Child Protection & Advocacy

Child Protection and Advocacy Section of the State Bar of Georgia – Fall 2012

Transitioning Foster Youth Deserve to Thrive

Inside This Issue

From the Chair 3

Section Executive Committee 3

Transitioning Foster Youth Deserve to Thrive 4

Judge's Corner: Practice Tips 7

Legislation Watch: New Laws that Took Effect July 1, 2012 9

What is the Committee on Justice for Children? 10

Multi-agency Collaboration: a promising alternative to school-based juvenile court referrals 11

Case Law Update 13

GLOSSARY – Medicaid Terms* 14

The opinions expressed within this Newsletter are those of the authors and do not necessarily reflect the opinions of the State Bar of Georgia, the Child Protection and Advocacy Section, the Section's executive committee or the editor.

If you would like to contribute articles to Newsletter or have any ideas or content suggestions for future issues, please contact

Tonya Boga

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Alphabet Soup - Acronyms Defined

504–Short for Section 504 of the Rehabilitation Act of 1973

AAC Device–Assistive Augmentative Communication Device

ABA–Applied Behavior Analysis

ADA–Americans with Disabilities Act

AT–Assistive Technology

AYP–Annual Yearly Progress

BCBA–Board Certified Behavior Analyst

BIP–Behavior (or Behavioral) Intervention Plan

DOE–Department of Education

EBD–Emotional Behavior Disorder

FAPE–Free Appropriate Public Education

FBA–Functional Behavior (or Behavioral) Assessment (or Analysis) – utilized to determine the "function" of a student's behavior and to craft a BIP

FERPA–Family Educational Rights and Privacy Act

IDEA–Individuals with Disabilities Education Act

IEP–Individualized Educational Plan

LEA–Local Educational Agency

LRE–Least Restrictive Environment

MID–Mild Intellectual Disability

MoID–Moderate Intellectual Disability

NCLB–No Child Left Behind

OCR–Office for Civil Rights

OHI–Other Health Impaired

OT–Occupational Therapy

PT–Physical Therapy

RTI–Response to Intervention

SID/PID–Severe Intellectual Disability/Profound Intellectual Disability

SLD–Significant Learning Disability

SLP–Speech Language Pathologist

SST–Student Support Team

From the Chair

by Nicki Noel Vaughan

Welcome to the First Edition of the Child Protection and Advocacy Section Newsletter–

Many thanks to Editor Tonya Boga, and to all of the contributors for their dedicated efforts in getting this newsletter to publication in record time! Special appreciation also goes to Derrick Stanley, Section Liaison of the State Bar, for his invaluable help.

With now over 200 members, the Child Protection and Advocacy Section represents the broad spectrum of the lawyers who practice in Juvenile Courts throughout Georgia. The membership includes SAAGs who represent DFCS, Child Welfare Specialists who represent parents, Guardians Ad Litem who represent children, juvenile prosecutors and defenders, adoption lawyers, lawyers who represent children in education-oriented scenarios, such as IEP meetings and school tribunals, as well as lawyers who represent school boards, and lawyers specializing in quasi-judicial matters advocating for children in Social Security disability determinations, Medicaid eligibility matters, and other miscellaneous venues. Many of Juvenile and Appellate judges and mediators are also members.

It is an interesting, varied group of lawyers with one thing in common: we have concentrated our legal practices on working with children and families, focusing on the needs of the children. Furthermore, we want to continue to learn, as well as to share our experiences, with each other.

The broad scope of the membership is represented on the Executive Committee, whose members are listed below, as well as on the State Bar Section Webpage. Currently-established committees include the Newsletter, Education/CLE Planning, Website Development, Legislative, and Membership. Your input and involvement are welcomed and encouraged.

You all should have received an invitation to our first section-wide event, which is to join the Family Law Section for a meet-and-greet informal mixer on October 3 from 5-8 p.m. at Gordon Biersch Midtown, 848 Peachtree Street. I hope you can join us.

The Section will be co-sponsoring upcoming CLEs with the Supreme Court of Georgia Committee on Justice for Children in October and the Georgia Association of Counsel for Children when they have their annual seminar. In January, we will host our own CLE entitled, "Where's the Money?" focusing on discovering and utilizing resources available for children in need of services regarding education, medical needs, disabilities, and other areas. The CLE will be at the Bar Center and will be simulcast to the Bar Centers in Savannah and Tifton for statewide availability.

The newsletter will be published quarterly, at least at first. Articles of interest to the membership, as well as suggestions and ideas for articles, are welcomed. We are also seeking a name for the newsletter and welcome suggestions. Work has begun to expand the Child Protection and Advocacy website found on the State Bar's on-line Section Web Pages. If any of you have experience with developing a website, your help would be appreciated. During the upcoming 2013 legislative session, we plan to collaborate with the Young Lawyers Division's Juvenile Law Committee in supporting the proposed Juvenile Code, a project that many of our members have been working on throughout the year (and for years).

Please share this newsletter and information with others who may be interested in joining the section. The more members we have, the stronger our voice will be within the State Bar, with the Legislature, and with the public in general. Please feel free to contact me or any of the members of the Executive Committee with your questions or suggestions. This is OUR section, and we want this section to reflect the interests and meet the needs of the members. We need your input in order to attain this goal. Thank you.

Section Executive Committee

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Transitioning Foster Youth Deserve to Thrive

By: Trenny Stovall and Temika Murry, DeKalb County Child Advocacy Center

D.M. entered foster care at the age of 5 years old. He remained in care until his 18th birthday. At age 16, DM was assigned to a child attorney as part of a pilot program providing focused advocacy for youth preparing to transition out of foster care. As a result of this specialized advocacy, D.M.'s special education needs were finally identified and addressed. He enrolled in a vocational training track and began actively participating in the independent living program designed to prepare him for life after foster care. In spite of this progress, D.M. faced numerous obstacles that would later derail his successful transition from foster care. Encouraged by relatives who previously refused to serve as a placement resource, D.M. elected not to extend his foster care placement beyond age 18. With this decision, he lost access to supportive services that should have been an integral part of his transition. D.M.'s relatives agreed to take him in after he left foster care. Unfortunately, that hospitality was short-lived when years of untreated substance abuse and unresolved mental health needs combined with inadequate skills training and employment opportunities to create an untenable situation. Two months after leaving care, D.M. was effectively homeless. At last contact, D.M. was not receiving services from the Extended Youth Supportive Services (EYSS), Georgia's assistance program for former foster youth between the ages of 18 and 21.

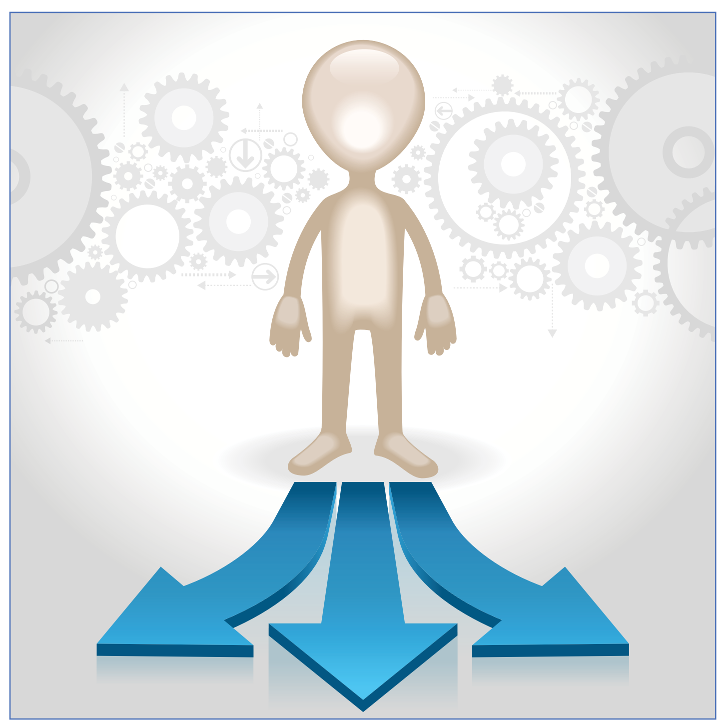
In preparation for this article, we contemplated D.M.'s plight while surveying the existing research that supports the constitutional due process rights of foster youth to services during and after their time in state custody.[1] The crux of the prevailing argument is that children in foster care are similarly situated to the mentally ill and prisoners in state custody, with a constitutional right to protection from harm. The most staggering form of harm to foster children often occurs when the youth leave foster care ill-prepared to manage the challenges of independence. Proponents argue that the harm is directly attributable to the system that failed to prepare foster youth for life after foster care. There is debate as to the extent of the state's legal duty to prepare foster youth for transition into adulthood and the extent to which the state is liable for resulting harm due to its breach of that duty. However, it is hard to deny that the foster care system (including the broader system of stakeholders, advocates and providers) bears some obligation, whether moral or social, to equip foster youth with basic skills, resources and opportunities to maneuver the transition from foster care to living independently.

