

ADMINISTRATIVE PROCEDURES #34
Eligibility Determination Unit (EDU) Manual
May 22, 2024 – PT 2024.06

ELIGIBILITY DETERMINATION UNIT (EDU) MANUAL

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Section 34.10 Purpose

This Administrative Procedure informs staff on the work completed by the Eligibility Determinations Unit (EDU) of the Illinois Department of Children and Family Services. Eligibility determinations are the major responsibilities of the Eligibility Determination Unit (EDU). The EDU determines eligibility for DCFS foster care youths and children in receiving:

1. Kinship guardianship assistance;
2. Adoption assistance;
3. Title IV-E;
4. Medicaid; and
5. Emergency assistance.

Other activities tasked to EDU include reinstatements and re-applications to the above programs; and monitoring fiscal activities of all child cases throughout the case life. Monitoring activities are conducted, using various reports to identify things that may affect the child's eligibility of benefits.

Section 34.20 Definitions

"Adopted Child" or "Adopted Children" or "Adopted Person" means a child/person who was adopted pursuant to the laws in effect at the time of the adoption. [750 ILCS 50/18.06]

"Adoption Assistance (AA)" or "Adoption Subsidy" means financial assistance and other services from the Department which are provided to adoptive parents after the finalization of an adoption.

"Adoptive Parent" means a person who has become a parent through the legal process of adoption. [20 ILCS 505/7.4(b)(3)]

"Aid to Families with Dependent Children (AFDC)" pursuant to 42 U.S.C. 602 means a state operated program designed to:

provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;

end the dependence of needy parents on government benefits by promoting job preparation, work and marriage;

prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and

encourage the formation and maintenance of two-parent families.

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The program provided financial and medical assistance and social services to families with one or more dependent children that satisfied the eligibility requirements established in Title IV-A of the Social Security Act. In Illinois, this program expired on June 30th, 1997, and was replaced by the Temporary Assistance to Needy Families (TANF) program as prescribed in 42 U.S.C. 603(a) Grants.

"Assets" means real or personal property.

"Automated Wage Verification System" or "AWVS" means the system of record for verification of wages and unemployment income by the Illinois Department of Labor.

"Benefits" means governmental or pension payments such as Black Lung, Aid to Families with Dependent Children/Temporary Assistance to Needy Families (AFDC/TANF) that are intended to meet the maintenance and care expenses of a particular individual, including *Social Security benefits, Supplemental Security Income, Veterans benefits, and Railroad Retirement benefits*. [20 ILCS 505/5.46]

"Central Payment Unit" or "CPU" means the unit within the Department responsible for issuing compensation for services provided to children in the Department's care or children receiving subsidies.

"Child" means an individual who has not attained 18 years of age.
At the option of a State, the term shall include an individual-

who is in foster care under the responsibility of the State;

With respect to whom an adoption assistance agreement is in effect under section 473 if the child had attained 16 years of age before the agreement became effective;
or

With respect to whom a kinship guardianship assistance agreement is in effect under section 473(d) if the child had attained 16 years of age before the agreement became effective;

With respect to whom a kinship guardianship assistance agreement is in effect under section 473 (d) if the child had attained 16 years of age before the agreement became effective;

who has attained 18 years of age;

has not attained 19, 20, or 21 years of age, as the State may elect; and

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who is-

completing secondary education or a program leading to an equivalent credential;

enrolled in an institution which provides postsecondary or vocational education;

participating in a program or activity deigned to promote or remove barriers to, employment;

employed for at least 80 hours per month; or

incapable of doing any of the activities described in the top four (4) bullets due to a medical condition, which incapability is supported by regularly updated information in the case plan of the child. (42 U.S.C. 676 (8))

"Child Abuse and Neglect Tracking System" or "CANTS" means the Department's Child Abuse and Neglect Tracking System used in abuse and neglect investigations. It is based on four categories of abuse/neglect; physical abuse; sexual abuse, neglect; or a combination of the preceding factors.

"Child Care Institution" means a child care facility where more than 7 children are received and maintained for the purpose of providing them with care or training or both. The term "child care institution" includes residential schools, primarily serving ambulatory children with disabilities, and those operating a full calendar year, but does not include:

any State-operated institution for child care established by legislative action;

any juvenile detention or shelter care home established and operated by any county or child protection district established under the "Child Protection Act";

any institution, home, place or facility operating under a license pursuant to the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act;

any bona fide boarding school in which children are primarily taught branches of education corresponding to those taught in public schools, grades one through 12, or taught in public elementary schools, high schools, or both elementary and high schools, and which operates on a regular academic school year basis; or

any facility licensed as a "group home" as defined in Child Care Act. [225 ILCS 10/2.06]

"Child Welfare Contributing Agency" or "Contributing Agency" means a public or private entity that, by contract or agreement with the Title IV–E agency, provides child abuse and neglect investigations, placement, or child welfare case management (or any combination of these) to children and families, formerly referred to as "Purchase of Service" or "Private" agencies.

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"Children's Account Unit" or "CAU" means the unit within the Department responsible for the administration and recording of benefits received on behalf of Department involved youth including Social Security and Supplemental Security Income.

"Claimable" means a determination that a case satisfies the initial and/or ongoing eligibility requirements for entitlements through Title IV-E funding.

"Clearances" means documentation of qualifying information for use in the eligibility determination process by the Eligibility Determinations Unit (EDU) staff.

"College and University Scholarship" or "CUS" means a Departmental program that provides financial and/or medical assistance for Department involved youth attending a college or university that may also include the cost of room and board.

"Court" means *the circuit court in a session or division assigned to hear proceedings under this Act, and includes the term Juvenile Court.* [705 ILCS 405/5-105(1.5)]

"Department" or "DCFS" means the Illinois Department of Children and Family Services (DCFS).

"Department of Corrections" or "DOC" means the Illinois Department of Corrections.

"Department of Healthcare and Family Services" or "HFS" means the state agency responsible for case assistance, food stamps, Medicaid eligibility determination, employment programs, childcare, health care, mental health services, drug and alcohol treatment and vocational rehabilitation and disabilities determination (formerly the Department of Public Aid (DPA)).

"Dependent" means a person allowable for exemption in accordance with Federal Internal Revenue Code.

"Deprivation Factor" mean the reason a child is without parental support or care.

"Determination" means the evaluation and decision of eligibility for Title IV-E, Medicaid and Emergency Assistance Programs.

"Disability" *means, with respect to an individual—*

a physical or mental impairment that substantially limits one or more major life activities of such individual;

a record of such an impairment; or

being regarded as having such an impairment (as described in paragraph (3)).

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MAJOR LIFE ACTIVITIES

In general

For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions

For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

REGARDED AS HAVING SUCH AN IMPAIRMENT

For purposes of paragraph (1)(C):

An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

RULES OF CONSTRUCTION REGARDING THE DEFINITION OF DISABILITY

The definition of “disability” in paragraph (1) shall be construed in accordance with the following:

The definition of disability in this chapter shall be construed in favor of broad coverage of individuals under this chapter, to the maximum extent permitted by the terms of this chapter.

The term “substantially limits” shall be interpreted consistently with the findings and purposes of the ADA Amendments Act of 2008.

An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

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The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as—

medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;

use of assistive technology;

reasonable accommodations or auxiliary aids or services; or

learned behavioral or adaptive neurological modifications.

The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.

As used in this subparagraph—

the term “ordinary eyeglasses or contact lenses” means lenses that are intended to fully correct visual acuity or eliminate refractive error; and

the term “low-vision devices” means devices that magnify, enhance, or otherwise augment a visual image. (42 U.S.C. 12102)

"Dispositional Hearing" means a hearing to determine whether a minor should be adjudged to be a ward of the court, and to determine what order of disposition should be made in respect to a minor adjudged to be a ward of the court. [705 ILCS 405/1-3(6)]

"Eligibility Determinations Unit" or "EDU" means the division responsible for determining the eligibility and the claimability for the Title IV-E, Medicaid, and Emergency Assistance programs within the Department's Office of Federal Financial Participation.

"Eligible" means a determination that a case satisfies the initial eligibility requirements of Title IV-E Foster Care/Adoption Assistance, Medicaid or Emergency Assistance Program but does not determine claimability.

"Emergency Assistance Program" or "EAP" Until July 1997, the Emergency Assistance Program was a federal reimbursement program administered by Illinois Department of Human Services that reimbursed the Department for a variety of different costs associated with the care of a child in foster care and/or costs associated with Intact Family services. Beginning July 1997, the EAP program became a state-only program.

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"Emergency Shelter" or "Shelter Placement" means a temporary or emergency placement for a minor, including an emergency foster home placement. [705 ILCS 405/1-3(14.05)]

"Facility for Child Care" or "Child Care Facility" means any person, group of persons, agency, association, organization, corporation, institution, center, or group, whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in this Act, established and maintained for the care of children. "Child care facility" includes a relative, as defined in Section 2.17 of the Child Care Act who is licensed as a foster family home under Section 4 of the Child Care Act. [225 ILCS 10/2.05]

"Final and Irrevocable Surrender" means a child/youth that is under the legal custody of the Department as a result of the child's parent(s) having relinquished their parental rights to the state.

"Foster Care" means a generic term referring to all children in DCFS custody in substitute care.

"Foster Family Home" means the home of an individual or family:

that is licensed or approved by the state in which it is situated as a foster family home that meets the standards established for the licensing or approval; and

in which a child in foster care has been placed in the care of an individual who resides with the child and who has been licensed or approved by the state to be a foster parent and:

who the Department of Children and Family Services deems capable of adhering to the reasonable and prudent parent standard;

who provides 24-hour substitute care for children placed away from their parents or other caretakers; and

who provides the care for no more than 6 children, except the Director of Children and Family Services, pursuant to Department regulations, may waive the numerical limitation of foster children who may be cared for in a foster family home for any of the following reasons to allow:

a parenting youth in foster care to remain with the child of the parenting youth;

siblings to remain together;

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a child with an established meaningful relationship with the family to remain with the family; or

a family with special training or skills to provide care to a child who has a severe disability. The family's or relative's own children, under 18 years of age, shall be included in determining the maximum number of children served. [225 ILCS 10/2.17]

"Gross Income" or "Income" means the sum total of all revenue received by a household (person or family) before taxes or other deductions in accordance with the Federal Internal Revenue Code.

"Guardian(s)" means an individual person appointed by the court to assume the responsibilities of the guardianship of the person as defined in Section 1-3 of the Juvenile Court Act of 1987 [705 ILCS 405/1-3] or Article XI of the Probate Act of 1975. [755 ILCS 5].

"HealthWorks" means a statewide medical program established to provide a primary care physician and medical case management for Department involved youth under age six or pregnant and/or parenting.

"Legal Custody" means the relationship created by an order of court in the best interests of the minor which imposes on the custodian the responsibility of physical possession of a minor and the duty to protect, train and discipline the child and to provide the child with food, shelter, education and ordinary medical care, except as these are limited by residual parental rights and responsibilities and the rights and responsibilities of the guardian of the person, if any. [705 ILCS 405/1-3(9)]

"Long Term Care Facility" or "LTC" means a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill or any similar institution which provides, through its ownership or management, personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the federal Social Security Act. [210 ILCS 45/1-113]

"Medicaid Program" means the federal medical assistance program in Title XIX of the Social Security Act that is administered by the Illinois Department of Health and Family Services.

"Non-custodial Parent" means the birth, legal, or adoptive parent of a child who is not granted custody by the court when parents are legally separated or divorced.

"Nursing Care Facility" or "NCF" means a code that identifies youth in care who are placed in a Nursing Care Facility for medical or other reasons.

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"Office of Federal Financial Participation" or "FFP" means a unit within the Department's division of Budget and Finance that consists of the Eligibility Determination Unit, Children's Accounts Unit, and Technical Support Unit that participates in activities for federal claiming reimbursements, maintenance social security benefits, and establishment and maintenance of ongoing Medicaid coverage for Youth in Care.

"Parent" means a birth parent(s) of a child and includes any adoptive parent(s). It also includes a person:

whose parentage is presumed or has been established under the law of the Juvenile Court Act or another jurisdiction or

who has registered with the Putative Father Registry in accordance with Section 12.1 of the Adoption Act and whose paternity has not been ruled out under the law of the Juvenile Court Act or another jurisdiction.

It does not include a parent whose rights in respect to the minor have been terminated in any manner provided by law. It does not include a person who has been or could be determined to be a parent under the Illinois Parentage Act of 1984 or the Illinois Parentage Act of 2015, or similar parentage law in any other state, if that person has been convicted of or pled nolo contendere to a crime that resulted in the conception of the child under Section 11-1.20, 11-1.30, 11-1.40, 11-11, 12-13, 12-14, 12-14.1, subsection (a) or (b) (but not subsection (c)) of Section 11-1.50 or 12-15, or subsection (a), (b), (c), (e), or (f) (but not subsection (d)) of Section 11-1.60 or 12-16 of the Criminal Code of 1961 or the Criminal Code of 2012, or similar statute in another jurisdiction unless upon motion of any party, other than the offender, to the juvenile court proceedings the court finds it is in the child's best interest to deem the offender a parent for purposes of the juvenile court proceedings. [705 ILCS 405/1-3(11)]

"Permanency Hearing" means a hearing to set the permanency goal and to review and determine:

the appropriateness of the services contained in the plan and whether those services have been provided,

whether reasonable efforts have been made by all the parties to the case plan to achieve the goal, and

whether the plan and goal have been achieved. [705 ILCS 405/1-3(11.2)]

"Random Moment Time Survey" or "RMTS" means is a randomized survey of Case Manager's activity used for federal claiming purposes.

"Reasonable Efforts to Facilitate Permanency" Beginning 3/27/00, a determination must also be made at least every twelve months that DCFS has made reasonable efforts to achieve the child's permanency goal.

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"Reasonable Efforts to Prevent Placement" means a court finding required in order for a child to be determined eligible for Title IV-E. The child must have been removed pursuant to a judicial determination that reasonable efforts were made to prevent placement or were not possible.

"Redetermination" means a federally required review and assessment of family and youth cases that are eligible for Title IV-E, Medicaid and Emergency Assistance programs.

"Reinstatement" means cases in which a child was returned home for less than six (6) months and the Department maintained legal responsibility that subsequently resulted in the child being placed again with the Department.

"Removal From the Home" means a child was physically or constructively removed at the time of the initial legal action and placement. Removal from the home of a specified relative is a condition of Title IV-E eligibility.

"Representative Payee" means a person or an organization, appointed by the Social Security Administration, as a payee to receive the Social Security or SSI benefits for anyone who can't manage or direct the management of his or her benefits.

"Residential Treatment Center" *means a licensed setting that provides 24-hour care to children in a group home or institution, including a facility licensed as a child care institution under Section 2.06 of the Child Care Act of 1969, a licensed group home under Section 2.16 of the Child Care Act of 1969, a secure child care facility as defined in paragraph (18) of this Section, or any similar facility in another state. "Residential treatment center" does not include a relative foster home or a licensed foster family home.* [705 ILCS 405/1-3(12.3)]

"Retirement, Survivors, and Disability Insurance" or "RSDI" means the Title II program administered by the Social Security Administration that pays monthly benefits to eligible beneficiaries and/or their dependent children when the beneficiary is either disabled, retired, or deceased.

"Shelter" *means the temporary care of a minor in physically unrestricting facilities pending court disposition or execution of court order for placement.* [705 ILCS 5/5-105(14)]

"Sibling(s)" means the relationship between two or more persons born to or adopted by the same parent(s) or having one birth parent in common.

"Social Security Administration" or "SSA" means the federal agency responsible for the administration of the Retirement, Survivor's and Disability Income and the Supplemental Security Income benefits programs.

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"Specified Relative" or "Relative" shall include any person, 21 years of age or over, other than the parent, who

is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, parent's sibling, sibling's child, first cousin, second cousin, godparent, or grandparent's sibling; or

is the spouse of such a relative; or

is the child's step-parent, or adult step-sibling; or

is a fictive kin;

“relative” also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and the child’s sibling are placed together with that person. For children who have been in the guardianship of the Department, have been adopted, and are subsequently returned to the temporary custody or guardianship of the Department,

a "relative" may also include any person who would have qualified as a relative under this paragraph prior to the adoption, but only if the Department determines, and documents, that it would be in the child's best interests to consider this person a relative, based upon the factors for determining best interests set forth in subsection (4.05) of Section 1-3 of the Juvenile Court Act of 1987. A relative with whom a child is placed pursuant to this subsection may, but is not required to, apply for licensure as a foster family home pursuant to the Child Care Act of 1969; provided, however, that as of July 1, 1995, foster care payments shall be made only to licensed foster family homes pursuant to the terms of Section 5 of this Act. [20 ILCS 505/7(b)]

"State Central Registrar" or "SCR" means a division of the Department that receives and transmits reports of alleged child abuse and neglect via a 24-hour hotline and online reporting.

"Step-parent" means the spouse of a child’s parent when marriage occurred after the child’s birth.

"Subsidized Guardianship" means a private guardianship arrangement for children for whom the permanency goals of return home and adoption have been ruled out and who meet the qualifications for subsidized guardianship as defined by the Department of Children and Family Services in administrative rules. [705 ILCS 405/2-27(a-5)]

"Subsidized Guardianship Program" means a Title IV-E Demonstration Waiver project implemented in May 1996 and replaced by the Kinship Guardianship Assistance program October 7, 2008.

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"Substitute Care Placement" for the purpose of this procedure is a generic term covering all placements by the Department outside a child's home, such as foster care, group home, institution, etc.

"Successor Guardian" means a person designated by the guardian to assume care as the guardian in the event of the death or incapacity of the current guardian. The successor guardian must be named in the **Subsidized Guardianship Agreement (CFS 1800-C-G)** or in the **Amendment to Agreement for Assistance (CFS 1800-F)**.

