

	<p align="center">Department of Human Services Online Directives Information System</p>	<p align="center">Index:</p> <p align="center">Revised:</p> <p align="center">Next Review:</p>	<p align="center">POL3480</p> <p align="center">11/17/2023</p> <p align="center">11/17/2025</p>
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SUBJECT: Administration of the Medicaid Program

POLICY:

The policy of the Department of Human Services is to promote improved health care for low income families, children, pregnant women and persons who are aged, blind, or disabled by determining eligibility for the Medicaid program.

A. Authority

The legal basis for the Medicaid Program is authorized by the following laws and regulations:

- Title XIX of the Social Security Act
- Title 42 of the Code of Federal Regulations

B. References

The Electronic Code of Federal Regulations, Title 42- Public Health, Chapter IV Centers for Medicare & Medicaid Services Parts 430-481

https://www.ecfr.gov/cgi-bin/text-idx?SID=f85205adfd08374c0fe1ab6aaadf158e&mc=true&tpl=/ecfrbrowse/Title42/42tab_02.tpl

C. Applicability

The "Right from the Start" Medicaid project and all local Departments of Family and Children Services, under contract with the Division of Medical Assistance of the Department of Community Health, determine eligibility for the Medicaid Program.

D. Definitions

None

E. Responsibilities

The Director of the Office of Family Independence of the Division of Family and Children Services is responsible for developing and updating requirements in the Medicaid Manual ([MAN 3480](#)). The Director of the Division of Family and Children Services issues this manual.

F. History

None

G. Evaluation

The outcomes of this directive are evaluated by the Department of Community Health / Quality Control and DCH PERM Contractor. DCH QC reviews cases monthly to measure the overall quality of case work conducted by DFCS Medicaid case managers. PERM reviews are a Federal review that is overseen by the Center for Medicare and Medicaid Services (CMS) which measures the improper payments in Medicaid and the Children's Health Insurance Program based on reviews of the States' eligibility determinations which are reviewed once every three years.