# Generating Payments and Medicaid for the Child of a Minor Parent



# **Knowledge Base Article**

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#### **Overview**

This Knowledge Base Article discusses how to create supplemental payments in Ohio SACWIS for a child who is living with their minor parent while the parent is still in foster care, as well as how Medicaid spans are generated for the child of a minor parent.

The cost of care for the child residing with his/her parent in a foster home or residential parenting facility must be included as a supplemental payment to the Title IV-E payment made on behalf of his/her parent. The child is also eligible for medical services under Title XIX.

#### Important Things to Verifying Before Recording a Living Arrangement

If the child is in the custody of a minor parent, you will use the Living Arrangement functionality in Ohio SACWIS to generate a Medicaid eligibility span for the child. To generate a span, verify (or complete) the following:

- The child must be included as a case member on the minor parent's case.
- On the **Relationships** screen, the relationship between the child and minor parent must be entered into Ohio SACWIS **AND** the values used for the **Minor Parent** and **Child** must either be **Biological Mother** or **Biological Father**.

| -               | 1               | Member Status: |     |                         |   |
|-----------------|-----------------|----------------|-----|-------------------------|---|
| Editor          | Genogram        | Active Members |     | ✓ Filter                |   |
| Relat           | tionship Editor | r (a)          |     |                         |   |
|                 |                 |                |     |                         |   |
|                 | Test, Child / : | 123456         |     |                         |   |
|                 | Male Age 1 , [  | 008            |     |                         |   |
|                 |                 |                |     |                         |   |
| _               | Test, Child     |                |     | to Test, Adult / 456789 | Reciprocal Test Adult, Test Child's Biological Father |
| 1 <sup>st</sup> | Biological S    | on             | ~ • | Male Age 16, DOB 12/28/ | 2006  |
|                 |                 |                |     |                         |   |

• On the **Characteristics** Details screen, the value of **Child is a Minor Parent** must be entered for the minor parent.

| Characteristics Deta | ils   |               |   |                             |   |
|----------------------|---|---------------|---|-----------------------------|---|
| Characteristic Group | p: Traits/Behaviors/Family                  | History       |   |                             |   |
|                      | Available Characteristics:                  |               |   | Selected Characteristics: * | * |
|                      | ٩   | Add           |   | Remove                      | ٩ |
|                      | Bold  |               |   | Child is a Minor Parent     |   |
|                      | Bossy                                       |               |   |                             |   |
|                      | Breaks curfew                               |               |   |                             |   |
|                      | Child conceived as a result of incest       |               |   |                             |   |
|                      | Child conceived as a result of prostitution | in            |   |                             |   |
|                      | Child conceived as a result of rape         |               |   |                             |   |
|                      | Crime using a weapon                        |               |   |                             |   |
|                      | Crowded/Missing Teeth                       |               | • |                             |   |
| Method:              | Unknown                                     | Self Reported |   | Observed                    |   |



# Verifying the Living Arrangement Info for Generating Payments and Medicaid

- 1. Navigate to the Living Arrangement Filter Criteria screen using the steps in the **Recording a Living Arrangement** Knowledge Base Article.
- 2. To view the details, click the **Edit** link in the appropriate grid row.