"Supplemental Security Income" or "SSI" means a program administered by the federal Social Security Administration that provides monthly income to indigent and disabled individuals.

"System of Record" means the primary system for recording data and information maintained by the Department, or other State agency.

"Technical Support Unit" or "TSU" means a unit of FFP responsible for the technical, clerical and data entry operations of the Federal Financial Participation Unit including, but not limited to program areas such as HealthWorks, the medical card process, and Pregnant and Parenting Youth.

"Temporary Assistance to Needy Families" or "TANF" means a state administered program that provides financial and other services to families with one or more dependent children that satisfy the eligibility requirements established in Title IV-A of the Social Security Act and replaced the Aid to Families with Needy Children (AFDC) program in Illinois on July 1, 1997.

"Title II" means the section of the Social Security Act that governs the Retirement, Survivors, and Disability Insurance (RSDI) program.

"Title IV-A" means the section of the Social Security Act that governs grants to states for the Aid to Families with Dependent Children currently referred to as Temporary Aid to Needy Families, effective July 1, 1997 and administered by the Department Human Services in Illinois.

"Title IV-B" means a grant program of the Social Security Act made up of two parts that address child welfare services, family preservation and support programs.

"Title IV-E" means the section of the Social Security Act that governs federal reimbursement to states for services provided under foster care and adoption assistance programs for eligible children.

"Title XVI" means the section of the Social Security Act that governs the Supplemental Security Income (SSI) program through the provision of cash assistance for disabled or blind children that lack income and resources.

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"**Title XIX**" means the section of the Social Security Act that governs the federally funded health care program for low-income families and individuals administered by the Illinois Department of Health and Family Services.

"**Trial Home Visits**" means a child has returned to the home of a parent and has remained in the home longer than 6 months while the Department maintains legal guardianship.

"**Unemployment Compensation**" or "**Unemployment Benefits**" means the amount paid as benefits to unemployed persons from taxes levied on employers and employees in Illinois.

"**Voluntary Placement**" or "**VP**" means the voluntary placement of a child into DCFS custody for up to 180 days by the child's parent or guardian.

Section 34.30 The Social Security Act

Programs under the Social Security Act that impact the Department include, but are not limited to:

1. Title IV-E – Foster Care, Prevention, Adoption Assistance and Kinship Guardianship Assistance;
2. Title IV-B – Child Welfare and Family Preservation;
3. Title XIX – Medicaid;
4. Emergency Assistance Program (formerly part of Title IV-A);
5. Title II – Federal Retirement, Survivors, and Disability Insurance; and
6. Title XVI – Supplemental security Income for the Aged, Blind, and Disabled.

a) TITLE IV-E

Title IV-E evolved from the Title IV-A Foster Care Program previously administered by the Department of Public Aid. In the early 1980s, the Foster Care Program was given its own section in the Act (Title IV-E) and a program for Adoption Assistance was also added. This was done to focus attention on permanency for children and to enable states to pay subsidies for special needs children that were being adopted. In addition to the previous financial requirements, it added a "reasonable efforts" requirement as an effort to prevent placement of children in substitute care, if possible.

There are numerous requirements which must be met for DCFS to be eligible to receive funding for a child under the Title IV-E program.

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1) Foster Care

The Foster Care program is an entitlement program which provides funding to states for eligible children in foster care family homes, private childcare facilities, and public child care institutions housing up to 25 people.

Title IV-E provides approximately 50% matching funds for maintenance payments (room, board, etc.), approximately 50% matching funds for administrative costs (case management, eligibility determinations, case reviews, etc.), and approximately 75% matching funds for training costs related to Title IV-E claiming.

2) Prevention-Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B, of the Social Security Act. The act supports important reforms in child welfare as we re-imagine DCFS as a department that emphasizes prevention, early intervention and evidence-based practices for children and families. The act also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.

The FFPSA transforms federal financing for child welfare programming in two major ways:

- FFPSA allows Title IV-E funding to be used to fund up to one year of evidence-based prevention services for children and families who are “candidates for foster care,” i.e., at “imminent risk” of child welfare involvement.
- FFPSA regulates financial support for youth in congregate care settings to limit long stays in congregate care, provides residential treatment options for youth with clinical needs and establishes criteria for Qualified Residential Treatment Programs (QRTPs).

3) Adoption Assistance

The Adoption Assistance program is an entitlement program. It is intended to encourage an action which will have a lifelong social benefit to a specific category of children (special needs) and not to meet short-term monetary needs during a temporary period of economic crisis.

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The Adoption Assistance Program also authorizes approximately 50% federal matching funds for states to pay the one-time adoption expenses of parents of special needs children (regardless of financial eligibility).

In Illinois, parents may receive reimbursement of up to \$1,500 per child for these nonrecurring adoption expenses. Qualified adoption expenses are defined as reasonable and necessary adoption fees, court costs, attorney fees, and other expenses directly related to the adoption of a special needs child.

4) Kinship Guardianship Assistance Program (KinGap)

KinGap is a program available for foster children as a result of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The program was signed into law on October 7, 2008. This program amends the Social Security Act to create an option to provide Kinship Guardianship Assistance payments under Title IV-E for relatives taking legal guardianship of a child who has been in foster care.

KinGap payments remain in effect regardless of residency. The amount of a KinGap payment may not be greater than the foster care maintenance payment made on behalf of the child if the child had remained in foster care. Additionally, the child maintains medical coverage via a medical card.

b) TITLE IV-B

Title IV-B of the Social Security Act is a grant program, not an entitlement program. It is made up of two parts:

1. Part I deals with Child Welfare Services; and
2. Part II deals with Family Preservation and Family Support Programs.

c) TITLE XIX

Medicaid is the program under Title XIX of the Social Security Act that provides medical coverage for children in the custody of DCFS or those children receiving an Adoption Assistance or KinGap subsidy. The medical assistance program is an entitlement program and is administered by the Department of Healthcare and Family Services (HFS).

Those that meet the Medicaid eligibility requirements are funded jointly by the state and federal government. Children that do not meet the Medicaid eligibility requirements are funded totally by the state's General Revenue Fund (GRF).

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d) EMERGENCY ASSISTANCE PROGRAM (EAP)

EAP began as a part of Title IV-A of the Social Security Program. This program enables states to be reimbursed for family emergencies, including the potential risk of removal of children from the home. DCFS receives funds directly from DHS to provide services for both families and children who are eligible for EAP. Eligibility is determined based on family requirements.

An emergency would be considered to exist if:

1. There was abuse, neglect, or abandonment of a child;
2. A situation exists where continued presence in the home is not in the best interest of the child; or
3. There is a risk of removal of the child.

e) TITLE II

The Retirement, Survivors, and Disability Insurance (RSDI) is the program under Title II of the Social Security Act. The Social Security Administration determines eligibility for this program based on applications submitted on behalf of the child. A child is eligible for RSDI if a natural, adoptive, or step-parent with whom a child was dependent is disabled, deceased or retired and that parent paid a qualifying number of creditable quarters into Social Security. In limited cases, a grandparent may also be used in determining eligibility. There are no eligibility requirements on the child except that the child is under the age of 18 or over age 18 and still attending secondary school or enrolled in a GED program. In these cases, the child's eligibility can be extended to age 19. In some cases, DCFS may continue receiving benefits for a child who reaches age 18 and is disabled and remains a DCFS youth.

If a child is receiving RSDI at the time of initial placement, DCFS is eligible to receive and manage the benefits for the child by requesting to be the Representative Payee for the child. The benefits are then used to reimburse the Department for the cost of care of the child.

f) TITLE XVI

Supplemental Security Income (SSI) is the program under Title XVI of the Social Security Act. SSI will provide cash assistance for a disabled or blind child who lacks income and resources. The Social Security Administration determines eligibility for this program based on applications submitted on behalf of the child.

If a child is receiving SSI at the time of initial placement, DCFS is eligible to receive and manage the benefits for the child by requesting to be the Representative Payee for the child. The benefits are then used to reimburse the Department for the cost of care of the child.

DCFS has a contractor that screens children for SSI eligibility and completes the application process when warranted.

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Section 34.40 Eligibility Criteria

EDU is responsible for determining a youth's eligibility for Title IV-E, Medicaid, and the Emergency Assistance program. In order for the state to be reimbursed monies by the federal government, certain criteria must be met at the time the child becomes a youth in care.

Federal laws and regulations set the eligibility criteria for federal programs. These may be further defined in the State Title IV-E Plan, which describes how the state is implementing a specific program.

a) INITIAL ELIGIBILITY CRITERIA FOR FOSTER CARE

In order for a child to be eligible for Title IV-E funding, certain requirements must be met. The Title IV-E requirements include age, judicial findings, removal from the home, and Aid to Families with Dependent Children (AFDC) – relatedness.

1) Age

A child may be eligible for Title IV-E until the age of 18 unless the child was previously in foster care and is under the age of 21.

2) Judicial Findings

There are three judicial determinations that must be made when a child enters foster care. These judicial determinations must be documented in valid court orders, including:

A) Placement and Care Responsibility

DCFS must have legal authority for the child, either via a Voluntary Placement Agreement or court order. The court order must give DCFS the authority to place the child in foster care pursuant to Section 472 (a)(2)(B) of the Social Security Act.

B) Contrary to the Welfare Determination

Effective March 27, 2000 the Contrary to the Welfare determinations must be in the initial court order. Prior to March 27, 2000, the Contrary to the Welfare determination must have been obtained within 6 months of the initial legal date.

If a child is over the age of 18, the Contrary to the Welfare determination can be met with a finding that it is in the best interest of the youth to be placed in foster care, pursuant to 45 CFR 1356.21(c) and the ACYF recommendations.

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C) Reasonable Efforts to Prevent the Removal

Effective March 27, 2000, the Reasonable Efforts to Prevent Removal finding must be obtained within 60 days of the initial legal date. Prior to March 27, 2000, the Reasonable Efforts to Prevent Removal finding must have been obtained by March 27, 2001.

If a child is over the age of 18, the Reasonable Efforts to Prevent Placement requirement can be met with a finding that reasonable efforts were made to meet the youth's needs prior to a foster care placement.

Note: No judicial finding is immediately required if a child enters foster care via a Voluntary Placement Agreement. Voluntary Placement Agreements are rare in Illinois but do occur. If a child enters foster care via a Voluntary Placement Agreement, a judicial finding that it is in the best interest of the child to remain in placement must be obtained within the first 180 days in order for the child to remain eligible for Title IV-E.

Judicial findings must be made in a court order. The only other acceptable documentation is a transcript of the hearing that documents the judicial finding. Affidavits, Nunc pro tunc orders or an order with a reference to law is not acceptable, except as provided in Section 479B of the Social Security Act for a limited period for a tribal Title IV-E agency.

3) Removal from the Home

Removal from the home must occur pursuant to a voluntary placement agreement or a judicial order pursuant to 45 CFR 1356.21(k). There are two types of removal physical removal and constructive removal.

For the purposes of meeting the requirements of the Social Security Act, a removal from the home must occur pursuant to:

- *A voluntary placement agreement entered into by a parent or guardian which leads to a physical or constructive removal (i.e., a non-physical or paper removal of custody) of the child from the home; or*
- *A judicial order for a physical or constructive removal of the child from a parent or specified relative. (45 CFS 1356.21)*

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A) Physical Removal

The child is physically removed from the child's home at the time of the voluntary placement agreement or judicial order and placed in substitute care.

B) Constructive Removal

A child is considered to be constructively removed when a judicial ruling of "contrary to the welfare" is made or a voluntary placement agreement sanctions the removal from the parent or other specified relative while the child is residing with an interim caregiver and has lived with the removal person within six (6) months of the judicial removal.

4) AFDC – Relatedness

In Illinois, the AFDC program officially ended on June 30, 1997. AFDC was replaced by the Temporary Assistance to Needy Families (TANF) program. Since Title IV-E eligibility is linked to AFDC and the program was eliminated, the requirement was amended. The amendment states that in order to be eligible for Title IV-E, a family must meet the AFDC – relatedness test as it was in effect on July 16, 1996. The completion of the AFDC – relatedness test identifies whether the child and family would have been eligible for AFDC at the time of the initial court action.

The following criteria must be met at the time the child is removed from the home:

A) Residency

The child must reside within the state of Illinois. A resident of a State is one:

- i) *Who is living in the State voluntarily with the intention of making his or her home there and not for a temporary purpose. A child is a resident of the State in which the child is living other than on a temporary basis. Residence may not depend upon the reason for which the individual entered the State, except insofar as it may bear upon whether the individual is there voluntarily or for a temporary purpose; or*
- ii) *Who, is living in the State, is not receiving assistance from another State, and entered the State with a job commitment or seeking employment in the State (whether or not currently employed). Under this definition, the child is a resident of the State in which the caretaker is a resident. (45 CFR 233.40(a)(1))*

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B) Citizenship

The child must be a citizen of the United States, a United States non-citizen national or a qualified alien.

A State plan under Title I (OAA); Title IV-A (AFDC); Title X (AB); Title XIV (APTD); and Title XVI (AABD-disabled) of the Social Security Act shall provide that an otherwise eligible individual, dependent child, or a caretaker relative or any other person whose needs are considered in determining the need of the child or relative claiming aid, must be either:

- i) *A citizen, or*
- ii) *An alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, including certain aliens lawfully present in the United States as a result of the application of the following provisions of the Immigration and Nationality Act.*
- iii) *An alien granted lawful temporary resident status pursuant to section 201, 302, or 303 of the Immigration Reform and Control Act of 1986 (Pub. L. 99-603) who must be either:*
 - *A Cuban and Haitian entrant as defined in paragraph (1) or (2)(A) of section 501(e) of Pub. L. 96-422, as in effect on April 1, 1983, or*
 - *An adult assistance applicant for OAA, AB, APTD, or AABD, or*
 - *An applicant for AFDC who is not a Cuban and Haitian applicant under paragraph (c)(1) of this section who was adjusted to lawful temporary resident status more than five years prior to application.*

All other aliens granted lawful temporary or permanent resident status, pursuant to sections 201, 302, or 303 of the Immigration Reform and Control Act of 1986, are disqualified for five years from the date lawful temporary resident status is granted. (45 CFR 233.50)

United States Citizen – Persons born in the 50 states, District of Columbia, Puerto Rico, Guam, and the Virgin Islands; or persons born outside of the United States who gained citizenship through INS (naturalized citizen); or

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children born in a foreign country to a parent who is a United States citizen at the time the child is born and that parent had resided in the United States prior to the child's birth, in citizen or alien status.

United States Non-Citizen National – Person born in America Samoa, Swain's Island, and North Mariana Island; or children born to a United States non-citizen national.

C) Qualified Alien

Per the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Public Law 104-193, 110 Stat. 2168), as amended by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) (Public Law 104-208), and the Balanced Budget Act of 1997 (BBA) (Public Law 105-33, 8 U.S.C. 1642), a qualified alien is defined as:

- i) An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INS form I-551, G-845);
- ii) An alien who is granted asylum under section 208 of such Act (INS form I-94);
- iii) A refugee who is admitted to the United States under section 207 of such Act (INS form I-571, or I-94);
- iv) An alien who is paroled into the United States under section 212(d)(5) of such Act for a period of at least 1 year (INS form I-94);
- v) An alien whose deportation is being withheld under section 243(h) of such Act or whose removal has been withheld under section 241(b)(3) (INS form I-94);
- vi) An alien who is granted conditional entry pursuant to section 203(a)(7) of such Act as in effect prior to April 1, 1980 (INS form I-551, G-845, or I-94);
- vii) An alien who is a Cuban/Haitian Entrant as defined by section 501(e) of the Refugee Education Assistance Act of 1980; or
- viii) An alien who has been battered or subjected to extreme cruelty under section 431 of such Act (INS form I-360, or I-130).

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D) Specified Relative

The child must have resided with a specified relative against whom the Contrary to the Welfare finding was made within the six-month period prior to removal from the home.

For purposes of meeting the requirements for living with a specified relative prior to removal from the home one of the two following situations must apply:

- i) *The child was living with the parent or specified relative, and was AFDC eligible in that home in the month of the voluntary placement agreement or initiation of court proceedings; or*
- ii) *The child had been living with the parent or specified relative within six months of the month of the voluntary placement agreement or the initiation of court proceedings, and the child would have been AFDC eligible in that month if s/he had still been living in that home.*
(45 CFR R1356.21(l))

A specified relative may be a parent or any relation by blood, marriage or adoption who is within the 5th degree of kinship to the child.

A child may be considered to meet the requirement of living with one of the relatives if his home is with a parent or a person in one of the following groups:

- *shall include any person, 21 years of age or over, other than the parent, who*
 - *is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, parent's sibling, sibling's child, first cousin, second cousin, godparent, or grandparent's sibling; or*
 - *is the spouse of such a relative; or*
 - *is the child's step-parent, or adult step-sibling; or*
 - *is a fictive kin;*
- *“relative” also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and the child’s sibling are placed together with that person. For children who have been in the guardianship*

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of the Department, have been adopted, and are subsequently returned to the temporary custody or guardianship of the Department,

- *a "relative" may also include any person who would have qualified as a relative under this paragraph prior to the adoption, but only if the Department determines, and documents, that it would be in the child's best interests to consider this person a relative, based upon the factors for determining best interests set forth in subsection (4.05) of Section 1-3 of the Juvenile Court Act of 1987. A relative with whom a child is placed pursuant to this subsection may, but is not required to, apply for licensure as a foster family home pursuant to the Child Care Act of 1969; provided, however, that as of July 1, 1995, foster care payments shall be made only to licensed foster family homes pursuant to the terms of Section 5 of this Act. [20 ILCS 505/7(b)]*

According to the Administration for Child and Families' (ACF), Child Welfare Policy Manual, a child over the age of 18 may be considered his or her own specified relative.

