living In North Carolina

1. Verify Title IV-E status of the child with the agency adoption/foster care social worker.
2. Medicaid Application
   a. A separate determination of eligibility for ongoing Medicaid is not required. Verification of current Title IV-E status is verification of eligibility for Medicaid.
   b. Citizenship/Identity verification must be obtained by the social worker.
   c. A copy of the completed DSS-5013, North Carolina Adoption Assistance Agreement, and DSS 5012, Adoption Assistance Eligibility Checklist, are required for Title IV-E Adoption Assistance children. A copy of the completed DSS-5012 and DSS-5013 are obtained from the social worker.

D. Title IV-E Foster Care Assistance

Medicaid is authorized without a separate determination of eligibility for Title IV-E Foster Care children under IAS if the child is:

1. Title IV-E with North Carolina, or
2. Title IV-E from another state and under age 18, which is the Title IV-E age limit in NC, and
3. For whom Title IV-E maintenance payments are being made.

(VI.D)

Children are in a reimbursable status when they are in a licensed foster care facility. Reimbursable refers to the county's ability to claim reimbursement for the cost of care and this is available only if the child is in a licensed facility. There is an exception to this:

A child who has been in an IV-E reimbursable placement, for whom IV-E Foster Care maintenance payments were being paid, but who is temporarily (not exceeding 12 months) placed in a non IV-E reimbursable placement, may continue to be automatically eligible as IAS during this temporary absence.

As a general rule, a child who is in a non- IV-E reimbursable placement, or a child for whom IV-E foster care maintenance payments have not been paid, but for whom the county is claiming administration reimbursement is not automatically eligible for Medicaid as a IV-E foster child. Eligibility must be determined under HSF or another aid program/category. This is also true if the child's absence is expected to last more than 12 months.

For non-IV-E children the reimbursable or non-reimbursable nature of their placement is not an issue in determining eligibility. A non IV-E child who is in county custody must have an application for Medicaid made on his behalf and have his eligibility determined under HSF regardless of where he is placed. If ineligible for HSF, eligibility will be determined under MIC or MPW.

E. Procedures For North Carolina Title IV-E Foster Care Assistance Child Living In North Carolina

1. Verify Title IV-E status of the child with the agency adoption/foster care social worker.

2. Medicaid Application

   a. A separate determination of eligibility for ongoing Medicaid is not required. Verification of current Title IV-E status is verification of eligibility for Medicaid.

   b. Citizenship/Identity verification must be obtained by the social worker.

   c. A signed DSS-5120, Eligibility Documentation/Verification for Foster Care, is required for Title IV-E Foster care children. All sections are completed by the social worker except for part V, which is completed and signed by the IMCW, Income Maintenance Case Worker.

F. Medicaid Authorization

1. At the time the Title IV-E status is verified and ongoing Medicaid is authorized, the IMC must evaluate the retroactive period to determine whether there is medical need and eligibility requirements are met. Refer to MA-3305, M-AF, M-IC, H-SF Budgeting, for procedures.

(VI.F.)

2. Enter a DSS-8124 screen and DSS-8125 screen in EIS, authorizing Medicaid under the IAS aid program/category for Title IV-E child once verification of Title IV-E status is received. For reporting purposes, complete the case level special use field on the DSS-8125. The Special Use Codes FC or AS and IF cannot be entered at the same time on the DSS-8125. Enter the FC or AS and State code one day and the IF and beginning date of Medicaid authorization on another day.

3. Refer to MA-3425, Certification and Authorization, for the certification/authorization periods for a Medicaid Title IV-E child.

G. Another State's IV-E Children Living In North Carolina

1. Children living in North Carolina for whom a IV-E adoption assistance agreement is in effect with another state or who are receiving IV-E foster care payments from another state are eligible for Medicaid coverage by North Carolina. The effective date of eligibility is the latest of:

   a. The effective date of IV-E adoption assistance agreement/IV-E foster care payment, or

   b. The month following termination of Medicaid by the other state.

2. Medicaid Applications and Authorization:

   a. For documentation purposes, use a base document (DMA-5063) with the demographic information for the child completed, such as name, address, and contact information. Income and resource information is not needed. A signature is not required.

   b. For reporting purposes, complete the case level special use field on the DSS-8125 as follows:

      (1) Enter the "AS" code for the adoption assistance child or the "FC" for the foster care child and the standard postal abbreviation for the state responsible for the child's placement, i.e., AS NY or FC SC.

