

CFS-490
Arkansas Department of Human Services
Instructions

Purpose: The CFS-490 form will be completed by the DCFS Eligibility Unit to document continued eligibility for the Title IV-E and Medicaid Programs. A form will be completed for each redetermination and will be filed in the foster child's eligibility case record.

CHILD'S INFORMATION

Client ID: Enter the child's client identification number from the CHRIS system.

Name: Enter the child's name (last name, first name, middle name)

Removal Date: Enter the date the child was removed from the home based on information the county worker entered in the CHRIS system.

Removal County: Enter the name and three digit code of the county from which the child was removed based on the information the county worker has entered in the CHRIS system.

SSN: Enter the Social Security Number of the child. If a pseudo SSN has been assigned by the county worker and the actual SSN is known, use the actual SSN. If the actual SSN is not known, use the same pseudo SSN assigned in CHRIS for Medicaid.

How Verified: Enter the method the Eligibility Analyst used to verify the actual SSN. If a pseudo SSN is used indicate how it has been verified that an actual SSN has been applied for.

DOB: Enter the child's date of birth. Enter Month, Day, Century, and Year

How Verified: Enter the method the Eligibility Analyst used to verify the child's date of birth. For example, birth certificate, family bible, etc.

Age at Redetermination: Enter the age of the child in years at the end of the redetermination period.

Is Child a Citizen: Select Yes or No to indicate the citizenship status of the child. If the child is not a citizen but is a lawfully admitted alien, select Yes but complete the next section of the form appropriately. A copy of the lawfully admitted alien's document is to be in the eligibility case file.

How Verified: Document the method the Eligibility Analyst used to verify the citizenship status of the child. If the child is not a citizen but is a lawfully admitted alien, document the method used to verify, the child's alien number, and include a copy of the SAVE system verification for the alien number.

COURT ORDER INFORMATION

Answer Yes or No to indicate if the child was IV-E eligible at any time during the redetermination period. If yes, continue completing the information on page 1. If no, skip to page 2 to complete Medicaid redetermination information.

The purpose of the Periodicity Chart for Reasonable Efforts to Finalize the Permanency Plan is to record each judicial finding during the redetermination period to ensure that the finding is met each 12 month period of the foster care removal. The first entry on the Periodicity Chart will be the last order prior to the redetermination period for which the redetermination is being completed.

Complete items A and B if this is the first redetermination for the removal episode. If it is not the first redetermination for the removal, skip to item C.

Date Removed: Enter the date the child was removed from the home based on information the county worker entered in the CHRIS system

Date Entered Foster Care: Enter the date of the Petition for Emergency Custody. If there is no Petition for Emergency Custody, enter the same date as the Date Removed.

Item A - Judicial Determination Reasonable Efforts to Prevent Removal (Name of Order):

Enter the name of the Court Order that was used to meet reasonable efforts to prevent removal.

Date of Order: Enter the date of the judicial determination.

Signed? : Select Yes or No to indicate if the Court Order is signed. If it is not signed, the Order may not be considered for the purposes of the chart.

Timely? (60 days): Select Yes or No to indicate if the finding was made within the first 60 days of the removal. If no, the child will not be claimable for the entire removal episode. Check No for this item and for **RE Met** and update CHRIS to show that reasonable effort was not met for the first 60 days of the removal. Additionally, if No is selected for this item then there is no need to complete B or C.

RE Met? : Select Yes or No to indicate if the required reasonable efforts to prevent removal language is met. If Signed, Timely, and RE Met are all Yes, proceed to B and C. If Signed, Timely, or RE Met is No, skip B and C and continue to Final Determination Summary – IV-E.

Item B - Judicial Determination of Dependency/Neglect (Name of Order): Enter the name of the Court Order that was used to determine dependency/neglect.

Date of Order: Enter the date of the judicial determination.

Signed?: Select Yes or No to indicate if the Court Order is signed. If it is not signed, the Order may not be considered for the purposes of the chart.

Item C – Periodicity Chart for Judicial Determinations for Reasonable Efforts to Finalize the Permanency Plan (Name of Order): Enter the name of Court Order that was used to meet reasonable efforts to finalize the permanency plan.

Date Due: Enter the date the next judicial determination of *Reasonable Efforts to Finalize the Permanency Plan* was due based on the previous Order. If this is the first redetermination for the removal episode the Due Date will be 12 months from the Date of Order in B – Judicial Determination of Dependency/Neglect. Otherwise, the Due Date is 12 months after the last judicial determination of reasonable efforts to finalize the permanency plan was made.