A guardian that met the fictive kin requirement (effective 06/01/15) at the time guardianship was transferred would not be considered a specified relative if the child reenters foster care.

E) Financial Need

Provided that in determining need and the amount of the assistance payment, after all policies governing the reserves and allowances and disregard or setting aside of income and resources referred to in this Administrative Procedure have been uniformly applied, all remaining income and resources shall be considered in relation to the State's need standard. (45 CFR 233.20(a)(3)(ii))

The child's financial need must be established based on the circumstances in the specified relative's home during the eligibility month. Within the specified relative's home, the gross income must not exceed the need standard established in July of 1996 and the combined resources available to the family unit must not exceed \$10,000. If the specified relative is someone other than a parent, the family unit would be the child plus any blood siblings. Income would be calculated for the child and any blood sibling in the home. If the child is over the age of 18, the case would be determined as a family of one.

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The eligibility month is defined as the month in which the voluntary placement agreement is signed or the court proceeding was initiated. The date of the removal court order may be used if the removal petition is not filed or is filed after the removal order.

Federal exclusions are specified in the Social Security Act that states, *under the AFDC plan, provide that no assistance unit is eligible for aid in any month in which the unit's income (other than the assistance payment) exceeds 185 percent of the State's need standard (including special needs) for a family of the same composition (including special needs), without application of the disregards.* (45 CFR 233.20(a)(3)(xiii))

Income – There are two types of income: earned and unearned. Within both types, there is non-exempt and exempt income. Non-exempt income must be used in determining AFDC financial eligibility, while exempt income is not included in the calculation.

Assets – The value of the family's assets is determined for the month the child entered foster care. When determining assets, please consider the following:

- i) Balances in any checking and/or savings accounts;
- ii) Value of any additional vehicles other than the primary vehicle;
- iii) Cash value of life insurance policies;
- iv) Value of any property other than the primary residence;
- v) Value of any stocks and/or bonds; and
- vi) Value of contents of a safety deposit box.

Note: The assets of the family and/or child must be below the limit of \$10,000 for cases opened on or after December 14, 1999.

F) Deprivation

The determination whether a child has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, or (if the State plan includes such cases) the unemployment of his or her parent who is the principal earner will be made only in relation to the child's natural or adoptive parent, or in relation to the child's step-parent who is married, under State law, to the child's natural or adoptive parent and is legally obligated to support the child under State law of general applicability which requires step-parents

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to support stepchildren to the same extent that natural or adoptive parents are required to support their children. (45 CFR 233.90(a)(1)) The child must have been deprived of parental support and care from one or both parents in the month legal proceedings were initiated.

A child over the age of 18 would be considered to be deprived of parental support and/or care.

Deprivation Factors include:

- i) Death of a Parent;
- ii) Absent Parent;
- iii) Unemployed Parent;
- iv) Underemployment of Parent; and
- v) Incapacity of Parent.

b) ONGOING ELIGIBILITY CRITERIA FOR FOSTER CARE

If a child was initially determined to be Title IV-E eligible, certain ongoing requirements must be met in order for the Department to continue claiming reimbursement. A child may alternate between eligible and ineligible claiming status throughout the life of the case. The following requirements must be met in order to remain Title IV-E eligible:

1) Placement Type and Licensing Status

A child must be in an eligible/claimable placement in order to continue claiming reimbursement. (42 U.S.C. 672(b))

2) Continuing Legal Responsibility

The State must continue to have legal responsibility for the child to continue claiming Title IV-E reimbursement.

3) Judicial Finding of Reasonable Efforts to Facilitate the Achievement of the Permanency Goal

If a child is removed from the home via a court action, there must be a finding of “reasonable efforts” to facilitate the achievement of the permanency goal. The first finding is due within 12 months of the date the child entered foster care and every 12 months thereafter to continue claiming Title IV-E reimbursement. The date the child is considered to have entered foster care is the date that is the earlier of either a judicial finding that the child was abused or neglected (adjudication date) or 60

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calendar days after the child is removed from the home through a court order. This finding is generally included in a Permanency Hearing order but can be made in any type of order as prescribed in the Social Security Act. (45 U.S.C. 1356.21(b)(2))

This requirement does not apply to a child removed from the home via a Voluntary Placement Agreement.

Judicial findings must be made in a court order. The only other acceptable documentation is a transcript of the hearing that documents the judicial finding. Nunc pro tunc orders or an order with a reference to law is not acceptable.

4) Age

A youth may be eligible for Title IV-E until the age of 21. Additionally, a youth may stay in foster care continuously or leave foster care for a period and return to foster care at some point after attaining the age of 18. Additional clarifications may be obtained through the Administration for Children and Families, ACF Program Instructions [via ACYF-CB-PI-10-11 | Guidance Portal \(hhs.gov\)](#).

To remain eligible for Title IV-E reimbursement, a child over the age of 18 must meet one of the following requirements:

- Completing secondary education or equivalent program leading to the completion of High School; or
- Enrolled in an institution which provides post-secondary education or a vocational program; or
- Participating in a program or activity designed to promote or remove barriers to employment; or
 - Any youth 18-20 years of age, participating in an ILO or a TLP program automatically meet this requirement.
- Employed at least 80 hours per month; or
- Incapable of doing any of the above due to a medical condition.
 - Any youth, 18-20 years of age, placed in a residential treatment center or group home setting is presumed to have a medical condition, due to mental illness and/or developmental disability, which prevents the youth from attending school, working or participating in a job training activity.

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- Any youth, 18-20 years of age, receiving SSI benefits is presumed to have a medical condition, due to mental illness and/or developmental disability, which prevents the youth from attending school, working or participating in a job training activity.
- Any youth, 18-20 years of age, placed in specifically identified specialized foster homes (see provider and contract information in Step 1) is presumed to have a medical condition, due to mental illness and/or developmental disability, which prevents the youth from attending school, working or participating in a job training activity.

c) ELIGIBILITY CRITERIA FOR KINSHIP GUARDIANSHIP ASSISTANCE

For a youth to be eligible for Title IV-E funding, certain requirements must be met. The requirements include:

1. Title IV-E eligibility in foster care;
2. The subsidy payment cannot exceed what was or what would have been received in foster care;
3. Residence in a licensed relative placement for at least 6 months;
4. Background check clearances for all applicable household members;
5. A Subsidized Guardianship Agreement; and
6. Specific documentation included in the case plan.

1) Foster Care Eligibility

The child must have been Title IV-E eligible and in foster care before guardianship is transferred initially. DCFS will fund certain cases. See Rules and Procedures **Section 302.410, Kinship Guardianship Assistance Program** for more details.

2) Residence with a Licensed, Relative Provider for Six Months

The child must reside in the home of the licensed prospective relative provider for at least 6 consecutive months prior to the child entering KinGap.

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3) Background Check Clearances

Clearances must be obtained from the national and state criminal information databases and must be conducted for all household members age 18 and over. These checks must be fingerprint-based checks.

Clearances must be obtained from the Child Abuse and Neglect Tracking System (CANTS) and the state and national Sex Offender Registries for all household members age 13 and over.

4) Subsidized Guardianship Agreement

The Subsidized Guardianship Agreement must have been signed by the prospective guardian(s) and DCFS prior to the finalization of the guardianship. The agreement must contain the following documentation:

A) Successor Guardian

The guardian designates a specific person or persons to assume care and custody of the youth in the event of the death or incapacity of the guardian(s).

B) Non-recurring Expenses

Expenses for reasonable and necessary miscellaneous costs and legal fees related to the subsidy reviews that are directly related to the transfer of guardianship, not to exceed \$2,000 per child.

C) Ongoing Monthly Payments

Payment is determined through a negotiation process between the prospective guardian and DCFS based on the needs of the child and the circumstances of the family; the payment must not exceed the payment that the child would have received in foster care.

D) Medical Card

The child maintains medical coverage under the KinGap subsidy agreement.

E) Needs Not Payable Through Other Sources

Physical, emotional, and mental health needs not payable through insurance or public resources that are associated with or result from a condition whose onset has been established as occurring prior to the transfer of the guardianship can be covered.

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F) Therapeutic Daycare

Therapeutic daycare can be covered for children who are determined to have a disability requiring an Individual Education Plan.

G) Employment Related Daycare

Employment related daycare can be covered for children under the age of 3 years if the guardian is employed or in a training program that will lead to employment.

H) College Scholarship and Education and Training Vouchers

Children may apply for the college scholarships awarded by DCFS and children moving to the guardianship at age 16 years or older are eligible for the Education and Training Voucher Program.

Note: Payments of the KinGap subsidy will terminate when DCFS determines that any one of the criteria has been met as prescribed in **Rule 302.410, Subsidized Guardianship (KinGap) Program** has occurred.

5) Case Plan Documentation

The following documentation must be included in the case plan:

- Documentation of why the youth in care is being returned home or adoption is not an option;
- Documentation of the efforts made by the Department to discuss with the child's parent(s) the KinGap arrangement, or the reasons why the efforts were not made;
- Documentation of the efforts made by the department to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, the reason why adoption was not pursued;
- Documentation of the ways in which the child meets the eligibility requirements for a KinGap payment;
- Documentation that the child demonstrates a strong attachment to the prospective relative guardian and that the relative guardian has a strong commitment to caring permanently for the child;

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- Documentation that a child who is 14+ has been consulted regarding the KinGap arrangement;
- Documentation that the child and any sibling of the eligible child may be placed in the same kinship guardianship arrangement if DCFS and the relative agree on the appropriateness of the arrangement for the siblings; if siblings cannot be placed together, there must be documentation of the reasons that such a joint placement would be contrary to the safety or well-being of any of the siblings; and
- Documentation that KinGap is in the best interest of the child.

6) Successor Guardianship

If the guardian dies or becomes incapacitated, the successor guardian may receive the subsidy if this person is named in the Guardianship Agreement and has received a background check clearance. An Agreement must be entered into prior to the transfer of guardianship.

If a subsequent Subsidized Guardianship Agreement is entered into with somebody other than the named successor guardian OR a successor guardian is not named in the Agreement, the subsidy is Title IV-E ineligible. This type of subsidy would be state funded. Further clarifications may be found via the Administration of Children and Families', Child Welfare Policy Manual via [PI-14-06 | The Administration for Children and Families \(hhs.gov\)](#).

d) ELIGIBILITY CRITERIA FOR ADOPTION ASSISTANCE

For a youth to be eligible for Title IV-E funding, certain requirements must be met. The requirements include:

1. Citizenship/qualified alien status;
2. A determination that the child cannot or should not be returned to the parent(s);
3. Determination of special factors or conditions;
4. Determination that reasonable efforts were made to place the child without a subsidy;
5. Background check clearances for all applicable household members;
6. An Adoption Assistance Agreement;

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7. A determination of the payment level; and
8. Meet one of the paths to eligibility.

1) Citizenship/Qualified Alien Status

The child must be a citizen of the United States, a United States non-citizen national or a qualified alien according to 45 CFR 233.50.

2) Child Cannot or Should Not Return to the Parent(s)

DCFS must have determined that the child should not be returned to the parent(s). Documentation of this decision could be any of the following:

- Judicial Termination of Parental Rights Order;
- Final and Irrevocable Surrender to an Agency for Purposes of Adoption of a Born Child;
- Final and Irrevocable Consent to Adoption by a Specified Person or Persons;
- Death Certificate;
- Reference to a termination, surrender, or consent in any court order; or
- Judicial documentation denoting that the court determined the child should not return home.

3) Special Factors or Conditions

The child must meet one of the following factors or conditions:

- The child has a physical, mental, or emotional disability;
- The child is over the age of 1 year old;
- The child is a member of a sibling group being adopted together where at least one child meets one or more of the criteria; or
- The child is being adopted by adoptive parents who have previously adopted, with Title IV-E adoption assistance, another child(ren) born of the same parent.

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4) Reasonable Efforts to Place Without a Subsidy

Reasonable efforts must have been made to place the child without a subsidy. The efforts must be documented by the following:

- Documentation that the child was listed with an adoption listing services without adoption assistance;
- Documentation of a search for adoptive placement resources;
- Documentation that a waiting lists of adoptive parent(s) were checked; and
- Written documentation must be obtained from the adoptive parent(s) stating that they were unable or unwilling to adopt the child without a subsidy.

An exception to this requirement can be made if there is documentation that the child has significant emotional ties to the prospective adoptive parent. If a significant emotional tie exists, searching for a new placement would be against the best interests of the child.

5) Background Check Clearances

Clearances must be obtained from the national and state criminal information databases and must be conducted for all household members age 18 and over. These checks must be fingerprint-based checks.

Clearances must be obtained from the Child Abuse and Neglect Tracking System (CANTS) and the state and national Sex Offender Registries for all household members age 13 and over. For more information regarding Background checks for prospective Adoptive and Foster Parents see **Rules 385, Background Checks**.

6) Adoption Assistance Agreement

The Adoption Assistance Agreement must have been signed by the prospective adoptive parent(s) and DCFS prior to the finalization of the guardianship. The agreement must contain the following documentation:

A) Non-recurring Expenses

Expenses for reasonable and necessary miscellaneous costs and legal fees related to the subsidy reviews that are directly related to the adoption, not to exceed \$1,500 per child.

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B) Ongoing Monthly Payments

Payment is determined through a negotiation process between the prospective adoptive parent(s) and DCFS based on the needs of the child and the circumstances of the family; the payment must not exceed the payment that the child would have received in foster care unless the child is in an unlicensed relative placement. In such case, upon the finalization of the adoption the adoptive parent(s) may receive up to the applicable DCFS rate for a licensed foster family home.

C) Medical Card

The child maintains medical coverage under the Adoption Assistance Agreement.

D) Needs Not Payable Through Other Sources

Physical, emotional, and mental health needs not payable through insurance or public resources that are associated with or result from a condition whose onset has been established as occurring prior to the adoption can be covered.

E) Therapeutic Daycare

Therapeutic daycare can be covered for children who are determined to have a disability requiring an Individual Education Plan.

F) Employment Related Daycare

Employment related daycare can be covered for children under the age of 3 years if the adoptive parent(s) is employed or in a training program that will lead to employment; or in the case of a two-parent household, one adoptive parent is employed and the other is unable to care for the child due to a disability.

7) Determination of Payment Level

The adoption assistance payment must not exceed the payment that the child would have received in foster care unless the child is in an unlicensed relative placement. In such case, upon the finalization of the adoption the adoptive parent(s) may receive up to the applicable DCFS rate for a licensed foster family home.

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8) Paths to Eligibility

There are five ways a child may meet the financial eligibility requirements.

A) Eligibility Based on SSI Eligibility

If the child was eligible for Supplemental Security Income (SSI) prior to the finalization of the adoption, the child meets the financial eligibility requirement.

B) Eligibility Based on Prior IV-E Adoption Assistance

For adoptions finalized after October 1, 1007 - If a child was previously adopted and the adoptive parent(s) received Title IV-E adoption assistance payments on behalf of the child, the child meets the financial eligibility requirement.

C) Eligibility Based on Being a Child of a Minor Parent Who is a Youth in Care

If a child's minor parent was in foster care and the provider was receiving a Title IV-E maintenance payment that covered both the minor parent and the child (youth with infant special service fee) prior to the removal of the child from the birth parent, the child meets the financial eligibility requirement.

D) Eligibility Based on AFDC Eligibility

If a child was determined to have met the AFDC eligibility requirements at the time of removal from the home and the removal order contains a finding that it was contrary to the welfare of the child to remain in the home (if the removal order was dated prior to March 27, 2000, the contrary to the welfare finding must be in an order within 6 months of removal), the child meets the financial eligibility requirements.

E) Eligibility Based on Applicable Child Requirements

For adoptions finalized after October 1, 2009 – If the child meets the following criteria, the child meets the financial eligibility requirement:

- i) The child is a citizen; and
- ii) The removal order contains a finding that it was contrary to the welfare for the child to remain in the home (if the removal order was dated prior to March 27, 2000, the contrary to the welfare finding must be in an order within 6 months of removal); and

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- iii) The child has been in continuous foster care for 60+ consecutive months, or the child meets the age requirement for the federal fiscal year in which the adoption was finalized (see chart), or the child is a sibling of a child who meets the 60+ consecutive month or age requirement, or
- iv) The child meets the medical or disability requirements for SSI benefits (financial requirements are disregarded).

Note: Payments of the adoption assistance subsidy will terminate when DCFS determines that any of the criteria outlined in **Procedures 302.310(g), Termination or Fulfilment of Adoption Assistance** has been met. In addition, the Department adheres to all federal regulations of the Social Security Act regarding Adoption Assistance Subsidy payments.

Effective October 1, 2017, all children were considered an “applicable child” for determining eligibility for Title IV-E adoption assistance. However, this has now changed. Effective January 1, 2018, the age returned to 2 or older. See **Appendix A, Tables and Charts (c) Child Path to Title IV-E Eligibility for Adoption Assistance** of this Administrative Procedure.

The following parameters should be used in calculating the 60 consecutive months:

1. The definition of “foster care” at 45 CFR 1355.20(a) applies in determining the 60 consecutive month provision and does not include detention facilities or psychiatric hospitals (see Child Welfare Policy Manual (CWPM) section 7.3 Q/A #1). “Foster care” is defined in the Social Security Act as: *“24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by the State or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are made.”* (45 CFR 1355.20(a))
2. A child must be in foster care, as defined in 45 CFR 1355.20(a), for at least one day of a month.
3. A runaway episode may count towards calculating the 60 consecutive month period if the Title IV-E agency retains

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responsibility for the placement and care of the child during the runaway episode because a child in this situation is considered to be in foster care. See CWPM sections 8.3C.2 Q/A #3 and 1.2B.7, National Youth in Transition Database (NYTD) Federal Guidance Q/A #8.10, and ACYF-CB-PI-08-03.