      (2) For a foster care child only, enter the "IF" code (in foster care), and the beginning date of Medicaid authorization on a separate DSS-8125. The Special Use Codes FC or AS and IF cannot be entered at the same time on the DSS-8125. Enter the FC or AS and State code one day and the IF and beginning date of Medicaid authorization on another day.

   c. Verification of Title IV-E Status

      (1) Title IV-E Adoption Assistance Child
      Acceptable verification is a copy of the current Adoption Assistance Agreement which has been signed by the adoptive parent(s) and the agency administering the Title IV-E Adoption Assistance program, usually a county department of social services.

(VI.G.2.c.(1))

This agreement states the child's eligibility for Title IV-E Adoption Assistance in the adoption assistance state. The agreement is in effect once signed until the adoption is terminated under one of the terms of the adoption agreement.

(a) The adoptive parent(s) should have a copy of the current agreement that will verify Title IV-E status.

1) If the parent(s) cannot provide a copy of the agreement, it will be the parent(s)' responsibility to provide the name and address of the Title IV-E Adoption Assistance Agency in the state responsible for administering the Title IV-E program.

a) The IMC should ask to see the adoption assistance check or Medicaid identification card, or

b) The parent(s) may be able to provide the name of the placement social worker.

2) It is the IMC's responsibility to request a copy of the agreement from the other state once the adoptive parent(s) provide the agency's name and address. Refer to V.E for the appropriate ICAMA form to use.

(b) In lieu of a copy of the IV-E Adoption Assistance agreement, a written statement on agency letterhead from the IV-E assistance state verifying that a child is currently eligible for IV-E Adoption Assistance in their state is acceptable verification of IV-E status to receive Medicaid from North Carolina.

(2) IV-E Foster Care Children

A written statement on agency letterhead from the IV-E assistance state that a child is currently eligible for IV-E Foster Care Assistance in their state is acceptable verification of IV-E status to receive Medicaid from North Carolina. The statement must include the time period for which IV-E foster care eligibility has been determined by the other state.

In order to receive Medicaid from North Carolina, current proof of IV-E foster care eligibility must be re-verified with the IV-E assistance state every six months. Verify current IV-E status with the local DSS foster care worker. Refer to V.E. for the appropriate ICAMA form to use.

(VI.G.2.c.(2))

If verification cannot be obtained from the local foster care worker, it will be the parent's responsibility to provide the name and address of the IV-E Foster Care Agency (see the foster care check or Medicaid ID card) in the other state that is responsible for administering the IV-E program. It will be the worker's responsibility to request verification of the child's current IV-E foster care status.

(a.) When an IV-E child loses IV-E status in the other state, the Medicaid caseworker must complete an ex parte review. Determine if the child is eligible for EFCP. If so authorize eligibility.

(b.) When an IV-E child who was placed in N.C. by another state (or one who moved here with his adoptive parents) moves out of North Carolina, terminate Medicaid. Inform the parent(s) that it is their responsibility to immediately inform the county if they plan to leave N.C. See MA-3430, Notice and Hearings, to determine the appropriate notice.

(c.) Inform the IV-E assistance state of the effective date Medicaid is being provided by North Carolina once the application is approved. Refer to V.E. for the appropriate ICAMA form to use.

H. North Carolina IV-E Children Living In Other States

A child receiving Title IV-E funds from NC but who lives in foster care or adoptive placement in another state is not eligible for Medicaid coverage from NC. He is eligible for Medicaid in the other state.

1. Children approved for IV-E adoption assistance/foster care payments from N.C.

   a. Inform adoptive parents/caretaker of child that he must apply for Medicaid coverage in the county of the state in which the child is a resident.

   b. Refer to V.E. for the appropriate ICAMA form to use.

2. IV-E eligible child moves out-of-state

   a. Do not establish an IV-E case in EIS. Terminate Medicaid if a Medicaid case exists.

   b. Inform the adoptive parents or foster care provider that he must apply for Medicaid benefits for the child in the state in which he is currently living. As long as the child remains eligible for IV-E adoption assistance or foster care assistance from North Carolina, the child is eligible to receive Medicaid from his state of residence without a separate determination of Medicaid eligibility.

c. Provide the family with a current IV-E verification statement on agency letterhead that they can provide to their residence state as proof of the child's IV-E status in North Carolina when they apply for Medicaid benefits. Use the verification letter and provide the other state with proof of the child's continuing IV-E eligibility at each IV-E redetermination. Refer to V.E. for the appropriate ICAMA form to use.

