

Child in custody and in out of home placement

Period Under Review: _____ to _____

Child's Name: _____ Client ID: _____ FACTS: _____

County of Court Jurisdiction: _____

A. Legal Status:

1 Has the child continuously been in the custody of the state during the period under review?

Yes Custody of:

No Date child left state's custody? _____

Source Documentation: _____

2 Has a court order been issued within the past 12 months stating reasonable efforts were made to finalize the permanency plan for the child?

Yes Date of the permanency hearing: _____

No Date of last permanency hearing: _____

Permanency Hearing Due Date	Permanency Hearing Held Date	Months of Payment Ineligibility

Source Documentation: _____

3 Dates of Case Plans held during the period under review:

B. Age and School Status:

1 Age of the child on the date of the review: _____

2 Is the child under the age of 18 or age 18 and expected to complete high school or technical training before the age of 19?

Yes

No Date youth no longer IV-E basic or payment eligible: _____

Source Documentation: _____

C. SSI Benefits

1 Did the child receive SSI benefits during the period under review?

Yes Months SSI payments were received: _____

No

Source Documentation: _____

Child's Name _____ **Client ID:** _____ **FACTS:** _____

D. Payment Eligible Placements During the Period Under Review:

See PPS 5440 for a list of placements during the period under review:

Yes

No Dates of ineligible _____ to _____ Reason _____

Dates of ineligible _____ to _____ Reason _____

Dates of ineligible _____ to _____ Reason _____

Source Documentation: _____

All Placements during the period under review will be rechecked in CLARIS and the print out will be attached to the acknowledgement/PPS 5460 to verify continued payment eligibility.

E. Title IV-E Redetermination Summary for Period Under Review

1 Child Continues to meet basic IV-E eligibility:

Yes

No Date Eligibility ended: _____ Reason:

2 Child continues to meet all IV-E payment eligibility criteria during all or part during the period under review:

Yes

No See PPS 5435 to view dates of IV-E payment ineligibility for the period under review:

F. Ongoing Eligibility for Foster Care Medicaid Coverage

1 Was the child in the custody of the state and in an out of home placement which meets the criteria for Kansas Medicaid Coverage for the entire time during the period under review?

Yes

No Dates of ineligibility: _____ Reason:

No Dates of ineligibility: _____ Reason:

No Dates of ineligibility: _____ Reason:

Eligibility Specialist Name

Office Location

Eligibility Specialist Signature

Date of Redetermination