4. If a Title IV-E agency considers a child who is on a trial home visit to be in foster care, then the trial home visit period may count towards calculating the 60 consecutive month period. See the CWPM section 8.3C.5.

e) ELIGIBILITY CRITERIA FOR MEDICAID

In order for a child to be eligible for Medicaid, certain requirements must be met. The requirements include legal custody with placement and care responsibility (foster care only), citizenship, financial need, placement type, social security number, and age.

1) Legal Custody with Placement and Care Responsibility (foster care)

DCFS must maintain continuous legal custody of the child.

2) Citizenship

The child must be a United States citizen or a qualified alien to be eligible for Medicaid. If a child is initially ineligible for Medicaid due to citizenship, they may become Medicaid eligible once citizenship is established.

3) Financial Need

Effective 09/27/16: All income and resources are disregarded for DCFS youth.

4) Placement Type

The child must be placed in a Medicaid eligible placement. The following placement types are Medicaid Ineligible:

- ASD (Armed Service Division);
- DET (Detention);
- IDC (Illinois Department of Correction);
- HMP (Home of Parent; and
- UAH (Unauthorized Home of Parent).

All other placement types are eligible.

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5) Social Security Number

The child must either have a verified social security number or an application for a social security number must be made on behalf of the child.

6) Age

The child must be under the age of 21 to be eligible for Medicaid.

Note: If a Medical Card is cancelled due to non-cooperation in providing the SSN and the SSN is later provided, the Medical Card will be reinstated. If the information was provided within 90 days of the cancellation, the reinstatement will be back dated to ensure no lapse in medical coverage.

All DCFS youths and children participating in the Adoption Assistance and Kinship Guardianship programs are provided with medical coverage. Those that meet the Medicaid eligibility requirements are funded jointly by the state and federal government. Children and youth who do not meet the Medicaid eligibility requirements are funded totally by the state.

Any child that is Title IV-E eligible for any given month is categorically eligible for Medicaid.

f) INITIAL ELIGIBILITY CRITERIA FOR EMERGENCY ASSISTANCE

Eligibility for the Emergency Assistance Program (EAP) is family-based, not child-based (i.e., the entire family is either eligible or ineligible). For a family to be eligible for EAP, certain requirements must be met. The requirements include existence of an emergency, removal from a specified relative requirement, financial need, and an existing application for assistance.

1) Existence of an Emergency

Abuse, neglect, or abandonment of a child constitutes the existence of an emergency. DCFS determines EAP eligibility for cases wherein a child has been removed from the home. In addition, the Department's involvement with a family as an Intact Family case constitutes an emergency.

2) Specified Relative

The child must have been living with a specified relative at time of the emergency.

Specified Relatives include:

- Birth or Adoptive Parent;
- Birth or Adoptive Sibling over the age of 21;

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- Birth or Adoptive Grandparent, Great, Great-Great, or Great-Great-Great Grandparent;
- Birth or Adoptive Parent’s Sibling, Great Parent’s Sibling, Great-Great Parent’s Sibling;
- Birth or Adoptive Sibling’s Child;
- Birth or Adoptive First Cousin, First Cousin Once Removed;
- Step-Parent;
- Former Step-Parent;
- Step-Sibling; or
- Spouse of a Specified Relative (even if marriage is terminated by death or divorce).

Note: A guardian that met the fictive kin requirement (effective 06/01/15) at the time guardianship was transferred would be considered a specified relative if the child re-enters foster care.

3) Financial Need

EAP financial eligibility is based on the receipt of or eligibility for public assistance (TANF, Medicaid, Food Stamps, or SSI).

- Eligibility for Public Assistance

If the child is not active on a public assistance case, or SSI is not present, the family’s income must be calculated to determine if the family would have been eligible to receive public assistance in the form of food stamps had they applied.

The family’s income and assets are used to make the determination.

1. **Income** –The family’s total non-exempt income cannot exceed the PAYMENT LEVEL (actual amount the family would receive under TANF) for that time period.
2. **Assets** – The total value of the individual’s non-exempt assets is compared to the maximum amount set for determining AFDC financial eligibility with regard to assets.

4) Application

An application must be included in the case file kept in the field. It must be signed and dated by the family.

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g) ELIGIBILITY CRITERIA FOR SUBSEQUENT EMERGENCY ASSISTANCE

A new Emergency Assistance Program (EAP) determination is made every 12 months for foster care cases. The child must have been living with a specified relative at time within the past 6 months.

Specified Relatives include:

1. Birth or Adoptive Parent;
2. Birth or Adoptive Sibling over the age of 21;
3. Birth or Adoptive Grandparent, Great, Great-Great, or Great-Great-Great Grandparent;
4. Birth or Adoptive Parent's Sibling, Great Parent's Sibling, Great-Great Parent's Sibling;
5. Birth or Adoptive Sibling's Child;
6. Birth or Adoptive First Cousin, First Cousin Once Removed;
7. Step-Parent;
8. Former Step-Parent;
9. Step-Sibling; and
10. Spouse of a Specified Relative (even if marriage is terminated by death or divorce).

Note: A guardian that met the fictive kin requirement (effective 06/01/15) at the time guardianship was transferred would be considered a specified relative if the child reenters foster care.

Section 34.50 Central Office Application – Foster Care Cases

The purpose of a **CFCM 2041-A, Central Office Application** is to determine eligibility for Title IV-E, Medicaid, and the Emergency Assistance Program (EAP). The **2041-A** is generated by the Office of Information Technology (OITS) for the Eligibility Determination Unit (EDU) when case opening, and placement information is entered into the Department's system of record. The **2041-A** is received in the EDU daily via interoffice mail, along with a cover report and is processed in date order. All **2041-As** are checked against the cover report. If a **2041-A** is received that is not listed on the cover report, those cases are reported to the assigned EDU Supervisor.

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The **2041-As** are separated into the following categories:

1. regular foster care applications;
2. failed AA applications; and
3. failed SG applications.

Each category should be appropriately marked and placed in the appropriate location. A file is created for every application by type. When a child's verified name on the grant is different from what is listed on the **2041-A**, both names are recorded in the record. Also, if any Social Security Numbers are identified on grants that are not listed on the 2041-A, those numbers are also recorded.

If the child is in receipt of benefits an **SSA 11, Representative Payee Application** form, as prescribed by the Social Security Administration (SSA) is completed to be forwarded to the SSA to change the Representative Payee to DCFS. One copy of the SSA 11 is placed in the child's file. A second copy is kept by the appropriate EDU personnel to be checked at the end of the month to ensure that it has been processed.

When the SSI application pending letter is completed, a copy is mailed to the Social Security Administration via the courier box and a second copy is placed in the child's file.

a) TITLE IV-E ELIGIBILITY DETERMINATION

Information entered on the **CFCM 2041-A** is verified using documentation located in the Department's system of record. Information is obtained by staff and recorded on the **CFS 458-B Part I, Family Composition-Initial Family Finding-Household Income** pursuant to **Procedures 315.60, Identifying, Searching for and Engaging Relatives**. If documentation cannot be located or there is conflicting information in the Department's system of record, the Case Manager must be contacted. The appropriate documentation must be printed and placed in the child's file. The following case information is to be verified for compliance with eligibility requirements (some information and the application is no longer relevant):

1. Age;
2. Citizenship;
3. Residency;
4. Department Responsibility;
5. Judicial Findings;
6. Prior Living Arrangements;

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7. Specified Relative;
8. Deprivation;
9. School Status – no longer relevant;
10. Insurance – no longer relevant;
11. Current Placement Date;
12. Date of Transition from the Home;
13. Placement Type and Licensing Status;
14. Family Relationship, Composition and Financial Status/Need;
15. Children’s Account Unit – Benefit Information;
16. Financial Eligibility;
17. Summary of Initial and Current Non-Financial Criteria;
18. Fee Assessment – no longer relevant; and
19. Determination Summary – no longer relevant.

b) OLDER YOUTH INITIAL APPLICATION INSTRUCTIONS

Beginning October 1, 2012, some cases will be closed and reopened after the child reaches the age of 18. In these cases, a new eligibility determination will be required. The Department’s system of record will not reflect that DCFS lost and regained legal status. Because of this, a new application will not automatically be generated. These cases will be identified via receipt of the new legal court order. For Standard of Need by County, see Appendix A, Charts and Tables, of this Administrative Procedure.

c) INITIAL LEGAL COURT ORDER/COURT TRACKING SYSTEM

EDU has designated personnel to obtain initial court orders and petitions. The Court Tracking System is used to facilitate the requests and reviews of the required judicial findings. When the **CFCM 2041-A** is generated, the case is uploaded into the tracking system. The content of the DCFS Initial Court Order/Petition mailbox is reviewed to determine if the petition and court order has already been submitted.

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Automated email reminders will be sent for outstanding requests. After three requests for an outstanding document, a decision will be required as to the appropriate action. For example:

1. A request may be failed and then escalated/re-requested from somebody different; or
2. A decision may be made to let the case remain for some period of time without any further action.

Note: The EDU Manager should be consulted, if needed.

The content of the Court Order/Petition mailbox will include:

1) Petitions

If the petition has been received, the petition is reviewed to determine the filing date and the filing date is entered into the tracking system (this is the eligibility month in most circumstances). If the petition has not been received the tracking system is used to request a copy of the petition. Reminders are sent via the tracking system until the petition is received. After receipt of the petition, the tracking system is updated with the appropriate information.

2) Court Order

If the court order has been received, the initial legal order is reviewed for the required findings and the data is entered into the tracking system. If all findings are not included in the court order, the tracking system directs the user to request an additional order or request a transcript of the hearing – whichever is appropriate.

Before a transcript is requested, an eligibility determination will be performed to determine if the case would otherwise be eligible for Title IV-E.

If the court order has not been received the tracking system is used to request a copy of the court order. Automated reminders are sent via the tracking system until the court order is received. After receipt, the tracking system is updated with the appropriate information. If there are outstanding issues, the case will remain in “In Process”.

Automated email reminders will be sent for outstanding requests. After three requests for an outstanding document, a decision will be required as to the appropriate action. For example:

- A request may be failed and then escalated/re-requested from somebody different; or
- A decision may be made to let the case remain in the “Action” tab for some period of time without any further action.

Note: The EDU Manager should be consulted, if needed.

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d) PLACEMENT AND CARE AUTHORITY

Although this authority should be specifically addressed in the court order, placement and care authority can be assumed if legal custody is given to the Department pursuant to 705 ILCS 405/1-3.

e) EDU ELIGIBILITY DETERMINATION PRACTICES

The Eligibility Determination Unit (EDU) reviews the **CFS 458-B Part I, Family Composition-Initial Family Finding-Household Income** provided by the Case Manager or Integrated Assessment Screener in addition to other systems of record to make the determination. If enough information is not available, or if there is conflicting information, EDU staff seeks additional information from the assigned Case Manager or their supervisor. The following are reviewed and assessed in the determination process:

1) Family Composition

The family composition and legal relationships must be assessed before other eligibility factors can be addressed. The number of people in the household sets the standard of need. The assessment of the household composition facilitates the determination of whose income must be considered. The following questions should be asked:

- Was parent 1 in the home?
- Was parent 2 in the home?
- Was a step-parent in the home?
- Were birth, half, or step-siblings in the home?
- Who else was in the home and what is their relationship to the child?

If a parent was not in the home, a determination would need to be made regarding the relationship between the caregiver and the child.

2) Relevant Income

After the household composition is known, a determination of relevant income can be made. Earned and unearned income information will need to be determined for parents and/or step-parents and any birth, half, or step-siblings under the age of 18 within the family composition. Income information is not needed for grandparents, parent's sibling, etc. Income information is also not needed for any non-relatives living in the home.

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3) Income Assessment

The following are required to be completed for an income assessment:

- Assessment of the information recorded on the **CFS 458-B Part I**;
- Verification of unearned Social Security income via the Social Security Administration;
- Verification of Child Support income via the Key Information Delivery System;
- Verification of Unemployment income via the Department of Labor; and
- Verification of Earned income via the Department of Labor, if possible.

If the quarter of the initial legal date in the current calendar year is not yet available via the Department of Labor, but income information is available via the Department's system of record, a determination can be made. However, the determination will be verified when the quarter becomes available via the Department of Labor.

4) Eligibility Month

The eligibility month is the month that the court case was initiated. In order to determine the eligibility month, a copy of the Petition for Adjudication (if filed) and the initial court order must be obtained. The eligibility month is the earlier of the two dates.

5) Judicial Requirements

A case cannot be claimed until the month in which all judicial requirements are met. Acceptable forms of documentation include:

- A court order; or
- A transcript of the hearing.

If a child enters foster care at the end of one month and legal is not obtained until the beginning of the next month, the case cannot be claimed until the month legal responsibility was obtained and the judicial findings were made, even if the previous month was determined to be the eligibility month.

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A) Contrary to the Welfare (CTW)

This finding must be made in the first order that removes the youth from the home. If this finding is not made, the case cannot be Title IV-E eligible.

B) Reasonable Efforts to Prevent Placement (REPP)

This finding must be made within 60 days of the initial legal order. If the finding of Reasonable Efforts to Prevent Placement was not made in the initial court order but was made in a subsequent month (within 60 days), the case cannot be claimed until the month in which all requirements are met.

C) Placement and Care Responsibility (P & C)

The court order must give DCFS the authority to place the child. This authority is assumed if DCFS was granted custody. The case cannot be claimed until the month in which all requirements are met.

6) Specified Relative

A youth must have lived with a specified relative that was the subject of the CTW finding at some point in the 6 months leading up to the judicial removal. The youth does not have to have lived with the specified relative for the full 6 months, just at some point during that period of time. If the CTW finding is against more than one person, the child does not need to be living with all subjects. If the subject of the CTW finding is not a specified relative, this requirement cannot be met.

7) Removal

A child must be physically or constructively removed from the home. However, there is one allowable exception.

If legal responsibility is obtained and the initial legal court order specifically states that the child may remain in the home of the parent until a placement is available in a residential setting and the first placement type for the child is a residential placement, this requirement can be considered to be met.

When determining a case, if the child was left at home for a period of time and the first placement is a residential placement, the initial legal court order must be reviewed.

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f) MEDICAID ELIGIBILITY DETERMINATION

Medicaid eligibility is determined, in most instances, simultaneously with the Title IV-E determination. If a case was determined to be Title IV-E eligible, it is automatically Medicaid eligible. If a case was determined to be Title IV-E ineligible, a review of the Medicaid eligibility requirements is needed, including:

1. Age;
2. Legal Custody;
3. Citizenship;
4. Placement Type; and
5. Social Security Number.

If no social security number is found, a discrepancy exists, or if the social security number is not verified, notification should be sent via email to the identified SSN worker within EDU. An application will be made for a social security number or verification will be requested.

g) EMERGENCY ASSISTANCE PROGRAM ELIGIBILITY DETERMINATION

Emergency Assistance Program (EAP) is a family-based departmental fund. The EAP application is completed by the assigned Case Manager and the original application is kept in the case file in the local field office. EDU staff are able to access related information through various systems of record to make eligibility determinations. When reviewing records, if one child is eligible the entire family is eligible. If a child is not eligible, review other children in the home to determine eligibility. Assess the following:

1) Existence of an Emergency

If there is an open Foster Care case, this requirement is met as documented in **Section 34.40(f)(1), Existence of an Emergency** of this Administrative Procedure.

2) Specified Relative

If a youth was living with a specified relative at the time they entered foster care, this requirement is met. See **Section 34.40(f)(2), Specified Relative** for more information. If a child is active on any of the following grants, verification that the child is on a grant with a specified relative is required:

- All Kids Assistance;
- Medical Ext; and
- Medical Benefit (MB)-Newborn.

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3) Financial Need

If the family is determined to be financially needy, as documented in **Section 34.40(f)(3) Financial Need**, this requirement is met. If a child is active on any of the following grants, the specified relative and financial need requirements are automatically met:

- All Kids Assistance;
- Medical Ext; and
- Medical Benefit (MB)-Newborn.

Note: More information will be provided (below) in **(h), Determination of Financial Need** of this **Section 34.50, Central Office Application – Foster Care Cases**.

h) DETERMINATION OF FINANCIAL NEED

The determination of financial need is required for Title IV-E, Medicaid, and Emergency Assistance Program (EAP) benefits. The Department uses a variety of tools to determine financial need. Family assets are determined by the Case Manager and recorded on the **CFS 458-B Part I** or in a clarifying communication or email.

1) Title IV-E

Income is calculated via the **CFS 1866-1** form, per instructions on the form to determine if the family's income is above or below the Illinois Aid to Families with Dependent Children (AFDC) Standard of Need for Title IV-E. Income is rounded to the nearest dollar.

2) Medicaid

Effective 09/27/16: All income and resources are disregarded for DCFS youth.

Medicaid eligibility is determined via the questions on the Standard Narrative.

3) EAP

If a family is not on a grant, a financial calculation is completed to determine if the family is eligible for food stamps. Income is rounded to the nearest dollar.

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4) Interpreting AWVS

The Department, through collaborative agreements uses the Illinois Department of Labor’s Automated Wage Verification System (AWVS) in the process of determining financial need. The AWVS is used to determine if there is any earned income or unemployment benefits. The information in this system is interpreted in different ways depending on what information is included for the individual.

A) Earned Income

i) If there is information for all three months of the quarter:

- Month 1 = the total for the first month of the quarter (January, April, July, or October);
- Month 2 = the total for the second month of the quarter (February, May, August, or November); or
- Quarter = the total amount for all three months; to get the total for the third month of the quarter (March, June, September, or December), take the amount for the Quarter and subtract Month 1 and Month 2.

ii) If there is not information for all three months of the quarter:

- The amount listed for the Quarter is divided by 3 to obtain the average monthly income for the quarter and is used for the income calculation.

