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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 92 LCM-124

Date: August 18, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Identification of Title IV-E Foster Children
Receiving Child Support Services

ATTACHMENTS: None

Section 111 of the Family Support Act of 1988 requires that, in order for a state to be in compliance with its State Plan for Child Support Enforcement approved under Title IV-D of the Social Security Act, the state must meet certain standards for paternity establishment. The Department of Health and Human Services (HHS), Office of Child Support Enforcement, has issued instructions to states for reporting required data, in order to determine a state's compliance with these standards. In reporting required data, states must separately list AFDC, non-AFDC and Title IV-E foster care cases.

In collecting the data required to be reported to HHS, this Department's Office of Child Support Enforcement uses the WMS Non-Services file. Since Title IV-E foster children are automatically eligible for Medical Assistance coverage, upstate districts must establish a Non-Services case. However, it has come to the Department's attention that social services districts vary greatly in the manner in which Medical Assistance coverage is authorized for Title IV-E foster children. These variations make it difficult to identify children receiving IV-D services who are also eligible for Title IV-E foster care.

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In order to meet federal reporting requirements, it is necessary to standardize the manner in which districts provide Medical Assistance coverage to children who meet Title IV-E foster care criteria. Therefore, effective with the release of this LCM, districts are instructed to authorize Medical Assistance coverage for all new Title IV-E foster care cases using Case Type 13 (ADC-FC), and the appropriate ADC Individual Categorical Code (01 - 08).

NOTE: Foster children who are not eligible for Title IV-E foster care and who are determined eligible for Medical Assistance coverage as a household of one must be authorized for Medical Assistance using Case Type 20 and an Individual Categorical Code of 09 (No ADC Deprivation).

Questions regarding this correspondence may be directed to the following individuals at 1-800-342-3715:

Child Support Enforcement: Laura Ziegler, extension 6-4083; User ID AV4920.

Medical Assistance: MA Eligibility County Representative, extension 3-7581; User ID OME060.

Title IV-E Foster Care: Veronica Lynch, extension 4-9452; User ID 89A594.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance