

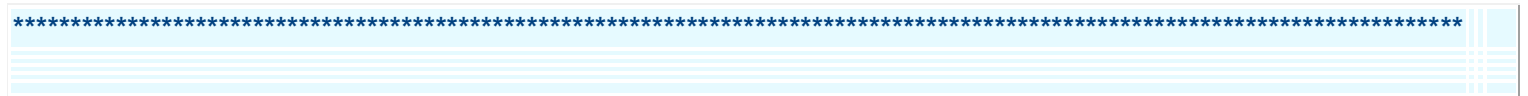
Department of Social and Health Services  
Olympia, Washington  
**EAZ Manual**

Revision  
Category Foster Care/Relative Placement/Adoption Support/Juvenile Rehabilitation/Unaccompanied Minor Program  
Issued February 13, 2023  
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**Summary**

See below for edited text:

Updated chapter to reference the Health Care Authority's manual, who is responsible for these specific programs.



# Foster Care/Relative Placement/Adoption Support/Juvenile Rehabilitation/Unaccompanied Minor Program

Revised [February 13, 2023](#) ~~December 31, 2013~~

## **Purpose:**

To ~~give provide an overview with~~ instructions and contact information when working with [children who are eligible or active on D-track medical programs administered by the Health Care Authority \(HCA\) and](#)

the Foster Care and Adoption Support (FCAS) team. ~~Foster Care, Foster Care-Relative Placement, Adoption Support and Juvenile Rehabilitation cases.~~

**NOTE:** When CSD has a shared D medical program only the FCAS team can finalize the medical case or update letters. Do not ever close a D medical program. If you need assistance with screening in other benefits or sending letters for a client associated with a D program, please contact FCAS (Contact Information is available at the end of this chapter).

~~Do not ever close a D program. If you need assistance with screening in other benefits or sending letters for a client associated with a D program, please contact FCAS.~~

**NOTE:** Children in foster care, relative placement, adoption support, and juvenile rehabilitation have special confidentiality concerns. Please be sure that your narrative and remark references contain only information regarding financial eligibility. Limit any comments that have to do with the child's placement, name change or biological parents.

## Clarifying Information

~~\*\*\* As a result of implementation of the Affordable Care Act (ACA), this clarifying page may no longer be effective for medical coverage applications received on or after 10/01/2013. Clients under 65 years of age who need to apply for medical coverage on or after 10/01/2013 should be referred to Washington Healthplanfinder. Applications for medical coverage for households where all members are 65 years of age and older should be referred to Washington Connection. \*\*\*~~

The Foster Care Unit is part of the Medical Eligibility Determination Services Section (MEDS) of Health and Recovery Services Administration (HRSA).

The Foster Care Medical Team and Adoption Support (FC/ASFCASMT) is part of the Health Care Authority (HCA) and it is responsible for determining current and ongoing eligibility for all foster care related medical programs outlined in the Washington Apple Health Manual- Foster Care, Relative Placement, Adoption Support, Juvenile Rehabilitation, Unaccompanied Minor Program chapter below ~~these~~ the management of the medical for each of these following cases:

- ~~1. Foster Care~~
- ~~2. Foster Care Expansion Program~~
- ~~3. Foster Care Relative Placement~~ Care Relative Placement
- ~~4. Adoption Support~~
- ~~— Juvenile Rehabilitation~~
- ~~5. Unaccompanied Minor Program~~

**EXAMPLE** The CSO receives an application for Basic Food benefits. Included in the Basic Food assistance unit is a child currently open on D02 medical. The CSO can add a Basic Food assistance unit and process the AU through "O and P." However, the CSO must contact the FCMT to finalize the AU.

## **Foster Care:**

~~These are children who are placed in a licensed foster care or relative's home by the Department of Children, Youth, and Families (DCYF) Children's Administration (CA) or a federally recognized Tribe. The foster care parent receives a monthly payment from DCYF/CA and the child is eligible for Apple Health. These are children who reside placed in a licensed foster care homes. The foster care parent receives a monthly payment from Children's Administration Department of Children, Youth and Families and the child is eligible for Medicaid.~~

~~Children's Administration (CA) sends an alert to the FCMT to inform them a child has entered foster care. FCMT works the alert and opens a D01 (foster care child receiving SSI) or D02 (foster care) case for the child.~~

~~D01/D02 foster care cases:~~

~~Are assigned to CSO 076.~~

~~Display in ACES with asterisks in the address field and AREP screen. The asterisks have been added to insure address confidentiality for the foster care family and child.~~