B) Unemployment Benefits

The information for Unemployment is current information. Determine the pay dates for the appropriate month and add the amounts together. Use this amount for the income calculation.

Note: For more information regarding exempt and non-exempt income and assets, refer to **Appendix A-Charts and Tables** of this Administrative Procedure.

i) GROUP NUMBER AND CLAIM CODE ASSIGNMENTS

Once the eligibility requirements for Title IV-E, Medicaid and EAP have been determined and the claimability requirements have been verified, the case is assigned a group number with an applicable claim code. The group number is used by various claiming systems to determine if the federal government can reimburse eligible costs paid on behalf of the child.

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Group numbers and claim codes are also utilized to classify cases for processing reports and tracking open and closed cases.

The group number identifies overall program eligibility and claimability while the claim code identifies the specific reason the case is in a particular status.

The Department's system of record automatically assigns a group number when a case opens and when placement information is entered via a **Placement/Payment Authorization Form (CFS 906)**.

EDU staff will determine the eligibility of cases and enter the appropriate group number(s) and all applicable claim codes into the system.

Section 34.60 Foster Care Streamline Procedures

Federal guidelines state that under the Title IV-E Foster Care program, cases determined eligible must be redetermined every twelve months. In addition, the redetermination process also reviews ongoing Medicaid eligibility. During the redetermination process the claimability/eligibility criteria must be reviewed for each month since the last redetermination was completed.

The purpose of the Title IV-E/Medicaid Administrative Redetermination report (4810-A), also known as Streamline (SL), is to determine continuing eligibility for Title IV-E and Medicaid. Triggers have been programmed into the SL report. A trigger is defined as the eligibility or claimability requirement programmed into the report to identify factors that need further review. SL is received on the first working day of every month and will have an end date of the last day of the prior month. SL will have all changes/triggers to the case from the previous month. In some instances, a case may have a trigger each month. If no changes occur, a case will only appear in SL once a year for the annual redetermination.

SL does not, in most cases, require a system review or retrieval of the case file. All information required for the completion of the SL is included in the document. The exceptions are cases that need verification of initial income. These exceptions will require the case file to be pulled and reviewed.

The review period for each case identified is the month following the last redetermination and the last day of the month prior to the report. The review period for each case identified in SL begins on the first day of the month after the last redetermination or the case open date, whichever is later. The review ends on the last day of the month prior to the date of the SL.

a) TITLE IV-E/MEDICAID ADMINISTRATIVE REDETERMINATION

Federal guidelines state that under the Title IV-E Foster Care program, cases determined eligible must be redetermined every twelve months. In addition, the redetermination process also reviews ongoing Medicaid eligibility. During the redetermination process the

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claimability/eligibility criteria must be reviewed for each month since the last redetermination was completed.

1) Case Data

The following lists the required case data to be assessed:

A) Age

Determination of the youth's age is required during the review period.

- i) Up to the age of 21.
- ii) At age 21, the case will be cancelled.
- iii) Children age 18-20 must meet one of the requirements for older youths to remain eligible.

B) Citizenship

Verify the citizenship status of the youth.

- i) If the youth is not a citizen or qualified alien and the citizenship is undocumented, the Case Manager must be contacted to verify the current citizenship status of the child.
- ii) If the Case Manager states that the child is now a citizen or qualified alien, they must send documentation verifying the status. Once documentation (Alien Registration Card, Insurance Card, etc.) is received, the citizenship is recorded as naturalization or lawfully admitted resident in the Department's system of record.
- iii) Once the child is identified as a citizen or qualified alien, the case can be Medicaid eligible. This population of cases will never be Title IV-E eligible because the citizenship requirement was not met at the time DCFS obtained initial legal custody.

2) Deprivation

Effective April 1, 2010, a review of ongoing deprivation is not necessary.

3) School

Effective April 1, 2010, a review of ongoing school attendance is not necessary for any child under the age of 18.

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Note: See **Section 34.60(b), Older Youth Requirements - Age 18-20** of this Administrative Procedure for guidance on the requirements for children between the ages of 18 and 20.

4) Title IV-E/MANG ID

This section documents the current eligibility/claimability status of the case. It is used to determine the start date of the review period.

- Determine the date of the last redetermination. This determines the start date of the review period. If a redetermination has not been made, the start date of the review period will be the month the child entered foster care.

5) Legal Status

Review of the legal information for the last two years is required. If the case has not been opened for two years, a review back to the initial legal date must occur.

- If the legal status is “NO”, the case must be cancelled effective the date DCFS lost legal responsibility. If the legal status is “NO” and the child is in a paid placement, the EDU staff must forward the case to support staff for verification of the legal status.
- After the legal status has been verified, the case should be determined based on this information.

6) Financial Data

Effective April 1, 2010, a review of ongoing income is not necessary.

7) Current And Previous Living Arrangement

For cases in which a Streamline Report is generated, a review of the current and previous living arrangements is assessed from the beginning of the review period through the end of the review period. These cases are coded based on the eligibility and claimability of the placement type.

Note: Out of state placements must be forwarded to the COBRA Coordinator.

A) Placement Types to be Cancelled

If the placement type is Home of Parent, Home of Adopted Parent, Unauthorized Home of Parent, Community Integrated Living Arrangement,

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Armed Service Duty, Child Deceased, or a placement denoted as a final living arrangement, the case must be cancelled effective the placement date.

If the current case coding indicates that the initial financial data needs to be verified, this must be done prior to cancelling the case.

B) Licensing

EDU will review for provider licenses for Title IV-E eligible youth in care. Review of each placement's licensing information in the streamline (SL) report will occur from the beginning of the review period to the end of the review period. Claiming will not occur if the provider is not licensed.

If a child was in an ineligible placement and moved to a separate licensed placement, administrative costs can be claimed for the full month prior to the move to a licensed placement.

If the Home of Relative or Home of Fictive Kin (HMR/HFK) placement does not obtain licensure within 260 days but does become licensed, at a later date, the case cannot be claimable for administrative costs the month prior to licensure.

C) Home of Relative Placement (HMR) and Fictive Kin Placement (HFK)

Effective 02/28/06, the Department can only claim administrative costs for the average length of time it takes to license a home for children (under age 18) in an unlicensed relative placement. DCFS has determined that the average length of time to license a home is 260 days.

Effective 06/01/15, Fictive Kin placements (HFK) are treated the same way as HMR placements.

The 260 days only refers to HMR/HFK placements. If a child (under age 18) is placed in an unlicensed unrelated foster home, the case is coded ineligible immediately.

Triggers for a Home of Relative placement will appear on a Streamline Report (SL).

Note: Refer to **Appendix A, Charts and Tables** of the Administrative Procedure for more information on qualifying living arrangements by placement type.

8) Notes, Comments, Change Indicators

Refer to **Appendix A, Charts and Tables** of the Administrative Procedure for more information on triggers and changes.

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b) OLDER YOUTH REQUIREMENTS - AGE 18-20

For older youth, age 18-20, to remain eligible for Title IV-E, the youth must meet one of the following requirements:

1. Completing secondary education or equivalent program leading to the completion of High School;
2. Enrolled in an institution which provides post-secondary education or a vocational program;
3. Participating in a program or activity designed to promote or remove barriers to employment (any youth participating in an ILO or a TLP program automatically meets this requirement);
4. Be employed at least 80 hours per month; and
5. Be incapable of doing any of the above due to a medical condition such as:
 - Any youth receiving SSI benefits, automatically meets this requirement;
 - Any youth placed in a residential treatment center or group home setting, is presumed to have a medical condition, due to mental illness and/or developmental disability, which prevents the child from attending school, working, or participating in a job training activity;
 - Any youth placed in specifically identified specialized foster homes (see provider and contract information in Step 1) is presumed to have a medical condition, due to mental illness and/or developmental disability, which prevents the child from attending school, working, or participating in a job training activity; or
 - The Department's system of record documentation indicating that a youth has a disability which renders the youth incapable of doing any of the above would be sufficient indication that the youth meets this requirement.

If a child meets one of the above-mentioned requirements, the case will remain eligible if all other requirements are met (placement and a yearly finding of reasonable efforts towards the permanency goal).

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Note: Effective April 1, 2015: Youths, age 18+, placed in an unlicensed foster home or relative placement are Title IV-E eligible if all other requirements are met as outlined in **Section 34.30(a), Title IV-E** of this Administrative Procedure. This type of placement is considered a supervised Independent Living Arrangement when the youth turns 18.

All cases for older youth population will be reviewed every six months. Eligibility must be separately determined for **each month** of the review period including the previous 6 months.

1) Automatic Qualification

There are several ways a youth meets the older youth requirements. In these circumstances, further review is not needed:

- A youth receiving SSI benefits automatically meets the requirement of being incapable of attending school, participating in a program designed to promote or remove barriers to employment, or working. The EDU determines if the youth is eligible for SSI benefits and who is receiving those benefits to determine if the case is eligible/claimable.
- If a youth is in a specialized foster home or in a therapeutic foster care setting with certain providers, the youth has been identified as having a medical condition, due to mental illness and/or developmental disability, which prevents the child from attending school, working, or participating in a job training activity. More providers/contracts will be added as they are identified.
- Effective October 1, 2011, any youth placed in a residential treatment center or group home setting is presumed to have a medical condition, due to mental illness and/or developmental disability, which prevents the child from attending school, working, or participating in a job training activity.
- If a youth is participating in an ILO or a TLP program, they automatically meet the requirement of participating in a program or activity designed to promote or remove barriers to employment.

2) School/Vocational Program Enrollment

If enrolled in school, GED, or a vocational program the youth meets this requirement. A child who is on a school vacation (including summer vacation) will be considered to be in school if they are planning to return to school at the end of the vacation.

If the child was enrolled in school in any given month, the requirement is met for that month.

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3) Participation in a Program/Activity Designed to Promote or Remove Barriers to Employment

The youth is participating in a program or activity which is designed to promote or remove barriers to employment.

If the child was participating in a program or activity in any given month, the requirement is met for that month.

A) Eligible Programs

The following programs have been determined to meet the older youth requirements. This is not an all-inclusive list. All other programs must be reviewed to determine if they meet the eligibility requirements.

- i) Added Chance;
- ii) Building Better Futures Program;
- iii) CAPS;
- iv) Challenges;
- v) Find Your Futures Program;
- vi) Impact;
- vii) Just Because Mentoring;
- viii) LUV Institute;
- ix) MY TIME (Mentoring Youth to Inspire Meaningful Employment);
- x) Rebound;
- xi) Stepping Stones;
- xii) Stepping to Success;
- xiii) Steps to Success;
- xiv) YAP;
- xv) Year Up Chicago; and
- xvi) Youth Build.

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B) Eligible Activity Examples (This is not an all-inclusive list.)

- i) Job Shadowing;
- ii) Attending Resume Writing Classes;
- iii) Participating in an Internship;
- iv) Interviewing for Employment;
- v) Submitting Applications for Employment; and
- vi) Registering With a Temporary Employment Agency.

4) Employed at Least 80 Hour Per Month

The youth is employed at least 80 hours per month.

If the child worked 80 hours or more in any given month, the requirement is met for that month.

5) Incapable of Engaging Due to a Medical Condition

When a youth is incapable of attending school, participating in a program designed to promote or remove barriers for employment or working at least 80 hours a month and there is documentation of a medical condition preventing the youth from engaging then the Fostering Connections Older Youth requirement is met.

If the child was medically incapable of attending school/program or working in any given month, the requirement is met for that month.

- **EXAMPLE DOCUMENTATION** (This is not an all-inclusive list.)
 - Significant Illness or Accident;
 - Significant Medical or Mental Disability; and
 - Pregnancy Resulting In a Doctor's Order for Bed Rest (pregnancy in itself is not a valid way to meet the requirement).

6) Youth Not Meeting a Fostering Connections Requirement

If the Case Manager verifies the youth is not meeting a requirement or a response has not been received after four attempts, to reach the Case Manager, the case is determined Title IV-E ineligible.

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c) OLDER YOUTH - AGE 21-23

EDU will cancel the case effective the child's 21st birthdate. In certain situations, a case will remain open after the youth's 21st birthdate, including the following instances:

1. The youth is in the Youth In College program;
2. The youth is in the College/University Scholarship program;
3. The youth is in the Youth In Employment program; or
4. The Director has approved the extension of services.

Note: Youth in Care cases for youth ages 21-23 will close at age 24.

d) REQUEST FOR CANCELLATION OF MEDICAL CARD – OPEN TLP CASE

The EDU is notified of cases when a youth in the Transitional Living Program has moved out of state. For youth to receive a medical card in the residing state, DCFS must cancel the DCFS Illinois medical card.

The Central Payment Unit enters a living arrangement segment indicating the youth resides "out of state." Then the EDU codes the case as having no Illinois residency in the Department's system of record. This coding will identify that the Illinois medical card was cancelled purposely and should not be reopened.

SECTION 34.70 SSI vs Title IV-E

Although a child may be eligible for both SSI and Title IV-E at the same time, the Department cannot claim for both at the same time. A decision must be made whether to receive the SSI benefit or claim Title IV-E reimbursement. This decision does not affect the eligibility for either program.

If a youth is 20 years and 7 months old or older, SSI will always be chosen so the child will have the SSI benefit when they age out and the DCFS case is closed.

a) FOSTER CARE APPLICATION PROCESS

During the Title IV-E foster care application procedures; if the EDU finds that the child is in receipt of SSI benefits, the case is completed as follows:

1. Determine the eligibility status for Title IV-E, Medicaid, and Emergency Assistance.
2. If the case is ineligible for Title IV-E, DCFS will continue to be the representative payee for the child's SSI benefit.

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3. If the case is eligible for Title IV-E, DCFS will initially become the representative payee for the child’s SSI benefit. DCFS will continually evaluate on a monthly basis which is more beneficial until the youth reaches age 14.
- For youth under the age of 14, EDU determines if SSI or Title IV-E is more beneficial for the Department.
 - If SSI is more beneficial, the case remains coded as is and nothing further is needed.
 - If Title IV-E is more beneficial, the Department will claim Title IV-E reimbursement and the SSI benefit will be temporarily, suspended. If Title IV-E is chosen, SSI benefits are reinstated for one month every year to retain SSI eligibility.
 - If the youth is 14 years old or older, SSI benefits will be conserved in accordance with the Illinois Child and Family Services Act, 20 ILCS 505/5.46.

b) REAPPLICATION PROCESS

After the missing information is received, the Title IV-E, Medicaid and Emergency Assistance eligibility determination is made.

Follow the process outlined for the Foster Care Application.

c) REINSTATEMENT PROCESS

Reinstate the case back to the previous eligibility status. Follow the process outlined for the Foster Care Application.

d) RETAINING SSI ELIGIBILITY

If a child who was previously eligible for Supplemental Security Income (SSI) benefits goes more than 12 months without receiving SSI, the eligibility ends. A new application is required, and the Social Security Administration would then make a new eligibility decision.

To retain the SSI eligibility status, EDU will routinely switch all cases where the Department chose to receive the Title IV-E reimbursement back to SSI for one month out of each year. This will ensure that youths will not lose their SSI eligibility status.

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e) STREAMLINE PROCESS

Redeterminations are done on all open foster care cases (See **Section 34.60, Foster Care Streamline Procedures** of this Administrative Procedures). There are specific triggers for Supplemental Security Income (SSI) eligible cases regarding SSI versus Title IV-E reimbursement and which is more beneficial. Depending on which is more beneficial, the Department will either claim Title IV-E or receive the SSI benefit.

Section 34.80 Adoption Assistance

When a child meets the eligibility requirements per **Rule 302.310, Adoption Assistance** they are eligible for an adoption assistance subsidy.

After the adoption is finalized, a new Adoption Assistance case is opened by the Subsidy Support Unit. A **CFCM 2041-C Adoption Assistance Application** is generated by the Technical Support Unit (TSU). TSU cancels the child's foster care medical assistance case and opens a new medical assistance case with the child's new name and case ID number. The cancelled foster care/new adoption assistance cases are forwarded to EDU for processing.

Before the Adoption Assistance Eligibility Determination is completed the EDU must ensure that the Foster Care case has been closed and that foster care eligibility has been redetermined up to the day prior to the adoption.

An annual Medicaid redetermination will be completed on all Adoption cases via the Streamline process.

a) BENEFIT CHECK SUBSIDIES MAILBOX

The Case Manager will need to know if the child is in receipt of any benefits prior to completing the subsidy paperwork. The Case Manager must send an email to the Benefit Check Subsidies mailbox to verify benefits. The email from the Case Manager should include the child's name, case ID, and why they are requesting the information (adoption).

b) ADOPTION ASSISTANCE DETERMINATION

1) Title IV-E

Using the documentation packet provided by the Subsidy Review Team, EDU determines if the child meets the following eligibility requirements for Title IV-E (See **Section 34.40, Eligibility Criteria** of this Administrative Procedure for more information):

- Citizenship/Qualified Alien;
- Child Cannot or Should Not Return to the Parents;

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- Special Factors or Conditions;
- Reasonable Efforts to Place Without a Subsidy;
- Background Check Clearances;
- Adoption Assistance Agreement;
- Determination of Payment Level; and
- Financial Eligibility.

2) Medicaid

- A case is eligible if:
 - The youth is a citizen or qualified alien; and
 - The youth is a resident of Illinois.
- A youth who is outside of IL for one of the following reasons is still considered an Illinois resident:
 - Placed in a residential facility;
 - Placed in a hospital; or
 - Attending college.

c) DISRUPTED ADOPTIONS

A child who is receiving an adoption subsidy may return to DCFS' legal custody and be placed in foster care. These cases are commonly referred to as "disrupted adoptions." Disrupted adoptions are usually identified by EDU from receipt and review of an initial Foster Care Application, CFCM 2041-A or the Streamline work process. The child's previous placement would have been "Home of Parent" (HMP) or "Home of Adoptive Parent" (HAP) with an adoption subsidy. The current placement becomes a foster care home or childcare institution.

