

## CATEGORICAL FACTORS

### CHILDREN IN FOSTER CARE

responsible for the child's Medicaid coverage while s/he remains in the facility. (See OTHER ELIGIBILITY REQUIREMENTS STATE AND FEDERAL CHARGES OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES)

When this situation occurs, it is likely that OMH or OMRDD will contact the local district to request that the child's county Medicaid coverage be terminated so that the State can establish coverage. Districts must cooperate with OMH and/or OMRDD so that appropriate coverage can be established expeditiously.

When a Title IV-E child in foster care moves out of state, the state where the child resides is responsible for providing Medicaid. If a child who is receiving Title IV-E payments from another state resides in New York State, and application for Medicaid is filed with the local district in which the child resides. The child's name, date of birth, social security number, third party health insurance information and verification of Title IV-E is documented in the case record and a New York State Medicaid case is opened.

The provisions of categorical eligibility cease to apply when a child in foster care is placed in permanent absence status in a medical facility as defined in 18NYCRR 360-1.4. For persons in permanent absence status, chronic care budgeting is used to determine eligibility.

IV-D referrals or determinations of good cause must be made as appropriate. Support from parents of a certified blind or disabled child is not sought when the child is expected to be living separate and apart from his/her parents for 30 days or more.

When a child in foster care is discharged, a separate Medicaid eligibility determination must be performed based on the child's living arrangements at discharge (residence in the community). Continuous coverage provisions apply.