~~Require special coding in the DEM1 living arrangement and DEM1 REL code fields.~~

~~When the CSO/CSC and FCMT have a shared D01/D02 case, only the FCMT can finalize or update the case. The CSO can "add a program" to a D01/D02 case but will not be able to finalize the case. CSO/CSC staff will need to coordinate with the FCMT @ 1-800-562-3022 x 15480 to have them complete case actions. FAX number is 360-725-1158. CSO staff should not change the living arrangement or REL code on the foster care child's DEM1 screen or close out a foster care assistance unit. To make any change to a D01/D02 case or associated cash, medical or Basic Food case the CSO/CSC must contact the FCMT @ 1-800-562-3022 x 15480.~~

~~EXAMPLE Alert 190 is generated on a child who receives TANF with their parent. The CSO/CSC contacts the CPS worker and discovers the child has been placed in Foster Care while the mother enters a residential facility. The child is scheduled to return home after mother completes inpatient stay. The decision is made to leave the child on their mother's TANF case. The worker will contact FCMT. The FCMT will update the DEM1 living arrangement and add appropriate REL code information for the child, based on information received from Children's Administration~~

~~When the CSO/CSC receive ACES alert 190 they need to contact the FCMT before taking any action. When a child is active:~~

~~On Family or Children's medical contact the FCMT. The FCMT will contact CA to determine the child's status, and if appropriate, open the child on D01/D02 medical.~~

~~On TANF with their caretaker and have been placed in Foster Care the CSO will need to:~~

~~Contact the Children's Administration (CA) worker~~

~~Determine if the child should be removed or left on the TANF grant; and~~

~~Contact the FCMT to update the living arrangement and REL codes on the DEM1 screen.~~

~~FCMT phone number is 1-800-562-3022 x 15480~~

~~FCMT FAX number is 360-725-1158.~~

~~The Foster Care Medical Team can be reached by contacting:~~

~~MEDS~~

~~PO Box or Mail Stop 45534~~

~~Olympia, Washington 98504-5534~~

~~General Information: 1-800-562-3022 x 15480~~

~~FAX: (360) 725-1158~~

## ~~Foster Care Expansion Program:~~

~~The Affordable Care Act expanded Medicaid eligibility for individuals who were in foster care and receiving Medicaid on their 18th birthday to age 26. These individuals have their D02 medical coverage automatically sprout to D26 the first of the month following their 18th birthday. They remain eligible for health care coverage under the D26 program until their 26th birthday regardless of changes in income, household composition, or marital status, as long as they remain a Washington resident. In 2007, the legislature passed 2SHB 1201, expanding eligibility for Foster Care medical. In this expansion, youth who are in Foster Care on their 18th birthday, if their 18th birthday is on or after July 22, 2007, are eligible to remain on medical benefits through the Foster Care medical program until the end of the month in which they turn 21, as long as they remain Washington residents. They do not need to remain in Foster Care during this time. The FCMT will continue to maintain the medical cases for these youth until they are no longer residents of Washington or have reached their 21st birthday.~~

## ~~Foster Care Relative Placement:~~

~~These are children that reside with a relative in an unlicensed unpaid foster home. These children are eligible for Medicaid while in Relative Placement.~~

~~DCYF Children's Administration sends an alert to the FC/ASFCASMT to inform them a child has entered foster care relative placement. FCMT works the alert and opens a D01 or D02 case for the child.~~

~~While in relative placement, the relative caregiver may be eligible for food benefits and/or non-needy TANF.~~

~~The relative who cares for the child may apply for cash, medical or Basic Food at the CSO.~~

~~During the application screening process the worker will see an active D01/D02 case for the child.~~

~~Contact the FCMT to determine whether D01/D02 medical will remain open or if the child will be open on Family or Children's medical.~~

~~The FCMT will update the child's DEM1 living arrangement and REL codes to continue to issue medical through D01/D02 program, or~~

~~Close the D01/D02 program so the CSO/CSC can issue medical on the TANF or Family/Children's program. The REL code is added by FCMT to all Relative Placement cases to ensure that FCMT has the ability to track the number of FC Relative placements in the ACES system.~~

## ~~Adoption Support:~~

~~The Is a payments received by adoptive parents who care for children who have been placed by Washington State or any other Sanother state Child Welfare agencies make these. These children are eligible for Medicaid through the month in which they turn 19.~~

~~Adoption Support cases are approved by Children's Administration DCYF. An alert is sent to the FC/ASMT from CAMIS to open Adoption Support. The FC/ASMT works the alert and opens D01 or D02 medical.~~