Date Made: Enter the date of the court order listed on the row.

Signed? : Select Yes or No to indicate if the Court Order is signed. If it is not signed, the Order may not be considered for the purposes of the chart.

Timely?: Select Yes or No to indicate if the finding was made within the 12 month period for which it was due. If yes, proceed to the next court order. If no, the child will be non-claimable until the month that the next judicial determination to finalize the permanency plan is made.

REFPP: Select Yes or No to indicate if the order documents the judicial determination about the reasonable efforts of the agency to finalize the child’s permanency plan. If yes, proceed to the next court order. If no, the child will be non-claimable until the month that the next judicial determination to finalize the permanency plan is made.

FINAL REDETERMINATION SUMMARY – IV-E

Complete if child failed to meet the REPP for any part of redetermination period or if the child aged out of the IV-E Program. Select the Non-Claimable Reason, either REPP Not Met or Age. Record begin and end dates associated with the reason selected. If there is no end date that occurred during the redetermination period, leave the end date blank. Note that if there may be more than one status determination for the redetermination period. A child may have multiple claimability statuses. This is the claimability status of the child, not the provider. Two statuses may be entered. If additional statuses are needed, record them under the Comments section on page 1 of the form.

Reason: Check the appropriate reason that the child is IV-E eligible but not claimable. If the child is any other status than IV-E Eligible not Claimable, leave blank.

Begin Date: Enter the date (mm/dd/ccyy) that the status begins.

End Date: Enter the date (mm/dd/ccyy) that the status ends. If the status does not end, leave blank.

Comments: Use this space to include any additional comments about the eligibility determination. Include additional comments, if needed, on a separate narrative sheet but refer to the separate narrative sheet in this comments section so that a reviewer is aware that additional documentation is available.

MEDICAID – Age

Complete the following sections to validate that the child is participating, if eligible, in the appropriate Medicaid category.

Select the Current Medicaid category: Select the Medicaid category in which the child is participating during the redetermination period. If the Medicaid category is not in the listing, document the category on the form.

Age limit for current category: Enter the age limit for the Medicaid category.

MEDICAID - Income

Was income found for the child during the redetermination period? Select Yes or No indicate if income was found.

If no, how verified? Document how it was verified that no income existed for the child during the redetermination period.

In this section list all income for the child during the redetermination period. If additional space is needed, use Additional Documentation Attachment. For a full discussion of income refer to the Financial Assistance Manual policy FA 2350-2379.

Type: Enter the type of income received by the child during the redetermination period.

Amount: Enter the amount of the income received by the child during the redetermination period.

Frequency: Enter the frequency of the income.

How Verified: Document how the income was verified.

Total Countable Income: Enter the total monthly amount of countable income for the child during the redetermination period.

Income limit for the current category: Enter the income limit for the child's current Medicaid category.

MEDICAID - Resources

Were resources found for the child during the redetermination period? Select Yes or No to indicate if resources were found.

If no, how verified: Document how it was verified that no resources existed for the child during the redetermination period.

In this section list all resources for each individual to be included in the removal home. If additional space is needed, use Additional Documentation Attachment. For a full discussion of resources refer to the Financial Assistance Manual policy FA 2300-2344.

Type: Enter the type of resource owned by the child during the redetermination period.

Value: Enter the value of the resource owned by the child during the redetermination period.

How Verified: Document how the resource was verified.

Total Countable Resources: Enter the total amount of countable resources for the child during the redetermination period.

Resource limit for the current category: Enter the resource limit for the child's current Medicaid category.

MEDICAID - Summary

Complete this section to validate that the child is participating, if eligible, in the appropriate Medicaid category.

Is child within age limit? Select Yes or No to indicate if the child is within the age limit for the current Medicaid category. If no, document in the Comments section any changes that were or need to be made.

Is child within income limit? Select Yes or No to indicate if the child is within the income limit for the current Medicaid category. If no, document in the Comments section any changes that were or need to be made.

Is child within resource limit? Select Yes or No to indicate if the child is within the resource limit for the current Medicaid category. If no, document in the Comments section any changes that were or need to be made.

Is Medicaid currently open: Select Yes or No to indicate if the child has a current open Medicaid case.

If no, why not? If the child has no open Medicaid, document why there is no open Medicaid for the foster child.

Eligibility Analyst Name: Enter the name of the Eligibility Analyst completing the determination.

Analyst Signature: Sign the CFS-488 form.

Date Completed: Enter the date the eligibility decision is reached.

File the CFS-490 in the child's DCFS Eligibility case record. Record the results of the eligibility decision in the CHRIS system.