

## 2238.20.00 CONTINUOUS ELIGIBILITY FOR CHILDREN UNDER AGE 19

Effective 1/1/24, children under the age of 19 who are determined or redetermined eligible for any category of Medicaid will remain continuously eligible until their next annual redetermination. Medicaid coverage is to be retained for a full 12 months regardless of income or other factors that would otherwise cause the child to be discontinued. **The continuous eligibility period (CE) and/or category is established or reestablished by the effective date of the member's application decision or annual redetermination decision (can include retro coverage); whichever is most recent.**<sup>1</sup> ~~CE period begins on the first day of the approved application month and ends on the last day of the month in which redetermination is due.~~<sup>2</sup> Where CE and TMA both exist for a child; they should receive the longest possible protected period based on whether the TMA or the CE ends first.”

Category changes from full (Package A, Medicaid or HHW) to limited (Package C, MA 10) benefits are not allowed, and closure should only happen for these reasons:

- Death
- Moved out of State
- Voluntary withdrawal (See 2250.00.00 for written/verbal voluntary withdrawal policies).
- Child attains age 19
- Eligibility was determined incorrectly due to agency errors, fraud, or false information provided by the child or child's representative

When redetermining eligibility for a new 12-month period, CE protection is lifted, and normal eligibility rules apply. If the child is no longer eligible, benefits can be denied at redetermination. If the child is still under 19 and is redetermined to be eligible, a new protected CE period begins except for where CE and TMA co-exist for a child. When both CE and TMA exist for a child, member should receive the longest possible protected period based on whether the TMA or the CE ends last.

### Example 1:

In January, an application is submitted for a child who is 18 years old, and MA 22 is authorized with three months of retroactive coverage. The CE period is set as January through December.

In June, income increases and MA 10 forms for the child. Because MA 10 is not equivalent coverage, MA 2 coverage will continue to form until redetermination.

At the redetermination in December, MA 10 continues to form and can be authorized for the next CE period, which will start in January of the new year and continue until that December.

If a child turns 19 anytime during the CE period, coverage can close. If a member meets eligibility requirements for HIP coverage, HIP can be authorized.

Change reporting (other than a change of address) is not required for a child in a CE period. If redetermination is done for other family members during the child's CE period, the family is not required to verify any income or assets belonging to the child as they pertain to the child's eligibility. If the family chooses to verify anyway, the following changes can be made: The child can move from Package C to another medical assistance category. MA 10 premiums can be decreased or increased.

While other category changes may occur during the CE period, a child covered under traditional Medicaid or Hoosier Healthwise Package A is not to be moved to Package C (MA 10) as this would entail the closure of Medicaid. Members can only transition from Package C (MA 10) to Medicaid during the CE period, but not the other way around. Approval of Package C can only be permitted during the child's Medicaid redetermination.

**Example 2:**

A child is initially approved for MA 10 coverage. In month 4 of the CE period, his mother is due for redetermination. Her Medicaid is closed for failing to provide updated income. Medicaid for the MA 10 child must be left open (even if premium is unpaid).

In month 6 of the child's CE period, the needed information to rescind the redetermination denial is provided and the income causes the child's premium to increase. Because he was already receiving MA 10 and this is not a category change, it can be authorized.

In month 8, the child's mother reports that she is getting fewer hours at work. The newly verified income causes his MA 10 to switch to MA 9. Because this is a beneficial category change, it can be authorized.

It should be noted that children are deemed eligible for coverage in MA X due to their mother's Medicaid status. Redeterminations are not set for this category; instead, eligibility under a new category of medical assistance must be determined when the child turns 1. Except for citizenship, the usual eligibility factors (including social security number) are to be verified. If found eligible, the child's first CE period would begin the month the new category is authorized.

Newborns who are hospitalized and/or individuals under 19 who would be eligible for Medicaid if they were in a medical institution qualify for continuous eligibility.<sup>3</sup>

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<sup>1</sup> 42 CFR 435.926(c)(2)

<sup>2</sup> ~~Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023)~~

<sup>3</sup> ~~1902(e)(3) of the Act and~~ 42 CFR 435.225