

EES POLICY NO. 00-04-02	RE: Coordination of benefits with Children and Family Services
POLICY MEMO	KEESM:
FROM: Dennis Priest	OTHER: KFMAM 2222.04.
DATE: April 12, 2000	
Program(s): Cash and Medical	

This memo outlines procedures for providing cash and medical benefits to individuals who are concurrently receiving assistance from programs within Economic and Employment Support and Children and Family Services (CFS). In these situations, it is necessary for local EES and CFS staff to work closely together in order to coordinate such services.

Information in this memo is also applicable to individuals receiving assistance through CFS but who are in the custody of the Juvenile Justice Authority (JJA). JJA has responsibility for juvenile offender services in the state. Children considered juvenile offenders may be placed in the custody of JJA by a court of law. If a youth in JJA custody has been removed from the home, he/she is considered part of the foster care population. All eligible foster care youth receive benefits, including a medical card, through CFS. Benefits for youth in JJA custody that remain in the home must be determined by EES staff. In these situations, the CFS staff person shall be considered the contact for both JJA and EES staff and will be responsible for facilitating any necessary coordination between the agencies. However, any individual residing in a correctional institution is not eligible for medical or cash assistance. For purposes of this memo, foster care placement denotes either a youth receiving foster care while in DCF or JJA custody.

Providing Medicaid Coverage to Newborn Children of Mothers in Foster Care:

Newborns of mothers currently receiving foster care medical benefits are eligible for medical benefits under the newborn provisions of KFMAM 2222.04. Unless the newborn is also in foster care, it is the responsibility of EES staff to establish Medicaid coverage for the newborn child.

The newborn child is ALWAYS entitled to a Medicaid card in the month of birth in these instances. This is true even if the newborn does not physically reside with the mother following the birth. A new application is not required to be filed on behalf of the infant to provide either coverage in the month of birth or continuing coverage if the child continues to live with the mother. Effective the month following the month of birth, coverage will continue if the newborn is residing with the FC/minor mother. This is true even if minor mother is no longer eligible for Medicaid coverage. If the child is not living with the mother, the current caretaker of the newborn child must file an application for

medical assistance to continue coverage for the newborn beyond the month of birth. The current caretaker may also apply for TAF assistance for the newborn and, if eligible, medical coverage will be provided under TAF in those instances.

For children residing in a group home or residential care facility, the administrator of the facility (or designee) is viewed as a qualifying caretaker of the newborn child for medical assistance only. Although the newborn will not have his/her own Social Service Plan, the newborn is part of the minor mother's Social Service plan which places them in the arrangement. Therefore, such adults are viewed as meeting the requirements of KEESM [2112](#). However, TAF is not available to children of minor mothers living in group homes or residential care facilities. If the mother in foster care is age 18 or older she can apply for the newborn herself.

Medicaid coverage for the newborn is to be provided under the MP program. A new case must be opened with the foster care/minor mother as the primary individual (PI) on the case. Participation codes on SEPA for the MP program of DI for the minor mother and IN for the newborn shall be used. A child support referral shall be sent for the newborn, with the narrative 'Mother is a minor mother in custody' used on CHSE. The CSE referral for the foster care/minor mother will be the responsibility of CFS staff.

The mailing address on the ADDR screen shall be completed with the name and address of the foster parent or the administrator of a facility if the administrator is considered a caretaker for medical assistance. If a review comes due for a child of a minor mother/foster child, the application/redetermination form shall be sent to the foster parent or facility administrator, not the minor mother. This would again be the responsibility of EES staff to complete with notification to CFS staff that a redetermination is currently due.

The request to provide medical coverage for these newborns will normally come through the Social Service Chief in the Area with the open FC case for the minor mother. That Social Service Chief will have the responsibility of ensuring coverage is ultimately established. It is recognized that the mother or newborn may reside in a different DCF Management Area. Therefore, coordination between the two Areas will be necessary. However, for EES purposes, the responsibility for providing the newborn's coverage will belong to the county where the newborn currently lives. Flexibility in this procedure is encouraged depending upon the individual situation.

