Definition

Foster care as used in this section means the full-time care of a youth foster home or group home.

Continuation of Payments to Age 19: CAPS

The Department may pay for room, board, clothing, personal needs and transportation for a youth who is in the physical or legal custody of the Department and whose continued placement in foster care can be justified. The youth’s primary worker will receive an alert one month prior to the 18th birthday for any youth in foster care who is on the worker’s caseload.

Approval by the appropriate Regional Administrator must be obtained prior to the youth’s 18th birthday in order for foster care payments to be continued. The request to the Regional Administrator should justify why foster care payments should be continued and for how long. With approval of the Regional Administrator, foster care payments may be made between the youth’s 18th and 19th birthdays.

If IV-E foster care payments are being made for the youth at the time of his/her 18th birthday and the youth is expected to graduate from high school by the time of his/her 19th birthday, IV-E funds may continue to be used for the youth’s care up until age 19.

NOTE: Foster care payments for youth beyond age 18 may be appropriate when the youth:

- is at grade level, but will not graduate from high school until after their 18th birthday;
- is at current grade level but is having academic difficulties or missing credits and will not graduate before their 18th birthday; or
- is below grade level (one or more years behind his or her age group) and is more likely to graduate from high school if they remain in the foster care setting.

Continuation of Payments After Age 19

If the youth is not expected to graduate by his or her 19th birthday, foster care payments may be continued depending on the circumstances of the case. Only the CFSD Administrator or designee may approve continuation of foster care.
Payments after age 19. Payments may be continued until a youth’s 21st birthday if warranted by the circumstances of the case.

A youth does not continue to be eligible for foster care related Medicaid after age 19. A request to OPA to close foster care related Medicaid and to open the youth under a different Medicaid program should be made.

Written Agreement CAPS

The youth, foster care provider and Child Protection Specialist must agree that it is in the youth’s best interests to remain in foster care. The parties must sign a written agreement which includes a statement of understanding that payments will be discontinued if the youth leaves care and will not be reinstated if the youth wishes to return to the foster care placement. The youth may be eligible for room and board assistance under the Montana Foster Care Independence Program and should be referred to that program to apply for assistance.

The agreement is maintained in the youth’s case record and copies are given to the youth and foster care provider. A sample agreement, DocGen 311, Continuation of Foster Care Agreement, and DocGen D310, Continuation of Foster Care Payments, are on pages 4 and 5 of this section.

Approval Process

Child Protection Specialist

The Child Protection Specialist must submit a written request for an extension of foster care payments. Justification for the extension must be provided to the Child Protection Specialist Supervisor.

Supervisor

The Child Protection Specialist Supervisor reviews the request. If approved, the request is forwarded to the Regional Administrator.

Regional Administrator

The Regional Administrator reviews the request. The Regional Administrator approves or denies the request and returns a copy of the approval or denial to the worker.

Division Administrator

Requests to continue foster care for youth past age 19 must be sent to the Division Administrator or designee for approval.

IV-E Eligibility CAPS

An otherwise eligible youth may continue to have IV-E foster care payments made on his or her behalf if the youth is a full-time student in a secondary or vocational school and is
expected to graduate before the age of 19.

A youth who is not expected to graduate from high school before the age of 19 is not eligible to have IV-E foster care payments made on his or her behalf after the youth's 18th birthday. Foster care payments may be continued using a different funding source.

**CAPS**
The IV-E unit will verify that the correct funding source is entered in CAPS.

**Continuation of SSI and Social Security Benefits**
When a SSI recipient turns 18, the Social Security Administration will determine if the youth needs a representative payee. If not, the youth will receive the monthly benefits directly as long as he or she remains disabled and financially eligible.

Social Security benefits terminate the month before the youth reaches age 18 unless he or she is a full-time student at an elementary or secondary school. Arrangements for continuation of Social Security benefits must be made several months before the youth's 18th birthday. The youth will receive these benefits directly until he or she reaches age 19, leaves school or marries.

**Other Considerations**
Eligible youth may receive benefits directly after turning 18 (except in cases where a representative payee has been named). A written agreement between the youth, foster parent and Child Protection Specialist may obligate the youth to pay the foster parent or the Department for living expenses.

