

<input type="checkbox"/>	Medicaid Case Closing (Residence State)	Reason:
Child's Eligibility for <b>title IV-E</b> Assistance Extended (AGREEMENT STATE ONLY)		
Eligibility for title IV-E extended by Agreement State ( <i>REQUIRED Documentation attached</i> )		
<input type="checkbox"/>	Title IV-E eligibility extended through ( <i>date</i> )	<p>Medicaid remains open for title IV-E eligible</p> <p><i>*Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect.</i></p> <p>Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8</p>
Child's Eligibility for <b>NON-title IV-E</b> Adoption Assistance Extended (AGREEMENT STATE ONLY)		
Eligibility for NON-title IV-E Adoption Assistance extended by Agreement State ( <i>REQUIRED Documentation attached</i> )		
<input type="checkbox"/>	NON-title IV-E Adoption Assistance eligibility extended through ( <i>date</i> )	<p>Medicaid remains open for non-title IV-E eligible at the option of the Residence State</p> <p><i>*Agreement State has determined that child is Medicaid eligible—has met all COBRA requirements including having special medical or rehabilitative needs.</i></p> <p>Cite: §1902(a)(10)(A)(ii)(VIII) of the Act (SSA).</p>
<b>RESIDENCE STATE</b> Response (please check only one)		
<input type="checkbox"/>	Medicaid remains open for <b>NON-title IV-E</b> adoption assistance eligible through ( <i>date</i> )	
<input type="checkbox"/>	Medicaid case DOES NOT remain open in Residence State despite extension of eligibility by Agreement State Request for extension denied for <b>NON-title IV-E</b> adoption assistance eligible. Medicaid case will be closed ( <i>date</i> )	
<b>RESIDENCE STATE CONTACT</b>	<b>RESIDENCE STATE CONTACT</b>	
	FROM:	Date:
		Name:
		Phone:
		Email:
Case Change Information		
<input type="checkbox"/>	Child entered Foster Care	Date:
<input type="checkbox"/>	Adoption/Guardianship Finalized	Date:
<input type="checkbox"/>	Adoption/Guardianship Dissolved	Date:
New SSN		
<input type="checkbox"/>	New Social Security Number	Please call this number
Other Information		

**DISTRIBUTION:**

Recipient state receives (1) (with documentation if required)

Reporting state retains (1)