~~D01/D02 adoption support cases are:~~

~~Assigned to CSO 076~~

~~Display in ACES with asterisks in the address field and AREP screen.~~

~~Require special coding in the DEM1 living arrangement and the REL code fields.~~

~~Changes to an adoption support case and any case associated with adoption support can only be made by FCMT.~~

~~If the CSO/CSC receive an application for a child on adoption support they should take the following steps:~~

- ~~• If the child is already open on D01/D02 contact the FCMT to finalize or update any associated cash, medical or Basic Food case. The FCMT will also work with the CSO/CSC and the family to determine if the child will remain on D01/D02 or be open on Family or Children's medical.~~

~~If the child is not open on D01/D02 medical and but the family states they are receiving out-of-state adoption support and want medical for the child.~~

Call the FC/ASMT and talk to your regional representative. FCMT, who will assist client to determine if they are eligible for adoption support medical.

- If eligible, FC/ASMT will open D01/D02 medical coverage and notify the CSO/CSC family.
- If not eligible, FC/ASMT will notify the CSO/CSC who will process the Family/Children's medical application.

**NOTE:** A child placed with adoptive parents not known to the biological parents will often be assigned a new Client Identification (CL ID) number. The assignment of a new CL ID number will help ensure confidentiality for the new adoptive family. This new CL ID should never be merged with the child's old CL ID.

## Juvenile Rehabilitation:-

Children who reside in a Juvenile Rehabilitation Administration (JRA) group home are eligible for Apple Health through the month in which they are paroled. Are children who reside in a Juvenile Rehabilitation Administration (JRA) group homes instead of being incarcerated at a facility. Children who live in these group homes are eligible for Medicaid through the month in which they are paroled.

JRA notifies the MEDS JRA case manager that a child has been is placed in a group home. The JRA Case Manager opens a D01 or D02 medical case for the child.

**NOTE:** JRA cases are:

Assigned to CSO-076

Display in ACES with asterisks in the address field and AREP screen.

Require special coding in the DEM1 living arrangement and REL code fields

Children in a JRA group home may not be are not eligible for benefits offered through the CSO/CSC. CSD Household composition needs to be redetermined when CSD is notified that a child is in this program. There should never be a jointly shared JRA case between FC/ASMT (CSO 76) and CSO/CSC.

CSO/CSC CSD may see JRA cases in ACES when the child has recently been released from the group home. To add a child back to their family assistance unit or to open new coverage for the child, the CSO/CSC must call the HCA FCAS phone line contact a MEDS JRA case manager at @800-562-3022, extension 15480(360) 725-1519. This FCAS will ensure the child: with the JRA program).  
Ccase manager will ensure that the child:

- Has been released from JRA back to their home and
- Will close the D coverage, correct the child's living arrangement and if needed transfer the case to the appropriate local office.

~~Has been released from JRA back to their home and~~

~~Will close the D02 coverage, correct the child's living arrangement and REL codes on the DEM screen and if needed transfer the case to the appropriate local office.~~

## ~~Unaccompanied Refugee Minor Program:~~

~~The Department of State and the Office of Refugee Immigration Assistance (ORIA) work together to identify minor children who need foster care placement and approve them for resettlement in this country. Children are placed in culturally sensitive foster homes and are eligible for Apple Health. When a child has been placed in the URM Program, the ORIA program manager notifies the FC/ASFCAS to open Apple Health coverage under D02 program. Children in the URM program remain eligible for Apple Health coverage up to age 21 as long as URM payments are being made.~~ the Office of Refugee Settlement worked together to identify minor children who need foster care placement and approve them for resettlement in this country. Children with no known family in the United States are placed in culturally sensitive foster homes and are all Title XIX eligible. When a child has been placed in the Unaccompanied Minor Program (UMP) or has changed placement, the Refugee and Immigrant Assistance program manager receives notification from their International Foster Care Agency responsible for the minor's case management. The Office of Assistant Secretary, Refugee and Immigrant Assistance unit manages the UMP.

## How to contact FCAS

For assistance with any cases associated with any of these medical programs shared D medical programs, the FC/AS team can be reached with one of the following methods by contacting:

FC/AS

Email: PO Box or Mail Stop 45534fcas@hca.wa.gov

Olympia, Washington 98504-5534

Phone: General Information: 1-800-562-3022 x 15480

FAX: (360) 725-1158 see the contact information outlined in the Washington Apple Health Manual- Foster Care, Relative Placement, Adoption Support, Juvenile Rehabilitation, Unaccompanied Minor Program chapter.