3. Child lives in another state and ceases to be IV-E eligible in North Carolina:

a. Provide written verification to the residence state that the child is no longer IV-E eligible in North Carolina so they can terminate IV-E Medicaid benefits to the child.

b. The child may be eligible for Medicaid benefits from North Carolina as a non IV-E eligible child (HSF or MAF). Evaluate potential Medicaid eligibility. If the child is Medicaid eligible in North Carolina, inquire with the resident state to determine if that state has opted to provide Medicaid coverage to non IV-E eligible foster children. If the resident state has not included this option in their state Medicaid plan, North Carolina must continue to provide Medicaid if eligibility requirements are met.

I. SSI Child

If the child is SSI and IV-E eligible, the child is covered under the M-AD Medicaid program. If SSI terminates and the child is IV-E eligible, you must terminate the M-AD case and complete a new 8124 under I-AS. A transfer from I-AS to M-AD or from M-AD to I-AS is not an allowable transfer (EIS-3450 II).

J. Redeterminations

1. Title IV-E Adoption Assistance

The Title IV-E Adoption Assistance program does not require redeterminations of a child's eligibility. Once a child has been determined eligible and is receiving Title IV-E Adoption Assistance, the child remains Medicaid eligible. A State may terminate the Title IV-E Adoption Assistance only under circumstances specified at section 473(a)(4) of the Social Security Act. The PQA report (PQA-108) is a monthly report that shows children who are IV-E Adoption Assistance eligible. Document the record that continued IV-E eligibility was verified per PQA report at the 12 month Medicaid certification period.

2. Title IV-E Foster Care Assistance

a. For a Title IV-E Foster Care child, a redetermination is completed every 12 months; and

b. anytime there is a change that could impact eligibility.

c. A DSS-5120A, Foster Care and/or Medicaid Redetermination, is required.

VII. POLICY RULES - FOSTER CHILD UNDER AGE 18, H-SF

A. To be eligible in the H-SF aid program/category an individual must:

1. Be under 18 years of age. Coverage may be received up to age 21 if a signed voluntary agreement, Contractual Agreement for Residential Care (CARS), was completed with the County DSS. If a signed CARS is in place, the child continues to receive State foster care funds.

2. Be a citizen of the United States, with identity and citizenship documented, or an alien who meets alienage requirements. Refer to MA-3330, Citizen/Alien Requirements, for citizenship/identity requirements.

3. Be a resident of North Carolina as defined in MA-3335, State Residence.

4. Not have resources for reserve in excess of the applicable allowance for the budget unit. Refer to MA-3320, Resources.

5. Meets income criteria:

   a. For private living budgeting, refer to MA-3305, M-AF, M-IC, H-SF Budgeting.

   b. For long-term care budgeting, refer to MA-3325, Long-Term Care Budgeting.

6. Not be receiving Medicaid from another aid/program category, county, or state.

7. Not be an inmate of a public institution, except individuals receiving psychiatric care in the state's mental hospitals

8. Provide verification of all health insurance coverage for himself and assign to the State all rights to third party payments from such insurance coverage. Refer to MA-3510, Third Party Recovery (TPR).

9. Furnish his Social Security number, or apply for a number if he does not already have one, and furnish all Social Security numbers which he has used or under which he has received benefits. Refer to MA-3355, Enumeration Procedures.

   Refer to MA-3355, Enumeration Procedures, for enumeration instructions of a child in adoptive placement.

10. Apply for all benefits to which he may be entitled (For example: Unemployment Insurance Benefits, Disability, Social Security, etc.). Refer to MA-3300, Income.

(VII.A.)

11. Be ineligible for Title IV-E foster care assistance, and also meet one of the following:

    a. The county department of social services (DSS) has legal custody as a result of a court order and is placed in any setting, licensed or unlicensed, including foster care facility/home, other private home, or a long-term care facility, or

    b. The county DSS has placement responsibility.

        (1) The county DSS has placement responsibility when:

            (a) The parent(s), other relative, or legal guardian has delegated caretaking responsibility to the county DSS by written agreement for the child(ren) living separate and apart from them, or

            (b) The child(ren) age 18 or older has expressed, through a written agreement with the county DSS (CARS), a need for care and has agreed to a foster care arrangement, or

            (c) A court order is issued which directs the county DSS to care for and supervise the child(ren) outside of his own home even if legal custody is not transferred to the county DSS.

        (2) When the county DSS has placement responsibility instead of custody, placement may be in any of these settings:

            (a) Foster care facility supervised by a county DSS and licensed by the Department of Health and Human Services (DHHS).