| Home                              | Case                               | Provider                            | Financial                            | Administration                |
|-----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------|
| Workload Court Calendar           | Placement Requests                 |                                     |                                      |                               |
| <>                                |                                    |                                     |                                      |                               |
| Case Overview                     |                                    |                                     |                                      |                               |
| Activity Log                      | CASE NAME / ID:                    | Ongoing                             |                                      |                               |
| Attorney Communication            |                                    | Open (03)                           | (10/2022)                            |                               |
| Intake List                       |                                    |                                     |                                      |                               |
| Safety Assessment                 | Living An                          | rangement                           | Legal Gua                            | rdianship/Custody             |
| Substance Abuse Screening         |                                    |                                     |                                      |                               |
| Forms/Notices                     | Living Arrangement Filter Criteria |                                     |                                      |                               |
| Category/Pathway Switch           | From Begin Date:                   |                                     | To Begin Date:                       |                               |
| Safety Plan                       |                                    |                                     |                                      |                               |
| Actuarial Risk Assessment         |                                    |                                     | Created in Error :                   | e 🔾 Include                   |
| Family Assessment                 | Sort Results By: Begin Da          | ate (Descending)                    |                                      |                               |
| Ongoing Case A/I                  |                                    | (                                   | Current Case Episode View Historical |                               |
| Specialized A/T Tool              |                                    |                                     |                                      |                               |
| Law Empreement                    | Filter Clear Form                  |                                     |                                      |                               |
| Case Services                     | Living Arrangement Records         |                                     |                                      |                               |
| Legal Actions                     |                                    |                                     |                                      |                               |
| Legal Custody/Status              | Child / DOB Who Holds              | Legal Responsibility Caretaker Name | Begin Date/End Date End R            | eason Agency Created in Error |
| Living Arrangement /              | Test                               | Test, Caretaker                     |                                      | Test                          |
| Guardianship                      |                                    |                                     |                                      |                               |
| Initial Removal                   |                                    |                                     |                                      |                               |
| Placement Request                 |                                    |                                     |                                      |                               |
| Placement/ICCA                    |                                    |                                     |                                      |                               |
| Residential Treatment Information | Child's Name:                      | ~                                   |                                      |                               |
| Independent Living                |                                    |                                     | Add Livin                            | g Arrangement                 |
| Case Plan Tools                   |                                    |                                     |                                      |                               |
| Visitation Plans                  |                                    |                                     |                                      |                               |

The Living Arrangement Information screen appears.

- 3. In the Living Arrangement Type field, verify that the value of Child of Minor Parent appears.
- 4. In the **Who Holds Legal Responsibility** field, verify that one of the following values **Mother**, **Father**, or **Mother** and **Father** appears.
- 5. In the **Relationship to Child** field, verify the value shows **Mother** or **Father**.
- 6. In the **Role** column, verify the value shows **Caretaker**.



#### Generating Payments and Medicaid for the Child of a Minor Parent

| Living Arrangement Information  |                                  |                                 |
|---|----------------------------------|---------------------------------|
| Agency:         Test County Children Service           Person ID:         456789           Child Name:         Test, Child  | 5<br><u>D08</u> :                |                                 |
| Begin Date: * 08/14/2023<br>Living Arrangement Type: * Child of Minor Parent<br>Who Holds Legal Father<br>Responsibility: * |                                  |                                 |
| Available Person(s):  | Selected Person(s) Holding Legal | Responsibility:                 |
| Q Add   | Remove Q                         |                                 |
| Test, Adult   |                                  |                                 |
|   |                                  |                                 |
|   |                                  |                                 |
|   |                                  |                                 |
|   |                                  |                                 |
|   |                                  |                                 |
| Caretaker Information   |                                  |                                 |
| Caretaker   | Primary Address                  | Relationship To Child Role      |
| Test, Adult   | Test Address Biolo               | gical Father Caretaker V Unlink |

**Important:** As shown above, the **Primary Address** displayed for the minor father is the minor parent's placement address. Because the caretaker of the minor parent was selected, the primary address displayed is the minor parent's placement address. If no address displays or the address appears to be incorrect, verify that the information on the minor parent's placement record is correct.

## **Generating Payments for the Child of a Minor Parent**

Once an active Living Arrangement has been recorded and saved, supplemental payments can be initiated by creating an add-on cost that will be added to the per diem cost for the minor parent. However, to create an add-on cost, **a service authorization must be created first.** 

A new service authorization for the minor parent can be created or, if a service authorization already exists, an add-on cost can be added as of the Living Arrangement begin date. The specific steps to create and edit a service authorization are discussed in the **Processing Manual Payments** and **Editing a Service Authorization** Knowledge Base Articles. For purposes of this article, a summary of the steps is discussed below.



