## 2895 - STATE ADOPTION ASSISTANCE MEDICAID

POLICY STATEMENT	State Adoption Assistance (SAA) Medicaid provides Medicaid coverage for a special needs child who is receiving State Adoption Assistance and who is ineligible for IV-E Adoption Assistance, but who is eligible for Medicaid under another Class of Assistance (COA). Eligibility continues through the month in which the child reaches 21 years of age, as long as the State AA agreement continues.
BASIC CONSIDERATIONS	The month the SAA agreement is signed is considered the month of application for Medicaid if the child is not already Medicaid eligible.  Eligibility is established for the month of application and ongoing, as
	well as any of the three months prior to the signing of the agreement.
	<b>NOTE:</b> If the child and the adoptive family move out of state, Georgia Medicaid is terminated.
PROCEDURES	Follow the steps below to determine initial Medicaid eligibility.
Step 1	Obtain and document the following information by the verbal statement of the Social Services Case Manager (SSCM) or by Form 403, Adoption Assistance Benefits Memorandum.
	• A legally executed adoption assistance agreement (other than a IV-E agreement) is in place between the state and the adoptive parents and the date it was signed.
	• There exists a specific factor or condition, which precludes adoptive placement without state adoption assistance. These factors include, but are not limited to the following:
	<ul> <li>ethnic background</li> <li>age</li> <li>membership in a minority or sibling group</li> <li>presence of a mental condition</li> <li>physical, mental or emotional disability</li> </ul>
	The placement of the child in the adoptive home would not be possible without the Medicaid coverage.
	The child's date of birth.
	The Social Security number (SSN) of the child or statement of intent to apply for a SSN.

## PROCEDURES (contd.)

## Step 2

Determine the child's eligibility as of the month of the signing of the SAA agreement. As long as the child is receiving State AA, and is under age 21, Medicaid coverage is provided.

**NOTE:** Budget the child as an AU of one. Do not consider the adoptive parent's income or resources.

If eligible, proceed to Step 3.

If ineligible for the month the SAA agreement was signed, determine eligibility in any one of the three months prior to the signing of the agreement and continue eligibility ongoing.

**NOTE:** Budget according to the actual circumstances in the prior month.

## Step 3 No

Notify the SSCM of the child's Medicaid eligibility.

Refer to Section 2850, Special Considerations for instructions on authorizing Medicaid for out of state Adoption Assistance children residing in Georgia.