The procedures for completing the determination process for a disrupted adoption are the same as a Foster Care Application (see **Section 34.50 Central Office Application -Foster Care Cases**). A disrupted adoption assistance case is determined for eligibility based on the situation in the adoptive parent's household.

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d) DISRUPTED ADOPTION RETURNING TO ADOPTION ASSISTANCE

In some instances, a disrupted adoption youth will return to the original adoptive home. In these cases, the AA case reverts to the original AA eligibility determination.

1. If the original determination for the AA case was eligible, the case will be eligible when the returns to that adoptive home – regardless of the eligibility status of the foster care case.
2. If the original determination for the AA case was ineligible, the case will be ineligible when the child returns to that adoptive home – regardless of the eligibility status of the foster care case.

If a youth from an ineligible disrupted adoption is determined to be Title IV-E eligible for foster care and then is adopted by a different family, the eligibility for the new adoption assistance case will be based on the information from the most recent foster care episode.

e) TEMPORARY PLACEMENT OUTSIDE THE ADOPTIVE HOME

These cases are different than disrupted adoptions because the Department does not have a legal relationship with the child. This process is unique because the child is in a foster care-like or interim placement.

Interim placements are used when an adoptive parent has died or becomes incapacitated, and a subsequent adoptive parent is in the process of adopting the child. The interim placement will remain until the subsequent adoption is finalized. At the time the subsequent adoption is finalized the prior case will be closed and a new adoption assistance case is opened with a new case ID number.

In these situations, no change is made to the eligibility status unless the child turns 18 years old (see **Section 34.80(g) Age 18+ Adoption Assistance** of this Administrative Procedure).

f) PLACEMENT TYPE DCFS COLLEGE AND UNIVERSITY SCHOLARSHIPS (CUS)

The adoption assistance subsidy is not affected by the youth in care DCFS college and university scholarship (CUS) status.

g) AGE 18+ ADOPTION ASSISTANCE

1. Some youth are eligible for continued adoption subsidy payments after turning 18. There are two separate populations of cases:
 - Non-Fostering Connections Population

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- This population consists of all youth who were adopted prior to the age of 16 and all youth who were 16 years of age or older but adopted prior to 07/01/2017.
- Fostering Connections Population
 - This population consists of youth who were adopted on or after 07/01/2017 AND were 16 years of age or older at the time the adoption finalized.
- 2. Each population has distinct requirements to qualify for an extension of the subsidy past the age of 18. The Subsidy Support Specialist will determine if a youth meets the applicable requirements.
 - Non-Fostering Connections Population
 - The subsidy can be extended until the youth graduates from high school or equivalent or reaches age 19, whichever occurs first; or
 - The subsidy can be extended until age 21 if a youth has a physical, mental, or emotional disability associated with a condition or risk factor that existed prior to the finalization of the adoption and documented prior to the youth's 18th birthday.
 - Fostering Connections Population
 - The subsidy can be extended until the age of 21 for any month the youth is participating in one of the following:
 - Completing secondary education or a program leading to an equivalent credential;
 - Enrolled in an institution which provides post-secondary education or a vocational program;
 - Participating in a program or activity designed to promote or remove barriers to employment;
 - Employed at least 80 hours per month; or
 - Incapable of doing any of the above due to a medical condition.

Note: While the effective date of this program is 07/01/2017, the Rule change was not approved until August 2018. The ability to claim Title IV-E reimbursement begins effective 07/01/2018 (the first day of the first month of the quarter in which the State Plan was submitted).

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h) NON-FOSTERING CONNECTIONS POPULATION – 18+

Cases coded as youth under the age of 19 that are in school or youth under the age of 21 with a disability remain open.

1. Youth under the age of 19 that are in school are not Title IV-E eligible.
2. Youth under the age of 21 with a disability can be Title IVE eligible.

Note: AA cases not coded as above are cancelled effective the youth's 18th birthday.

i) FOSTERING CONNECTIONS POPULATION – 18+

This population may be continuously eligible until the age of 21 or may go in and out of eligible status, depending on the youth's participation in meeting one of the eligibility requirements.

The youth's eligibility for a continued subsidy payment/services will be monitored and determined by the Subsidy Support Specialist annually. The parent will attest to whether the youth is participating in/meets one of the requirements.

1. If the youth meets one of the requirements, the subsidy payment will continue.
2. If the youth is not meeting one of the requirements, the subsidy payment will stop.

Note: If the Subsidy Support Specialist is notified that the youth meets one of the requirements at a later date (prior to their 21st birthday), the subsidy payment will start again.

EDU receives a Streamline Report for the month the youth turns 18 for any case that was Title IV-E eligible prior to the youth turning 18. For the Title IV-E ineligible subsidy cases, the Medicaid determination will occur annually. Subsequent Streamline Reports for Title IV-E determinations will be generated annually.

For every case that was previously Title IV-E eligible, the EDU must evaluate each individual month since the last eligibility redetermination to assess eligibility for that month.

1. If the youth was receiving a subsidy payment for any part of a month, the youth is eligible for that month.
2. If the youth was not receiving a subsidy payment for any full month, the youth is ineligible for that month.

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j) REQUEST FOR CANCELLATION OF MEDICAL CARD – OPEN ADOPTION CASE

At times an adoptive parent chooses to not receive the medical card through the subsidy in order to be able to access other benefits from Illinois Department of Human Services (DHS)/Department of Health and Family Services (HFS).

The adoptive parent is not able to do so as long as the DCFS medical card is active. In order to accommodate the adoptive parent, DCFS must cancel the DCFS medical card.

When this situation arises, the adoptive parent will notify their Subsidy Support Specialist. The Subsidy Support Specialist will request a letter from the adoptive parent documenting their decision to cancel the DCFS medical card.

The Subsidy Support Specialist will forward the letter to the Technical Support Unit (TSU) and this letter becomes the trigger for the cancellation.

After the DCFS medical card is cancelled, TSU notifies the Eligibility Determination Unit.

EDU will code the case indicating the DCFS medical card is cancelled purposely and should not be reopened.

The letter from the adoptive parent should be filed in the EDU file.

Section 34.90 Department Of Corrections (DOC) Medicaid Program

The Medicaid program provides medical assistance for eligible children placed in foster care like settings and in the legal custody of the Illinois Department of Corrections (DOC). Medicaid eligibility is determined by the Eligibility Determination Unit (EDU).

DOC completes an application for Medicaid for children in their custody and forwards it to the EDU. EDU is responsible for determining Medicaid eligibility for the DOC cases, and reviews the application, and all corresponding records to verify if the Medicaid eligibility requirements are met for the period of time the child was in DOC custody.

If eligibility requirements are met, the case is forwarded to the Technical Support Unit (TSU) and a medical card is opened. If the eligibility requirements are not met the case is forwarded to TSU and a medical card will not be open.

Section 34.100 Long Term Care (LTC)

The Long Term Care (LTC) program provides maintenance to DCFS youths that are physically and/or mentally challenged to a degree that requires nursing home care. These children are admitted to either an Illinois Mental Health Institution (IMH) or a Private Nursing Care Facility (NCF). The Continuing Eligibility Team in EDU is responsible for these cases. References to the LTC Coordinator means the staff person on the Continuing Eligibility Team that processes LTC cases.

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a) THE LTC COORDINATOR HAS VARIOUS RESPONSIBILITIES

These responsibilities are to ensure the following:

1. The appropriate forms are completed and forwarded to the Department of Health and Family Services (HFS) for Medicaid billing.
2. The Department's system of record reflects the child's placement into a LTC facility. If record is incorrect, a **CFS 906, Placement Payment Authorization form** is completed and forwarded to the DCFS Central Payment Unit for data entry.
3. The IMH or NCF is contacted to verify that the facility is using the child's DCFS Medicaid to bill HFS for the cost of care. DCFS does not pay the cost of care for these facilities. However, each child is entitled to a monthly personal allowance, (effective 07/01/22,) paid by the Department. The LTC Coordinator corresponds with the facility resource units and the HFS liaison, in addition to completing the appropriate paperwork if Medicaid is not being billed correctly. If a bed hold is in place, the personal allowance cannot be authorized.
4. All DCFS youths in LTC facilities receiving unearned income benefits are reported to the Children's Account Unit (CAU). The LTC Coordinator interacts with CAU to ensure that the child's unearned income is forwarded to the facility. The LTC Coordinator verifies that the facility is receiving the personal allowance, which is deducted from the Social Security benefit for the child. Any unearned income benefits are budgeted. CAU ensures that the Social Security Administration reduces the child's SSI benefit as required. SSA income is not reduced. The remainder of the SSA benefit, after the reduction and any other expenses, will be budgeted against the facility's cost of care, thus reducing what Medicaid pays. The remainder of the SSA payment, after the personal allowance deduction, is accumulated in an account maintained by CAU and is to be paid out of the account directly to the LTC facility.
5. The LTC Monthly Reports inform the LTC Coordinator of the status on all DCFS youths in LTC facilities. Both the DCFS monthly LTC Reports and the HFS monthly LTC Reports are used to verify accuracy of the Medicaid billing beginning/ending dates, budgeting of SSA/Child Support (COS) excesses, the pay out of the child's personal allowance, and documentation of the child's current placement. If a child is in receipt of SSA or COS benefits and is in a LTC placement for less than 30 days, the SSA and Child Support budgeting does not have to be completed.

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6. For children who will reach age 19 within 60 days, a DHS/HFS Medicaid/Disability application is completed requesting that the child receive their own medical card. This is disability Medicaid provided through HFS. The name and phone number of the child's Case Manager should be noted as the responsible contact person. The LTC Coordinator and Case Manager may need to participate, as requested by HFS staff, in a phone interview to provide additional information needed for the Medicaid application.
7. The foster care medical assistance case is cancelled once the DHFS liaison notifies the LTC Coordinator that the Medicaid application case has been opened. DCFS will continue to pay a personal allowance until DCFS no longer has legal custody, or the facility becomes payee of the Social Security benefits.
8. A foster care Title IV-E redetermination is completed on all LTC cases at the time the child is admitted and discharged from a facility. In addition, a redetermination is completed annually for children remaining in a LTC facility for the purpose of budgeting the Social Security benefit change. This is done in January or February.

b) THE LTC COORDINATOR HAS VARIOUS REPORTS AVAILABLE TO ASSIST IN MANAGING THE LTC CASES

These reports include:

1. IMH (DD) Facility List;
2. DCFS Monthly Children in Long Term Care Master Report;
3. DPA Monthly Foster Children in LTC Facilities; and
4. DPA Monthly Alphabetical (NCF) Provider List.

c) INCOME BUDGETING – INSTITUTION OF MENTAL HEALTH (IMH) FACILITY

Income budgeting is determining the amount of the child's unearned benefit (excluding SSI) against the child's personal allowance. If the child has no income, income budgeting is not applicable. The budgeted amount will be used for partial payment towards the facility's monthly maintenance fee. HFS pays the remaining amount owed via the child's Medicaid. If the child is not admitted into the LTC facility on the first day of the month, the child's income cannot be budgeted until the first day of the following month.

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Children who begin to receive unearned income benefits (excluding SSI) after admittance into an Institution of Mental Health (IMH) facility will need to have their income budgeted against the personal allowance.

Note: The SSA benefit amount changes at the beginning of each year. This necessitates an annual re-budgeting of any unearned income for children placed in a LTC facility.

Income is budgeted using forms prescribed by the Department of Human Services. These forms need to be completed anytime there is a change in unearned income benefits, excluding SSI. The SSI benefit amount, once adjusted, will never change, as long as, the youth remains in the IMH.

At the time the unearned benefits are verified, there are three typical situations:

1) SSI Only

The income does not need to be budgeted, as SSI is exempt. The Social Security Administration will reduce the benefit.

2) SSA Only

The personal allowance is subtracted from the SSA payment, and the remainder is paid to the facility.

3) COS Only

The personal allowance is subtracted from the COS payment and the remainder is paid to the facility.

d) INCOME BUDGETING – NURSING CARE FACILITY (NCF)

Income budgeting is determining the amount of the child's unearned benefit (excluding SSI) against the child's personal allowance. If the child has no income, income budgeting is not applicable. The budgeted amount will be used for partial payment towards the facility's monthly maintenance fee. The Department of Health and Family Services (HFS) pays the remaining amount owed via the child's Medicaid. If the child is not admitted into the LTC facility on the first day of the month, the child's income cannot be budgeted until the first day of the following month.

If the youth's trust account reflects a pending payment amount, the COS payment is not budgeted, and no funds are paid to the facility.

Children who begin to receive unearned income benefits (excluding SSI) after admittance into a NCF will need to have their income budgeted against the personal allowance.

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Note: The SSA benefit amount changes at the beginning of each year. This necessitates an annual re-budgeting of any unearned income for children placed in a LTC facility.

Income is budgeted using forms prescribed by the DHS. These forms need to be completed anytime there is a change in unearned income benefits, excluding SSI. The SSI benefit amount, once adjusted, will never change as long as the youth remains in a NCF.

At the time the unearned benefits are verified, there are four typical situations:

1) SSI Only

The income does not need to be budgeted, as SSI is exempt. The Social Security Administration will reduce the benefit.

2) SSA Only

The personal allowance is subtracted from the SSA payment, and the remainder is paid to the facility.

3) SSI and SSA

The personal allowance is subtracted from the total SSA/SSI payments and the remainder is paid to the facility.

4) COS Only

The personal allowance is subtracted from the COS payment and the remainder is paid to the facility.

Section 34.110 Cobra Determinations

The EDU is responsible for determining medical assistance through the COBRA program for children placed out of state. COBRA is Medicaid coverage paid by the state in which the child resides.

EDU reviews the child's current Title IV-E status, along with the type of out of state placement (see Appendix – Charts & Tables, of this Administrative Procedure). If the Title IV-E requirements are met, the youth will automatically be eligible to receive the residing state's medical card. Youth that do not meet the Title IV-E requirements are not COBRA eligible and are not automatically eligible to receive the residing state's medical card. The residing state may choose to allow the child to receive their medical card. Children that do not qualify for the residing state's medical card will continue to receive medical assistance through the state of Illinois.

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When a youth moves out of state, the IL Medical Card must be coded as Medicaid ineligible, as residency is a Medicaid requirement unless the youth is placed in one of the following:

1. A youth placed in an Institution or Group Home outside IL;
2. A youth attending college outside of IL; or
3. A youth placed in a hospital outside of IL.

a) COBRA PROCESS OVERVIEW

When a move out of state is being considered, the Case Manager completes a packet of information to send to the Interstate Compact on the Placement of Children (ICPC) Unit. One of the requirements is the Determination Notice documenting if the child is Title IV-E eligible or not.

Should a child be placed out of state, EDU will be notified via the Streamline Report. EDU will:

1. Determine Medicaid eligibility;
2. Determine COBRA eligibility;
3. Send the COBRA Eligible or Ineligible letter; and
4. Follow up regarding the receipt of the residing state's medical card.

b) DETERMINING COBRA ELIGIBILITY

The following guidelines are utilized when determining COBRA eligibility.

1) COBRA Eligible:

- A youth initially determined to be Title IV-E eligible by EDU and is meeting all ongoing eligibility requirements. This includes being placed in a licensed placement.
- A child placed in a relative/fictive kin home that is out-of-state **must meet the same requirements as a foster care home in that state.**

2) COBRA Ineligible:

- A youth initially determined to be Title IV-E ineligible; or
- A youth initially determined to be Title IV-E eligible but who is not meeting all ongoing eligibility requirements.

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Section 34.120 Emergency Assistance Eligibility Determination – Intact Families

Title IV-A Emergency Assistance Program (EAP) provides federal reimbursement for assistance and services that are needed to alleviate an emergency condition within an eligible family. Eligibility is family-based, not child-based.

The Eligibility Determination Unit (EDU) will only determine eligibility. Claimability of each family case is an automated process. The EDU does not close EAP cases.

In addition to determining EAP eligibility for families with children in foster care (see **Section 34.60, Foster Care Application** of this Administrative Procedure for more details), the EDU determines EAP eligibility for all intact family cases. This is completed via the **Intact Family Application CFCM 2071-A**.

The family case record is reviewed prior to processing the application. If the Case Opening Reason is any of the following, forward the case to the assigned EDU Supervisor.

1. Voluntary Withdrawal;
2. Donated Funds;
3. Service from another Agency; or
4. DASA Family Preserved.

An eligibility determination will not be made on these cases.

To determine EAP eligibility for intact family cases, the EDU staff reviews cases to determine if any of the following conditions exist:

1. Any existence of an emergency (involvement with the Department is evidence of an existing emergency);
2. Is the youth currently living with a Specified Relative;
3. Did the youth reside with a specified relative at the time of the emergency; or
4. Is the Financial Need requirement met, (This requirement is met if the family is active (or was active within the 30 days prior) on an All Kids (AK) Assist, MB-Newborn or Medical Extended (Med Ext) grants.)

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Section 34.130 Kinship Guardianship Assistance Program (Kingap)

The Kinship Guardianship Assistance Program (KinGap) is a program available for foster children as a result of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The program was signed into law on October 7, 2008.

Youth included in the Subsidized Guardianship Waiver prior to October 31, 2009 are now included in the KinGap program. Those youth who were Title IV-E eligible under the Subsidized Guardianship waiver are Title IV-E eligible for KinGap. These children will retain their eligibility for a subsequent subsidized guardianship without a successor guardian being named in the subsidy agreement in situations of death, incapacitation, or a voluntary transfer of guardianship.

An annual Medicaid redetermination will be completed on all KinGap cases via the Streamline process. For most cases, the redetermination will be completed via an automated process. If a redetermination does not meet the automated criteria, a Streamline will be printed so a manual redetermination can be completed.

