

**CHILDREN IN PLACEMENT MEDICAID SUCCESS FUNCTIONS****SSI Recipients**

If a child is SSI eligible when entering care, the Revenue Maximization Regional Center will open a Medicaid case on SUCCESS, coding the child's living arrangement as FC. This will generate the interface update to MHN. This will not adversely affect SSI. SUCCESS will maintain the concurrent SSI/IV-E (F11) foster child case. The SUCCESS interface with Social Security Administration systems will close all CWFC (F40) and RSM (F22) SSI cases in SUCCESS. These cases must be manually tracked by the Revenue Maximization MES.

**Adoption Assistance Medicaid**

A child receiving IV-E or State Adoption Assistance is considered exempt from enrollment in a CMO even if adoption has been finalized. The living arrangement code is **FC** for all Adoption Assistance Medicaid. Refer to [Section 2853](#) – Foster Care CMO Procedures, [Section 2810](#) – Foster Care Application Processing and [Section 2885](#) – Transition from FC to AA.

A Foster Care Medicaid Case will remain open under a child's birth name until the adoption has been finalized. Once the adoption has been finalized, the foster care case will be closed and a new case will be opened in the appropriate Class of Assistance, IV-E or State, using new AU and client ID numbers, the child's new name and new SSN in order to meet Georgia confidentiality requirements. If the new SSN is not known, do not enter the old SSN in the new case or enter information on SSNA screen in order to prevent SUCCESS from linking the two cases. Contact the SUCCESS HelpDesk if there are problems with Social Security Numbers.

For a relative adoption where the child's name is not legally changed and a new SSN is not issued, the foster care case will remain open with the Class of Assistance changed to the appropriate Adoption Assistance SUCCESS code and document case circumstances on the FCAR screen.

**Relative Care Placement Options**

The Relative Care Support Program Options provide subsidies for agency approved out-of-home placement with relative caregivers for children in care. For IV-E eligibility and reimbursability, the child must be in partial or full custody of DFCS and in a fully approved foster home or relative foster home. Children who are not in DFCS custody are not considered "foster care" for Children in Placement Medicaid COAs. Under certain circumstances, a child may lose IV-E reimbursability but not eligibility.

When the Revenue Maximization MES receives notification that a child has been placed with a relative caregiver, determine IV-E eligibility and reimbursability based on the new placement circumstances. The notification of a relative caregiver placement is made by the county DFCS office or the SSCM through a Form 227, NOTIFICATION OF CHANGE IN FOSTER CARE OR ADOPTION ASSISTANCE. If the courts have transferred the legal custody from DFCS to the permanent legal custody of an approved relative caregiver, a copy of the court order must accompany Form 227.

For those cases that are no longer IV-E reimbursable and/or eligible, complete a CMD for all COAs coding the correct living arrangement, authorized representative and document the change in placement and circumstances in REMA behind the FCAR screen. A IV-E (F11) case will trickle to RSM in SUCCESS. A CWFC/IV-B (D40) case will not trickle to RSM. Close the IV-B case for the ongoing month and register a new Medicaid case coding SUCCESS with the new placement information. For a foster care RSM COA, complete the CMD coding SUCCESS with the new placement information. Transfer the case to the relative caregiver's county of residence.

Documentation of the IV-E eligibility and reimbursability criteria in REMA behind the FCAR screen is crucial to determining IV-E eligibility if the child returns to DFCS custody. Reference Appendix D-19, Documentation Standards.

Reference [Section 2848](#) – Relative Care Placement for Continuing Medicaid Determination (CMD) procedures.