7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Mandatory

Coverage)

34

Medicaid Eligibility

Coverage Requirement

Qualified children born after September 30, 1983, or such earlier date as the State designates) who have not obtained age 19 and who meet AFDC income and resource standards.

Verification Instruction

1. Complete elements 110, 130, 140, 150, and 170 to verify age, citizenship, residency, living arrangements, and enumeration requirements.

2. Complete elements 211-225, 311-372, 411-420, 520, and 550 to verify financial eligibility for Medicaid.

7-3-76 Rev. 49

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

35

Medicaid Eligibility

Coverage Requirement

Children born to women who are eligible for and receiving Medicaid at the time of the child's birth. These children are deemed eligible for 1 year from birth as long as the mother remains eligible (or would remain eligible if pregnant) and the child remains in the household with the mother.

Verification Instructions

1. Verify element 110 for the child. Verify elements 120, 130, 140 and 170 for basic categorical requirements for the mother and child.

2. Verify that the child's mother was receiving Medicaid at the time she gave birth.

3. If the State has elected to consider resources for purposes of Medicaid eligibility, verify that the child's mother remained eligible or would be eligible if she was pregnant (regardless of category of coverage) through the review month, by completing applicable elements 211-225.

NOTE: Changes in income do not affect coverage of an otherwise eligible pregnant woman or infant born after January 1, 1991.

Rev. 49 7-3-77

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Mandatory

Coverage)

36

Medicaid Eligibility

Coverage Requirement

Individuals who are dually eligible as specified low-income Medicare beneficiaries (SLMB) and under non-SLMB coverage are individuals:

1. Who are entitled to insurance benefits under Medicare Part A;

2. Who are also eligible for medical assistance under another coverage group other than AFDC cash;

3. Whose income exceeds 100% of the official Federal poverty level but is less than the income level specified in the State plan; and

4. Whose resources do not exceed twice the maximum amount allowed under SSI.

Verification Instructions

1. Complete element 186 to verify entitlement for Medicare Part A.

2. Complete elements 130-140 and 170 to verify other categorical requirements.

3. Complete elements 120, 150, 211-225, 311-372, 520, and 550 to verify financial eligibility.

4. Complete element 550 to verify assignment of rights to third party payments for medical services.

NOTE: Income levels for SLMB are:

o 110% of Federal poverty level for CY 1993 and 1994; and

o 120% of Federal poverty level for CY 1995 and thereafter.

7-3-78 Rev. 49

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

37

Medicaid Eligibility

Coverage Requirement

Specified low-income Medicare beneficiaries are individuals:

1. Who are entitled to hospital insurance benefits under Part A;

2. Who except for SLMB coverage are not otherwise eligible for medical assistance under the plan;

3. Whose income exceeds 100% of the official Federal poverty level but is less than the income level specified in the State plan; and

4. Whose resources do not exceed twice the maximum amount allowed under SSI.

Verification Instructions

1. Complete element 186 to verify entitlement for Medicare Part A.

2. Complete elements 130-140 and 170 to verify other categorical requirements.

3. Complete elements 120, 150, 211-225, 311-372, 520, and 550 to verify financial eligibility.

4. Complete element 550 to verify

assignment of rights to third party payments for medical services.

NOTE: Income levels for SLMB are:

o 110% of Federal poverty level for CY 1993 and 1994; and

o 120% of Federal poverty level for CY 1995 and thereafter.

Rev. 49 7-3-79

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

38

Medicaid Eligibility

Coverage Requirement

Reserved for future use.

Verification Instructions

7-3-80 Rev. 49

10-94 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Optional

Coverage)

39

Medicaid Eligibility

Coverage Requirement

Certain disabled children age 18 or under who are living at home and who would be eligible, if in a medical institution, for SSI or a supplemental payment under title XVI of the Act, and therefore for Medicaid under the plan, and for whom the State has made a determination as required under §1902(e)(3)(B) of the Act.