#### Modifying an Existing Service Authorization

To modify an existing service authorization, complete the following steps:

- 1. On the **Home** screen, click the **Financial** tab.
- 2. Click the **Services** tab.
- 3. Select the **Service Authorization** link in the **Navigation** menu. The **Service Authorization Filter** Criteria screen appears.
- 4. In the **Person ID** field, enter the minor parent's Person ID.
- 5. Click the **Search** button at the bottom of the screen.

| Home                          | Case                     | Provider      | Financial               | Administration  |
|-------------------------------|--------------------------|---------------|-------------------------|-----------------|
| Workload Action Items         | Services Eligibility Pay | nent Benefits |                         |                 |
| <>                            |                          |               |                         |                 |
| Maintain Service              | Child Selection          |               |                         |                 |
| Provider Ceilings             | Service Auth Type: *     | Created In E  | rror:  Exclude  Include |                 |
| Service Authorization Summary | Person Search            | - or -        |                         | Person ID: * Go |
|                               | Person ID: Name:         | Birth Date:   | Agency:                 |                 |

The results appear in the **Placement Records** section.

6. Click the **Select** link next to the existing service authorization.

|                  |                                    |   |  | Result(s) 1 to 1 of 1 / Page 1 of 1   |
|------------------|------------------------------------|---|--|---|
| Provider Name/ID | Begin Date                         | End Date  | Status   | Created In Error  |
| Test, Provider   | 03/15/2022                         |   | Completed  |   |
|                  |                                    |   |  |   |
|                  |                                    |   |  |   |
|                  | Provider Name/ID<br>Test, Provider | Provider Name/ID Begin Date Test, Provider 03/15/2022 | Provider Name/ID Begin Date End Date Test, Provider 03/15/2022 | Provider Name/ID Begin Date End Date Status Test, Provider 03/15/2022 Completed |

The Service Authorization Detail screen appears.

7. Click the Create Add-On Cost button.

| Other Add-on Cost    |               |                |          |
|----------------------|---------------|----------------|----------|
| Cost Reason          | Add On Amount | Effective Date | End Date |
| No Results Returned. |               |                |          |
|                      |               |                |          |
| Create Add-on Cost   |               |                |          |

The Add On Cost screen appears.

- 8. In the Cost Reason field, select the appropriate choice from the drop-down list.
- 9. In the Add On Cost Type field, select the appropriate choice.



- 10. In the Effective Date field, enter the appropriate date.
- 11. In the Add On Amount field, enter the appropriate amount.
- 12. In the **Comments** field, enter any comments.
- 13. Click the **Save** button at the bottom of the screen.

| Add On Cost       |                        |                     |     |
|-------------------|------------------------|---------------------|-----|
| Cost Reason: *    | ✓                      | Add On Cost Type: * | ✓ ✓ |
| Effective Date: * |                        | End Date:           |     |
| Add On Amount: *  |                        |                     |     |
| Comments:         |                        |                     |     |
|                   |                        |                     |     |
|                   |                        | 10                  |     |
|                   | Spell Check Clear 4000 |                     |     |

Save Cancel

Upon save, the **Service Authorization Detail** screen displays the additional payment amount.

1. Click the **Expand Indicator** for **Add-On Cost History** to view all Add-On Costs.

| niid Specific Deta   | tails   |                    |              |                                      |          |          |                  |
|--|---|--------------------|--------------|--------------------------------------|----------|----------|------------------|
| Service Authoriza  | zation History                                  |                    |              |                                      |          |          |                  |
|  | Auth Id   | I Service Desc     | Cost Type    | Begin Date                           | End Date | Status   | Created In Error |
| edit   |   | Family Foster Home | Standardized | 06/28/2023                           |          | Approved |                  |
| view payments  |   |                    |              |                                      |          |          |                  |
| baria Datas  |   |                    |              |                                      | _        |          |                  |
| egin bate.   | 08/01/2023                                      | End Date.          |              | Add Service Authorizat               | tion     |          |                  |
| Placement Leave  | ve History                                      |                    |              |                                      |          |          |                  |
| Add-on Cost Histo  | story   |                    |              |                                      |          |          |                  |
| Create Add-on Co   | Cost  |                    |              |                                      |          |          |                  |
| edit<br>view payments<br>legin Date:<br>Placement Leave<br>Add-on Cost Histo<br>Create Add-on Co | 08:01/2023 (mini-<br>ve History<br>taoy<br>Cost | Family Foster Home | Standardized | 08/28/2023<br>Add Service Authorizat | tion     | Approved |                  |

