

January 6, 2023

**GENERAL LETTER NO. 13-B-AP-13**

ISSUED BY: Division of Field Operations  
IV-E Eligibility Unit

SUBJECT: Employees' Manual, Title 13, Chapter B Appendix, **Determining Eligibility for Title IV-E Appendix**, Title Page, Contents I, and pages I-10, and the following forms, revised and new:

470-3837, *IV-E Financial Worksheet*, revised  
470-3839, *IV-E Initial Placement Information*, revised  
470-3918, *IV-E Changes*, revised  
470-4163, *IV-E Adoption Subsidy Determination*, revised  
470-5598, *IV-E Subsidized Guardianship Determination*, new

**Summary**

This chapter is revised to update forms:

- 470-3837, *IV-E Financial Worksheet* is revised to add the 185% Eligibility Test for removal households and remove sections related to the child only income and resource determinations.
- 470-3839, *IV-E Initial Placement Information* is revised to incorporate claiming criteria for Qualifying Residential Treatment Programs (QRTP) placements, format changes, and minor wording changes.
- 470-3918, *IV-E Changes* is revised to incorporate claiming criteria for QRTP placements, format changes, and minor wording changes. Sections related to changes in initial removal household circumstances, ongoing deprivation and annual reviews are removed. This form, 470-3837, and 470-3839 are now accessed and completed within the JARVIS/IV-E Tracking system.
- 470-4163, *IV-E Adoption Subsidy Determination* is revised to reflect changes made to applicable child age requirements due to The Family First Prevention Services Act of 2018. The form also has minor formatting changes to reflect that specified relative criteria does not apply to an applicable child.
- 470-5598, *IV-E Subsidized Guardianship Determination* is a new form completed by the IV-E IM Worker to determine IV-E eligibility for a child in a subsidized guardianship placement.

and to revise style and formatting throughout.

**Effective Date**

Upon receipt.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 13, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	July 4, 2008
Contents I	July 4, 2008
I-10	July 4, 2008
470-3837	05/08
470-3839	05/20
470-3918	05/20
470-4163	10/09

**Additional Information**

Refer questions about this general letter to the IV-E Eligibility Unit in the Field Operations Support Division.

# Determining Eligibility for Title IV-E Appendix

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## Foster Care and/or Subsidized Adoption Information Exchange, Report S472N111-01

Purpose	Report S472N111-01, <i>Foster Care and/or Subsidized Adoption Exchange of Information</i> , provides IV-E workers information that is needed to determine IV-E and Medicaid eligibility for children in foster care and adoption assistance programs.
Supply	The FACS system generates this report nightly.
Completion	<p>The FACS system automatically generates this form on foster care and adoption subsidy cases when:</p> <ul style="list-style-type: none"><li>▪ There is a start date recorded on FACS (labeled as “new placement” on the report).</li><li>▪ There is an end date recorded on FACS (labeled as “exit placement” on the report). (A move from one placement to another generates two reports.)</li><li>▪ The FACS case is transferred to a new service worker.</li></ul> <p>The IV-E worker examines the report to determine whether the change affects IV-E or Medicaid eligibility (or if additional information is needed).</p>
Distribution	<p>If there is an open Medicaid case with an FBU of 19, the report is issued to the IV-E worker responsible for that case. If there is no open case with a 19 FBU, the report is issued to worker number CM00 in the office where the service worker is located.</p> <p><b>EXCEPTION:</b> For PMIC placements, the form is generated to the IM unit in the county where the facility is.</p> <p>File the report in the IV-E case record.</p>
Data	<p>Data reported include:</p> <ul style="list-style-type: none"><li>▪ Identification of the workers and the reason for the report.</li><li>▪ Information about the child.</li><li>▪ Information about the child’s parents.</li><li>▪ Information about the child’s placement.</li></ul> <p><b>NOTE:</b> Do not use the PLACEMENT IV-E field or the SERVICE IV-E field to evaluate IV-E eligibility.</p>

## **IV-E Adoption Subsidy Determination, Form 470-4163**

Purpose	Form 470-4163, <i>IV-E Adoption Subsidy Determination</i> is used by IV-E staff to determine whether a child qualifies for IV-E adoption assistance funding.
Source	Complete this form on line using the templates available in WISE Forms.
Completion	The <b>IV-E worker</b> completes the form to document eligibility for IV-E adoption subsidy.
Distribution	File a completed copy of the form, along with the applicable documentation, in the IV-E adoption case record.
Data	The IV-E worker completes the form as follows:  Complete the child's information and indicate the date the adoption petition was filed and the date the adoption was finalized.

### **Section A: General Requirements**

Answer the questions regarding whether the child meets the four general requirements and indicate what documentation is being used to support the determination.