Verification Instructions

1. Complete categorical elements 110 for age and 185 for disability.

2. Complete other categorical elements 120-184 as appropriate for other requirements.

3. Complete elements 211-225, 311-372, and 510-550 as appropriate for financial eligibility verification.

Rev. 52 7-3-81

7272 (Cont.) REVIEW PROCESS 10-94

Coverage Code

(Mandatory

Coverage)

40

Medicaid Eligibility

Coverage Requirement

Families whose receipt of AFDC was terminated due to receipt of child support income. These families are covered for Medicaid assistance for a maximum of 4 months beginning with the first month of ineligibility for AFDC.

Verification Instructions

1. Complete elements 311-323 and 342 to document ineligibility for AFDC due to receipt of child support income.

2. Complete element 140 to verify residence in the review month and during prior months in the extended period.

3. Complete element 186 to verify that the month of AFDC ineligibility is appropriate.

4. Complete element 186 to verify actual receipt of AFDC cash payments in at least 3 of the 6 months prior to AFDC ineligibility as appropriate.

7-3-82 Rev. 52

09-92 REVIEW PROCESS 7272 (Cont.)

Medicaid Eligibility

Coverage Code Coverage Requirement Verification Instructions

41

Reserved for future use.

Rev. 46 7-3-83

7272 (Cont.) REVIEW PROCESS 09-92

Coverage Code

(Mandatory

Coverage)

42

Medicaid Eligibility

Coverage Requirement

Pregnant women who are aliens who are banned from receiving AFDC for 5 years but who can receive limited Medicaid services. These are pregnant women who are not aged, blind, disabled, Cuban-Haitian entrants or are not under 18 years of age but who are in a lawful temporary or permanent resident status.

Verification Instructions

Complete elements 110-184, 211-225, 311-372, and 520 to verify that the beneficiary is eligible for Medicaid.

7-3-84 Rev. 46

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

43

Medicaid Eligibility

Coverage Requirement

Work transition provision requires States to provide 6-month extension of Medicaid coverage to families who received and were eligible for AFDC benefits in 3 of the 6 months prior to the family becoming ineligible for AFDC due to employment of the caretaker relative because of an increase in hours, income, or loss of the $30 and one-third, or $30 income disregards by a family member.

Requires States to offer an additional 6-month extension to families who received Medicaid coverage during the entire initial 6-month extension period and who meet the reporting requirements.

When a family is ineligible for Medicaid under this coverage, the State cannot terminate a child until the State determines that the child is not eligible under any other coverage group.

Verification Instructions

Initial 6-Month Period

1. Complete elements 311-323 to document ineligibility for AFDC because of hours of, or income from, employment of the caretaker relative, or loss of $30 and 1/3 or $30 earned income disregard by a family member.

2. Complete elements 110, 120, and 150 to verify that there is a child living in the home in the review month and during prior months in the extended period.

3. Complete element 140 to verify residence in the review month and during prior months.

4. Document element 186 that the caretaker relative has made application for his/her employer's health plan when this is a condition of eligibility under the State plan.

5. Complete element 186 to verify that the first month of AFDC ineligibility is appropriate.

6. Complete element 186 to verify actual receipt of AFDC cash payments in at least 3 of the 6 months prior to the first month of AFDC ineligibility as appropriate.

MEQC determines if the increase in earned income (or hours of employment or loss of the disregards) would have resulted in loss of AFDC eligibility if all other factors in the case remained the same. If so, the family is eligible for extended Medicaid benefits. Verify the increase in income with documentation, i.e., pay stubs, contact with the employer.

If the increase in earned income alone does not cause ineligibility, the family still might be eligible for extended Medicaid. If, without using the increase in earned income (or hours of employment or loss of the disregards) the other changes in circumstances could cause ineligibility, then the increase in earned income does not cause or contribute to ineligibility and the family is not eligible for extended coverage. However, if the other changes could not cause ineligibility unless combined with the increase in earned income, then eligibility for extended coverage exists.

Rev. 49 7-3-85

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Mandatory Medicaid Eligibility

Coverage) Coverage Requirement Verification Instructions

43 (Cont.) Second 6-Month Extension

Verify all the conditions in the initial 6-month period AND the following:

7. Document element 186 to determine that the family submitted reports of earnings and child care costs by the 21st day of the 4th month of the initial 6-month extension and in the first and fourth months of the second 6-month extension.