#### Important:

- This add-on cost remains in effect until the cost is end dated by the user.
- Payments can now be generated, and supplemental payments will be reimbursed up to any applicable ceiling amount, provided the minor parent is reimbursable.

| Ad          | add-on Cost History         |               |                |          |               |  |  |  |  |
|-------------|-----------------------------|---------------|----------------|----------|---------------|--|--|--|--|
|             | Cost Reason                 | Add On Amount | Effective Date | End Date |               |  |  |  |  |
| <u>edit</u> | Employment Related Day Care | \$16.30       | 11/23/2021     |          | delete        |  |  |  |  |
| <u>edit</u> | Other                       | \$20.00       | 08/14/2023     |          | <u>delete</u> |  |  |  |  |
|             |                             |               |                |          |               |  |  |  |  |

## Ending an Add-On Cost

1. To end an add-on cost, select the **Edit** link in the **Other Add-On Cost** section (**Service Authorization Detail screen**).



| E Add-      | Add-on Cast History         |               |                |          |               |  |  |  |
|-------------|-----------------------------|---------------|----------------|----------|---------------|--|--|--|
|             | Cost Reason                 | Add On Amount | Effective Date | End Date |               |  |  |  |
| <u>edit</u> | Employment Related Day Care | \$16.30       | 11/23/2021     |          | <u>delete</u> |  |  |  |
| <u>edit</u> | Other                       | \$20.00       | 08/14/2023     |          | <u>delete</u> |  |  |  |
| Crea        | tte Add-on Cost             |               |                |          |               |  |  |  |

The Add On Cost screen appears.

- 2. In the End Date field, enter the appropriate date.
- 3. Click the **Save** button.

| Add On Cost       |                        |                     |                 |
|-------------------|------------------------|---------------------|-----------------|
| Cost Reason: *    | Other                  | Add On Cost Type: * | Maintenance (M) |
| Effective Date: * | 08/14/2023             | End Date:           |                 |
| Add On Amount: *  | 20                     |                     |                 |
| Comments:         |                        |                     |                 |
|                   |                        |                     |                 |
|                   | Spell Check Clear 4000 |                     |                 |
| Save Cancel       |                        |                     |                 |

The Service Authorization Detail screen appears displaying an end date in the

Other Add-On Cost section (End Date column).

| Add-on Cost History |                             |               |                |            |               |  |
|---------------------|-----------------------------|---------------|----------------|------------|---------------|--|
|                     | Cost Reason                 | Add On Amount | Effective Date | End Date   |               |  |
| <u>edit</u>         | Employment Related Day Care | \$16.30       | 11/23/2021     |            | delete        |  |
| <u>edit</u>         | Other                       | \$20.00       | 08/14/2023     | 08/15/2023 | <u>delete</u> |  |

Refer to the entitled **Processing Foster Care Maintenance (FCM) Payments** Knowledge Base Article for additional details on payment processing.

## Viewing the Medicaid Eligibility Span

To view the Medicaid eligibility span, complete the following steps:

- 1. On the Ohio SACWIS Home screen, click the Financial tab.
- 2. Click the **Eligibility** tab.
- 3. Click the **Medicaid Eligibility** link. The Child Selection screen appears.
- 4. In the **Person ID** field, enter the child's Person ID.



5. Click the **Go** button.

| Home                        | Case                     | Provider                | Financial | Administration       |
|-----------------------------|--------------------------|-------------------------|-----------|----------------------|
| Workload Action Items       | Services Eligibility Pay | ment Benefits           |           |                      |
| <>                          |                          |                         |           |                      |
| CRIS-E/OIES Inquiry         | Child Selection          |                         |           |                      |
| Eligibility/Reimbursability | Person Search            | - or -                  |           | Person ID: Go        |
| Prevention Services         |                          |                         |           |                      |
| Adoption Subsidy            | Person ID:               | DOB:                    |           |                      |
| Nonrecurring                | Person Name:             | Title IV-E # / Medicaid | Child h   | as private insurance |
| PASSS                       |                          | Recipient ID:           |           |                      |
| KGAP                        | Personal Representative: |                         |           |                      |
| KPIP                        |                          |                         |           |                      |
| Medicaid Eligibility        |                          |                         |           |                      |
| CRIS-E/OIES Inquiry History |                          |                         |           |                      |

The **Medicaid Eligibility** screen appears.