For **SSI eligible** youth who sign the Continuation of Foster Care Agreement, the department remains the payee for the youth until he/she ages out.

In rare instances where a youth receives both **SSI and Social Security Benefits**, the department remains the payee until he/she ages out.

For youth receiving **Social Security Benefits only** who sign the Continuation of Foster Care Agreement, the youth is named as the payee. The Child Protection Specialist should determine if this benefit should be used to pay toward cost of care.

Youth who are eligible for SSI or Social Security benefits may
have a trust account at the central office which will be paid to the youth following his or her 18th birthday. (See section 403-2, Trust Accounts, for instructions on closing accounts.)

**Referral to SSI Unit for Youth at Age 16**

The SSI Unit can assist the youth with SSI redeterminations and prefer to be involved at the time of the youth’s 16th birthday. For youth who are receiving SSI, the unit can facilitate the SSI redetermination. For youth who may be eligible, the SSI Unit can assist with the initial SSI claim. The Child Protection Specialist should make a referral to the SSI Unit if they are not already involved. These youth should be identified by age of 16 in order to assist the youth through the application and appeals process which can take up to 1 ½ years.

Refer to section 405-2 regarding SSI referrals for youth age 18-21.

**References**

45 CFR 233.90  
Mont. Code Ann. § 52-2-603
Sample Memorandum

DATE:

TO: (Regional Administrator)

FROM: (Child Protection Specialist)

RE: (Youth's Name, birth date)

I am writing to request that foster care payments be continued for (youth's name) past his or her 18th birthday and until he or she graduates from high school or until (date). The reason for continuation of foster care payments is _____________________________.

(Youth's name) is in foster care with (foster care provider's name), (foster care provider's address).

Enclosed is a copy of the agreement that (youth's name) signed to remain in foster care.

Thank you.

Sincerely,

(Child Protection Specialist's name)

Approved Disapproved

______________________________

Supervisor

______________________________

Regional Administrator

Copy to: Youth's Case File

Foster Home
Sample Memorandum (for youth age 19 and over)

DATE:

TO: (Division Administrator)

FROM: (Child Protection Specialist)

RE: (Youth's Name, birth date)

I am writing to request that foster care payments be continued for (youth's name) past his or her 19th birthday and until he or she graduates from high school or until (date). The reason for continuation of foster care payments is ____________________________________________________________.

(Youth's name) is in foster care with (foster care provider’s name), (foster care provider’s address).

Enclosed is a copy of the agreement that (youth's name) signed to remain in foster care.

Thank you.

Sincerely,

(Child Protection Specialist's name)

________________________________________

Approved Disapproved

________________________________________

Supervisor

________________________________________

Division Administrator

Copy to: Regional Administrator

Youth's Case File

Foster Home

Note: Requests to continue foster care for youth past age 19 must be sent to the Division Administrator or designee for approval.
CONTINUATION OF FOSTER CARE AGREEMENT

I, _____________ (youth's name) agree to remain in high school until graduation. My birth date is _____________. I expect to graduate from high school. (month & year)

I, _____________ (youth's name) agree to accept supervision by a Department of Public Health and Human Services Child Protection Specialist after I reach age 18 and as long as I remain in foster care.

I, _____________ (youth's name) agree to follow written house rules which have been established by my foster parents and which we have already agreed upon.

I, _____________ (youth's name) agree to pay the sum of $_____ each month toward the cost of my room and board or to provide certain services which have previously been discussed and agreed upon by my foster parents and me.

I, _____________ (youth's name) agree to provide copies of my report card and medical record(s) to my foster parents and Child Protection Specialists at their request.

I, _____________ (youth's name) understand that if I leave foster care for any reason after age 18, foster care will be closed and not reopened for me. Foster care will also be discontinued if I quit high school before graduation.

Youth’s name Date ______________________________ Date ______________________________

____________________________________________________ Date ______________________________
Child Protection Specialist Date Foster Care Provider Date

Supervisor Date

Original to: Youth's Case File
Copy to: Youth Foster Care Provider