8. Document in elements 311-314, 323, and 520 for each of the 3 preceding months (prior to the 1st and 4th months):

o The family's average gross monthly earnings, less the cost of child care necessary for employment of the caretaker relative (must not exceed 185 percent of the Federal poverty level for the same size family);

o The necessary cost for child care for the caretaker relative; and

o That the caretaker relative was employed during the appropriate months.

If the caretaker relative had no earnings in one or more of the appropriate 3 months, document that the lack of earnings was due to involuntary loss of employment; or due to illness; or other good cause.

9. Document premium payments in element 550 if required under State plan.

Rev. 49 7-3-86

09-92 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage

44

Medicaid Eligibility

Coverage Requirement

1. Individuals who were entitled to OASDI in August 1972 and:

a. were receiving AFDC cash assistance; or

b. would have been eligible for AFDC had they applied, and the Medicaid plan covered this optional group; or

c. they would have been eligible for AFDC if they were not in a medical institution or intermediate care facility and the Medicaid plan covered this optional group.

d. They would currently be eligible for AFDC except the increase in OASDI under P.L. 92-336 raised income over the limit allowed under AFDC.

Verification Instructions

1. Complete element 540 to verify entitlement to title II benefits in August 1972 and actual receipt of AFDC if applicable.

2. Complete elements 110-184, 211-225, 311-372, and 520 to verify eligibility for AFDC (ignoring the August 1972 OASDI income increase (element 331) when doing computations) for the review month, or:

3. On a separate set of worksheets complete elements 110-284, 211-225, 311-372, 411-420, and 520 to verify potential eligibility for AFDC as of August 1972 except for lack of application or institutionalization and document that finding in element 540 on the worksheets completed for the review month.

Rev. 46 7-3-86.1

12-85 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory State Plan Medicaid Eligibility

Coverage) Reference Coverage Requirement Verification Instructions

45

Members of AFDC Elements of eligibility will have been

families who receive verified by AFDC-QC for eligible cases. Cases

cash payments. found to be ineligible for cash payment should

be checked for eligibility under other

coverage codes.

Rev. 32 7-3-87

7272 (Cont.) REVIEW PROCESS 12-85

42 CFR 435.113

Coverage Code

(Mandatory

Coverage)

State Plan

Reference

Medicaid Eligibility

Coverage Requirement

Verification Instructions

46

All individuals who would except for an eligibility condition or requirement which is specifically prohibited under title XIX be eligible for AFDC.

1. Complete elements 110-184 to verify AFDC catergorical relationship ignoring conditions or requirements specifically prohibited by title XIX.

2. Complete elements 211-225, 311-372, 411-420, and 520 for the review month to verify financial eligibilty for AFDC.

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

47

Medicaid Eligibility

Coverage Requirement

Pregnant women who, while pregnant, were eligible for, had applied for, and received Medicaid and who, on the date pregnancy ends, are Medicaid eligible can receive pregnancy-related and post partum services for a period beginning with the date pregnancy ends and extending through the end of the month in which the 60th days falls.

Verification Instructions

1. Verify receipt of Medicaid on the day pregnancy ends.

2. Confirm that the post partum period has not expired.

NOTE: The 60-day post partum period extends to the end of the month in which the 60th day falls.

Rev. 49 7-3-88.1

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Optional

Coverage)

48

Medicaid Eligibility

Coverage Requirement

Reserved for future use.

Verification Instructions

7-3-88.2 Rev. 49

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Optional

Coverage)

49

Medicaid Eligibility

Coverage Requirement

Pregnant women and infants up to 1 year of age whose income is between 133 and 185 percent of the poverty level.

Verification Instructions

1. Complete elements 110-184 to verify categorical requirements were met (including pregnancy verification if appropriate.)

2. Verify applicable elements 211-225 to confirm that the resource limitation is met, unless the State has opted to have no resource requirements.

3. Complete applicable elements 311-372 to verify that income did not exceed the level specified in the State plan. (See note.)

NOTE: Effective January 1, 1991, income changes do not affect coverage (including the 60-day post partum period) of an otherwise eligible pregnant woman or infant born after January 1, 1991.

Infants who lose eligibility because they attain age 1 and who are inpatients remain eligible until the end of the inpatient episode.

Rev. 49 7-3-88.3

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Mandatory

Coverage)

50

Medicaid Eligibility

Coverage Requirement

Pregnant women and infants up to 1 year of age whose income is either at or below 133 percent of the Federal poverty level or at a higher level, up to 185 percent, if mandatory for the State).

Verification Instructions

1. Complete elements 110-184 to verify categorical requirements were met (including pregnancy verification if appropriate.)

2. Verify applicable elements 221-225 to confirm that the resource limitation is met if applicable.

3. Complete applicable elements 311-372 to verify that income does not exceed the level specified in the State plan. (See note.)

NOTE: Effective January 1, 1991, income changes do not affect coverage (including the 60-day post partum period) of an otherwise eligible pregnant woman or infant born after January 1, 1991.

Infants who lose eligibility because they attain age 1 and who are inpatients remain eligible until the end of the inpatient episode.

7-3-88.4 Rev. 49

09-92 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

51

Medicaid Eligibility

Coverage Requirement

Children born after September 30, 1983 from age 6 through age 19 whose income is up to 100 percent of the poverty level.

Verification Instructions

1. Complete elements 110-180 to verify categorical requirements.

2. Complete elements 211-225 to verify resources if applicable.

3. Complete elements 311-372 to verify that income does not exceed the level specified in the State plan.

Rev. 46 7-3-88.5

7272 (Cont.) REVIEW PROCESS 09-92

Coverage Code

(Mandatory

Coverage)

52

Medicaid Eligibility

Coverage Requirement

Children between age 1 year and up to age 6 whose income is at or below 133 percent of the poverty level.

Verification Instructions

1. Complete elements 110-180 to verify categorical requirements.

2. Complete elements 211-225 to verify resources if applicable.

3. Complete elements 311-372 to verify that income did not exceed the level specified in the State plan.

7-3-88.6 Rev. 46

09-92 REVIEW PROCESS 7272 (cont.)

Coverage Code

(Mandatory

Coverage)

53

Medicaid Eligibility

Coverage Requirement

Reserved for future

use.

Verification Instructions

Rev. 46 7-3-88.7

42 CFR 435.231

Rev. 32 7-3-89

Coverage Code

(Optional State Plan Medicaid Eligibility

Coverage) Reference Coverage Requirement Verification Instructions

12-85 REVIEW PROCESS 7272 (Cont.)

60

AFDC-related individuals in insti tutions who are eligible under a special income level.

1. Complete elements 110-184, as appropriate, verify AFDC categorical relationship and programmatic requirements are met as of the review month.

2. Complete elements 211-225, 311-372, 411-420, and 520 to verify eligibility for Medicaid.

3. Complete element 530.

7-3-90 Rev. 32

42 CFR 435.110

Coverage Code

(Mandatory State Plan Medicaid Eligibility

7272 (Cont.) REVIEW PROCESS 12-85

Coverage) Reference Coverage Requirement Verification Instructions

61

Beneficiaries who are receiving AFDC pay-ments under special program provisions which are not covered by the existing AFDC-QC system:AFDC Emergency Assistance.

1. Verify that the beneficiary received an AFDC Emergency Assistance payment in the review month, and document inelement 336.

2. Verify AFDC categorical relationship in elements 110- 184.

3. Verify financial eligibility for Medicaid in elements 211- 225, 311-372, 411-420, and 520.

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

62

Medicaid Eligibility

Coverage Requirement

Reserved for future use.

Verification Instructions

Rev. 49 7-3-91

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Optional

Coverage)

63

Medicaid Eligibility

Coverage Requirement

Caretaker relatives who:

1. Meet the definition of a specified relative in 45 CFR 233.90(c)(1)(V)(A); and

2. Have in their care an individual who is determined to be dependent, as specified in 42 CFR 435.510.

Verification Instructions

1. Complete element 150 to verify living arrangement of child with caretaker.

2. Complete elements 110-186 to verify AFDC categorical relationship and programmatic requirements.

3. Complete elements 211-225, 311-372, 411-420, and 510-570 for the review month to verify financial eligibility for AFDC.