Each year in Georgia, hundreds of children are emancipated from foster care when they turn 18. However, little research exists that comprehensively tracks well-being outcomes for former foster youth. This lack of data may be due, in part, to the transience and instability of this population. Nevertheless, available research and anecdotal evidence both demonstrate certain commonalities which confirm that young adults who have transitioned from foster care fare far worse than their same-aged counterparts in the general population. Studies show youth who leave foster care at age 18 often find themselves either homeless or in unstable living situations, lacking in educational and employment opportunities and without adequate resources or support systems to address these unmet needs. They are less likely to earn a high school diploma, GED or acquire job skills training. Former foster youth also have less access to medical care and mental health counseling services.[2] These same youth lived under the "protection and guidance" of the social services system-of-care during the critical teen years when preparing them for independence should have been top priority. To be clear, this system-of-care includes all advocates, social welfare and justice professionals, intervention providers, institutions, and agencies charged with ensuring well-being outcomes for this vulnerable population. In spite of the resources, services, advocacy, legislative changes and stakeholder initiatives involved in the system-of-care for foster children, former foster youth overwhelmingly emerge ill-prepared to meet the challenges of independence. So, we must ask ourselves: For all of our combined efforts, is anyone better off?[3]

In 2008, the U.S. government passed The Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections) in an effort to address the existing deficits in the continuum of care for youth whose stint in foster care ends at age 18. Fostering Connections includes provisions to extend foster care to age 21 and thereby ensure adequate housing, healthcare, educational benefits and life skills training for youth transitioning from foster care to independent living. Fostering Connections provides a federal funding stream to those states that extend foster care from age 18 to age 21 for youth who meet any of the following conditions: 1) completing high school (or an equivalent educational program); 2) pursuing a post-secondary or vocational school education; 3) completing a job-training course; 4) employed and working at least eighty hours per month; or 5) incapable of working or going to school due to a diagnosed and documented medical condition. Fostering Connections allows each state to determine the eligibility of foster youth for services based on the conditions enumerated above. Likewise, each state sets its own parameters within which foster youth are allowed to re-enter foster care between the ages of 18 and 21. [4]

During the 2010 legislative session, the Official Code of Georgia was amended to comply with Fostering Connections. Specifically as it relates to foster youth approaching the age of majority, OCGA §15-11-58 (c)(9) requires a transition plan for each foster youth within 90 days of his/her 18th birthday. The transition plan must set concrete goals to meet the child's individual and unique needs for housing, health care, education, mentoring and continuing support services, as well as workforce and employment services. To date, Georgia has elected not to extend foster care past age 18, citing a lack of state funds. However, the state provides Extended Youth Supportive Services (EYSS) for those youth who elect to sign themselves back into care after their 18th birthday. To be eligible for EYSS services, a youth must have been adjudicated deprived and in the Department of Family and Children Services' (Department) care for a minimum of six months prior to his or her 18th birthday. The six months need not have been continuous; however, the youth must have been in care on or after his or her 14th birthday. Further, a youth who does not initially elect to remain in care after his or her 18th birthday may later seek EYSS services within six months of turning 18. EYSS services are strictly voluntary on the part of the youth and the Department. In other words, a youth who signed himself or herself back into care can later decide that he or she no longer wishes to participate in "extended foster care" at any point between the ages of 18 and 21. The most critical point, however, is that the Department can at any point deem a youth ineligible for EYSS services due to their past or current behaviors not in keeping with the youth's written transitional living plan (WTLP).[5] Youth who sign themselves back into foster are automatically entitled to Medicaid through the age of 21 under the John Chaffe Foster Care Independence Act.[6]

The transition from childhood to independence is a journey that often extends far into young adulthood. Most teens have a support network of family and resources as they maneuver this exciting and promising time. But for the teenager who turns 18 while in foster care, this transition can be unpredictable and daunting. Without the preparation, support and guidance that youth general rely on, former foster youth are often incapable of adequately meeting their own basic well-being needs. The Metro Atlanta Youth Opportunities Initiative (MAYOI) was established in 2003, as a pilot program providing support services for metro area former foster youth. Funded by the Jim Casey Youth Opportunities Initiative[7], MAYOI focused on education, employment, financial literacy, healthcare, housing resources and youth engagement. The program subsequently expanded statewide with the creation of The Georgia Youth Opportunities Initiative. The Multi-Agency Alliance for Children (MAAC) and EmpowerMEnt, a coalition of current and former foster youth, are major components of the state-wide program and have garnered significant public support enabling the organization to influence policy decisions and legislation in favor of extended services for former foster youth. Georgia's most recent data indicates that over 500 children turned 18 while in foster care in both 2010 and 2011. Of the 1000+ youth who transitioned during that two-year period, nearly 400 voluntarily elected to extend their term in foster care. [8]



While Georgia's support of transitioning foster youth is commendable, there is still much work to be done. The process of preparing foster youth for independence must begin well before they reach age 18. True engagement requires consistency, patience and a commitment to providing effective and lasting support. Foster youth should be included in transition planning from conception to conclusion. In order to take full advantage of the resources available to them, foster youth should be exposed as early as possible to the benefits of transition services as well as to the potential risks of leaving care without support. Foster youth should be encouraged to build and maintain healthy relationships with supportive adults such as relatives, former foster parents, teachers, counselors or community leaders. In order to thrive, foster youth need instruction in safe and stable housing, financial literacy, job training, access to medical care, educational support and tutoring, coaching on activities of daily living, and a committed network of permanent connections.

The role of the child attorney is critical to the achievement of successful outcomes for youth transitioning out of foster care. An attorney can best advocate for the long-term independence of their child-client seeking EYSS services by:

- Advising youth of their right to sign themselves back into care after the age of 18 and explaining the eligibility requirements;
- Ensuring that permanency hearings and "exit from foster care" review hearings take place in a timely manner;
- Encouraging youth to attend all hearings and meetings pertaining to permanency;
- Attending transition roundtables with youth and insisting that those meetings be scheduled at least 6 months prior to the youth's 18th birthday;
- Engaging foster youth in the creation and updating of his/her transition plan;
- Ensuring that the WTLP is not "passed off" as a transition plan – they are not the same;
- Ensuring that all transitioning youth have state-issued

photo identification, a copy of his/her birth certificate and a social security card;

- Ensuring that the Department complies with federal requirements for data collection for the National Youth in Transition Database;[9]
- Requesting a meeting with the Independent Living Coordinator on behalf of youth whose rights to access EYSS have been violated;

Above all else, advocates should remember that the youth's voice and engagement are vital to their successful transition to adulthood.