            (b) A private child-caring institution licensed/approved by DHHS and in compliance with Title VI of the Civil Rights Act,

            (c) A private group home licensed/approved by DHHS and which is in compliance with Title VI of the Civil Rights Act, or

            (d) A medical institution as defined in MA 3325, Long Term Care Budgeting, I.A.

(VII.)

B. County Placement Responsibility/Custody - H-SF

1. A signed and dated DSS-5120 for Medicaid under the H-SF aid program/category is required.

   a. The application should be made so that coverage can begin the month the county assumes custody/placement. The date of application is the date the DSS-5120 is signed by the county director or his designee.

      NOTE: Back-dating a Medicaid application in order to cover prior months is prohibited. See 3. below on retroactive coverage.

   b. The IMC must process the Medicaid application for HSF. It must be signed by the director's designee but cannot be signed by the same caseworker who is determining eligibility for Medicaid.

   c. The director's designee must provide the IMC with all information pertinent to the child's eligibility for Medicaid or must assist in obtaining necessary information.

   d. Only the assets and income of the child are considered in determining financial eligibility under HSF.

2. There may or may not be a State Foster Home Fund payment for this child. Refer to the Family Services Manual, Chapter IV, Foster Care Services, Section 1202, for information on eligibility for State Foster Home Fund payments.

3. The county DSS must make application for coverage under the appropriate aid program/category for any retroactive months, applying parental financial responsibility if the child was in the home of his parent(s) or temporarily absent. See MA-3330, Retroactive Coverage.

   a. Retroactive coverage is limited to the 1, 2, or 3 months immediately proceeding the month of application.

   b. There must be medical need in the retroactive period.

4. Unless there is good cause, a child under H-SF must be referred to Child Support Enforcement. Refer to MA-3365, Child Support, for instructions.

(VII.)

C. Procedures

1. Document:

   a. The child's legal status with regard to custody/placement.

   b. All contacts made to verify custody or placement responsibility:

      (1) Obtain a copy of the court order granting custody/placement responsibility or a copy of the written agreement from the parent(s) delegating placement responsibility to the county DSS, and

      (2) File in the income maintenance case record.

2. Eligibility Determination

   a. Determine financial responsibility and verification requirements according to MA-3305, M-AF, M-IC, and H-SF Budgeting.

   b. Cease parental financial responsibility beginning with the month the county DSS takes custody or assumes placement responsibility. Refer to MA-3305, M-AF, M-IC, and H-SF Budgeting.

   c. Determine whether the child has income, including child support, and/or assets of his own. Income received by the child or assets he owns are countable in determining his eligibility.

   d. Determine financial eligibility. Refer to MA-3300, Income; MA-3305, M-AF, M-IC, and H-SF Budgeting; and MA-3320, Resources, for procedures.

      (1) Evaluate for H-SF.

         He is eligible under the H-SF aid program/category if:

         (a) His assets are within the Categorically Needy (CN) limit, and

         (b) He has no income, or

         (c) His income is equal to or less than the CN income limit for one.

      (2) Evaluate as M-IC/NCHC if income and/or assets exceed the CN level.

      (3) Evaluate for H-SF MN with a deductible if income exceeds the M-IC/NCHC income limit and assets are within the MN allowance.

(VII. C.)

3. Return Home

   a. Sometimes a child can be placed in his parent(s)' home but remains the responsibility of the county DSS and is supervised by the county agency. He continues to be H-SF.

   b. The child remains in the custody of the DSS until his parent(s) is once again granted legal custody by the court.

   c. When it is determined that the stay is no longer temporary, that is, legal custody is given back to the parent(s), evaluate eligibility under another aid program/category, applying parental financial responsibility.

D. Redeterminations

1. For a Foster Care child, a redetermination is completed every 12 months; and

2. anytime there is a change that could impact eligibility.

3. A DSS-5120A, Foster Care and/or Medicaid Redetermination, is required.

E. SSI Child

If the child is receiving SSI, a transfer is allowed from M-AD to H-SF or from H-SF to M-AD. If SSI terminates, the case is still shown as M-AD and the child is eligible for H-SF, you must terminate the M-AD case and complete a new 8124 to authorize for H-SF.