#### Important Information about the Medicaid Eligibility Span

**Note:** Once a child's Living Arrangement has been added AND if the minor parent is IV-E reimbursable, the system automatically creates an IV-E Medicaid eligibility span for the child (shown below) that is effective the first day of the month for the current living arrangement begin date month. However, the effective date of the eligibility span will not precede the date of child's birth.

**Example:** If the record was created on January 18th, the system will show an effective date of January 1<sup>st</sup>.



#### Generating Payments and Medicaid for the Child of a Minor Parent

| Child Selection                 |                                  |  |               |            |                  |                        |
|---------------------------------|----------------------------------|--|---------------|------------|------------------|------------------------|
| Person Search                   |                                  | - or -                                 |               |            |                  | Person ID: 12345678 Go |
| Person ID: 12345678             |                                  | DOB:                                   |               | 12/28/2006 |                  |                        |
| Person Name: Test. child        |                                  | Title IV-E # / Medica<br>Recipient ID: | aid           |            | Child has prive  | ate insurance          |
| Personal Representative:        |                                  |  |               |            |                  |                        |
| Personal Representative:        | Test County Children Services    | 5                                      |               |            |                  |                        |
| Placement Provider Details      |                                  |  |               |            |                  |                        |
| Provider ID: 1111               |                                  | Provider Name:                         | Test, Provide | r          |                  |                        |
| Address:                        |                                  |  |               |            |                  |                        |
|                                 |                                  |  |               |            |                  |                        |
|                                 |                                  |  |               |            |                  |                        |
| Current Medicaid Card Mailing   | Details                          |  |               |            |                  |                        |
| Origin of Information:          | Provider Primary Address 🕧       |  |               |            |                  |                        |
| C/O Name:                       | Test County Children<br>Services | Address:                               |               |            |                  |                        |
|                                 |                                  |  |               |            |                  |                        |
| Authorized Representative Histo | ory                              |  |               |            |                  |                        |
| Filter : Active 🗸               |                                  |  |               |            |                  |                        |
| Person                          | ID                               | Name                                   |               | Effec      | tive Date        | End Date               |
| Add Authorized Representative   |                                  |  |               |            |                  |                        |
| Non IV-E Eligible Indicators    |                                  |  |               |            |                  |                        |
| Horry 2 Englishe matorias       |                                  |  | _             |            |                  |                        |
| Custody Start D                 | ate i                            | Placement Begin Date                   | 2             |            | Placement State  | <u>U.S. Citizen</u>    |
| 03/15/2022                      | 03/15/2022                       |  |               | ОН         |                  | Yes                    |
|                                 |                                  |  |               |            |                  |                        |
|                                 |                                  |  |               |            |                  |                        |
| Medioaid Eligibility History    |                                  |  |               |            |                  |                        |
| Medicaid Type                   | Medicaid Rec                     | ipient ID                              | Effect        | tive Date  | Termination Date | Status                 |
| view IV-EFCM                    |                                  |  | 03/01/2022    |            |                  | Active - SACWIS        |
| card                            |                                  |  |               |            |                  |                        |
| L                               |                                  |  |               |            |                  |                        |
| ODM 01958                       |                                  |  |               |            |                  |                        |

The IV-E Medicaid eligibility span for a child remains open until the minor parent's IV-E reimbursability is terminated, or until the Living Arrangement for the child of the minor parent has ended or been marked as created in error.

When that occurs, the system will automatically place a termination date on the Medicaid eligibility span (**Child Selection** screen).

Depending on the day of the month, the Medicaid eligibility span will end as of the last day of the current month or the month following (if the change in Medicaid eligibility is made after the cut-off date.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at SACWIS\_HELP\_DESK@childrenandyouth.ohio.gov .

