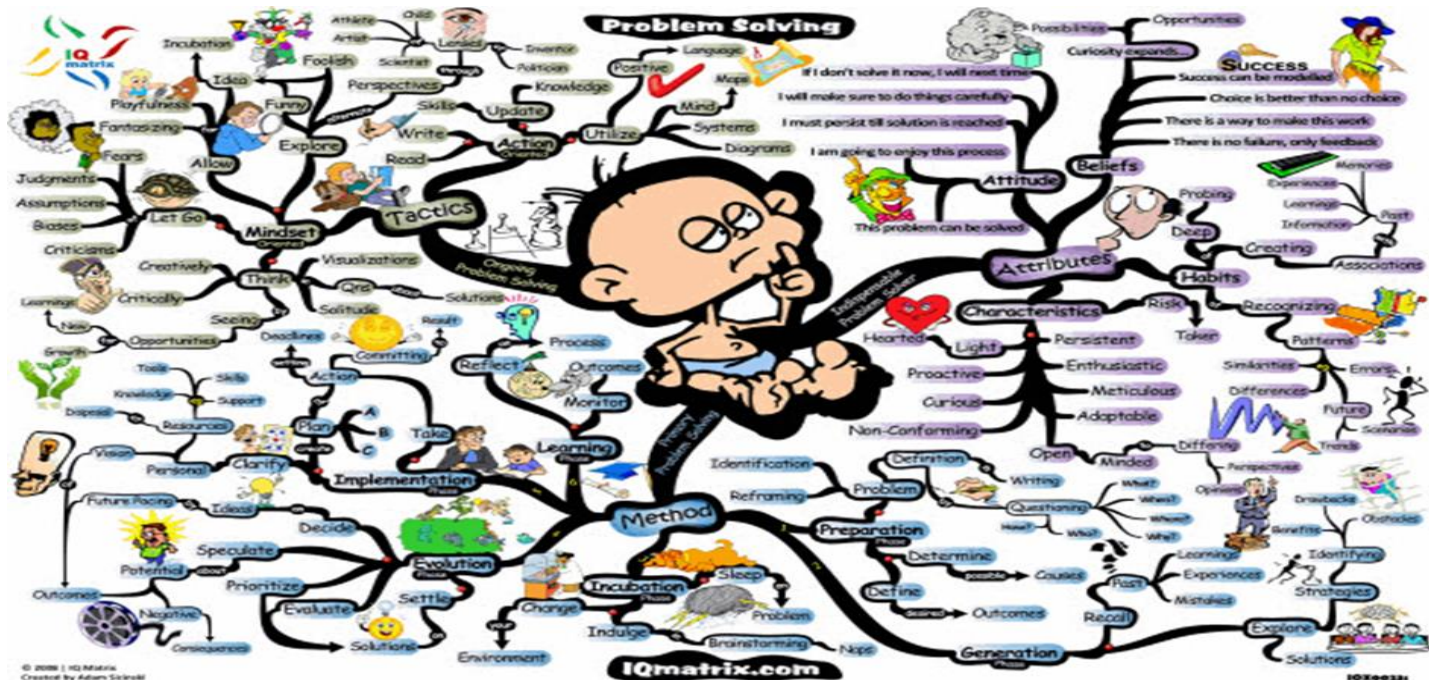


Alphabet Soup – Funding and Benefits Available for Youth in Foster Care



Cast of Characters

- AFDC-FC, ARC and EA
 - And now for something completely different
(How CCR is changing foster care funding)
- Survivor Benefits
- SSI
- Medi-Cal/EPSDT
- Kin-GAP
- AAP



FUNDING TO SUPPORT PLACEMENTS OF CHILDREN IN FOSTER CARE

\$\$ for Children While Placed in Foster Care

- AFDC-FC
 - Title IV-E of the Social Security Act
 - 42 U.S.C. § 670 et seq.
 - 45 C.F.R. § 1356 et seq.
 - Cal. Welf. and Inst. Code § 11400 et seq.
 - California's Manual of Policy and Procedure (MPP) § 45-200 et seq.
- Approved Relative Caregiver (ARC)
 - Cal. Welf. and Inst. Code § 11461.3
- Emergency Caregiver Support
 - Cal. Welf. and Inst. Code § 11461.36

Foster Care Benefits (AFDC-FC): Basic Eligibility

(42 U.S.C. § 672; WIC § 11401)

1. Categorical requirements of the child
 - Age, residency, immigration status, deprivation
2. Conditions of removal from the home and placement into **approved/licensed** facility
3. Financial eligibility
 - For full set of the 1996 AFDC Regulations see <http://www.dss.cahwnet.gov/ord/PG1780.htm>



Approved Relative Caregiver (ARC)

Eligibility for ARC:

1. Home must meet **approval** standards
2. Child must be placed with the approved relative in CA
3. Child must have been removed from the home and under CWS or Probation jurisdiction
4. Child is not eligible for federal financial participation for the AFDC-FC payment.