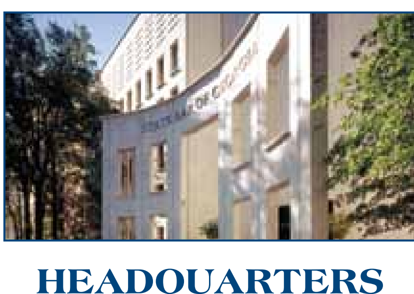
Stovall and Murry serve as Director and Supervising Attorney at the DeKalb County Child Advocacy Center (DCCAC), respectively. The DCCAC provides specialized representation and advocacy specific to Transitioning Youth. In June, the DCCAC convened more than 30 community and system partners to form the Transitioning Youth Advisory Panel in support of its transitioning youth population. For more information please call 404-294-2646.

(Endnotes)

1 Katherine M. Swift, *A Child's Right: What Should the State Be Required to Provide to Teenagers Aging Out of Foster Care*, 15 Wm. & Mary Bill of Rts. J. 1205 (2007).
2 Peters, C.M., Dworsky. A., Courtney, M.E., & Pollack, H. (2009). Extending Foster Care to Age 21: Weighing the Costs to Government against the Benefits to Youth. Chicago: Chapin Hall at the University of Chicago.
3 Friedman, Mark. (2009) Trying Hard Isn't Good Enough: How to Produce Measurable Improvements for Customers and Communities. FPSI Publishing.
4 Fostering Connections to Success and Increasing Adoptions Act of 2008. 42 USC 1305. Public Law 110-351. 110th Congress (October 7, 2008).
5 Georgia Department of Human Services: Division of Family and Children Services Child Welfare Manual. Policy Numbers 1012.1 and 1012.6.
6 Foster Care Independence Act of 1999. Public Law 106-109.
7 The Jim Casey Youth Opportunities Initiative, http//www.jimcaseyyouth.org.
8 Statistics collected by Operations Analysis Unit of Georgia Department of Human Services, Department of Family and Children Services.
9 45 CFR 1355.20 and John H. Chafee Foster Care Independence Program (CFCIP) at section 477 of the Social Security Act.

The Supreme Court of Georgia's Committee on Justice for Children welcomes to the new Child Protection and Advocacy Section!

The State Bar has three offices to serve you.



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Judge's Corner: Practice Tips

by Hon. Peggy Walker

Welcome to the Judge's Corner. Professionals often wonder what Judges want to know and what information helps them reach a decision. Having spent the past twenty five years as a litigator and then as a judge, I want to share some thoughts about child protection and advocacy to guide practitioners in the courtroom.

The goal common to all of our work is child safety and permanency. In order to reach both goals we must be thorough in the work we do. The three most consistent issues throughout our cases are substance abuse, mental health and family violence. As professionals who touch the lives of children and families we must look not only at the obvious reasons for removal but also at the underlying issues that led to the removal. For example, we often have cases where a child is found unattended on a street or in an apartment complex. In most cases the parent was sleeping and the door was not secured. A parent sleeping while a child is awake is a red flag for both substance abuse and depression. When we fail to identify these critical issues at the beginning of the case, we do not have an adequate case plan.

"Excellence can be attained if you care more than others think is wise, risk more than others think is safe, dream more than others think is practical, and expect more than others think is possible."

The case plan is the road map home. If it is poorly designed with incomplete information, permanency for the child is delayed. Reviewing the case plan to make sure that it is reasonably related to the findings of the Court as to reasons for removal, provides the appropriate services, meets the needs of the child, is possible for the parent to do, and is specific enough to be able to measure progress toward reunification is a significant responsibility for the caseworker who drafts it, the Special Assistant Attorney General who advocates for it, the parents' attorneys who must advise the client about it, the guardian ad litem who speaks for the best interests of the child and the Judge who makes incorporates it into a disposition order. The case plan must have a concurrent plan if the primary goal of reunification fails. One way of getting that information is to treat the concurrent plan as if the parent was preparing a will. Who are the three most trustworthy choices for raising the child in the event of the parent's death? Make certain that the case plan and the concurrent plan are the best they can possibly be before presenting the plans to the Court.

To be thorough we must also be prepared. Come to court having read the file and all supporting documents, having met with the client, having talked with the other parties, knowing what the client wants, knowing what the child wants when the child is old enough to share his or her desires, knowing the nature of the hearing, having evidence ready to present in support of the client's position, and having verified information prior to presenting it to the Court. Just because someone says something, it does not mean that what a person says is true. Deception with substance abuse and family violence is very common. Those with acute mental illness and even milder forms of mental health problems distort reality. Not confronting deception and distortion delays permanency. Time is of the essence in Court and cannot be wasted by lack of preparation, unnecessary delays, and deceit.

A common means of getting information is to ask the client what are the three worst things that are likely to be said against them by a witness in the case. Then follow up with a question about what evidence do they have to present to show that those allegations are not true. The sooner the parent acknowledges the causes of removal, the sooner the parent will work to address those issues. Continuing to argue over removal and focusing on being wronged by the system delays permanency. We must view time from the perspective of the child and create a sense of urgency. Permanency needs to be achieved no later than twelve months from the date of removal. There is no time to waste in getting a child to a permanent home.

In making placement decisions, the most important piece of information for the Court to know is the ability of the proposed caretaker to nurture children. Every child must have an appropriate nurturing adult as a caretaker whether that caretaker is a parent, relative, foster parent or friend of the family. Children must have structure. Most children who come before the Court have not had schedules and routines. Choosing a caretaker who can set schedules, establish routines and enforce boundaries is critical to the growth and success of the child. Age is a factor as to the child and to the caretaker, but age is not a barrier. Healthy seniors with adequate support systems can meet the needs of an active toddlers and children.

Knowing the capacity of the caregiver as well as the number of other children in the home are important factors for the Court to consider. We guarantee failure in our system by overwhelming relatives and foster parents with too many children

with so many needs. Before making a placement, we must consider the special needs of each child and the ability of the caretaker to meet those needs in light of the composition of the household, the capacity of the caregiver and the support system for the child and caregiver. When reunification is the goal of the case plan, choosing caregivers who will work with the parents is necessary. Adversarial relationships between the caregiver and the parent undermines reunification, is damaging to the child and puts the child at risk of having to be moved which does further damage to the child.

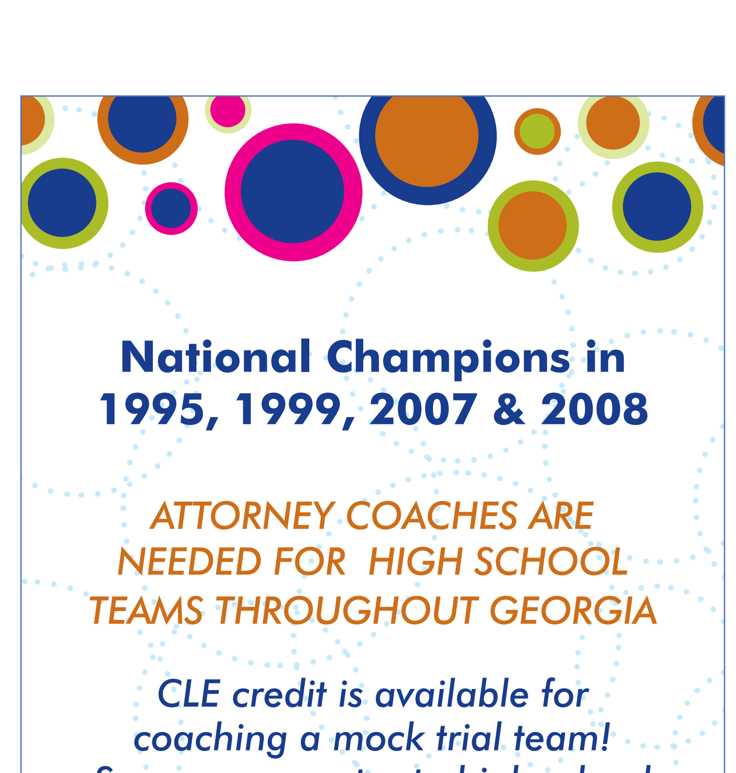
We want to minimize the damage to the child by promoting stable placements. The statutory requirement for reasonable efforts to avoid removal means that every effort must be made to serve the child and family in the home prior to removal. Removal is limited to circumstances where the child is vulnerable in the home and the parent does not have the capacity to be protective of the child where there is a risk of imminent danger, not just risk of harm. Initial placements must be made with great care, not based upon convenience. When a child is removed, the child's placement must be one that has the potential to be permanent if reunification efforts fail. This requires a major shift from our system of fragmented case work where a child has an investigator, a family preservation caseworker, a foster care caseworker and an adoptions caseworker even if there are no changes in case assignment for a child.