7-3-92 Rev. 49

09-92 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Optional

Coverage)

64

Medicaid Eligibility

Coverage Requirement

Persons who would be eligible for AFDC benefits but are not receiving payments.

Verification Instructions

Complete elements 110-186, 211-225, 311-372, 411-420, and 510-570 to verify that the beneficiary would have been eligible for an AFDC payment during the review month but was not receiving benefits. Also, verify any applicable, unique Medicaid requirements.

Rev. 46 7-3-93

7272 (Cont.) REVIEW PROCESS 09-92

Coverage Code

(Optional

Coverage)

65

Medicaid Eligibility

Coverage Requirement

Individuals who would be eligible for AFDC payments if they did not receive child care services through the agency but would have to pay for child care costs from earnings.

Verification Instructions

1. Verify that child care was received from the agency during the review month and verify the cost of the service received in element 420.

2. Complete elements 110-186, 211-225, 311-372, 411-420, and 510-570 to verify that the beneficiary would have been eligible for an AFDC payment during the review month if the estimated cost of child care services received (element 420) was treated as an income deduction in element 323.

3. Verify that the AFDC plan allows the deduction for work related child care costs.

7-3-94 Rev. 46

09-92 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Optional

Coverage)

66

Medicaid Eligibility

Coverage Requirement

Persons who would be eligible for AFDC payments if the State's AFDC program were as broad as allowed under title IV-A of the Act.

Verification Instructions

1. In element 550, list the State established AFDC eligibility requirements which are more restrictive or in addition to those in title IV-A of the Act and which are not used in Medicaid eligibility determinations.

2. Complete elements 110-186, 211-225, 311-372, 411-420, and 550-570 to verify potential AFDC eligibility during the review month. For each requirement listed in element 550, utilize the eligibility requirement as specified in the Act as the basis for the eligibility determination.

Rev. 46 7-3-95

7272 (Cont.) REVIEW PROCESS 09-92

Coverage Code

(Optional

Coverage)

67

Medicaid Eligibility

Coverage Requirement

Individual residing in a medical institution with income sufficient for personal needs while in the institution but who would be eligible for AFDC if he/she were not living in the institution.

Verification Instructions

1. Complete element 150 to verify institutionalization during the review month.

2. Complete elements 110-186 to verify AFDC categorical relationship and programmatic requirements as of the review month.

3. Complete elements 211-225, 311-372, 411-420, and 510-570 to verify eligibility for AFDC assuming the beneficiary was not living in the institution.

4. Complete element 530 for beneficiary liability determination.

7-3-96 Rev. 46

42 CFR 435.1004

Coverage Code

12-86 REVIEW PROCESS 7272 (Cont.)

(Optional State Plan Medicaid Eligibility

Coverage) Reference Coverage Requirement Verification Instructions

Rev. 34 7-3-97

68

Individuals whoseeligibility forMedicaid has otherwise ceased but who are still overcoming the effects of their AFDC eligibility condition.

1. Complete element 550 to document

termination from AFDC within 2 months prior to the review month.

2. Complete elements 181-185 to verify that the beneficiary is overcoming the condition which resulted in Medicaid eligibility during the review month.

42 CFR 435.301

7 -3-98 Rev. 34

Coverage Code

(Optional State Plan Medicaid Eligibility

Coverage) Reference Coverage Requirement Verification Instructions

7272 (Cont.) REVIEW PROCESS 12-86

69

Individual who would be eligible for any of the AFDC categorically needy groups listed above except for excess income and/or resources and whose income is insufficient to meet medical expenses (medically needy).

1. Complete sections 110 or 184 to verify AFDC categorical relationship as of the review month.

2. Complete elements 120-170, 211-225, 311-372, 411-420, and 520 to verify programmatic requirements and financial eligibility for Medicaid except for excess income (program area 300).

3. Complete element 530 to verify that the beneficiary had incurred appropriate medical expenses at the time of eligibility certification.