FUNDING PRIOR TO APPROVAL

Funding at Time of Placement

- Problem to be addressed: Families who take in children **were not receiving** foster care benefits until RFA approval
- Emergency caregivers are **enduring months of extreme financial burdens and stress** while simultaneously attempting to navigate a bureaucratic maze to care for relative children
- Placements are **set up to fail** and further traumatize children due to lack of funding
- **Families are discouraged** from becoming foster parents or remaining as foster parents

Assembly Bill 110 (2018) and Assembly Bill 1811 (2018)

- **Short-Term Solution**

- Governor Brown signed AB 110 into law on March 13, 2018 (**Welfare & Institutions Code § 11461.35**)
- Provides families completing resource family approval funding **for the period of March 30, 2018 through June 30, 2018**

- **Long Term Solution**

- Assembly Bill 1811 (human services trailer bill) currently on the Governor's desk for signature



Eligibility for AB 110 funding

The eligibility criteria are as follows:

1. A caregiver is caring for a child or nonminor placed in the home **as an emergency placement or based on a compelling reason**,
2. The caregiver has a **pending RFA application** filed with the appropriate agency,
3. The child or nonminor is **not otherwise eligible for a foster care payment** (this criterion is met when the caregiver has not yet been approved as a resource family), and
4. The child or nonminor is **placed in California**

Effective Dates for AB 110 funding

- March 30, 2018 for individuals with a current placement who are not yet approved AND submitted an RFA application **prior** to March 30, 2018
- The date an RFA application is signed for those families who accept placement prior to approval and sign an RFA application **after** March 30, 2018

Required applications for AB 110 funding

1. RFA application (RFA-01A)

(Note: the placing agency is required to have a caregiver submit the RFA application within five days of an emergency placement OR prior to placement on a compelling reason) - **funding is back to the date the RFA application is signed or March 30, 2018**

2. Emergency Assistance (EA) application *or* the Approved Relative Caregiver (ARC) application

(Note: the placing agency should assess a child's eligibility for EA or ARC and provide the caregiver with appropriate paperwork)

Amount of funding

- AB 110 funding to emergency caregivers is equivalent to the resource family basic level rate of **\$923** per month. No specialized care or other supplements.
- Relatives and non-relative caregivers receive the **same** AB 110 funding amount
- AB 110 funding is **not retroactive** – it is not available prior to March 30, 2018 even if placement occurred prior to that date

Eligibility for AB 1811 funding

Same eligibility criteria as AB 110 funding:

1. A caregiver is caring for a child or nonminor placed in the home **as an emergency placement or based on a compelling reason**,
2. The caregiver has a **pending RFA application** filed with the appropriate agency,
3. The child or nonminor is **not otherwise eligible for a foster care payment** (this criterion is met when the caregiver has not yet been approved as a resource family), and
4. The child or nonminor is **placed in California**

BUT funding is back to the date of placement!

Synchronizing Short-Term Funding and Funding Under Long-Term Solution

- Counties shall ensure that emergency caregivers eligible on June 30, 2018 to receive payments under the provisions of AB 110, and whose RFA application is still pending on or after July 1, 2018, continue to receive funding until their RFA application is approved or denied.
 - AB 110 cases that were funded under the EA or ARC programs, the counties shall continue to fund these cases under the same parameters until RFA is approved or denied

Required applications for AB 1811 funding

1. RFA application (RFA-01A)

- Note: the placing agency is required to have a caregiver submit the RFA application within five days of an emergency placement OR prior to placement on a compelling reason) - **funding is back to the date of placement under the long-term solution!**

1. Emergency Assistance (EA) application

- NOTE: If the child does not meet eligibility for EA, they are still eligible for emergency caregiver funding paid for with only state/county funds

Amount and duration of funding under long-term solution

- AB 1811 funding to emergency caregivers is equivalent to the resource family basic level rate of **\$960** per month (as of July 1, 2018). No specialized care or other supplements.
- Relatives and non-relative caregivers receive the **same** funding amount
- State and federal share of cost continue for 180 days and counties can claim federal/state dollars beyond 180 days up to 365 days on case-by-case basis if they document good cause for the delay

How does funding continue once approved?