One of the most difficult decisions is when to consider extensions to allow parents to continue to work reunification. Substance abuse is either a primary or underlying issue in at least 80 percent or more of our cases. A third of those parents who have substance abuse issues also have a co-occurring mental health diagnosis. Parents with both substance abuse and mental health problems must have dual diagnosis treatment to succeed. The more treatment over the course of a lifetime and the longer the periods of treatment, the more likely the parent is to recover and stay in recovery. Parents who can articulate the nature of their addiction and/or mental health problems and explain what they must do to be stable have a greater likelihood of success. Stability in housing and employment of at least six months are indicators that the parents have potential to succeed given additional time. Having a healthy support system of friends and activities is another indicator of success to support extension of time to work a case plan.

There are no easy decisions in Juvenile Court because every decision changes the life of a child. When complete information is provided to the Court about the child, the parents, other caregivers, the services available, and the services utilized, the Court has a greater ability to weigh all of the factors to make the best decision. The absence of information puts the child at risk.

Strive for excellence in child protection and advocacy. Children's lives depend on it. This quote about excellence came from family violence training conducted by the National Council of Juvenile and Family Court Judges, "Excellence can be attained if you care more than others think is wise, risk more than others think is safe, dream more than others think is practical, and expect more than others think is possible." Working together we can achieve excellence for Georgia's children.

Hon. Peggy Walker is a Juvenile Court Judge in Douglas County.



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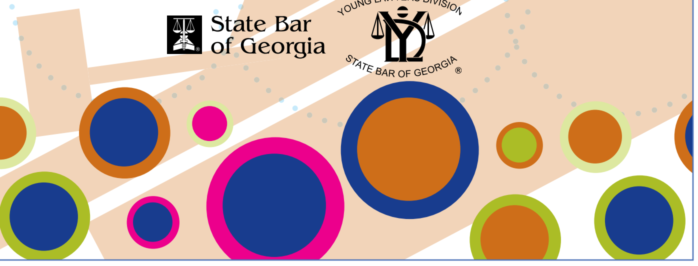


Legislation Watch: *New Laws that Took Effect July 1, 2012*

by Kirsten Widner, Barton Child Law and Policy Center at Emory Law

The Georgia General Assembly passed a number of measures impacting child advocacy and protection in the 2012 session. Here some key changes in the law that came into effect as of July 1.

Mandatory child abuse reporting law was expanded and clarified.

O.C.G.A. § 19-7-5, the statute that requires certain individuals with special responsibility to children to report suspected child abuse, was amended to include nurse's aides, reproductive health care facility personnel and volunteers, pregnancy resource center personnel and volunteers, and clergy among those required to report. There is a narrow exception allowing members of the clergy to avoid reporting if they received the information about abuse only through a communication required by their faith to be kept confidential. Definitions were also added for key terms that have been in the law but were previously undefined. Specifically, "child service organization personnel" was defined to mean people employed by or volunteering for any type of organization or business that provides children with "care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter." School was defined to include pre-kindergarten through university level educational institutions, whether public or private. As a result, just about anyone who works with children in a volunteer or employment capacity, except those providing legal services, are now covered by the law and should report suspected child abuse. Reports can be made to the local DFCS office, or after hours to 1-855-GA CHILD (422-4453).

Statutes of limitations on sex offenses against children under 16 were eliminated.

O.C.G.A. § 17-3-2.1 was amended to allow sex crimes against children, including child molestation, incest, rape, sex trafficking, aggravated sodomy and enticing a child for indecent purposes, as well as first degree cruelty to children, to be prosecuted at any time. The crime has to have been committed on or after July 1, 2012, and the victim must have been under age 16 at the time of the offense for this amendment to apply.

Restrictions were tightened on contraband in Department of Juvenile Justice Facilities.

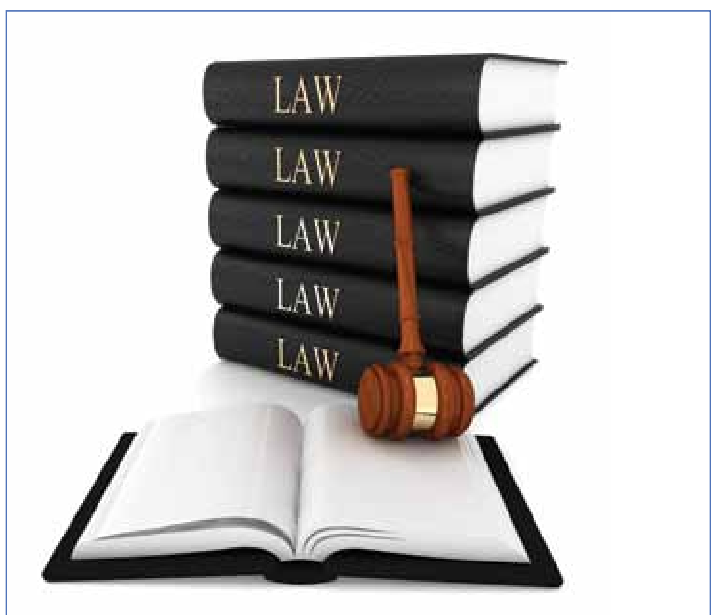
The provisions restricting contraband in juvenile detention facilities, found in title 49 of the Georgia Code, were expanded. Facilities are to create guard lines, similar to those at adult prison, beyond which possession of weapons or intoxicating substances is illegal. Additionally, telecommunications devices are now on the list of things that it is not legal to give to a detained youth or for the youth to possess.

Drug testing was required for public benefits applicants.

A new code section, O.C.G.A. § 49-4-193, was added to require drug testing of applicants prior to the receipt of public benefits under TANF and random drug testing of existing benefit recipients. Those who test positive once will be denied benefits but can reapply after one month with a new test. Anyone who fails a second test will be ineligible to reapply for 3 months. Anyone failing a third test will be ineligible for 1 year, unless they successfully complete a drug treatment program, in which case they can reapply after 6 months. All who fail a test are to be provided with a list of substance abuse treatment programs in their area, though the state is not to pay for treatment. The cost of the drug tests is to be borne by the applicant, and is not to exceed $17 if the applicant is on Medicaid. A child's benefits are not supposed to be affected by a parent's positive test, and only one parent per household is required to comply with the testing requirement. Although the legislation has technically taken effect, it requires the Department of Human Services (DHS) to promulgate regulations, a process including a notice and comment period that has not yet taken place, so DHS Commissioner Reese has indicated that implementation may be delayed.

A study commission was created to look at the service needs of victims of human trafficking.

The needs of children who have been commercially sexually exploited or labor trafficked, as well as the needs of adult trafficking victims, will be considered by the committee. We are still awaiting notice of when committee members will be appointed and when meetings will be held.



What is the Committee on Justice for Children?

by Patricia Buonodono, JD, CWLS, Managing Attorney for Education

In short, the Committee on Justice for Children ("J4C") manages Georgia's court improvement grant. The grant was established in 1994 by the federal government to assess and improve court proceedings involving abused and neglected children in the state courts. The Committee's work is staffed by the Georgia Administrative Office of the Courts.