11-93 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

71

Medicaid Eligibility

Coverage Requirement

Individuals who are denied an AFDC cash payment solely because the amount would be less than $10 but who must be deemed eligible for Medicaid.

Verification Instructions

1. Complete elements 110-186 to verify AFDC categorical relationship as of the review month.

2. Complete elements 211-225, 311-372, 411-420, and 510-570 to verify financial eligibility for an AFDC payment of less than $10.

Rev. 49 7-3-99

7272 (Cont.) REVIEW PROCESS 11-93

Coverage Code

(Optional

Coverage)

73

Medicaid Eligibility

Coverage Requirement

Pregnant women who, except for income and resources, would be eligible for Medicaid in any categorically needy group listed above and whose income is insufficient to meet medical expenses.

Verification Instructions

1. Complete elements 130-150 and 170-186 to verify AFDC categorical relationship and programmatic requirements. Verify element 110 or 185 to verify SSI categorical relationship.

2. Complete element 186 to verify pregnancy.

3. Complete elements 221-225, 311-372, 411-420, and 510-570 to verify financial eligibility for Medicaid except for excess income (program area 300).

4. Complete element 530 to verify that the beneficiary has incurred appropriate medical expenses at the time of eligibility certification.

7-3-100 Rev. 49

09-92 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Mandatory

Coverage)

74

Medicaid Eligibility

Coverage Requirement

Individuals deemed eligible for Medicaid who are participating in an AFDC work supplementation program, any child or relative of the participant, or other individuals living in the same household as the participant who would be eligible for AFDC if the individual were not participating in the work supplementation program.

Verification Instructions

1. Complete elements 110-186 to verify AFDC categorical relationship as of the review month.

2. Complete elements 211-225, 311-372, 411-420, and 510-570 to verify financial eligibility for AFDC if the individual were not participating in the work supplementation program.

Rev. 46 7-3-101

7272 (Cont.) REVIEW PROCESS 09-92

Coverage Code

(Optional

Coverage)

81

Medicaid Eligibility

Coverage Requirement

All individuals under age 21 (or, at State option, age 20, 19, or 18) or approved reasonable classification thereof who meet the AFDC income and resource limits.

Verification Instructions

1. Complete elements 110, 130, 140, and 150 to verify age, citizenship, residency, and living arrangements.

2. Complete element 186 (if required) to verify that the child is in a State approved classification (and element 336 to verify a foster care payment was made for the review month (if applicable).

3. Complete elements 211-225, 311-372, 411-420, and 510-570 to verify financial eligibility for Medicaid.

7-3-102 Rev. 46

Rev. 34 7-3-103

42 CFR 435.308

12-86 REVIEW PROCESS 7272 (Cont.)

Coverage Code

(Optional State Plan Medical Eligibility

Coverage) Reference Coverage Requirement Verification Instructions

82

Individuals who would be eligible for Medicaid as a needy individual under 21 (or at State option age 20, 19, or 18) except for excess income and whose income is insufficient to meet medical expenses.

1. Complete elements 110, 130, 140, and 150 to verifiy age, citizenship, residency, and living arrangements.

2. Complete section 186 (if required) to verify that the child is in a State approved classification (and element 336 to verify a foster care payment was made for the review month, if applicable).

3. Complete elements 211-225, 311-372, and 520-530 to verify financial eligibility for Medicaid except for excess income (program area 300).

4. Complete element 530 to verify that the beneficiary had incurred appropriate medical expenses at the time of certification.

7272 (Cont.)REVIEW PROCESS 09-92

Ref. COBRA

7-3-104 Rev. 34

§9529(b) and

1902(a)(10)(A)(ii)(VIII)

of the Act

Coverage Code

(Optional State Plan Medicaid Eligibility

Coverage) Reference Coverage Requirement Verification Instructions

83

Children under 21 who have special medicalor rehabilitative needs and who are under State adoption assistance agreements other than title IV-E agreements.

1. Verify that the child had a pre-existing special medical or rehabilitative need.

2. Refer to the State plan/procedure manual

to determine additional necessary verification.