

**TO:** Local District Commissioners, Medicaid Directors, Office of Children and Family Services

**FROM:** Kathryn Kuhmerker, Deputy Commissioner  
Office of Medicaid Management

**SUBJECT:** Continuous Coverage for IV-E Foster Care

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit: (518) 474-8216 Upstate  
(212) 268-6855 NYC

Social services districts were informed through GIS 98 MA/041 on December 29, 1998, that effective with determinations or re-determinations of eligibility made on or after January 1, 1999, most children under age 19 would be guaranteed Medicaid coverage for 12 months. Each time eligibility is determined (i.e. initial determination, and at every re-certification or re-determination), children under age 19, who are found fully eligible for Medicaid, are entitled to 12 months continuous coverage regardless of any changes in income or circumstances. This period of continuous coverage applies to all children who are eligible under Low Income Family (LIF) or expanded eligibility budgeting. It also applies to children in families who are on Public Assistance cases and receiving LIF Medicaid. Non IV-E Foster Care children (Case Type 20) currently receive continuous coverage.

This GIS is to inform social services districts that IV-E Foster Care children are also eligible for continuous coverage, including children in the custody of the Office of Children and Family Services (OCFS) in IV-eligible settings. In any district, except New York City, non IV-E Foster Care children (Case Type 20) have a system-generated continuous save date (CSD). This date is 12 months from the date eligibility was last established. IV-E Foster Care children (Case Type 13) were not given systems support for continuous coverage, since it was believed that they were primarily returned to families on Family Assistance. However, there have been enough circumstances brought to the Department's attention to re-evaluate the continuous coverage policy for IV-E Foster Care children.

As a result of OMM's re-evaluation, it has been determined that Medicaid for all children in Foster Care should be authorized for 1 year from the initial determination, or 1 year from re-determination. State regulations require that Services review Foster Care cases every 6 months. Medicaid should be re-authorized for 1 year each time Services re-determines and confirms eligibility. Medicaid coverage (CT 13) for 12 months will be authorized on the DSS 3209. The Services' authorization (CT 40) for 6 months purchase of services will be entered on the DSS 2970.

WGIUPD

**GENERAL INFORMATION SYSTEM**  
**DIVISION:** Office of Medicaid Management

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For children in Foster Care who are eligible for IV-E, the Foster Care authorization process in WMS and SERMA does not currently support the automatic 12-month continuous coverage for Medicaid. For IV-E children, Medicaid eligibility should be authorized for 12 months initially, and for an additional 12 months of coverage at each 6-month IV-E re-determination for children in Foster Care. Medicaid and Services staff should work together to identify children who may be returning to families on Medicaid or Family Assistance/Medicaid. This will help to prevent duplicate cases.

Systems support is currently available for continuous coverage for non IV-E Foster Care children on Case Type 20. We are pursuing systems support for continuous coverage for IV-E Foster Care children. Until systems support is available, Medicaid should be manually extended as described.

Effective immediately, all policies that apply to continuous coverage now apply to all children in Foster Care.

If you have any questions, please call your local district liaison.