The Committee on Justice for Children is chaired by the Hon. P. Harris Hines, Justice of the Supreme Court of Georgia. Other Committee members and advisors are listed on our website: http://gajusticeforchildren.org . With the guidance of our J4C advisors, we establish a strategic plan to improve court proceedings on behalf of these abused/neglected children's civil cases. A full list of our goals may be reviewed on our website. Here is just an example of some of the ongoing projects that work to further our goals:

- **Improving the quality of representation for all parties.**

  J4C provides many substantive trainings related to improving permanency, safety, and the well-being of children and families involved in the child welfare system. These trainings are targeted not only for attorneys, but for judges, CASA organizations, court personnel, foster parents, and other stakeholders; we also offer a NITA-type trial skills training for attorneys every other year to focus on courtroom skills specifically geared toward child welfare cases. Quality assurance is an ongoing goal as well.

- **Child Welfare Law Specialists.**

  Beginning in 2010, Georgia recognizes a specialty in Child Welfare Law. Our state now has 23 attorneys who have achieved certification in this specialty. We assist local attorneys in applying for permission to sit for the exam, and in preparing for the exam.

- **Child Representation Study.**

  Georgia is one of two national sites for the QIC Child-Rep Study, a national four-year study examining the effect of a child focused model of representation on child welfare cases. We have approximately 125 attorneys from 16 counties participating in this study, which is funded by a separate federal grant. J4C is partnered with the Barton Child Law and Policy Center and the Georgia Association of Counsel for Children on this project.

- **Cold Case Project.**

  The Cold Case Project is dedicated to improving outcomes for children most likely to 'age-out' of foster care without achieving legal permanency. Several reports related to this project are available on our website. This project has achieved national attention and is a prime example of the good work that can be done when agencies collaborate.

- **"And on and on…." (credit to Kurt Vonnegut).**

  J4C has many ongoing projects that use some of our State's juvenile court judges as trainers, such as foster parent education; training on the Indian Child Welfare Act; improving the process of Interstate Compact on the Placement of Children and negotiating border agreements to speed up that process; placement stability for foster children; Youth EmpowerMEnt. We look forward to new projects as they begin, such as upcoming collaborations to focus on foster children whose parents are incarcerated, educational stability and outcomes for foster children, and more.

There is so much going on at your Committee on Justice for Children!

Multi-agency Collaboration:
a promising alternative to school-based juvenile court referrals

by Veronica McClendon

School referrals to juvenile court for minor offenses have been on the rise in recent years. In fact, schools contribute more cases to the juvenile court delinquency calendar than any other referral source. However, studies show that not only do school-based juvenile court referrals place immense financial and personnel burdens on juvenile court personnel, law enforcement agencies, prosecutors, public defenders, and detention centers, sending youth to court for minor offenses can present detrimental consequences for their futures. Gary Sweeten, a criminal justice professor at Arizona State University, concluded in a 2006 study that an arrest in high school doubles the chance that a student will drop out of school and that a student who appears in court during high school is four times more likely to drop out than if he had never appeared before a judge. These facts highlight the need for local schools to utilize alternative strategies for dealing with youth who misbehave at school.

Clayton County Juvenile Court Judge Steve C. Teske has found a solution that works for his community and has embarked on a national campaign to encourage other jurisdictions to develop processes that work for theirs. Nearly ten years ago, Clayton County school and juvenile justice stakeholders formed an agreement to develop a "School Offense Protocol," which outlines a three step process by which to handle students who commit low-level delinquent acts on school grounds. After the protocol was set up in Clayton, school referrals to juvenile court dropped 70 percent. In addition, Clayton County Schools saw a decrease in fighting offenses by 86 percent, a decrease in the number of serious weapons on campus by 70 percent, and an increase in the graduation rate by more than 20 percent. After seeing the great success of this approach to school-based juvenile court referrals, Clayton officials further strengthened inter-agency relationships to better serve youth displaying chronic behavior problems in school and make more appropriate decisions on detaining youth accused of committing offenses in the community.

Several jurisdictions around the country have endeavored to replicate Clayton's cooperative approach to handling school-based referrals to juvenile court and other issues affecting delinquent youth or youth at-risk of delinquency, including Bibb County, GA. If you believe that your community needs to take a more collaborative approach to addressing your community's most pressing youth issues, here a few steps that you can take to get that process started.

Identify the issue. Before you begin convening stakeholders, make sure that you have a firm grasp on the issue that you are seeking to address. High-needs youth present a wide range of complicated issues on which your stakeholders could focus, so you want to identify an issue that your community is ready to take on. You may find it helpful to begin by listing out all of the issues that you see with the current way that your community serves its youth. Next, you should do some research to help you narrow your list of issues. Interview stakeholders in your community and read about issues that other jurisdictions taken on. Be cautious of narrowing your scope too much in the early phases, as you will later want to provide the other stakeholders with an opportunity to assist in this process.

Identify your stakeholders. Identify the agencies and organizations in your community who serve youth and whose work may be affected by the issue that you have identified. Be sure to include a mix of public and private organizations as well as parents and youth currently or formerly involved in the juvenile justice system. Expect your list to grow as the stakeholders that you invite encourage you to invite others.

Get the numbers. Once you have identified the issue, you should obtain the relevant data and find out what the numbers tell you. The data that you retrieve should tell a story about the issue that you can share with others. Information that you seek should provide the total number of youth affected by your identified issue, answer whether some youth populations are affected more than others, and show you whether your jurisdiction is an anomaly with regard to the issue when compared to others, or whether is what is happening in your jurisdiction corresponds to a trend that is prevalent in other areas. When you present the target issue to the other stakeholders, the data that you have collected will help you communicate the urgency of the problem that you hope to address. Or, on the other hand, the numbers may suggest that the problem is not as great as you initially thought. In this event, go back to your initial list and begin researching another issue.

Identify a convener and moderator. Organizing overworked individuals and agencies takes significant time and dedication. You will need to identify a neutral person who has the time and willingness to do the "leg work" for the group. They will be responsible for coordinating schedules and setting meetings. They will set the agendas for meetings, and ensure that the stakeholders have the information and materials they need. This person should also have the skills to encourage consensus-building and to help bring resolution to potential disputes. They should be able to help the stakeholders develop and maintain sight of their vision and purpose throughout the process. When the stakeholders get discouraged or lose hope, the convener/mediator will need to remain dedicated to the initiative and help keep the stakeholders engaged and on task until they reach their goal.

Find a champion. Identify a well-respected individual in your community who is willing to serve as your initiative's champion. Potential candidates for this role may be a local judge, the local superintendent of schools, or the district attorney. This individual may help bring to the table stakeholders who might not otherwise be inclined to show up. They might also assist with garnering support from the larger public.

Convene your stakeholders. Now it's time to bring your stakeholders together. Present the data and make sure that they gain a full understanding of the issue you have identified. Determine their stance on the issue you present, and ask them to help you further narrow the issue and identify next steps. Present on measures other jurisdictions have taken to address similar issues, and consider developing a sub-committee to develop a plan of action. Be sure to ask the attending stakeholders whether additional people need to be invited.

Overcoming concerns with confidentiality. Stakeholders may raise constituent confidentiality as a barrier to working with other agencies. Therefore, you should be familiar with the federal and state laws governing confidentiality and under what circumstances they provide exceptions and exemptions for sharing confidential information. For example, O.C.G.A. § 15-11-10 authorizes juvenile court judges to establish programs through which youth-serving agencies operating within a court order may share information, medical records, school records, records of adjudication, treatment records, and other information to better serve youth who go through the court-authorized program. However, regardless of whether the law provides exemptions, it may be a good idea to develop a waiver of confidentiality form for parents to sign that would permit the agencies serving them or their children to share information with cooperating agencies for the restricted purpose of providing better services.

Develop a framework appropriate for your community. Look to other jurisdictions for insight into their process but not necessarily their end result. Just because a program or procedure works for another jurisdiction, it does not mean that it would be successful in yours. Consider your local stakeholders to be the experts on local issues and place value on their suggestions and recommended approaches. Keep in mind that your stakeholders are very busy and may prefer not to spend a lot of time brainstorming new approaches when there are examples from other jurisdictions. Your convener should present options that have been successful in other communities, while also encouraging the stakeholders to modify approaches from other communities to develop a framework that fits in locally.