### **Section B: One of Four Categories**

Answer the questions regarding whether the child meets one of the four categories and indicate what documentation is being used to support the determination.

### **Section C: IV-E Eligibility Determination**

Indicate whether the child is eligible for IV-E adoption assistance and the date eligibility begins. If the child does not meet the four general requirements, indicate whether the child is eligible for nonrecurring expenses.

### **Section D: Fund Source (PAYH) Retro Claiming**

Indicate what the funding is for both the pre-subsidy and subsidy cases and whether this is correct or not based on the determination.

If not correct, identify the reason why funding is incorrect and the months that are included in any retroactive claim. Also indicate whether retroactive claiming is needed for non-recurring expenses.

Sign and date the form.

## **IV-E Changes, Form 470-3918**

Purpose	<p>Form 470-3918, <i>IV-E Changes</i> is used by social work case managers (SWCM) and social worker IVs (SW4) to communicate information to IV-E workers regarding changes that occur during a child's episode of out of home care.</p> <p>The IV-E worker uses the form to document the effect the reported change has on IV-E eligibility and claiming.</p>
Source	Complete this form in JARVIS/IV-E Tracking.
Completion	The <b>SWCM or IV-E worker</b> completes this form as changes occur during a child's out of home care episode.
Distribution	<p>The SWCM submits the form to the IV-E worker in JARVIS / IV-E Tracking.</p> <p>The IV-E worker must print and file the completed copy of the form and associated documents in the IV-E case record.</p>
Data	<p>Complete the form as follows:</p> <p><b>Section 1</b> (SWCM or IV-E worker)</p> <p>Complete the child's information.</p> <p><b>Section 2</b> (SWCM):</p> <ul style="list-style-type: none"><li>▪ Complete the applicable section based on the type of change that occurred.</li><li>▪ Upload applicable court orders to JARVIS / IV-E Tracking.</li></ul> <p><b>Section 3</b> (SW4):</p> <ul style="list-style-type: none"><li>▪ Identify the RE2 due date.</li><li>▪ Indicate whether the court order contains an RE2 finding and the date FCTL / database entries were completed.</li><li>▪ If child is placed in a Qualifying Residential Treatment Program (QRTP), complete the sections regarding ongoing QRTP requirements.</li><li>▪ Sign and date the form.</li></ul> <p><b>Section 4</b> (IV-E Worker):</p> <p>Mark the box next to the applicable change and complete information regarding the change.</p>

**Section 5** (IV-E Worker):

- Indicate whether IV-E funding can be claimed. If the funding status changed, include the effective date of the change.

**Section 6** (IV-E Worker)

- Complete the information on Medicaid entries.
- Sign and date the form.

### **IV-E Financial Worksheet, Form 470-3837**

Purpose	The IV-E worker uses form 470-3837 to determine if IV-E financial criteria, including deprivation based on unemployment or underemployment, are met for children in out-of-home placement.
Source	Complete this form in JARVIS / IV-E Tracking.
Completion	<p>The IV-E worker completes the form at the time of the initial IV-E eligibility determination if all IV-E legal authority and judicial language criteria have been met, as well as age, citizenship, and specified relative requirements.</p> <p>Complete the form even if the child receives SSI or is in a non-IV-E-claimable placement.</p>
Distribution	Print a copy of this form and file in the IV-E case record under the <i>IV-E Initial Placement Information</i> , form 470-3839.
Data	<p>The form evaluates the following:</p> <ul style="list-style-type: none"><li>▪ Deprivation due to unemployment or underemployment, and</li><li>▪ Income and resources of the removal household.</li></ul> <p>Eligibility criteria is based on AFDC policies in effective as of July 16, 1996, with some exceptions as outlined in Title 13-B, Determining IV-E Eligibility.</p> <p>Complete the form using available information regarding the removal household composition, income and resources.</p>

## **IV-E Initial Placement Information, Form 470-3839**

Purpose	<p>Form 470-3839 is used by the social work case manager (SWCM) to communicate information to the IV-E worker regarding a child's removal from the home.</p> <p>The IV-E worker uses this form to document the IV-E determination.</p>
Source	<p>Complete this form in JARVIS / IV-E Tracking.</p>
Completion	<p>The <b>SWCM</b> completes Section 1 of this form for each child who has been placed in out-of-home care, whether through a court order or through a voluntary placement agreement.</p> <p>Complete the form when a child is first placed in an out-of-home setting, within five working days of the agreement or order.</p> <p>Upload the following to JARVIS / IV-E Tracking:</p> <ul style="list-style-type: none"><li>▪ For voluntary placements, a copy of agreement signed by the parents or guardian and the HHS case manager.</li><li>▪ For emergency removals and court-ordered removals, a copy of the first court order authorizing the removal.</li></ul> <p>The <b>SW4</b> completes Section 4 only if child is placed in a Qualifying Residential Treatment Program (QRTP) placement.</p> <p>The <b>IV-E worker</b> completes Section 2 through 3, and 5 to document whether IV-E initial eligibility and claiming requirements are met.</p>
Distribution	<p>The IV-E worker must print and file a completed copy of the form in the IV-E case record.</p>
Data	<p>Complete the form as follows:</p>

### **Section 1 (SWCM):**

Complete the information regarding the child's removal situation, and removal household information.