VIII. COVERAGE OF CHILDREN IN ADOPTION AGENCIES AND CHILD CARING FACILITIES FOR WHOM THE COUNTY DOES NOT HAVE ANY RESPONSIBILITY

A. Apply These Procedures Only For The Children Who Are In:

1. The legal custody of a private, non-profit adoption agency.

2. The care of a private, non-profit child caring facility.

3. A publicly operated group home.

B. General Guidelines

1. Private, Non-profit Adoption Agencies

   a. Children in the legal custody of a private, non-profit adoption agency may receive Medicaid under the M-AF or M-IC aid program/category prior to adoptive placement if they meet the regulations in section I. (MAF) or III. (MIC).

(VIII.B.1.a.)

NOTE: A mother cannot sign the release for adoption form until after the baby's birth.

(1) The county of residence for the adoptive child will be the county in which the private adoption agency that has custody of the child is located. Once adoptive placement is made, residence will cease to be the county in which the adoption agency is located.

(2) It is the responsibility of the adoption agency to immediately notify the DSS once adoptive placement is made. Send the timely notice, and terminate the child's Medicaid if appropriate.

(3) Refer to the Division of Social Services website at www.ncdhhs.gov/dss/licensing, for current listings of adoption and foster care agencies.

b. If an adoptive child needs Medicaid during the adoptive placement period, the prospective adoptive parents must apply for Medicaid for the child under M-AF or M-IC regulations. Parental financial responsibility for prospective adoptive parents does not apply during the placement period.

(1) If there is a question about the child's age or name, refer to MA-3345, Age/Name/Marital Status. However, do not request the child's original birth certificate because his name will no longer be correct.

(2) When the final order of adoption is granted, evaluate the child's continued eligibility for Medicaid based on parent for child financial responsibility.

2. Private Non-Profit Child Caring Facilities:

The county DSS children's services section has a current listing of all licensed private, non-profit child caring facilities in North Carolina. These facilities include children's homes and small group homes. There are also licensed private foster family homes under these facilities. The private facilities can confirm whether the foster family homes are licensed. The county DSS can also verify the status of these facilities by contacting the Division of Social Services Foster Care Office at (919) 733-9464 or the National Child Welfare Gate Way to Information website at www.childwelfare.gov/nfcad.

The county DSS can verify whether a non-licensed child caring facility has private, non-profit status by contacting the Secretary of State, Corporations Office, at (919) 807-2000 between 12:00 p.m. and 6:00 p.m. and giving the exact name of the facility.

a. The caseworker/representative with the private, non-profit child caring facility must certify in writing the expected duration of placement.

(VIII.B.2.a.)

(1) If the statement indicates the placement is expected to be 12 months or less, parental responsibility applies. Evaluate the child under M-AF or M-IC regulations.

(2) If the statement indicates placement is expected to exceed 12 months, parental financial responsibility does not apply. Evaluate the child under M-AF or M-IC regulations.

b. If the facility has legal custody of the child (generally the facilities do not have custody), evaluate the child under M-AF or M-IC regulations in I. or III.

C. Instructions For Authorization

1. Follow application regulations and procedures in MA-3200, Initial Contact, through MA-3215, Processing the Application.

   a. Key a DSS-8124.

   b. Classification is Categorically or Medically Needy and the aid program/category is M-AF or M-IC.

2. Key the DSS-8125 and follow the usual certification/authorization procedures in MA-3425, Certification and Authorization.

IX. POLICY RULES – INDIVIDUAL UNDER AGE 18 WITH PROTECTED MEDICAID STATUS

Children under age 18 who have protected Medicaid status must be authorized for MAD-N if they meet the eligibility requirements for MAD-N. Protected status children may be authorized for Family & Children's Medicaid coverage groups only if they are ineligible for MAD-N.

Refer to the regulations for protected status children in the Aged, Blind and Disabled Medicaid Manual, Section MA-2525, Disability.

X. POLICY RULES - EXPANDED FOSTER CARE PROGRAM (EFCP)

A. General

The Expanded Foster Care Program (EFCP) for IAS and HSF adolescents ages 18, 19, and 20 will be without regard to the adolescent's assets or income through the month they turn age 21. Former or current foster care adolescents, ages 18, 19, and 20 are eligible for Medicaid if they were in foster care on their 18th birthday. This does not include adoption assistance or children who were adopted.

(X.A.)

Potential EFCP eligible children age 18, 19, and 20 who aged out of foster care at age 18 or those children who are foster care or I-AS (IV-E Foster Care), must be evaluated for all Medicaid programs/categories, excluding Medically Needy, North Carolina Health Choice (NCHC), and Family Planning Waiver. Use the eligibility criteria for that program which may mean counting the child's income and assets. If eligible, approve in the appropriate program/category. If unable to determine eligibility due to the individual's failure to provide verification, do not put into EFCP. If verification is provided and individual is ineligible for other Medicaid programs, place into EFCP. Do not count the child's income and assets for EFCP.

Foster care children receiving under MIC should remain in MIC if they continue to be eligible for MIC. At the point they lose eligibility under MIC, evaluate them for EFCP.
For those former foster care children receiving under MAF categorically needy, they can remain MAF categorically needy. If their income or assets causes them to lose MAF categorically needy eligibility, evaluate them for EFCP.

B. Eligibility criteria for adolescents age 18, 19, and 20 in the Expanded Foster Care Program (EFCP) are:

1. Were in foster care on their 18th birthday.
   Contact a social worker to verify a child was in foster care on his 18th birthday.

2. Continues to be a resident of North Carolina.
   Adolescents must apply in their county of residence for EFCP. This may not have been the county of residence when they were in foster care.

3. Must not be receiving Medicaid from another county or state.
   Recipients in EFCP may have their case transferred from county to county. EIS will allow for HSF and IAS county transfers to be keyed November 5th, 2007. Prior to November 5th, 2007, caseworkers must terminate the case in the first county and complete an administrative application in the second county.

4. Must not be an inmate of a public institution.

5. Must furnish their social security number, provide third party information, and apply for all benefits to which they may be entitled. Applying for all benefits to which an applicant may be entitled is one of the federal requirements for Medicaid eligibility. If a person does not comply, they are not eligible and therefore you must deny the application

   IAS and HSF adolescents in the Expanded Foster Care Program who are caretaker relatives are exempt from cooperating with Child Support. There is no child or medical referral requirement for a foster adolescent who now has a child, as long as the individual remains covered in the Expanded Foster Care Program. However, if the individual's category of coverage is changed to a family group where child support requirements must be met as a condition of eligibility for the caretaker relative, then a referral must be made to Child Support.

(X.B.)

6. IAS and HSF children are excluded from citizenship and identity documentation requirements. They are exempt as the social worker must verify citizenship/identity.

C. Redeterminations

The Medicaid caseworker must complete a redetermination every 12 months to determine continuation for Medicaid services in the Expanded Foster Care Program (EFCP). The redetermination is without regard to assets or income of the child through the month they turn age 21.

D. Retroactive Coverage

Retroactive coverage is not allowable for any month prior to October 1, 2007, if eligible for the Expanded Foster Care Program (EFCP).

E. SSI child

If the child is SSI, the child is covered under the M-AD Medicaid program. If SSI terminates and the child is eligible for the EFCP, you must terminate the M-AD case and complete a new 8124 to authorize under EFCP.

F. Pregnant Woman and Auto Newborn Coverage

In order for the child to receive auto newborn coverage, the pregnant woman must be evaluated under one of the coverage groups listed in IV.A.3.b.

Caseworkers should discuss the option of transferring into MPW, (the positive and negative) with a pregnant recipient covered under EFCP. The age of the EFCP a/r is important. If the pregnant woman is over 20, MPW may be the better program to insure she and the child get adequate coverage. In order for the newborn to be guaranteed 13 months of automatic newborn coverage, the mother must receive under MPW or one of the programs listed in IV.A.3. If she receives under MPW, her benefits will be limited to pregnancy related services.

If the recipient receiving Medicaid under the EFCP is pregnant or becomes pregnant she can receive pregnancy related care covered by Medicaid under the EFCP thru the month of her 21st birthday.

If the recipient delivers her baby while covered under the Medicaid for EFCP, the baby is only entitled to coverage as long as the mother continues to be eligible for Medicaid under the EFCP. Refer to IV.A.4. Both mother and child must be evaluated for coverage under other Medicaid programs should the Medicaid coverage under the EFCP end.

(X.)

G. Case Management Reports

EIS will display the following special message reports for the HSF and IAS Expanded Foster Care Program (EFCP) on the Case Management Report.

1. "Age 18 in MMM" (e.g. "Age 18 in JAN")
   Appears on the Case Management Report two months prior to the birth month, one month prior to the birth month, and in the birth month. This message is displayed only for HSF non-SSI cases, not for HSF SSI cases.

2. "Age 21 in MMM"
   Appears on the Case Management Report two months prior to the birth month and one month prior to the birth month.

3. "Age 21 or Over"
   Appears on the Case Management Report in the birth month and ongoing until the caseworker terminates the HSF or IAS for that child.