1. A case will remain eligible if:
 - The youth is a citizen or qualified alien; and
 - The youth is a resident of Illinois.
2. A youth who is outside of IL for one of the following reasons is still considered an Illinois resident:
 - Placed in a residential facility;
 - Placed in a hospital; or
 - Attending college.

a) KINGAP ELIGIBILITY FACTORS

1) In Foster Care

The child must have been in Foster Care prior to the initial transfer of guardianship.

- An Agreement with a successor guardian may be entered into if the guardian dies or becomes incapacitated if the successor guardian is documented in the Guardianship Agreement.
- If an Agreement is entered into with someone other than the named successor guardian or successor guardian is not named in the Agreement, the case will be Title IV-E ineligible.

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2) Residing with a Licensed Relative or Fictive Kin

The child must have been residing with a licensed relative or fictive kin (effective 06/01/15) for at least six consecutive months prior to the transfer of guardianship. The following exceptions will be allowed:

- The child is a member of a sibling group for whom guardianship will be transferred together, of which at least one child has resided with the prospective licensed relative/fictive kin for at least six months and meets all KinGap criteria;
- The guardianship of the child will be transferred to a prospective licensed relative/fictive kin who has previously entered into a KinGap agreement for another child born of the same parent;
- A child who is 12 years of age or older and has lived with a licensed non-relative for at least six consecutive months will be allowed to enter into a KinGap arrangement (The cost of care will be state-funded as the child will not be Title IV-E eligible); or
- A child who is 12 years of age or older and has lived with an unlicensed relative for at least six consecutive months will be allowed to enter into a KinGap arrangement (The cost of care will be state-funded as the child will not be Title IV-E eligible).

3) Background Checks

Background checks must be performed on all household members of the prospective provider. The background checks should be within two (2) years of the date the Agreement was approved if the home is certified or licensed. If the home is not certified or is unlicensed, the fingerprint base ISP and FBI clearances must be within two (2) years of the date the Agreement was approved, and the CANTS and SOR checks must be within six (6) month of the approval date. A list of all background checks that are needed are the following:

- Fingerprint-based Illinois State Police (**ISP** checks must be performed for all adults (18+) in the home);
- Federal Bureau of Investigations (FBI checks must be performed for all adults (18+) in the home);
- Child Abuse and Neglect Tracking System (CANTS checks must be performed for all household members age 13+); and
- Illinois and National Sex Offender Registry (SOR checks (must be performed for all household members age 13+).

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4) Subsidized Guardianship Agreement

The Subsidized Guardianship Agreement must have been signed by the prospective guardian(s) and a DCFS representative prior to the transfer of guardianship. The Agreement must contain the appropriate documentation.

5) Case Plan

The case plan must contain the appropriate documentation.

b) AGE 18+ KINGAP CASES (Subsidized Guardianship)

Some youth are eligible for continued guardianship subsidy (SG) payments after turning 18. There are two (2) separate populations of cases:

- Non-Fostering Connections; and
- Fostering Connections.

Each population has distinct requirements to qualify for an extension of the subsidy past the age of 18. The Post Adoption/Guardianship Worker will determine if a youth meets the applicable requirement and code the case accordingly.

1) Non-Fostering Connections Population

The subsidy can be extended until the youth graduates from high school or equivalent or reaches age 19, whichever occurs first; or the subsidy can be extended until age 21 if a youth has a physical, mental, or emotional disability associated with a condition or risk factor that existed prior to the transfer of guardianship and documented prior to the youth's 18th birthday.

Non-Fostering Connections cases coded as youth under the age of 19 that are in school or under the age of 21 with a disability remain open.

- Youth under the age of 19 that are in school are not Title IV-E eligible.
- Youth under the age of 21 with a disability can be Title IVE eligible.

Note: KinGap cases that do not meet the criteria above are cancelled effective the youth's 18th birthday.

2) Fostering Connections Population

This population consists of youth who transferred to guardianship on or after 07/01/2017 **AND** were 16 years of age or older at the time of the transfer.

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The subsidy can be extended until the age of 21 for any month the youth is participating in one of the following:

- Completing secondary education or a program leading to an equivalent credential;
- Enrolled in an institution which provides post-secondary education or a vocational program;
- Participating in a program or activity designed to promote or remove barriers to employment;
- Employed at least 80 hours per month; or
- Incapable of doing any of the above due to a medical condition.

Note: While the effective date of this program is 07/01/2017, the Fostering Connections legislation change was not approved until August 2018. The ability to claim Title IV-E reimbursement begins effective 07/01/2018 (the first day of the first month of the quarter in which the State Plan was submitted).

Fostering Connections Population cases with youth age 19 and older, may be continuously eligible until the age of 21 or may go in and out of eligible status, depending on the youth's participation in meeting one of the eligibility requirements.

The youth's eligibility for a continued subsidy payment/services will be monitored and determined by the Subsidy Support Specialist annually. The guardian will attest to whether the youth is participating in/meets one of the requirements:

1. If the youth meets one of the requirements, the subsidy payment will continue.
2. If the youth is not meeting one of the requirements, the subsidy payment will stop.
 - If the Subsidy Support Specialist is notified that the youth meets one of the requirements at a later date (prior to their 21st birthday), the subsidy payment will start again.

EDU will receive a Streamline Report for the month the youth turns 18 for any case that was Title IV-E eligible prior to the youth turning 18. The Medicaid determination will occur annually. Subsequent Streamline Reports for Title IV-E determinations will be generated annually.

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For every case that was previously Title IV-E eligible, the EDU must evaluate each individual month, since the last eligibility redetermination, to assess eligibility for that month.

1. If the youth was receiving a subsidy payment for any part of a month, the youth is eligible for that month.
2. If the youth was not receiving a subsidy payment for a full month, the youth is ineligible for that month.

c) REQUEST FOR CANCELLATION OF MEDICAL CARD – OPEN GUARDIANSHIP CASE

A guardian may decline the medical card through the subsidy to be able to access other benefits from DHS/HFS such as benefits that would cover both a minor and their baby.

The guardian may not accept equal benefits from other state agencies when the DCFS medical card is active. To accommodate the guardian, DCFS must cancel the medical card.

When this situation arises, the guardian will notify their Subsidy Support Specialist. The Subsidy Support Specialist will request a letter from the guardian documenting their decision to cancel the medical card provided to the child through the subsidy. The Subsidy Support Specialist will forward the letter to TSU and this documentation becomes the trigger for the cancellation.

After the DCFS medical card is cancelled, TSU notifies the Eligibility Determination Unit. The EDU will document the closure of the DCFS medical card and this documentation will identify that the DCFS medical card was cancelled purposely and should not be reopened. The letter should be placed in the EDU file.

Section 34.140 Quality Review Process

The quality review process is an integral part of the Office of Federal Financial Participation's internal controls over the eligibility determination process. Accurate determinations are vital to the Department. Accurate determination work is defined as obtaining all necessary initial and/or ongoing eligibility information and correctly applying that information to formulate an appropriate determination. The file must contain the correct documentation, such as necessary screen prints, and the narrative must completely and accurately support the case determination.

a) INCORRECT DETERMINATIONS

Incorrect determinations may cause the loss of substantial federal reimbursement funds. Determination errors are assessed in three ways. These errors are assessed and reviewed by the processing worker's Supervisor and the Manager of the EDU. A determination is made on whether the error is a critical error, an informational error, or a questionable error based upon their assessment.

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1) Critical

Critical errors are those errors that cause the federal claim to be inaccurate. A critical error may occur if specific eligibility criteria is inaccurately applied, if incorrect eligibility information is entered into the record, or the data was not entered into the record at all.

2) Informational

Informational errors are those that do not affect the federal claim because the overall determination is correct. An informational error may occur if supporting documentation is inadequate or missing, the narrative or face sheet is incomplete, the file was not properly organized, or an incorrect process was used that happened to result in the correct determination.

3) Questionable

Questionable errors include those instances where the process utilized by the determination worker is questionable and therefore could possibly lead to an incorrect eligibility determination. This type of error includes determinations utilizing unclear or insufficient documentation as a basis for the determination.

b) QUALITY REVIEW PROCESS

There are two different quality review processes performed continuously in the EDU. These include training and monitoring.

Staff in training have 100% of their cases reviewed during their training process. The trainer reviews the cases completed by the trainee on the first day after a trainee learns a new process. The trainer provides immediate review and feedback.

- If the trainee has significant errors, further training is provided.
- If the trainee demonstrates substantial understanding of the process, the rest of the cases are reviewed by the EDU supervisor.

The trainer shares the results of the quality review with the trainee's supervisor.

Fully trained determination workers also undergo review by their supervisor and manager. These reviews provide valuable information to ensure cases are determined correctly and highlight areas needing further training. The EDU Supervisor performs monthly reviews on a random sample of cases for accuracy and quality determinations. The EDU Manager reviews a sample of the work reviewed by the EDU Supervisor(s) from the previous month.

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Section 34.150 Candidacy

A candidate is a youth who has been determined to be at serious risk of being removed from the home and placed into foster care as evidenced by DCFS:

1. Pursuing removal of the youth from the home; or
2. Making reasonable efforts to prevent the removal.

In order for the Department to be reimbursed by the federal government, certain criteria must be met.

A youth can be documented as a candidate at the point the case plan has been completed with documentation of reasonable efforts.

A youth will no longer be documented as a candidate if the redetermination no longer documents the youth is at serious risk of removal or if the youth is placed into foster care.

In Illinois, candidacy is determined and redetermined through the Random Moment Time Study process.

Section 34.160 Indian Child Welfare Act

The Indian Child Welfare Act of 1978 is a federal law which was enacted to promote the identity of Indian children and their connection or affiliation with their Indian tribe. The Department recognizes that Indian children are central in the maintenance of Indian tribal culture, traditions, and values.

At certain times, a case is transferred from an Illinois Court to a Tribal Court. When this happens, the Case Manager will contact the EDU. The Case Manager will include case identifying information and request copies of all documents supporting the Title IV-E and Medicaid eligibility determinations.

When a request is received, EDU will scan the Eligibility File and email it to the requesting Case Manager.

Section 34.170 Family First Prevention And Services Act (FFPSA) – Eligibility And Claiming

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018. This Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B, of the Social Security Act. The act supports important reforms in child welfare as we re-imagine DCFS as a department that emphasizes prevention, early intervention, and evidence-based practices for children and families. The Act also seeks to improve the well-being of children already in foster care by incentivizing States to reduce placement of children in congregate care. The FFPSA transforms federal financing for child welfare programming through placement and prevention services.

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a) PLACEMENT SERVICES

1) Qualified Residential Treatment Programs (QRTP) Claiming Rules

A) 30-day Assessment and 60-day Court Approval

- i. If either is late or did not occur, the entire QRTP placement episode is not Maintenance Claimable. The case is eligible for administrative costs if the youth meets all other Title IV-E Foster Care eligibility requirements.
- ii. If 30-day Independent Assessment does not agree with the QRTP placement, there will be no court hearing and maintenance claiming can only continue for up to 30 days.
- iii. If the 60-day Court Hearing does not agree with QRTP placement, claiming can continue for up to 30 days after the negative decision was made.
- iv. If 30-day Assessment and 60-day Court Approval agree with the QRTP placement, the episode is claimable and will be controlled by length of stay rules.

B) Length of Stay (LOS) Rules

- i. Six months = 182 days; twelve months = 365 days; eighteen months = 547 days; LOS maximums apply to the entire time DCFS has legal custody of the child – if legal is lost, the QRTP clock is reset
- ii. QRTP rules do not apply to QRTP placements that began before the Illinois FFPSA implementation date.
- iii. All QRTP treatment days of care provided (claimable and non-claimable) count towards LOS claimable maximums.
- iv. Any short-term absence (less than 60 days) from an approved QRTP does not count as QRTP treatment days of care and does not require a new assessment and court approval if returning to the same QRTP. To be recognized, absences must be recorded in Department's system of record. Any absence lasting more than 60 days from an approved QRTP will not count toward QRTP days of care and will require a new assessment and court approval if returning to a clinically appropriate QRTP, even if the same QRTP.

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- v. If a youth enters a QRTP and will not turn 13 years of age within 6 months of the placement, maximum claimable LOS is 6 months for the episode and 6 months total from all QRTP placement episodes while the child is less than 13 years old.

Note: Claimable LOS extends to 12 months consecutive/18 months non-consecutive on the first new QRTP placement episode after youth is over 13 years old but is reduced by the number of QRTP days the youth was provided prior to reaching 13 years of age.

- vi. If a youth enters a QRTP placement within 6 months of turning 13 years of age and remains there past their 13th birthday, the maximum claimable LOS is 12 consecutive months or 18 non-consecutive months – reduced for any QRTP days of care provided prior to the youth’s 13th birthday.

C) Director’s Waivers

- i. If a Director’s Waiver is obtained within 30 days of the maximum claimable LOS being reached, that specific QRTP episode can remain claimable as long as periodic independent assessments find the treatment provided by the specific QRTP to be necessary. Periodic Independent assessments should occur every 90 days for youth under 13 years of age and every 180 days for youth 13 years and older. If an independent assessment finds the QRTP placement is no longer needed, the youth will have up to 30 days from that point to be moved. After 30 days the QRTP is no longer claimable.
- ii. A Director’s waiver can extend claimable QRTP days in a subsequent QRTP placement even if the claimable maximum days had already been reached prior to the new QRTP placement, as long as, the waiver was obtained within 60 days of placement and is informed by the independent assessment that occurred within 30 days of the Placement and is approved by the Court in a hearing that occurred within 60 days of the Placement.

Note: Compliance with the above QRTP claiming rules will be tracked in the Department’s system of record. The Central Payment Unit translates the information into claimable and non-claimable transactions to control claiming.

2) Specialized Settings Providing Prenatal, Post-Partum, or Parenting Supports for Youth

This placement is defined as a substitute care placement setting providing high-quality residential care and supportive services to youth who are pregnant or are

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caring for their youth child. There is no maximum number of claimable placement days nor is an independent assessment or court approval required.

Specialized Settings Providing Prenatal, Post-Partum, or Parenting Supports for Youth substitute care placements will use specific type service codes to control claiming. The Federal Claiming tables used to calculate Title IV-E Foster Care claiming will consider the Specialized Settings Providing Prenatal, Post-Partum, or Parenting Supports for Youth program type service codes claimable if the youth was otherwise Title IV-E Foster Care eligible.

3) Programs to Address Victims/Potential Victims of Human Trafficking

This placement is defined as a substitute care placement setting providing high-quality residential care and supportive services to children and youth who have been found to be, or at risk of becoming human trafficking victims. There is no maximum number of claimable placement days nor is an independent assessment or court approval required.

Human trafficking substitute care placements will use specific type service codes to control claiming. The Federal Claiming tables used to calculate Title IV-E Foster Care claiming will consider the human trafficking program type service codes claimable if the youth was otherwise Title IV-E Foster Care eligible.

4) Independent Living Programs for Youth 18 and Over

This placement is simply defined as a supervised setting in which the youth who has attained 18 years of age is living independently. There is no maximum number of claimable placement days nor is an independent assessment or court approval required.

Independent Living Program placements will use specific type services to control claiming. The Federal Claiming tables used to calculate Title IV-E Foster Care claiming will consider the Independent Living Program type service codes claimable if the youth was otherwise Title IV-E Foster Care eligible and was at least 18 years old but not greater than 21 at the time the service was provided.

5) Foster Care Programs

Foster Care programs include all licensed traditional, home of relative, specialized and treatment foster homes. There is no maximum number of claimable placement days nor is an independent assessment or court approval required.

Foster Care Program placements will use specific type services to control claiming. The Federal Claiming tables used to calculate Title IV-E Foster Care claiming will consider the foster care program type service codes claimable if the youth was otherwise Title IV-E Foster Care eligible.

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6) All other Placements

Any other substitute care placement not addressed in A. thru D., if appropriately licensed can be claimed up to the first 14 days of placement.

The Federal Claiming tables used to calculate Title IV-E Foster Care claiming will consider the first 14 days in an “All Other Placement” setting claimable if the youth was otherwise Title IV-E Foster Care eligible. Examples of other placements are an emergency shelter or a child caring institute that does not qualify as a QRTP.

Note: Currently Illinois DCFS does not utilize any residential programs that place a child under DCFS’ legal custody with a parent residing in a licensed residential family-based treatment facility for substance abuse although federal legislation allows claiming under Title IV-E Foster Care to the extent permitted under 42 U.S.C. 472(j).

b) PREVENTION SERVICES

Prevention services must be listed on the Federal Clearing House as Promising Practice, Supported, or Well Supported programs and included in Illinois’ approved Prevention Plan before they can be considered Title IV-E claimable. Further, the youth receiving prevention services must be part of the Illinois prevention services candidate pool (Extended Family Support, Intact Family, Reunification or Post Adoption / Guardianship), have an approved individual prevention plan covering no more than 12 months that authorizes specific prevention services, and those authorized services must be provided during the period covered in the youth’s prevention plan and be documented on the evidence based prevention service provider’s detailed billing. If the billed services do not match the client, the authorized services in the prevention plan and the service period covered by the prevention plan, the services are not claimable.

The Federal Claiming System will determine the claimability of each evidenced based service billed for in a quarter by matching up the individual prevention plan in the Department’s system of record (the actual services authorized by type of service code and period covered) with the detailed paid services information.

Section 34.180 Trial Home Visits

A Trial Home Visit (THV) is when a youth is returned to the home of a parent while the Department retains legal responsibility for that child. At times, these children return to foster care. The Title IV-E eligibility decision is based on the number of months the child was with the parent. The number of months is calculated on a month-to-month basis and is not day specific.