- Caregivers will continue receiving foster care funding (through AFDC-FC or ARC) once approved as a resource family (plus any supplemental payments like LOC, SCI, infant supplement, dual agency, etc)
- Caregivers should contact their county if there is a gap in funding once they are approved as a resource family

State of California – Health and Human Services Agency California Department of Social Services



RESOURCE FAMILY APPROVAL CERTIFICATE

COUNTY NAME: _____

Is the approval child/NMD – specific? ☐ Yes ☐ No If yes, refer to RFA 01C.

(County Name)

Resource Family:

In accordance with applicable provisions of the Welfare and Institutions Codes section 16519.5 and the Resource Family Approval Written Directives,

(County Name) has issued

this **Resource Family Approval Certificate** to

(Insert name of all individuals approved as a Resource Family)
at

(Insert Address)

Conditions on Approval: _____

Approval Date: _____ Capacity: _____

Authorized County Representative

PLEASE KEEP ON FILE IN RESOURCE FAMILY HOME

RFA 05A (8/17) Page 1 of 1

OVERVIEW OF NEW HOME- BASED FAMILY CARE RATES

Funded through AFDC-FC or ARC

Background on CCR and Home-Based Family Care Rates

- AB 403 (Chaptered in 2015)
 - Established a new rate system, Home-Based Family Care rate
 - Replaces the age-based rates
- New Home Based Family Care rates are being phased-in
 - Basic Foster Care Rate (currently \$960) to all approved families and licensed county homes starting January 1, 2017
 - ISFC implemented December 1, 2017
 - New FFA placements began implementing the tiered home based family care rates utilizing the Level of Care Protocol on February 1, 2018
 - Statewide implementation of Level of Care Protocol scheduled for summer 2018

Placements Impacted - LOC

Once fully implemented, the LOC rate structure applies to:

- Resource Family Homes
- County Foster Family Homes
- Homes certified by Foster Family Agencies
- County Approved Relative Homes
- Approved Relative Caregivers (ARC)
- Non-Relative Extended Family Members

Overview of Level of Care (LOC)

- The LOC rate structure was designed to support positive outcomes for children in home-based family settings using a core practice model that engages the child/youth and families using a Child and Family Team (CFT) approach.
- Rate determinations will be based on a LOC Protocol which uses a set of core domains describing the care needs for the child and the RFs level of expected supervision and supports. The use of the LOC Protocol will be required for determining the LOC rate.

SWs/POs score each domain to determine the appropriate LOC rate

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition				
Health	Health domain is defined as actions in which the Resource Family must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program**, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. Resource Family addresses medically necessary or prescribed dietary/exercise/nutritional needs.				
	Resource Family arranges routine well child-care based on CHDP and dental schedule. And/or Occasional or short-term medication intended to treat typical childhood illness or injury which may require either over the counter or prescription medication. This also includes arranging for medication to be administered at school.	Resource Family arranges as needed an appointment with a healthcare specialists 2 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity. And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication as needed (PRN).	Resource Family arranges appointments with healthcare specialists at least 3 but not more than 11 times per year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry, and/or medical/psychological care that support gender identity. And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication on a daily basis. And/or Resource Family monitors youth's self-administered medication, testing equipment, or the use of medical devices.	Resource Family arranges appointments with a healthcare specialist 12 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity. And/or Resource Family must observe/record/report medication effects to a doctor and administers multiple medications on daily basis. And/or Resource Family operates and monitors medically prescribed equipment and medical devices.	Resource Family provides care to a child who has been diagnosed with a severe medical and/or developmental problem*, which requires in-home monitoring by medical professionals, direct medical treatments and/or specialized care by the Resource Family and/or use of medical equipment multiple times per week.
Points	1	4	5	6	7

*This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, or burns covering more than 10% of the body.

** The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: - Health and developmental history - Physical exam - Needed immunizations - Oral health screening and routine referral to a dentist starting by age 1 - Nutrition screening - Behavioral screening - Vision screening - Hearing screening - Health information - Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed - Referral to Women, Infants, and child (WIC) program for a child up to age 5.

● If the minor/NMD is pregnant or parenting, the Resource Family should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, other medical appointment, etc. and consider Infant Supplement.

LOC Rate Determination Matrix

Findings From Early Implementation of LOC Protocol in FFAs

- Recent study by UC Davis to determine the Protocol's reliability among users found:
 - Protocol is only moderately reliable and does not include adequate examples
 - Many raters had incorrectly calculated the Overall LOC score, indicating a **need for more training on the tool and how to *level up* cases**
 - Raters expressed **difficulty determining how to rate their specific cases if the criteria or examples did not directly apply to the case**
 - The Physical, Permanency/Family Services, and Behavioral/Emotional domains all received feedback on needing more examples and descriptions to assist social workers with scoring. **More examples specific for the different age ranges would be especially helpful** based on the comments left by raters. Some raters found infants difficult to score because of a lack of examples on the tool for that age range
- Continuing the Research: Designing a study – next phase implementation of the Tool

Overview of Intensive Services Foster Care (ISFC)

Background

- Intensive Services Foster Care (ISFC) was established by Assembly Bill 404 in 2017
- ISFC is a private nonprofit or public agency program model of home-based family care for eligible children whose needs for safety, permanency and well-being require specially trained resource parents, and intensive professional and paraprofessional services

Placement into ISFC

- Meeting certain static criteria qualifies youth for ISFC for 60 days and can be extended an additional 60 days
 - Gang involvement, assaultive behavior, substance abuse
 - Any score of 7 in the Health or Behavioral/Emotional domain automatically identifies a child/youth as meeting a static criteria
- **In the interim: when the LOC is completed and if the determination results in a lower LOC, the ISFC rate will not be decreased**

Overview of SCI and Interplay with LOC

- Supplemental payment in addition to the basic foster care rate
 - For child/youth who have emotional, physical, health and/or behavioral needs
- Each county has their individual SCR plan to determine SCI rate
 - Not all counties have a SCR plan
- Counties now have the discretion to apply an SCI rate in conjunction with an LOC, including ISFC
 - Can apply SCI for the same condition and care or supervision needs

When should a SCI Assessment be Completed

It is recommended that an SCI assessment should be completed after a Child and Family Team (CFT) meeting and after use of the LOC Protocol and any other relevant assessments. However, there may be circumstances in which an SCI is needed more immediately in order to stabilize a placement.

CWDA Statewide SCI Matrix

- Uniform SCI matrix to help all counties align their SCI rate with the LOC rate structure
 - SCI matrix includes common conditions pulled from numerous county SCI plans
 - Includes three issue areas (Medical conditions, Developmental delays or disabilities, and Behavioral issues) with three tiers each to represent the acuity of different level of needs
 - Note: Counties can continue to set their own rates for SCI payments in each of the tiers

[CWDA Statewide SCI Matrix](#)

What Counties have to do and by when?

- Counties with SCR programs will submit their updated SCI plans no later than June 30, 2018
- Updated SCI plans will not take effect until the LOC Protocol is implemented based on forthcoming guidance
- Counties will continue to use their existing SCI plans for resource families until LOC is implemented statewide

What to expect in the coming 1-4 Months

- Amended and new program statements - ISFC programs
- Convening ISFC Workgroup
- LOC modification/analysis/implementation
- SCI plans – review/approval/posting
- Paring rate determinations with CANS Assessments

Reference ACLs

- ACL 16-79 Phase I Rates Letter
- ACL 17-11 Phase II Rates Letter
- ACL 17-75 California Necessities Index Letter
- ACL 18-06 Level of Care Protocol Tool
- ACL 18-06 Level of Care Protocol Tool Errata
- ACL 18-25 Intensive Services Foster Care (ISFC) Letter
- ACL 18-48 State Guidance for Specialized Care Rate Programs
- <http://www.cdss.ca.gov>

OTHER BENEFITS FOR CHILDREN IN FOSTER CARE

What's changing and what's remaining the same

What Remains the Same: Support for Expectant and Parenting Youth

- **Early Infant Supplement (EIS)** – in *Los Angeles County only*
 - \$415.00 for the 7th, 8th, and 9th month of pregnancy
 - If youth is under 18, paid to caregiver, FFA, or group home/STRTP/THPP
 - If youth is NMD, paid to youth unless circumstances warrant otherwise
- **Infant Supplement Payment (ISP)**
 - \$900/month payable to youth in SILPs or to provider (caregiver, foster parent, THP+FC program) for non-SILPs
 - \$1,379/month for youths in group home/STRTP
 - Dependency system-involved fathers who share custody can also receive ISP
- **Parenting Support Plan (PSP) & Shared Responsibility Plan (SRP)**
 - An additional \$200/month to ISP if youth creates a PSP or SRP
 - PSP is an agreement between a youth living with a caregiver with a trusted adult on how the adult can support their parenting.
 - An SRP is an agreement between a youth living in a SILP and a trusted adult

What Remains the Same: Dual Agency Rates

- **Dual Agency Rate – Statewide**
 - Dual Agency Rate – available to foster children who are regional center consumers and receiving foster care benefits
 - \$2,417 (children with a qualifying development disability) + up to \$1,000 additional supplement (available in increments of \$250)
 - \$1,081 (early start program for children 0-3 who have not yet been certified as having a qualifying disability)
 - Not affected by LOC implementation or changes to county specialized care increment plans

What Remains the Same: Survivors Benefits

- SSA offers additional benefits for the child based on parents' work history
 - Survivors Benefits – if a parent (biological or adoptive) died;
 - Social Security Disability Insurance (SSDI) – if a parent is disabled;
 - Retirement; etc.
- DCFS can apply on behalf of the child and petition to be the representative payee while the child is in foster care
 - Need for policy change on how DCFS assists with applications
- Caregiver can also be the representative payee during foster care
- At adoptive placement, adopting parents should become payees, and **can receive both AAP and SSA benefits**

Survivors Benefits red-flags

- What should I look for?
 - Ask whether either of the child's parents has passed away, or whether the parent is disabled, or retired
 - Child must have proof of relationship to parent who is deceased, disabled, or retired (e.g. parent is listed on birth certificate)
 - NOTE: Courts must inquire as to the identity of all presumed or alleged fathers per Cal. WIC § 316.2(a)(5). The results of these investigations are crucial for a child's SB claim when there is no presumed father. DCFS/court files may include minute orders, reports, summaries of interviews, etc. that reflect paternity.
- Who can I contact?
 - CSW should refer case to DCFS SSI Unit to apply for child or request representative payeeship
 - Minor's attorney can request the court to begin SB application

SUPPLEMENTAL SECURITY INCOME (SSI)

What is SSI/SSP?

- Supplemental Security Income / State Supplementary Payment
- Run by Social Security Administration
- Need-based program that provides cash aid and Medicaid to qualified individuals who are:
 - Age 65 or older,
 - Blind, OR
 - Disabled

SSI/SSP Eligibility Criteria

- Low or no income
- Few or no resources
- Citizen or qualified non-citizen
- Disabled

SSI/SSP: Income and Assets?

- For children who are not living with their parents, there is no deeming.
 - This means Social Security will not count the income or the assets of the people in their household when determining eligibility for SSI benefits.

SSI/SSP: What Do They Get?

- Disabled Minor Child: \$815.15
- Independent Living Status: \$910.72
- Disabled Minor Child in the Household of Another***: \$568.67
- Non-Medical Out-of-Home Care: \$1173.37
- Automatic link to Medicaid

Dedicated Accounts

- When a minor is found eligible for SSI, all past-due benefits ("retros") must be placed in a dedicated account in most situations
- A dedicated account is a separate account in the child's name only for permitted funds - NO comingling. The payee should be the only person with access to the account (even though it is in the child's name)
- Funds that must go into account:
 - If the retros are equal to or more than six times the total benefit (FBR + state supplement)
- Funds that may go into the account:
 - Under payments that are more than one month of FBR, but less than six months of FBR
 - Subsequent retros which are less than six times the total benefit
 - Any amount that is appropriately in the dedicated account is excluded from the resource rule
- Suspensions and Terminations and the Resource limits

SSI/SSP: When Does it End?

- Continues as long as disability, income and resources criteria are met
- Different disability standard for adults
 - Continuing Disability Review (“CDR”) to determine if the youth meets adult disability criteria
 - Benefits continue until CDR is complete – no need to reapply at 18.

Ways Youth Can Work While Still Receiving SSI

- **Student Earned Income Exclusion (SEIE)**
 - Under the age of 22, working, and “regularly attending school.”
 - 18 hours a week for college students
 - 12 hours a week for grades 7-12, or
 - 12-15 hours a week for employment training
- **Plans to Achieve Self-Support (PASS)**
 - Youth must have a specific work goal, and have expenses needed to pay to reach your job goal.
- Certain programs, like AmeriCorps and YouthCorps, have stipends which are excluded from income calculations
- For different work calculators check out:
https://ca.db101.org/ca/programs/income_support/ssi/program2b.htm

Non-Medical Out-of-Home Care

MPP 46-140

- Child lives in foster placement, with non-parent relative, or non-related legal guardian and needs:
 - (A) Assistance in dressing, grooming, bathing and other personal hygiene.
 - (B) Assistance with taking medication.
 - (C) Central storing and/or distribution of medications.
 - (D) Arrangement of and assistance w/ medical/dental care.
 - (F) Supervision of client schedules and activities.
 - (H) Monitoring food intake or special diets.
- CWD certifies and returns SSP-22 within 13 working days.

Non-Medical Out-of-Home Care: The SSP-22 Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**AUTHORIZATION FOR NONMEDICAL OUT-OF-HOME CARE
(BOARD AND CARE)
(SSA COMPLETES ALL BUT SECTION 'B')**

DATE

APPLICANT/RECIPIENT'S NAME SEX ☐ M ☐ F DATE OF BIRTH SOCIAL SECURITY NUMBER

APPLICANT/RECIPIENT'S HOME ADDRESS RECEIVING PBS TELEPHONE NUMBER

☐ AGED
☐ BLIND
☐ DISABLED TYPE OF DISABILITY

REASON FOR CERTIFICATION
☐ CHANGE OF ADDRESS ☐ CHANGE OF LIVING ARRANGEMENT ☐ OTHER

I. SSA OFFICE REQUEST TO COUNTY WELFARE DEPARTMENT FOR CERTIFICATION

TO

SSA REPRESENTATIVE REQUESTING INFORMATION
NAME
TITLE
TELEPHONE NUMBER

ADDRESS FOR WINDOW ENVELOPE

A. SSA OFFICE REQUEST
The above-named person may be entitled to the nonmedical out-of-home care benefit level in the home of a relative or a facility.
(MPP Section 46-140)
NAME OF RELATIVE RELATIONSHIP OR FACILITY

Please certify whether or not this person is receiving nonmedical out-of-home care.

B. COUNTY WELFARE DEPARTMENT RESPONSE
I certify that the above named
☐ IS NOT receiving nonmedical out-of-home care as authorized under DSS MPP Section 46-140.
☐ IS receiving nonmedical out-of-home care as authorized under DSS MPP Section 46-140 in the arrangement described below.

CHECK ONE:
☐ a. The home of a relative or legally appointed guardian or conservator, or,
☐ b. A certified family home or foster family home

EFFECTIVE (See Reverse)
MONTH / DAY / YEAR

SIGNATURE OF CERTIFYING COUNTY REPRESENTATIVE TITLE TELEPHONE DATE

SIGNATURE OF SUPERVISOR TITLE TELEPHONE DATE

II. SSA OFFICE VERIFICATION OF LICENSED CARE FACILITIES CASE

A. I have verified that the above-named person lives in a licensed nonmedical out-of-home care facility, license number
The effective date of the living arrangement is MONTH / DAY / YEAR

Current residency was confirmed with NAME TITLE

B. Licensure was verified by: ☐ List supplied by State Department of Social Services.
☐ Telephone contact with
☐ Other (specify)

SIGNATURE OF REPRESENTATIVE TITLE OFFICE DATE

RETURN TO

ADDRESS FOR WINDOW ENVELOPE

SSP-22 (6/96)

- Most of SSP-22 form is completed by the Social Security Administration
- The “County Welfare Department” completes Section B
- The “Effective Date” for the NMOHC rate comes from Page 2 of the form

SSP-22 Form: Client Statement

- Client completes Page 2 of the SSP-22 form, indicating when the NMOHC began
- County Welfare Department certifies the SSP-22 and returns it to Social Security within 13 working days.

COUNTY INSTRUCTIONS

When the county cannot obtain material evidence that the individual needed and was receiving care in the living arrangement continuously from an earlier date, have the client complete the statement below. When this is necessary, the county will enter the date to which the client has attested in the "EFFECTIVE" section of Part B, on the authorization form.

NOTE: MPP Section 46-140.05 limits the earlier date for an individual who is already receiving SSI/SSP to the month in which the care began or three (3) months from the month the County is asked to certify the NMOHC living arrangement, whichever is later.

CLIENT STATEMENT FOR RETROACTIVE CERTIFICATIONS.

I certify that I have been in my current living arrangement with my _____ since _____.

DATE RELATIONSHIP

I AGREE TO IMMEDIATELY NOTIFY SOCIAL SECURITY IF THERE IS ANY CHANGE IN MY CURRENT LIVING ARRANGEMENT.

