

## Medicaid Eligibility

## OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

ligibility Groups - Options for Coverage Shildren with Non IV-E Adoption Assistance	
2 CFR 435.227 902(a)(10)(A)(ii)(VIII)	
hildren with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E loption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard stablished by the state and in accordance with provisions described at 42 CFR 435.227.	
The state attests that it operates this eligibility group in accordance with the following provisions:	
Individuals qualifying under this eligibility group must meet the following criteria:	
The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;	
Are under the following age (see the Guidance for restrictions on the selection of an age):	
O Under age 21	
C Under age 20	
C Under age 19	
C Under age 18	
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.	
The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes C No	
The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.	
Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.	
The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.	
Yes C No	
Income standard used for this eligibility group	
Minimum income standard	
The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.	
Maximum income standard	



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	No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
	© Yes ( No
	No income test was used (all income was disregarded) for this eligibility group under (check all that apply):
	The Medicaid state plan as of March 23, 2010.
	The Medicaid state plan as of December 31, 2013.
	A Medicaid 1115 Demonstration as of March 23, 2010.
	A Medicaid 1115 Demonstration as of December 31, 2013.
	The state's maximum standard for this eligibility group is no income test (all income is disregarded).
	Income standard chosen
	Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:
	C The minimum standard.
	• This eligibility group does not use an income test (all income is disregarded).
	C Another income standard higher than both the minimum income standard and the effective income level for this eligibility group in the state plan as of March 23, 2010, converted to a MAGI-equivalent.
There is no r	esource test for this eligibility group.

## PRA Disclosure Statement

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