Foster Children Returning Home: When a child is returning home from a foster care arrangement, the caretaker who will be responsible for the child is expected to file an application for medical assistance. It is not uncommon for these children to lose Medicaid eligibility. In many instances, the child may be eligible for HealthWave. However, gaps in coverage can result because of HealthWave's delayed effective date even when the family cooperates with the application process. To prevent this it may be necessary for CFS staff to provide an extra month or two of Medicaid coverage following the return to the home. Coordination between CFS and EES staff is essential to ensure that the FC Medicaid case closure coincides with the effective date of

HealthWave. A coverage extension would not be applicable if the family was not cooperating with the application process. However, the extension would be appropriate while the application for MP is pending or for the months prior to the effective date of HealthWave coverage.

When children are determined ineligible for medical assistance upon return to the home by EES, CFS has a program to provide additional months of medical assistance for certain children through a Social Service Chief extension. There are various criteria for such an extension, and one of them is a denial of medical eligibility. Upon the request of CFS staff, EES should be prepared to issue a copy of the notice of action denying medical assistance.

For instances where the foster child is also the mother of a newborn who is continuously eligible under KFMAM 2222.04. , care must be taken to ensure coverage for the newborn continues to be provided even if the mother is no longer eligible.

Action required when a child enters Foster Care: When a child comes into foster care and already has Medicaid or HealthWave coverage through EES, CFS staff shall notify EES staff immediately to request that EES end the child's medical coverage. EES shall react to this request promptly and terminate medical coverage. Because CFS will provide Medicaid coverage to the child, the timely notice requirements of KEESM [1431](#)(2) are not applicable. It is important that the child be given Medicaid coverage through the FC case instead of the EES case. This will ensure the individual is correctly identified as a FC child in the MMIS. Foster care population codes in the MMIS will exempt the child from managed care requirements as well as allow for some claims to be paid differently. It is also important for federal reporting requirements. Immediate action to remove the child will help prevent problems from occurring.

Providing Medicaid to TAF Children who are also in Foster Care or receiving a Permanent Guardian Subsidy (PGS): All children in foster care or receiving a PGS shall receive Medicaid coverage through CFS. This is true even when the child receives TAF assistance which can occur if a child in custody is in an out-of-home relative placement and the relative caretaker of the child receives TAF assistance instead of FC payments. For reasons previously mentioned, the child shall receive Medicaid coverage through the FC case.

To accomplish this, the participation codes on SEPA on both the AM and MP programs for the FC child shall be 'OU'. The CFS worker will provide the medical coverage through the foster care program. Because CFS will also be sending a CSE referral for these individuals, the following notation should be made on the narrative: 'POA xx is in foster care/receiving PGS'.

HCBS Recipients: HCBS waiver services are sometimes accessed by children who are receiving medical benefits through CFS. When this occurs, case managers may route the [ES-3160](#), the [ES-3161](#) or other material through Area EES staff. It is important that the FC case remain open in KAECSES for the reasons addressed above. However,

most waiver services will not be paid unless the LOTC screen is updated approving such payment. In some cases, CFS may not be familiar with the proper coding that must be entered to ensure accuracy. Although a separate case shall not be opened to accomplish this, EES staff are expected to assist CFS staff by advising of the proper coding on LOTC, helping complete any necessary communication forms to the case manager, and advising of any other notification issues. Because the FC case may be maintained in a different DCF Management Area, inter-Area communication may be necessary to accomplish this. All necessary HCBS information relevant to the foster child ([ES-3160](#)'s, etc.) should be maintained in the CFS case file. EES staff may also need to assist CFS staff when HCBS is terminating.

Note: Similar instructions have also been issued to CFS staff through Program Instruction Memorandum 00-03.

DP:JS:jmm