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|  | <b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES<br/>MEDICAID POLICY MANUAL</b> |   |                                |                     |
|   | <b>Chapter:</b>  | <b>2800</b>                                       | <b>Effective Date:</b>         | <b>January 2021</b> |
|   | <b>Policy Title:</b>   | <b>Redeterminations For Children In Placement</b> |                                |                     |
|   | <b>Policy Number:</b>  | <b>2870</b>                                       | <b>Previous Policy Update:</b> | <b>MT 45</b>        |

## REQUIREMENTS

Medicaid eligibility for foster children is redetermined annually. IV-E reimbursability is reviewed at six month intervals with each of the past six months and reimbursability for the next six months established. Adoption Assistance Medicaid is redetermined annually.

## BASIC CONSIDERATIONS

Once the child is determined IV-E eligible, the child continues to be eligible unless one of the circumstances specified in [Section 2880](#), Ineligibility for IV-E, exists. Once a child loses IV-E eligibility, s/he cannot be IV-E eligible or reimbursable during the current placement episode.

IV-E reimbursability may fluctuate from month to month. A child may lose and regain IV-E reimbursement, depending upon changes in the child's income and resources, the placement circumstances, or in obtaining the required judicial language while the child remains in DFCS custody. The loss of IV-E reimbursement in one month does not preclude the child's IV-E reimbursement in subsequent months.

There are circumstances, however, where this is not possible. While historical changes are made in accounting (rerates), no historical changes are made in the Medicaid COA.

## PROCEDURES

### **IV-E Foster Care Redeterminations**

SHINES generates a Reimbursability Summary Page pre-populated with data entered at the initial entry into foster care. To validate the SHINES derived initial funding determination and to assure accuracy in the initial IV-E decision, all initial documentation and information is reviewed for accuracy or changes from the initial determination information at the **first six (6) month review**.

**PROCEDURES (cont.)**

**First Six Month Review After Initial Funding Determination**

At the initial six-month review, RevMax RMS are required to:

- Review SHINES data for changes from the initial information;
- Verify income and resources for all members of the removal home using collateral contacts. The Dept of Labor may often post earned income up to 6 months after receipt and additional income may be discovered after the initial determination has been made.
- Validate the budget.
- Verify any changes in the initial removal household and address household management in the removal month.
- Review court orders for *CTW/BI* and *Reasonable Efforts to prevent removal* finding within 60 days of the child's removal.
- Verify age, citizenship, deprivation, living with/removal from specified relative criteria.
- Document in SHINES the results of a review of the initial funding determination at the first six-month review.

A SHINES Amended Application is completed, if deemed appropriate, when additional information becomes available that affects the initial IV-E eligibility at the time of removal. The Amended Application is completed only after the SHINES Initial Application has been submitted, validated, and approved. Additional information includes, but is not limited to, resources/income, removal household members, court order language, etc. This allows the Department to determine a child's IV-E eligibility status more accurately. The SHINES Amended Application functionality is supported on the Application and Background page.

If information is obtained after the initial funding determination and the outcome is not impacted by the information, RMS are required to document SHINES Contact and Summary Page that the change has been addressed but does not impact the initial funding determination.

Amended Applications are not meant to correct errors or a failure to verify or validate. It is mandatory that RMS research and verify a case prior to completing the initial determination.

**PROCEDURES (cont.)**

**First Six Month Review After Initial Funding Determination (cont.)**

Effective April 8, 2010, the Children's Bureau eliminated AFDC Relatedness from re-determination criteria once the initial determination is made at removal.

**Financial Need: Resources**

Redetermination criteria for all cases that are IV-E eligible and reimbursable and IV-E eligible and non-reimbursable:

Once a child meets IV-E eligibility, only the resources of the child are considered in determining if the child continues to meet financial need for ongoing IV-E reimbursement. A child's resources may not exceed \$10,000. For the month(s) a child's countable resources exceed \$10,000, the child is not IV-E reimbursable. The child may become IV-E reimbursable once the child's resources no longer exceed \$10,000 if all other criteria are met.