The EAP eligibility is determined on the date the child comes back into care. If the youth and/or a family member are in receipt of SSI, the case is EAP eligible. Otherwise, the case is EAP ineligible.

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Note: Policy Guide 2002.12 indicates a new order should be obtained.

a) ELIGIBILITY DETERMINATION PROCESS

Based on the court order(s), the EDU determines the status of the case. The determination will be done outside of Standard Narrative. The **CFS 458-B, Part I** form will not be collected for this population. The Case Manager and Supervisor will need to be contacted. The determination process includes the following procedures:

1. If a **new removal order** was entered **with the required findings**, an initial Title IV-E eligibility determination must be made using the new removal date as the eligibility month. The case is coded depending upon the eligibility determination outcome, effective the date the judicial findings were made.
2. If a **new removal order** was entered **without the required findings**, an initial Title IV-E eligibility determination must be made using the new removal date as the eligibility month. The case is ineligible since the findings were not made. The case is coded including any other applicable claim codes effective the date the child returned to foster care.
3. If a new removal order was not entered and the review of the existing court orders indicate that the **court authorized the extension** of the Trial Home Visit the case is reinstated to the prior eligibility status effective the date the child returned to foster care.
4. If a new removal order was not entered and the review of the existing court orders indicate that the **court did not authorize the extension** of the Trial Home Visit, the case is not eligible. The case is coded ineligible effective the date the child returned to foster care.
5. If the **THV Extension court orders were not requested** as the case was previously ineligible, the case is not eligible. The case is coded ineligible, including any other applicable claim codes, effective the date the child returned to foster care.

b) HMP LESS THAN 6 MONTHS

When a child is placed with a parent and the child returns to foster care within 6 months and the Department maintains legal responsibility while the child was with the parent, the previous eligibility status is reinstated effective the date the child returns to care. If the case was Title IV-E eligible prior to the cancellation, the case returns to Title IV-E eligible status. All ongoing eligibility requirements must be reviewed and documented accordingly. For example, if the case is being reinstated but there has not been a timely permanency hearing/reasonable efforts finding, the case must be documented as temporarily ineligible.

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If the case was Title IV-E ineligible prior to the cancellation, the case returns to Title IV-E ineligible status.

1) Identification of Cases – HMP More Than 6 Months

Several things will be triggered when a youth re-enters foster care after being placed with a parent for more than 6 months:

- The case will appear in the Court Tracking System;
- The case will appear on the TRIAL HOME VISIT REPORT; and
- The case will appear in the next run of Streamline reports.

2) Court Tracking System Process

A THV case is imported into Court Tracking when a **CFS 906, Placement Payment Authorization** form is entered into the Department’s system of record showing a youth is back in a foster care placement after being home with a parent for more than six months.

The Court Tracking Team will determine if the initial court order has already been received in the “DCFS.InitialCourtOrder-Petition” mailbox for the case. If not received, the initial court order will be requested and automated reminders will be sent. If the court order is received, the Court Tracking Team will record the findings in Court Tracking and forward the document to the EDU staff member. If the court order does not have the appropriate findings, the applicable correction will be requested.

When the THV Extension orders are received within 30 days, they must be reviewed to determine whether the THV requirements have been met. Upon review Court Tracking must be updated to reflect the “Met” or “Unmet” status. If the orders are not received within 30 days, the EDU staff member is to re-request the THV Extension orders, at least once; and review the Department’s system of record to ensure the request has been sent to the correct worker and supervisor. An additional level of supervisor may be added including APME, if applicable, to the second request for the THV Extension orders. The EDU THV worker will then make the decision that the THV requirements are not met and no further requests will be made.

3) Trial Home Visit Judicial Findings Determination Process

For each case on the Trial Home Visit Judicial Determination Report or identified via Streamline, the Court Tracking team determines if a court order has been requested or received.

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If an order was received in the mailbox, it will be forwarded to the EDU staff member. If the case cannot be found in Court Tracking, the EDU staff will manually add the case and requests the court order. If the case is found in Court Tracking but the order has not been received or requested, the court order is requested.

If a court order has been received, staff reviews the new “removal” court order to determine if it contains the contrary to the welfare, reasonable efforts to prevent placement and placement and care findings. Court Tracking is then updated to reflect the order date and whether the judicial findings have been made.

If the court order has not yet been received, automated reminders will be sent via Court Tracking.

When it has been determined that a new order has not been entered in court, the Court Tracking Team will request all orders entered between the date the youth was placed with the parent and the date the youth re-entered foster-care.

When the orders are received, they must be reviewed to determine if the Trial Home Visit had been extended by the court. Review the first order that sanctioned the placement with the parent. Determine the date of the next scheduled hearing. Determine if there was a hearing held on or prior to the “next scheduled hearing” date. If yes, determine if the order continues to sanction the home of parent placement and determine the next scheduled hearing date. Repeat the process until a new hearing sanctioning the home of parent placement is not held on or prior to the scheduled date or the child returns to foster care. If the hearings continue to be held timely and they sanction the continuing placement with the parent, the THV judicial requirement is met, update Court Tracking to show a “Met” status. If the placement is not sanctioned, the THV judicial requirement is not met. Update Court Tracking to show the status of “Not Met.”

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Appendix A Charts and Tables

a) UNDER 18 YEARS OLD – LIVING ARRANGEMENT CHART

The following table identifies qualifying of placements and their claimability status, continued:

CLAIMABLE	NOT CLAIMABLE	NOT ELIGIBLE
GRH: Group Home	OTH: Other	HHF: Hospital Health Care
IPA: Private Child Care Institution	RNY: Runaway	HFM: Hospital Facility – Medical
IPS: Institution Private Shelter	WUK: Whereabouts Unknown	HFP: Hospital Facility – Psychiatric
FHB: Licensed Foster Home Boarding (DCFS)	WCC: Whereabouts Unknown – periodic contact with Case Manager	IMH: Illinois Mental Health Institution
FHP: Licensed Foster Home Boarding (Private Agency)	UNK: Unknown	NCF: Nursing Care Facility
FHS: Licensed Foster Home Specialized	ABD: Abducted	ICF: Institution (DCFS)
EFC: Licensed Emergency Foster Care	UAP: Unauthorized Placement	IRS: Institution Residential
TFH: Licensed Therapeutic Foster Home	JTP: Job Training Program	YES: Youth Emergency Shelter
FHA: Licensed Foster Home Adoptive	HMR: Unlicensed Home of Relative (within 260 days)	IDC: Illinois Department of Corrections
FHI: Licensed Foster Home Indian	ILO: Independent Living Only	DET: Detention Center
HMR: Licensed Home of Relative	TLP: Transitional Living Program – CWA license only	HMR: Unlicensed Home of Relative (exceeding 260 days)
TLP: Licensed Transitional Living Program w/CCI license	HFK: Unlicensed Home of Fictive Kin (within 260 days) – eff. 06/01/15	UNLICENSED HOMES: FHS, FHA, FHI, FHP, FHB, EFC, TFH
HFK: Licensed Home of Fictive Kin – eff. 06/01/15		YIC: Youth in College
QRT: Qualified Residential Treatment		YIE: Youth in Employment
		CUS: College Youth Study Program
		CIL: Community Integrated Living Arrangement
		HFK: Unlicensed Home of Fictive Kin (exceeding 260 days) – eff. 06/01/15

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b) 18 - 20 YEARS OLD – LIVING ARRANGEMENT CHART

CLAIMABLE	NOT CLAIMABLE	NOT ELIGIBLE
GRH: Group Home	OTH: Other	HHF: Hospital Health Care
IPA: Private Child Care Institution (CWA license is acceptable)	RNY: Runaway	HFM: Hospital Facility – Medical
IPS: Institution Private Shelter (CWA license is acceptable)	WUK: Whereabouts Unknown	HFP: Hospital Facility – Psychiatric
FHB: Licensed Foster Home Boarding (DCFS)	WCC: Whereabouts Unknown – periodic contact with Case Manager	IMH: Illinois Mental Health Institution
FHB: Unlicensed Foster Home Boarding (DCFS)** – eff. 04/01/15	UNK: Unknown	NCF: Nursing Care Facility
FHP: Licensed Foster Home Boarding (Contributing Agency)	ABD: Abducted	ICF: Institution (DCFS)
FHP: Unlicensed Foster Home Boarding (Contributing Agency)** – eff.04/01/15	UAP: Unauthorized Placement	IRS: Institution Residential
FHS: Licensed Foster Home Specialized		YES: Youth Emergency Shelter
FHS: Unlicensed Foster Home Specialized** – eff. 04/01/15		IDC: Illinois Department of Corrections
EFC: Licensed Emergency Foster Care		DET: Detention Center
EFC: Unlicensed Emergency Foster Care**		CIL: Community Integrated Living Arrangement
TFH: Licensed Therapeutic Foster Home		
TFH: Unlicensed Therapeutic Foster Home**		
FHA: Licensed Foster Home Adoptive		
FHA: Unlicensed Foster Home Adoptive** – eff. 04/01/15		
FHI: Licensed Foster Home Indian		

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FHI: Unlicensed Foster Home Indian** – eff. 04/01/15		
HMR: Licensed Home of Relative		
HMR: Unlicensed Home of Relative** – eff. 04/01/15		
TLP: Transitional Living Program (w/CWA license – address irrelevant)		
JTP: Job Training Program		
ILO: Independent Living Only		
YIC: Youth in College		
YIE: Youth in Employment		
CUS: College Youth Study Program		
HFK: Licensed Home of Fictive Kin – eff. 06/01/15		
HFK: Unlicensed Home of Fictive Kin** – eff. 06/01/15	** An unlicensed foster/relative home is eligible as this placement is considered a supervised Independent Living Arrangement when the youth turns 18 years old.	
QRT: Qualified Residential Treatment		

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c) CHILD PATH TO TITLE IV-E ELIGIBILITY FOR ADOPTION ASSISTANCE
(applicable age for fiscal year)

The chart below refers to the applicable child path to Title IV-E eligibility for adoption assistance.

In 2018, Congress passed the Family First Prevention Services Act, beginning January 1, 2018, through June 30, 2024, all children, age 2 or older by the end of the current federal fiscal year are eligible. **Starting July 1, 2024 all children will be eligible based on age (any age).**

In the case of fiscal year:	The applicable age is:
2010	16
2011	14
2012	12
2013	10
2014	8
2015	6
2016	4
2017 through 2023	2
2024	2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age.

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d) ILLINOIS STANDARD OF NEED BY COUNTY

The following table identified Illinois Standard of Need by County:

GROUP	COUNTIES	IL AFDC STANDARD OF NEED	INCOME MAXIMUM (185%)
I	Boone, Champaign, Cook, DeKalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Ogle, Whiteside, Winnebago, Woodford	\$541	\$1,000
II	Adams, Bureau, Carroll, Clinton, Coles, DeWitt, Douglas, Effingham, Ford, Fulton, Grundy, Henry, Iroquois, Jackson, JoDaviess, Knox, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, McDonough, McLean, Mercer, Monroe, Morgan, Moultrie, Peoria, Piatt, Putnam, Rock Island, Sangamon, St. Clair, Stephenson, Tazewell, Vermillion, Wabash, Warren, Will	\$521	\$963
III	Alexander, Bond, Brown, Calhoun, Cass, Christian, Clark, Clay, Crawford, Cumberland, Edgar, Edward, Fayette, Franklin, Gallatin, Greene, Hamilton, Hancock, Hardin, Henderson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Marion, Marshall, Mason, Massac, Menard, Montgomery, Perry, Pike, Pope, Pulaski, Randolph, Richland, Saline, Schuyler, Scott, Shelby, Stark, Union, Washington, Wayne, White, Williamson	\$442	\$817

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e) EXEMPT INCOME AND NON-EXEMPT INCOME

The following tables identify exempt and non-exempt income in the determination of financial need for entitlements under Title IV-E, Medicaid, and Emergency Assistance Program.

<u>EXEMPT INCOME</u>	TITLE IV-E	MEDICAID	EAP
Supplemental Security Income (SSI)	X	X	X
Income of a Full-Time Student	X (<18 yrs)	X (<19 yrs)	X (<18 yrs)

NON-EXEMPT INCOME	TITLE IV-E	MEDICAID		EAP
		Before 09/27/16	Effective 09/27/16	
Employee Earned Income (wage, commission, salary, tips, etc.)	X	X	All income is disregarded for DCFS youth.	X
Self-Employed Income (profit from a business, farm, etc.)	X	X		X
Lump Sum Payments (inheritance, judgment, tax refund, etc.)	X	X		X
Trust Fund (income realized from a trust)	X	X		X
Voluntary Court-Ordered Contributions (child support, alimony, etc.)	X	X		X
Federal, State, or Municipal Retirement (benefits received by retired employees or dependents)	X	X		X
Private Pension Benefits (benefits received by retired employees or dependents)	X	X		X
Real Estate Income (income received from the sale of homestead or non-homestead real property)	X	X		X

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f) EXEMPT ASSETS AND NON-EXEMPT ASSETS

The following tables identify exempt and non-exempt assets in the determination of financial need for entitlements under Title IV-E, Medicaid, and Emergency Assistance Program.

<u>EXEMPT ASSETS</u>	TITLE IV-E	MEDICAID	EAP
Inaccessible Assets (\$ in an irrevocable trust or otherwise inaccessible during the eligibility month)	X	X	X
Homestead Property (home and surrounding property which is the usual residence)	X	X	X
Clothing, Personal Effects, Household Furnishings	X	X	X
Initial \$1,500 of Primary Vehicle's Value	X	X	X (total \$ of 1 st vehicle)
Coupon Allotments for Food Stamps	X	X	X
Burial Plots	X	X	X
Prepaid Funeral Agreements (\$1,500 or less per person)	X	X	X
Dedicated Supplemental Security Income Accounts (SSI)	X	X	X
Non-Recurring Lump Sum Payments	X	X	X
Assets of Parent(s) Who Receives Supplemental Security Income (SSI)	X	X	X

NON-EXEMPT ASSETS	TITLE IV-E	MEDICAID		EAP
		Before 09/27/16	Effective 09/27/16	
Checking Account (\$ in the account for the eligibility month)	X	All assets are disregarded for youth. DCFS	All assets are disregarded for youth. DCFS	X
Cash on Hand (other cash on hand for the eligibility month)	X			X
Life Insurance (cash value of the policy owned by the parent(s) or child)	X			X
Recreational Motor Vehicles (equity value, other than the primary source of transportation)	X			X
Automobiles (excess value > \$1,500 must be counted as an asset for primary, also value of all other autos)	X			X (not primary)
Savings Account (\$ in the account for the eligibility month)	X			X
Stocks/Bonds (equity \$ of any stocks/bonds that the family owns or has an interest in)	X			X

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g) MEDICAID ELIGIBLE LIVING ARRANGEMENTS BY PLACEMENT TYPE

The following tables identify Medicaid Eligible living arrangements by placement type:

ELIGIBLE	INELIGIBLE
GRH: Group Home	IDC: Illinois Department of Corrections
IPA: Private Child Care Institution	DET: Detention Center
IPS: Institution Private Shelter	ASD: Armed Service Division
FHB: Foster Home Boarding (DCFS)	HMP: Home of Parent
FHP: Foster Home Boarding (Private Agency)	UAH: Unauthorized Home of Parent
FHS: Foster Home Specialized	
EFC: Emergency Foster Care	
TFH: Therapeutic Foster Home	
FHA: Foster Home Adoptive	
FHI: Foster Home Indian	
HFK: Fictive Kin Home	
HMR: Home of Relative	
TLP: Transitional Living Program	
OTH: Other	
RNY: Runaway	
WUK: Whereabouts Unknown	
WCC: Whereabouts Unknown – periodic contact with Case Manager	
HHF: Hospital Health Care	
HFM: Hospital Facility – Medical	
HFP: Hospital Facility - Psychiatric	
IMH: Illinois Mental Health Institution	
NCF: Nursing Care Facility	
ICF: Institution (DCFS)	
IRS: Institution Residential	
YES: Youth Emergency Center	
ILO: Independent Living Only – under age 21	
YIC: Youth in College – under age 21	
YIE: Youth in Employment – under age 21	
CUS: College Youth Study Program – under age 21	
ILO: Independent Living Only – age 21+ - referred to the ACA-Former Foster Care Program*	
YIC: Youth in College – age 21+ - referred to the ACA-Former Foster Care Program*	
YIE: Youth in Employment – age 21+ - referred to the ACA-Former Foster Care Program*	
CUS: College Youth Study Program – age 21+ - referred to the ACA-Former Foster Care Program*	
CIL: Community Integrated Living Arrangement – age 21+ - if not on a 93 grant, referred to the ACA- Former Foster Care Program*	
QRT: Qualified Residential Treatment	

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h) TRIGGERS FOR A HOME OF RELATIVE PLACEMENT, CONSISTENT WITH THE STREAMLINE REPORT

The following table identifies triggers for a Home of Relative placement, consistent with the Streamline Report:

Trigger Description	Action Needed For Youths Under Age 18
Relative Unlicensed Clock Starts: The start of the relative's 260 day clock to get licensed	Eligible/Not Claimable HMR/HFK
HMR/HFK home over 260 days unlicensed: Relative's 260 days have passed and the home is not licensed	Ineligible HMR/HFK
Unlicensed home w/no kids in home: Relative home no longer has any kids placed in the home	No action taken.
60 day clock reset - No HMR/HFK kids: HMR/HFK did not have any related children in it for more than 60 days; therefore the 260 day clock will be reset and if a child is placed in the home at a later date, the licensing process begins again	No action taken.
Licensed home w/at least 1 HMR/HFK kid: Relative home has been licensed	Eligible HMR/HFK
260 Days Passed – No current HMR/HFK kids: Relative home passed the 260 days to be licensed but there are no HMR/HFK kids currently in the home	No action taken.

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