

2870 – REDETERMINATIONS FOR CHILDREN IN PLACEMENT

POLICY STATEMENT	Medicaid eligibility for foster children is redetermined every 6 months. IV-E reimbursability is reviewed at every Medicaid redetermination for each of the past six months and reimbursability for the next six months is established. Adoption Assistance Medicaid is redetermined every 12 months.
BASIC CONSIDERATIONS	<p>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.</p> <p>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</p> <p>As a general rule, the Medicaid Class of Assistance (COA) follows the per diem funding source. There are circumstances, however, where this is not possible. While historical changes are made in accounting (re-rates), no historical changes are made in the Medicaid COA.</p>
PROCEDURES First Six Month Review After Initial Funding Determination	<p>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.</p> <p>At the initial six month review, RevMax RMS are required to :</p> <ul style="list-style-type: none"> ▪ 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 <i>CTW/BI</i> and <i>Reasonable Efforts to prevent removal</i> finding within 60 days of the child's removal; ▪ Verify age, citizenship, deprivation, living with/removal from specified relative criteria; ▪ Document in SHINES and SUCCESS the results of a review of the initial funding determination at the first six month review.

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

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 more accurately determine a child's IV-E eligibility status. 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.

**IV-E Foster Care
Redeterminations**

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

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

**Financial Need:
Resources**

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..

PROCEDURES**(cont.)****IV-E Foster Care (cont.)**

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](#).

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 completed Form 529 to SHINES and forward a copy to supervisor for review and forwarding to accounting. The Medicaid COA is not changed historically in SUCCESS.

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

Project IV-E eligibility and reimbursability for the ongoing six months. If the child is no longer IV-E eligible, complete a CMD for Medicaid.

Process the Medicaid review in SUCCESS and document the IV-E eligibility and reimbursability appropriately in SHINES. Notify the SSCM of review findings via SHINES NOC.

SSI Eligible Children

An SSI eligible child will have an active Medicaid case on SUCCESS if determined IV-E reimbursable. 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.

A review is not required for Adoption Assistance, but is required for the related Medicaid case. The RevMax RMS is responsible for the Medicaid review for both IV-E and State Adoption Assistance every 12 months. Complete the Medicaid periodic reviews by using the following procedures:

PROCEDURES**(cont..)****IV-E and State Adoption
Assistance Children**

Sixty days prior to the review due month, RevMax provides each county with a listing of Adoption Assistance Medicaid cases requiring a Medicaid review. One month prior to the review month, a Form 403, Adoption Assistance Memorandum should be received from the SSCM verifying that Adoption Assistance continues to be paid to the adoptive parent(s) and that the child remains in an adoptive placement.

**IV-E and State Adoption
Assistance Children
Living Outside of Georgia**

Children living outside Georgia who receive GA. IV-E Adoption Assistance or State Adoption Assistance 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 Adoption Unit.

CWFC Children

Complete periodic reviews by using the following procedures:

SHINES will generate a Reimbursability page for all foster care redeterminations with pre-populated data. RMS will review, verify changes in data and validate information in SHINES.

Determine Medicaid eligibility of the foster child under all LIM basic eligibility criteria except living with a specified relative. Establish current financial eligibility of the child based on LIM income and resource limits. Use deductions, if applicable. Refer to [Section 2655](#), Family Medicaid Deductions.

Request a copy of the latest custody order from the SSCM if not in External Documentation or case record. Refer to [Section 2820, Legal Status](#), for court order requirements.

Determine that the child remains in an approved placement; a per diem continues to be paid; and there is no custody lapse.

Process the review in SUCCESS and document SHINES Contacts and Summary. Notify the SSCM of review findings. Complete Form 529, if necessary, to reflect a historical or future change in eligibility or reimbursability. This form is signed by a RevMax Supervisor who is responsible for the form's content and forwarding to regional accounting. Retain copy in the case record.