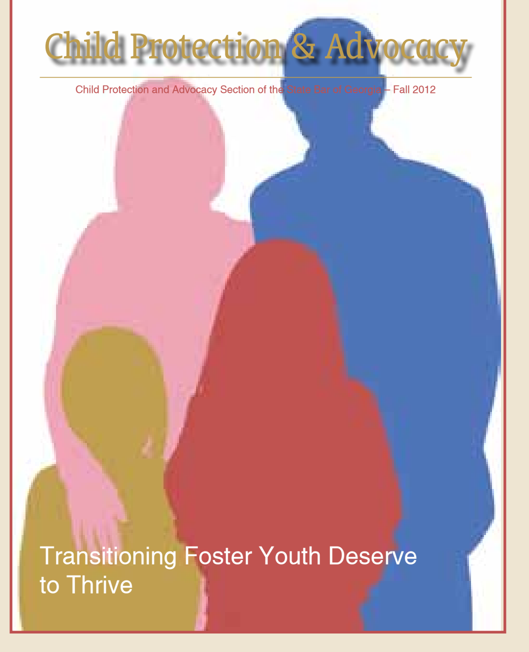
Veronica McClendon is a passionate advocate for children with disabilities and youth at risk of school exclusion or delinquency. She recently completed a two year Skadden fellowship with the Macon Regional Office of Georgia Legal Services Program and looks forward to her next opportunity to serve as an advocate for children. She can be reached at vmamcclendon@gmail.com. GLSP Senior Supervising Attorney and avid child advocate, Ira L. Foster also contributed to this article and can be reached at ifoster@glsp.org.

Name our Newsletter!

The executive committee of the Child Protection and Advocacy Section is soliciting names for our newsletter. If you have any suggestions, please forward them to Derrick Stanley at derricks@gabar.org.

The committee will select a name and give you credit in our next newsletter.

Please submit all name suggestions by noon on Oct. 15.



Case Law Update

by Thomas L. Williams, Assistant District Attorney, Flint Judicial Circuit

Brinkley v. State, 291 Ga. 195; 2012 Ga. LEXIS 568; 2012 Fulton County D. Rep. 1894 (2012)

In 2000, Brinkley was convicted for two counts of Kidnapping, Rape and Armed Robbery. He was 14 years old at the time of the crime. He was sentenced to life in prison (with a possibility of parole). In 2010, for the first time, Brinkley challenged his sentence as a violation of the Eighth Amendment. The Court rejects this argument solely on procedural grounds by declaring that Brinkley defaulted on this issue when he failed to argue this position at his sentencing hearing in 2000. The majority did not address the merits of the issue at all. Justice Benham and Justice Hunstein dissented. Citing several cases that highlight the changes in the law regarding sentencing of juveniles, the dissenters would have allowed for some discretion and considered this issue on its merits. (*Editor's Note:* Considering the U.S. Supreme Court's recent ruling in *Graham v. Florida* ___ U.S. ___ ; 130 SC 2011; 176 LE2d 825 (2012), one can expect more litigation about the constitutionality of the imposition of a life sentence on juvenile offenders.)

In the Interest of A.G. et al., 2012 Ga. App. LEXIS 639; 2012 Fulton County D. Rep. 2434 (2012)

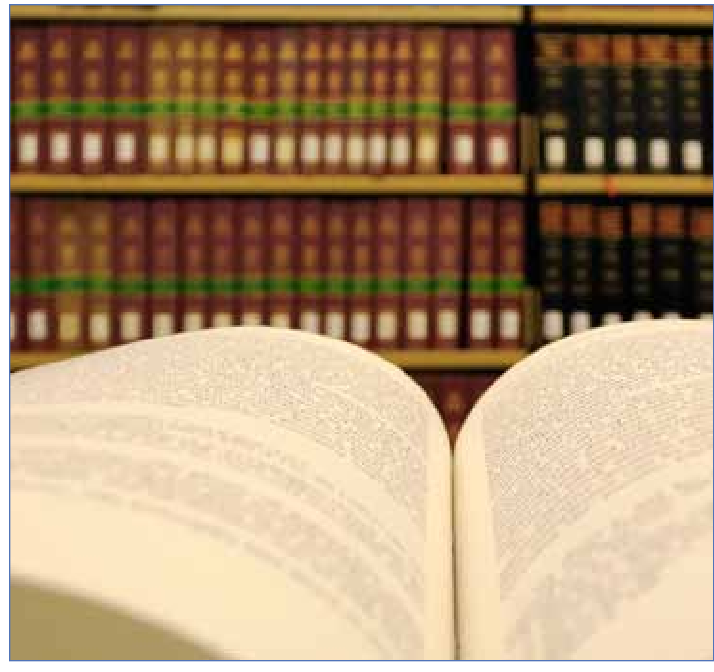
A.G. and 3 others were adjudicated delinquent for Battery and Violation of the Georgia Street Gang Terrorism and Prevention Act for an attack of a student following a pep rally at Tattnall County High School. The sole enumeration of error attacked the sufficiency of evidence in support of the adjudication for the violation of the Georgia Street Gang Terrorism and Prevention Act. The Court ruled the State failed to show the four defendants were associated within the definition of a "criminal street gang." Even though there was evidence of common bandanas and a notebook that linked the juveniles together in a criminal street gang, there was no evidence of ongoing or planned criminal activity. Essentially, the State cannot rely solely on the predicate act as evidence of a pattern of criminal activity. There must be independent evidence of an ongoing criminal enterprise.

State v. Armendariz, 2012 Ga. App. LEXIS 570; 2012 Fulton County D. Rep. 212 (2012)

The Court of Appeals strictly interpreted O.C.G.A. 17-7-50.1 in affirming a Plea in Bar on jurisdictional grounds. Armendariz was charged in Juvenile Court after he was caught selling two guns and methamphetamine to an undercover agent. The Juvenile Court properly transferred the case to Superior Court pursuant to O.G.A. 15-11-30.2. The Grand Jury subsequently returned a 15 count indictment. Armendariz was detained on a bond revocation after the indictment was returned. The child demurred on 12 of 15 counts as the Juvenile Court only transferred 3 allegations. The trial Court dismissed Counts 1 and 5 through 15. The District Attorney then filed new complaints in Juvenile Court for the outstanding 12 accusations. Those cases were transferred back to Superior Court, but the cases were not indicted within 180 days of the bond revocation of Armendariz. The Trial Court granted a plea in bar as the Superior Court was divested of jurisdiction once no true bill of indictment was returned with 180 days of the child's detention on the 12 newly transferred accusations. (Editor's Note: It is not clear if the original three counts of the first indictment survived this litigation, though the Court's opinion focuses primarily on the 12 counts in controversy.)

In the Interest of R.H., 2012 Ga. App. LEXIS 546; 2012 Fulton County D. Rep. 2050 (2012)

The Court of Appeals reversed an order of restitution entered against R.H.. The Court reasoned that the value of the item in question was not established sufficiently as the Trial Court set the value of a stolen item by approximation rather than based on admissible evidence of the fair market value of the item. In this case, R.H. was adjudicated delinquent for stealing Nook E-Reader. The victim testified the E-Reader and accessories were purchased four months prior to the theft for $408 and that all items were in excellent or great condition at the time of the theft. In announcing the order of restitution, the Trial Court declared that she was taking the purchase price and "cutting it down a little." $250 restitution was ordered. The Court of Appeals reaffirmed the well-established rule that limits the method of proving value in a contested restitution hearing. "The State may prove fair market value by producing "a witness, including the victim of the theft, who is familiar with the stolen items and has a fact-supported opinion as to their value." *Jackson v. State*, 250 Ga. App. 617, 619 (2001) The Court of Appeals took this case also as an opportunity to recognize this standard is extraordinarily difficult if not impossible standard to meet. Citing *Jackson* at 621. The Court went on to note the Court lacks the authority to rewrite the restitution statute to more fully meet the purpose of the restitution as a penalogical tool.



