

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: Medicaid for Kinship Guardianship Assistance Program (KinGAP)
Children

ATTACHMENTS: None

EFFECTIVE DATE: April 1, 2011

CONTACT PERSON: Local District Support Unit
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to provide local departments of social services (LDSS) with information regarding the Kinship Guardianship Assistance Program (KinGAP). An administrative directive with more comprehensive guidance is forthcoming.

Part F of Chapter 58 of the Laws of 2010 added a new Title 10, "Kinship Guardianship Assistance Program", to Article 6 of the Social Services Law (SSL). The KinGAP program is effective on April 1, 2011. It is designed to provide a monthly payment and other benefits to qualified relative guardians of foster children who have been discharged from foster care. Medicaid coverage must be provided to children receiving Title IV-E kinship guardianship assistance payments. In addition, KinGAP and Medicaid coverage are also extended to non-IV-E children as long as the child is a citizen or is in satisfactory immigration status. Children receiving KinGAP are eligible for Medicaid, regardless of income or resources. The LDSS making the KinGAP payments is the district of fiscal responsibility.

It is expected that KinGAP will enhance permanency for foster children, who do not have a discharge goal of returning to a parent or a plan for adoption, by providing safe permanent placements with relatives who receive financial and medical coverage for the continued care of a relative child. KinGAP establishes the eligibility requirements for participation in the program. The Office of Children and Family Services issued an administrative directive on April 1, 2011 detailing the program requirements. The following are brief descriptions of some of the major requirements.

- **Eligible relative/time in foster care** - The prospective relative guardian(s) must be related to the foster child by blood, marriage or adoption and must have cared for the child as a fully certified or fully approved foster parent for **at least six consecutive months** before application for KinGAP.
- **Court Hearings** - The foster child's first permanency hearing must be completed prior to being eligible for KinGAP.
- **Returning home/adoption are not appropriate permanency options** - Federal and State laws provide that to qualify for KinGAP, the return of the child to his or her home cannot be an appropriate permanency goal. Furthermore, once it is determined that a child cannot be safely returned home, adoption must be ruled out as well.

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GENERAL INFORMATION SYSTEM

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Interim Medicaid System Instructions

New category codes to identify KinGAP children for Medicaid purposes are under development. Until these codes are in production, if an upstate district is notified of a child's approval for KinGAP, the district is to contact their Medicaid Local District Support liaison for interim instructions. In NYC contact Sheila Hollingsworth at 212-383-3514. It is expected that the KinGAP category codes will be in production in June 2011, with migration 11.2.