APPLICANT/RECIPIENT SIGNATURE	SOCIAL SECURITY NUMBER	DATE
-------------------------------	------------------------	------

SSP-22 Form: Beginning Date of Aid

MPP 46-140.64-.65

If the youth was receiving NMOHC care in the home of a relative or legal guardian when s/he establishes eligibility for SSI, then whichever of the following is later:

- Date of SSI application
- Date all SSI eligibility requirements are met

If the youth is already receiving SSI and subsequently begins receiving NMOHC, then when the county is asked to certify the NMOHC.

- Exception: If NMOHC care began earlier, then back to the month care began or 3 months before request (whichever is later).



What Remains the Same: Supplemental Security Income (SSI)

- Monthly benefits for aged, blind and disabled persons with limited income & resources
- DCFS can apply on behalf of the child and petition to be the representative payee while the child is in foster care
 - DCFS can use SSI funds to pay for Foster Care benefits IF the County is the payee.
- Caregiver can also be the representative payee during foster care
- At adoptive placement, adopting parents should become payees, but they must report AAP benefits to SSA (AAP benefits will often reduce the SSI payments to \$0 or parents' deeming may make the youth ineligible)
- DCFS must submit SSI application for foster youth with mental or physical disabilities prior to leaving the foster care system

Representative Payees

- The County should be the payee of last resort.
 - “The county shall apply to be appointed representative payee on behalf of a child beneficiary in its custody when no other appropriate party is available to serve.” WIC 13754
- A legal guardian or caregiver can become payee by making a request with the local Social Security Office.
 - Good idea? When the child is receiving SSI benefits, but the caregiver is receiving less than \$1,173.37 for the child.

Receiving AFDC-FC (Foster care benefits) and SSI Concurrently

- Federal AFDC-FC
 - SSI is offset dollar for dollar
- State AFDC-FC
 - AFDC-FC is reduced by the amount of SSI benefit, which is counted as income

SSI – County Obligations

- Fiduciary duty as representative payee
- Older youth
 - Screen youth between 16.5 and 17.5 years old
 - Assist with SSI application
 - Time application to avoid income gap
 - Provide information to the youth about becoming his or her own payee

SSI red-flags

- Child living with non-parent who is SSI eligible but caregiver is receiving funding less than the NMOHC rate.
- Child who is already receiving SSI benefits
 - Biological parents or previous placement may still be representative payees and not directing benefits to child, or caregiver may be receiving SSI benefits and foster care benefits creating overpayment liability
- Who can I contact?
 - CSW can evaluate child's potential SSI eligibility or existing benefits and refer the case to the DCFS SSI Unit. SSI Unity can apply or request representative payeeship
 - Minor's attorney can request the court to begin SSI assessment

MEDI-CAL AND EPSDT

MEDI-CAL and EPSDT

- Full-scope Medi-Cal while in foster care
- EPSDT up to age 21
- Community-based mental health services available through Medi-Cal:
 - Pathways to Mental Health Services (*Katie A.*)
 - Therapeutic Behavioral Services (*Emily Q.*)
 - Multi-Systemic Therapy
 - Intensive Case Management
- Full-scope Medi-Cal until 26 regardless of income, assets, or placement type if they were in foster care at age 18 or older (in California or another state) and currently live in California.

Medicaid/EPSDT – Who is eligible?

“Such other necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.”

42 U.S.C. § 1396d(r)

OVERVIEW: EPSDT Specialty Mental Health Services Medical Necessity Criteria

- Eligible for MHP services if he or she meets all of the following:
 - Has an included diagnosis
 - The services are necessary “to correct or ameliorate defects and physical and mental illnesses”
 - The focus of the proposed treatment is to address the impairments
 - The condition would not be responsive to physical health care-based treatment



Lawsuits affecting the provision of EPSDT specialty mental health services in California:

- TL v. Belshe, settled in 1995
 - resulted in California's implementation of an expanded EPSDT mental health services benefit. Counties assumed responsibility for providing these services.
- Emily Q. v. Belshe, settled in 2001, resulted in the creation of a new type of intensive EPSDT service called therapeutic behavioral services (TBS).
- Katie A. v. Bontà, settled in 2011, required statewide implementation of more intensive, individualized mental health services to youth in foster care.
 - Clarification by State that these services should be available to all youth with Medicaid/EPSDT who meet the criteria.

ADOPTION ASSISTANCE AND KIN-GAP

What's changing and what's remaining the same

Kin-GAP: Basic Eligibility

- Child:
 - Age
 - Dependent or delinquent (WIC § 300 or 602)
 - Citizenship and immigration status
 - Lived with same relative at least **6 continuous months**
- Relative:
 - Appointed guardian **by juvenile court**
 - Entered into a written, signed negotiated agreement with the child welfare agency (or probation or tribe)
- Foster care case dismissed by the court after (or at the same time as) that the court appoints the relative as guardian



AAP: Basic Eligibility

- “Special needs”

AND

- Written and signed AAP agreement with state stipulating amount of AAP entered into ***before*** the adoption is finalized (no means test)

AND one of the following:

- Subject of an independent OR agency adoption and meets SSI requirements – OR -
- Subject of an agency adoption and under supervision of county welfare department – OR -
- Subject of an agency adoption and would have been at risk of dependency – OR -
- Subject of an agency adoption and committed to care of the department



Kin-GAP and AAP

- **Kin-GAP and AAP**
 - New guardianships and adoptions will be eligible for the home-based family care rates based on the child's assessed level of care
 - Guardianships and adoptions established before January 1, 2017 rate structure (age based Basic Rate plus specialized care increment) depending on date of guardianship or date AAP Agreement signed.

Funding Availability of Benefits Beyond Age 18

	Federal Kin-GAP	State Kin-GAP	AAP	AFDC-FC
Non-Related Legal Guardianship: Federally eligible youth exits foster care to guardianship with a non-relative (any age)	Eligible for federal Kin-GAP until age 18	Not eligible	Not eligible	Eligible for AFDC-FC from age 18 – 21 (transfers from fed Kin-GAP to state AFDC-FC at age 18)
Non-Related Legal Guardianship: Non-federally eligible youth exits foster care to guardianship with non-relative (any age)	Not eligible	Not eligible	Not eligible	Youth eligible for AFDC-FC until age 21
Relative Guardianship: Youth exits foster care to guardianship with a relative and negotiated payments begin BEFORE age 16	Youth eligible for federal or state Kin-GAP (linked to youth's IV-E status while in foster care) until age 18. EXCEPTIONS: <ul style="list-style-type: none"> Eligible until 21 IF youth has mental/physical disability Eligible until 19 OR graduation for high school (whichever comes first) IF youth is expected to graduate by age 19 		Not eligible	Not eligible
Relative Guardianship: Youth exits foster care to guardianship with a relative and negotiated payments begin AFTER age 16	Youth eligible for federal or state Kin-GAP (linked to youth's federal eligibility status while in foster care) until age 21.		Not eligible	Not eligible
Adoption: Youth exits foster care to adoption with a relative OR non-relative and AAP Agreement signed BEFORE age 16	Not eligible	Not eligible	Youth eligible for AAP until age 18. EXCEPTION: <ul style="list-style-type: none"> Eligible until 21 IF youth has mental/physical disability 	Not eligible
Adoption: Youth exits foster care to adoption with a relative OR non-relative and AAP Agreement signed AFTER age 16	Not eligible	Not eligible	Youth eligible for AAP until 21	Not eligible

Other Benefits Available After Age 18

FACTOR	ADOPTION	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT— (Long Term Foster Care)
		RELATIVE/NREFMs GUARDIANSHIP (Supported by Kin-GAP)	NON-RELATIVE/NREFM GUARDIANSHIP (Supported by Foster Care funds)	
Independent Living Services	Not Eligible UNLESS in foster care at age 16 or later	Eligible if receiving Kin-GAP (services start at age 16)	Not Eligible UNLESS in foster care at age 8 or later (services start at age 16)	Eligible for ILP at age 16 (or 14 in some counties)
Transitional Housing <ul style="list-style-type: none"> • THP-Plus FC until 21 • THP-Plus until 24 (subject to 24 or 36 month time limit) 	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Eligible as long as in foster care at age 18 or older
Extended Medicaid until 26	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Eligible as long as in foster care at age 18 or older
Education and Training Vouchers	Not Eligible UNLESS in foster care at age 16 or later If in foster care after age 13, considered “independent” for FAFSA	Not Eligible UNLESS in foster care at age 16 or later If in foster care after age 13, considered “independent” for FAFSA	Not Eligible UNLESS in foster care at age 16 or later If in foster care after age 13, considered “independent” for FAFSA	Eligible as long as in foster care any time after age 16 If in foster care after age 13, considered “independent” for FAFSA