**Financial Need: Income**

The child's income cannot exceed 185% of the foster care rate. This is the only standard to which income is compared in determining if the child meets ongoing IV-E reimbursement. The AFDC Standard of Need is only used at the initial eligibility determination. Establish current financial eligibility for the child using IV-E Budgeting standards. Refer to Section [2840](#), IV-E Budgeting.

**Judicial Requirements**

Determine that the court order is valid or has been renewed without interruption, and that a judicial determination of *reasonable efforts were made to finalize the permanency plan* language has been obtained in a court order if the child has been in custody at least twelve (12) months.

Determine that the child remains in an approved placement.

Determine that the child meets the age requirement for the Class of Assistance and IV-E.

Determine that there has been no lapse in custody. Reference Section [2820](#) – Legal Status.

**Child Welfare Foster Children**

Child Welfare foster children that have been determined non-IV-E eligible have no requirement to review the determination at the first six-month review. Child Welfare foster children will require an annual Medicaid renewal.

**PROCEDURES (cont.)**

**Medicaid Third Party Resource**

Screen GAMMIS for a Third Party Liability. Verify with SSCM that insurance coverage continues for the foster child. If a child is no longer covered by TPL, follow procedures in Section 2230 – Third Party Liability for Health Management Systems to remove the TPL coverage.

Determine that the child did not become IV-E ineligible during the past six months.

Determine IV-E Reimbursability for the next six months. Complete Form 529, if necessary, to reflect historical periods of non-reimbursability or that the child became ineligible. This form is signed by the Revenue Maximization Supervisor who is responsible for the form's content and forwarding to regional accounting. RMS update the Eligibility Summary Page in SHINES; upload the signed, completed Form 529 to SHINES.

**NOTE:** This process is not applicable to Rev Max DJJ MES.

Project IV-E eligibility and reimbursability for the ongoing six months. Document the IVE-E eligibility and reimbursability appropriately in SHINES and notify the SSCM of findings via SHINES NOC.

**SSI Eligible Children**

An SSI eligible child will have an active case in Gateway. Medicaid eligibility comes with SSI eligibility.

The Revenue Maximization RMS is responsible for conducting a review at six-month intervals to confirm that IV-E reimbursability still exists. These reviews must be tracked manually for IV-B cases. Complete periodic reviews by using the appropriate procedures for that Medicaid COA.

**Adoption Assistance**

A review is not required for Adoption Assistance, but an annual review is required for a related Medicaid case.

Sixty days prior to the Adoption Assistance Medicaid review month, Rev Max provides each county with a listing of Adoption Assistance cases requiring a Gateway Medicaid renewal. Medicaid renewal not completed in the month due results in the Medicaid case closing the following month.

One month prior to the review month, Form 403, Adoption Assistance memorandum, should be reviewed by Regional PAD Case Managers. If over six months old, the PAD Manager will request information from the family to complete and upload a new Form 403. Rev Max will be notified by email of the new form upload.

**PROCEDURES (cont.)**

**Adoption Assistance (cont.)**

The renewal process in Gateway for Adoption Assistance Medicaid is a two-part process. Adoptive parent(s) are required to initiate the Gateway renewal process by verifying current address. training on this process for adoptive parents is provided by DFCS PAD Managers and SSAU staff. The RMS is responsible for completion of the process by verifying child continues to receive Adoption assistance.

**Adoption Assistance Children residing outside of Georgia**

Children living outside Georgia who receive Georgia who receive Adoption Assistance from Georgia will receive Medicaid from the state of residency under COBRA Reciprocity. Children placed in states that do not participate in COBRA Reciprocity will be the responsibility of the State Adoptions Unit.

**NOTE:** The agency will agree to continue Georgia Medicaid for an adopted child when the care plan requires services from a specific provider or a facility to provide the child with continuity of care.