GLOSSARY – Medicaid Terms*

Compiled by: Vicky O. Kimbrell, Georgia Legal Services Program, 2012

A

ACA–Affordable Care Act, P.L. No 111-148–Comprehensive Care law passed by Congress in 2010 and currently under review at the US Supreme Court. Among other things, will provide Medicaid coverage healthcare to Georgians under 133 percent of poverty.

AA–Adoption Assistance–subsidy paid to adoptive parents through state and/or federal funds. See Sections 2817 and 2895.

ABD MEDICAID–Aged, Blind and Disabled Medicaid–Medical assistance for aged, blind or disabled individuals who are not eligible for SSI. These individuals receive Medicaid only.

ABD-MTF–Aid to Aged, Blind, or Disabled-Medicaid Treatment Facility–a class of medical assistance; covers ABD Medicaid nursing home recipients who received vendor payments in 12/73, and who have remained eligible under AABD standards. Previously referred to as "Grandfathered". Individuals covered under this COA are now eligible under the Nursing Home COA due to resource policy simplification effective in 1992.

ABON–Assistance Based on Need–a money payment based on financial need and funded solely by state or local finds (no federal or private funds involved).

ADA–Americans with Disabilites Act.–All Medicaid programs must comply with ADA requirements and with 504 of the civil rights act.. The DCH policy is set out at: ODIS Manual 2020

AFA–Application for Assistance–the SUCCESS generated application for assistance.

ADEQUATE NOTICE–Notification to the A/R of initial approval or a change in Medicaid eligibility or patient liability/cost share. Adequate notice must include the action taken, the effective date and a manual reference as a basis for the action.

AFDC–Aid to Families with Dependent Children–state administered cash assistance program for low-income families with dependent children under age 18. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 eliminated the open-ended entitlement of AFDC. The PRWORA created the Temporary Assistance to Needy Families (TANF) block grant. However, some AFDC policies and procedures continue to be used in Medicaid classes of assistance for Children in Placement.

AMN–ABD Medically Needy–an ABD COA. To be considered under this COA, an A/R's income and/or resources must exceed the limits for all other comparable COAs.

AMNIL–ABD Medically Needy Income Level–the MNIL used for the ABD Medically Needy (AMN) COA. Refer to MNIL.

A/R–Applicant/Recipient–applicant or recipient of public assistance or medical assistance only.

AU–Assistance Unit–a group or individual(s) applying for or receiving benefits.

B

BG–Budget Group–A term that includes the AU members and the financially responsible parents who live with them. The budget group may also include other individuals who meet Family Medicaid relationship requirements.

C

CCSP–Community Care Services Program–an ABD COA available to A/R's who are suitable candidates for NH care. Refer to Section 2131, "Community Care Services Program".

CHAMPUS/TriCare–TriCare provides medical care insurance for dependents of military personnel, dependents of deceased veterans, and retired military personnel and their dependents, a TPR.

CMOs–Care Management Organization (cf. HMO)–Georgia contracts with three CMOs to coordinate healthcare services for Medicaid recipients. Wellcare, Amerigroup and Peach State (not to be confused with Peachcare). http://dch.georgia.gov/00/channel_title /0,2094,31446711_42226207,00.html

CMD–Continuing Medicaid Determination–formerly referred to as "ex parte" redetermination. A recipient's Medicaid eligibility cannot be terminated without considering eligibility under all COAs, including AMN.

CMS–Centers for Medicare and Medicaid Services–The section within the Department of Health and Human Services (HHS) which has the primary administrative responsibility for the Medicaid program. Formerly known as the Health Care Finance Administration (HCFA).

COA–Class of Assistance–Over 30 types of Medicaid classes of assistance. Right from the Start (RSM); Low Income Medicaid; Transitional Medicaid; Planning 4 Healthy Baby Medicaid, Women's Health Medicaid, Breast/Cervical Cancer, Foster Care Medicaid, SSI related, Nursing Home, medically needy medicaid.

COLA–Cost of Living Adjustment–an increase in RSDI or SSI benefits based on a rise in the cost of living, usually received every January.

Compass–Georgia's online tool to submit application for Food Stamp/SNAP benefits. Users can also re-certify Medicaid eligibility or find out if they are possibly eligible for other services including Medicaid, TANF (Temporary Assistance for Needy Families), Subsidized Child Care (CAPS), LIHEAP (energy assistance), Aging Services, Substance Abuse Services, WIC, Emergency Food Assistance, Mental Health Services, and Child Support. https://compass.ga.gov/

CSE–Child Support Enforcement–administers the federal requirements to establish a program to enforce the obligation of absent parents to support their children.

CWFC–Child Welfare Foster Care–Children in Placement Medicaid COA funded through IV-B.

D

DAC—Disabled Adult Child—an adult child (18 years old or older) who receives RSDI disability on his/her parent's account.

DAS—Disability Adjudication Section—SSA section responsible for establishing disability for RSDI and SSI A/Rs.

DCH—Department of Community Health—agency responsible for maximizing the state's health care purchasing power, planning coverage for uninsured Georgians, coordinating health planning for state agencies and insuring individuals under the State Health Benefit Plan and various Medicaid programs and DCH initiatives.

DEEMING—Procedure which takes into account the income and resources of the responsible relative(s) of SSI and ABD Medicaid A/Rs.

DEEMED INCOME—The amount of income of a non-recipient that is budgeted as unearned income to the AU.

DFACS or DFCS—Division (Department) of Family and Children Services—state/local agency under contract with DMA to determine a non-SSI A/R's eligibility for Medicaid

DMA—Division of Medical Assistance—the division under DCH responsible for administering the Medicaid program in Georgia.

E

EMA—Emergency Medical Assistance—provides medical coverage to individuals who meet all requirements for a Medicaid COA except for citizenship/alienage and enumeration requirements and who require or have received an emergency medical service.

EPSDT—Early and Periodic Screening Diagnosis and Treatment—Federal Law that requires that Georgia provide any necessary health care, diagnostic services, treatment, and other measures . . . .to correct or ameliorate physical and mental illnesses and conditions whether such services are covered for adults in the state Medicaid program for persons under 21 years of age. See, http://www.acmhai.org/pdf/Jane_Perkins_-_EPSDT_Litigation.pdf

F

FM—Family Medicaid—provides Medicaid benefits for low-income families and individuals who are not receiving SSI or any ABD Medicaid COA. Benefits are provided through a variety of COAs, each with its own specific eligibility criteria.

FBR—Federal Benefit Rate—maximum SSI benefit based on the A/R's living arrangement and marital relationship. The FBR is used as the income limit in determining eligibility for SSI and some ABD COAs.

FCI—Federal Countable Income—net income, consisting of gross income less income exclusions and deductions that is budgeted to determine eligibility when using the FBR as the income limit.

FICM—Family Independence Case Manager—DFCS employee responsible for determining an A/R's eligibility for TANF, Food Stamps and Medicaid.

FM-MN—Family Medicaid Medically Needy—provides Medicaid coverage for children under 18 years of age and pregnant women whose BG income exceeds limits for all Family Medicaid COAs and PeachCare for Kids.

FPL—Federal Poverty Level – the monthly income amounts upon which the income limits for QMB are based.

Fiancial Eligiblity Chart—The Financial Eligiblity Chart is updated yearly and in the ODIS Manual in the Appendix: http://www.odis.dhr.state.ga.us/

G

GAPP—Georgia Pediatric Program—Program that Georgia uses to provide services to severely disabled children, including skilled nursing services. Policies are at: https://www.mmis.georgia.gov/portal/PubAccess.Provider percent20Information/Provider percent20Manuals/tabId/54/Default.aspx GAPP policies should not be considered a substitute for EPSDT requirements.