### **Section 2 (IV-E Worker):**

Determine if IV-E initial eligibility requirements are met and mark the applicable "Yes/No" box for each requirement. Include dates where applicable.

### **Section 3 (IV-E Worker):**

If the child meets IV-E eligibility requirements, complete this section regarding responsibility for placement and care and placement.

**Section 4 (SW4):**

If child is placed in a Qualifying Residential Treatment Program (QRTP), indicate whether the Initial Assessment was completed and whether the QRTP facility meets criteria to claim IV-E.

**Section 5 (IV-E Worker):**

Indicate whether the appropriate system entries have been made and the date entered.

Sign and date the form.

### **JCS Referral for Payment, Form 470-3334**

Purpose	The <i>JCS Referral for Payment</i> transfers information from the juvenile court officer needed for HHS to set up a FACS case for payment of foster care services for children being supervised by a JCO.
Supply	Print supplies of the form from the sample in the manual.
Completion	<p>The juvenile court officer prepares the form on “payment-only” foster care cases (supervised by the juvenile court officer instead of a HHS service worker) when:</p> <ul style="list-style-type: none"><li>▪ Referral is made for foster care placement.</li><li>▪ There is a change or new information relevant to the case (changes in demographics, new placements, reviews).</li><li>▪ The case closes.</li></ul>
Distribution	File the original in the juvenile court case file. Forward one copy to HHS. If the child has a disability, also send one copy to the SSI Advocacy Project.
Data	<p>The form includes information about:</p> <ul style="list-style-type: none"><li>▪ The juvenile court officer.</li><li>▪ The foster child and the child’s parents.</li><li>▪ The child’s school status.</li><li>▪ The child’s removal and placement.</li><li>▪ The circumstances leading to the child’s removal.</li><li>▪ The child’s current living arrangement.</li><li>▪ The child’s current case permanency plan.</li><li>▪ Foster care administrative reviews.</li><li>▪ The child’s finances.</li><li>▪ Parental support, FIP, and SSI.</li></ul>

### **IV-E Subsidized Guardianship Determination, Form 470-5598**

Purpose	Form 470-5598, <i>IV-E Subsidized Guardianship Determination</i> , is used by IV-E staff to determine if a child in a subsidized guardianship placement qualifies for IV-E funding.
Source	Complete this form on line using the templates available in WISE Forms.
Completion	The <b>IV-E worker</b> completes the form to document eligibility for IV-E guardianship subsidy.
Distribution	File a completed copy of the form, along with the applicable documentation, in the IV-E guardianship case record.
Data	Complete the form as follows:  Enter the child's information and the date of the Court Order that granted guardianship.

#### **Section A: General Requirements**

Answer the questions regarding whether the child meets the general IV-E guardianship requirements and identify what documentation in the case file supports this determination.

#### **Section B: IV-E Eligibility Determination**

Indicate whether the child meets all IV-E General Requirements. If not eligible, note the ineligible reason.

#### **Section C: Fund Source**

Indicate whether the child is eligible for IV-E guardianship assistance and if FSDT reflects the correct funding.

#### **Section D: Medicaid Entries**

Indicate whether Medicaid was approved, the effective date of eligibility and the Case Number. If not approved, indicate the reason why.

Sign and date the form.

**Subsidized Guardianship IV-E Checklist, Form 470-5599**

Purpose	Form 470-5599 <i>Subsidized Guardianship IV-E Checklist</i> is used by SW staff to document the information that is needed to determine a child's eligibility for IV-E guardianship assistance.
Source	Complete this form using the template available in the SharePoint under Employee Manual/Forms.
Completion	<p>The SW completes this form for every child who has a subsidized guardianship agreement.</p> <p>Complete the form within 3 days after the court order granting the guardianship is received.</p>
Distribution	<p>Upload the completed form and a copy of the documents listed on the form in JARVIS/IV-E Tracking. Keep a copy of the form in the child's subsidized guardianship case record.</p> <p>The IV-E IM prints and files the form and documents in the IV-E subsidized guardianship case file.</p>
Data	The SW enters the child's name and FACS ID and indicates that the applicable documents are attached.