

Interim Foster Care Medicaid Determination

Child in Custody Information

Name of Child (last, first, middle)	Social Security #	Date of Birth	Client #
Current Placement Address (street, city, state, zip)		County	Telephone #

Part A:

1. Removal: Has the child been removed from home and are they in an agency placement?

Yes Go to question 2.

No STOP. Child cannot be eligible for FC Medicaid until the child is in an agency placement and removal from the home has occurred. Go to Part B.

2. Age: Is the child under age 19?

Yes Go to question 3.

No Child is not eligible for Foster Care Medicaid. Go to Part B.

3. Citizenship and Identity: Is the child a U.S. citizen or a qualified alien admitted for permanent residence?

Yes Go to Question 4.

Citizenship verification _____

Identity verification _____

(Citizenship and identity must be verified with original or certified copies of original documents.)

If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

Yes Date of entry in U.S. _____ or protected classification _____
Go to question 4.

No STOP. Child is not eligible for Foster Care Medicaid until in the United States for five years. Date five year waiting period ends _____ Go to Part B

NA Child is a U.S. Citizen. Go to question 4.

No STOP. Child is not eligible Foster Care Medicaid. Go to Part B

4. Placement: Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child?

Yes Go to question 5.

No STOP. Child is not eligible for Foster Care Medicaid.

5. Assets: Are the child's countable assets greater than \$2,000?

Yes Go to question 6

No Go to question 7

6. NB Medicaid program: Is the child under 6 years of age?

Yes Is the child's countable income less than the limits required for the Newborn Medicaid Program (no asset limit)?
NB Income Limit:\$_____ Child's income: \$_____

Yes STOP. Child is eligible for Newborn Medicaid Program (FC/C). Go to Part B.

No STOP. Child is not eligible for FC Medicaid. If the child's income drops below the Newborn limit, redetermine FC Medicaid eligibility. Go to Part B

No STOP. Child is not eligible for Foster Care Medicaid.

7. Disabled/Blind Medicaid program: Is the child blind or disabled and receiving SSI?

Yes STOP. Child is eligible for foster Care Medicaid (FC/D disabled, FC/B blind)

No Go to question 8

8. Children's Medicaid Program: Is the child's countable income less than the income limits required for the Children's Medicaid Program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

CM Income Limit:\$_____ Child's income: \$_____

Yes Go to Part B.

No Go to question 9.

9. Newborn Plus Medicaid Program: Is the child's countable income less than the income limits required for the Newborn Plus Foster Care Medicaid Program and the child is under age 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

NB+ Income Limit: \$ _____ Child's income: \$ _____

Yes Go to Part B.

No Go to question 10.

10. Children's Medicaid Program with a Spend down: Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (Calculate the spend down amount as provided below.)

CM Income Limit: \$ _____ Child's income: \$ _____

Yes Child is FC/C Medicaid eligible when spend down process is completed. Go to Part B.

No STOP. Child is not eligible for Foster Care Medicaid. Go to Part B.

<u>Spend Down Calculation</u>	
Child Countable Income	\$ _____
Minus Program Income Limit	\$- _____
Total Spend Down Amount	\$ _____

Part B: Summary of Foster Care Medicaid Determination

Yes Child is eligible for Foster Care Medicaid. Eligibility beginning date _____

Circle program type: FC/B Blind FC/D Disabled

FC/C Children's Medicaid

FC/C Newborn

FC/C Newborn Plus

Other (specify) _____

No Child is **not** eligible for Medicaid.

Reason child is not Medicaid eligible: _____

(Refer to BES for CHIP eligibility determination if citizenship requirements are met.)

Notes:

Eligibility Worker Signature: _____ **Date:** _____