

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



QUICK REFERENCE GUIDE
Dual Medicaid

Under federal guidelines, a child (birth to age 21) receiving federal payments for foster care under Title IV-E of the Social Security Act, or whose Medicaid eligibility is related to Supplemental Security Income (SSI), based on blindness or disability, is not allowed to have separate Medicaid coverage with more than one jurisdiction at the same time (e.g., the District of Columbia and Maryland). The state arranging or actually making the placement is considered the child's state of residence for purposes of Medicaid coverage. For purposes of this quick reference guide, the "state" is the District of Columbia and its agent is the Child and Family Services Agency (CFSA).

This Quick Reference Guide is provided to inform and educate social workers, support staff, and other stakeholders of the process for maintaining Medicaid coverage by DC Medicaid for clients while they are in the care and custody of CFSA. The intent of this document is to provide supplemental information. It does not replace or supersede any other current policy, supporting documents, or applicable laws and regulations. If there are questions, please contact your immediate supervisor or CFSA's Health Services Administration (HSA).

Medicaid Coverage for Children

1. If the child is Title IV-E or SSI eligible, the state where the child is placed is obligated to provide medical coverage, provided that the sending state requests such coverage.
2. If the child is neither Title IV-E nor SSI eligible and is placed outside of the District of Columbia, the receiving state is not required to provide coverage.

Role of the Social Worker

1. For children entering into the care and custody of CFSA, the social worker must enroll the child in DC Medicaid by completing the Medical Assistance Data Entry Form (Form 30-A) and submitting the form to CFSA's Business Services Administration (BSA).
2. The social worker discusses Medicaid coverage with the foster parent during the first home visit, including the review of Medicaid enrollment procedures included in the Placement Passport Packet.
3. The social worker ensures that the foster parent understands Medicaid coverage for the child and the process for changing the Medicaid coverage to another state, if necessary.
4. The social worker completes the following steps to request a change from coverage by DC Medicaid to another state:
 - a. Immediately contact the supervisory eligibility technician in BSA and provide the child's name, date of birth, and medical reason for the Medicaid transfer.
 - b. Attend a BSA-convened meeting (either by telephone or electronic notification) within 5-7 working days to make a joint decision on whether to switch Medicaid coverage. Participants include HSA and any other team member (as required).

- c. Take the steps listed below if the decision is to change the coverage.
 - i. Send an email to the BSA supervisory eligibility specialist, Jolly Atkins, at jolly.atkins@dc.gov and provide the child's name, date of birth, medical reason for transfer, and a request for the Title IV-E eligibility determination status of the child for whom coverage is to be switched to out-of-state Medicaid.
 - ii. Receive the *Certification of Eligibility of Title IV-E – FC/AA Recipient for Medical Assistance and Title IV-E Eligibility Summary* forms, completed by BSA.
 - iii. Deliver (in-person or by mail) the completed forms to the state social service agency or out-of-state social worker for processing and enrolling the child in the state's Medicaid program.
 - iv. Request the start date of the out-of-state Medicaid coverage from the receiving state agency and forward to BSA.

Note: If the child has coverage under Health Services for Children with Special Needs (HSCSN), the social worker sends an email both to jolly.atkins@dc.gov and the HSA administrator (cheryl.durden@dc.gov) for requesting the switch.

5. Upon receipt of the start date for the out-of-state Medicaid coverage for the eligible child, BSA prepares a statement indicating the date to begin active Medicaid coverage in another state. BSA forwards the statement along with a *Medicaid Location Code Change Sheet* to the District's [Economic Security Administration](#), terminating District foster care medical coverage for the eligible child.

Child Adoption

1. For a child being adopted, he or she remains in foster care (covered by DC Medicaid) until the adoption decree is signed.
2. Once the decree is signed, the CFSA Adoptions Subsidy Unit completes the required paperwork to transfer the Medicaid coverage from DC Medicaid to out-of-state Medicaid. The required forms are submitted to the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA).
3. Once the transfer is complete, AAICAMA forwards the start date of the out-of-state coverage to the Adoption Subsidy Unit, which forwards a completed *Medicaid Termination* form to BSA in order to end DC Medicaid coverage.

Partnering Role between BSA and DC Medicaid

While BSA is responsible for ensuring that DC Medicaid coverage is maintained for children in the care and custody of CFSA, DC Medicaid is responsible for requesting renewals or "recertification" of coverage.

1. DC Medicaid sends BSA recertification requests for children in care.
2. BSA reviews the home removal screen in FACES.NET in order to validate the child's status in care.
 - a. If the home removal screen displays "active/no end date" or "end-of-care reason is adoption or guardianship" (see *Child Adoption* section above), BSA returns the recertification request to DC Medicaid with approval for continuing coverage.
 - b. If the home removal screen displays "end-of-care reason is reunification, 3rd party non-relative, death of a child, living with other relatives (non-CFSA custody)", BSA annotates and returns the recertification request to DC Medicaid for coverage to be terminated.