GMCF—Georgia Medical Care Foundation—a private organization which contracts with DCH to determine whether individuals are suitable candidates for institutionalized care. GMCF determines the LOC for certain Medicaid A/R's in Georgia. See Section 2240.

H

HHS—Department of Health and Human Services—Federal agency housing CMS.

HIPPA—Health Insurance Portability and Accountability Act. The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. Understanding HIPPA http://www.hhs.gov/ocr/privacy/

I

IBON—Income Based on Need—payments based on financial need and which are made from partial or total federal funds, or from private charitable organizations, such as TANF, VA pensions and Salvation Army grants. IBON is not entitled to the $20 general deduction. Also, refer to Assistance Based on Need (ABON).

ICWP—Independent Care Waiver Program—the COA that provides Medicaid to individuals receiving in-home care through DMA approved providers. Refer to Section 2139, Independent Care Waiver Program.

ICF—Intermediate Care Facility—an institution furnishing, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who, because of their mental or physical condition, require care and services (beyond the level of room and board) which can be made available to them only through institutional facilities. Considered to be LA-D.

ICF-MR—Intermediate Care Facility for the Mentally Retarded—an institution which provides diagnosis, treatment, or rehabilitation to mentally retarded persons or persons with related conditions in a protected residential setting which offers ongoing evaluation, planning, twenty-four hour supervision, and coordination and integration of health or rehabilitative services. Considered to be LA-D.

IEVS—Income Eligibility Verification System—periodic federally mandated system matches with other state and federal agencies, such as the Department of Labor and Social Security Administration.

IRA—Interstate Residency Agreement—an agreement between two states, whereby each state agrees to waive the state residency requirement for NH A/Rs who are under 18 or became incapable to state intent prior to age 18. Refer to Section 2225, Residency.

ISM or S&M—In-kind Support and Maintenance (Support and Maintenance)—unearned income provided to an A/R in the form of food or shelter. Refer to Section 2430, Living Arrangement and In-kind Support and Maintenance.

K

Katie Beckett Program—The Katie Beckett Medicaid Program (KB) permits the state to ignore family income for certain disabled children. It provides benefits to certain children 18 years of age or less who qualify as disabled individuals under §1614 of the Social Security Act and who live at home, rather than in an institution. These children must meet specific criteria to be covered. http://dch.georgia.gov/00/article/0,2086,31446711_31945377_69609895,00.html

L

LIM—Low-Income Medicaid—provides Medicaid benefits for certain low income children up to age 18 and adults who are not receiving SSI.

LIVING ALLOWANCE—A specified amount used to determine the amount of income allocated to an ineligible child from the income of an ineligible spouse or parent(s) before deeming the spouse/parent's income to the Medicaid individual or Medicaid child(ren).

LOC—Level of Care—an eligibility requirement for all LA-D A/Rs. LOC verifies the mental/physical need for services received by an A/R residing in LA-D. Refer to Section 2240, Level of Care.

M

MAO—Medical Assistance Only—medical assistance for individuals who receive Medicaid through an ABD or Family Medicaid COA.

MEDICAID—Title XIX of the Social Security Act that provides grants to states for the establishment of medical assistance programs for low-income individuals and families.

MEDICAID CAP —The income limit used to determine income eligibility for an ABD Medicaid A/R in LA-D under certain COAs.

MEDICARE—A federal health insurance program administered by the SSA for people 65 or older and certain disabled people.
PART A - Hospital insurance. There is no premium for this coverage for persons who have adequate credits for work under Social Security.
PART B - Supplemental medical insurance. Eligible persons must pay a monthly premium.

MMIS—Medicaid Management Information System—DMA's computer system.

MNIL—Medically Needy Income Level—the income level used to determine the spenddown under Medically Needy. Based on 133 percent of the TANF Family Maximum.

MRWP—Mental Retardation Waiver Program—A COA that provides in home and community based services to Medicaid eligible mentally retarded and developmentally disabled individuals. Refer to Section 2132, Mental Retardation Waiver Program.

MTF—Medical Treatment Facility—refers to any in-patient facility that renders medical treatment, such as a private and public general hospital, mental hospital or NH. See Title XIX MTFs.

N

NCF or NF—Nursing Care Facility—a term which encompasses all NH levels of care: SNF, ICF and ICF-MR.

O

ODIS—Online Directives Information System—The web based policy manual where the state keeps the Medicaid, TANF, Child Protective Services, Foster Care, Energy Assistance, Food Stamps and Foster Care policies. www.odis.dhr.state.ga.us

Olmstead—*Olmstead v. L.C.*, 527 US 581 (1999) held that Georgia was in violation of Title II of the ADA by segregating persons with disabilities in an institution when they could be served in the community. The court also upheld the legality of the Justice Department's ADA "integration" regulation, which requires states to serve eligible people in the community.

P

PeachCare—Georgia's SCHIP Program. State Children's Health Insurance Program which provides healthcare for many children with incomes above the Medicaid limits. See, http://www.peachcare.org/

PE—Presumptive Eligibility—allows Qualified Providers, authorized by DMA, to make temporary determinations of Medicaid eligibility for pregnant women who meet income criteria.Provider Manuals Provider Manuals are produced by the state to govern service Providers in the provision of certain services. These policies are also useful for recipients in determining what services and procedures are required for certain programs, including the GAPP program; CPS, Pharmacy Services, Physician Services, psychological services, Katie Beckett programs, etc. https://www.mmis.georgia.gov/portal/

POMS—Program Operations Manual System—SSA's manual containing procedural instructions and policies for all SSA programs. Prior to POMS, the SSI Manual was referred to as the SSI Claims Manual (CM).

PR—Personal Representative—a person who is in a position to know the financial and non-financial circumstances of the A/R, but who is not necessarily "financially responsible" for the A/R. A PR may make application for the A/R.

R

RETROACTIVE MONTHS—The third month prior to the month of application for SSI, ABD or Family Medicaid through the month the application is brought to final disposition.

RSDI—Retirement, Survivors, Disability Insurance—the program of cash benefits administered by SSA. Entitlement is based upon the individual's employment history. Also known as OASDI.

RSM—Right from the State Medicaid—provides Medicaid to eligible children through the month in which the child turns 19 years of age and to pregnant women who meet all RSM eligibility criteria.

S

SOP—Standard of Promptness—the maximum number of days allowed to dispose of an application. Refer to Sections 2060, ABD Application Processing, and 2065, Family Medicaid Application Processing.

SNF—Skilled Nursing Facility—a nursing facility that provides more nursing care than an ICF. Refer to ICF (Intermediate Care Facility). Also, refer to Extended Care.

SSA—Social Security Administration—the federal agency responsible for administering and providing RSDI, SSI, and Medicare to eligible individuals.

SSN—Social Security Number—The furnishing of a SSN is an eligibility requirement for all A/Rs except for individuals applying for EMA.

SSD – OASDI—Social Security Disability or Old Age Survivors and Disability Insurance. The Social Security programs that provide monthly cash benefits to recipients and dependents at retirement or to surviving dependents, and to disabled workers and their dependents.. See: www.SSA.gov. 2012 benefit amounts at: http://www.ssa.gov/policy/ docs/quickfacts/prog_highlights/index.html

SSI—Supplemental Security Income—Title XVI of the Social Security Act provides for a federally administered cash assistance program based on financial need for low-income individuals who are aged, blind, or disabled. Considered IBON.

SUCCESS—System for the Uniform Calculation and Consolidation of Economic Support Services—an integrated computer system that records information and generates benefits to AUs.

T

TANF—Temporary Assistance to Needy Families—Replaced AFDC as a cash assistance program for needy families.

TITLE XIX (19)—The section of the Social Security Act that provides grants to states for the purpose of establishing medical assistance programs for low-income individuals and families.

TPR—Termination of Parental Rights—A court order which terminates the parent's rights and obligations with respect to the child and all rights and obligations of the child to the parent; including the rights of inheritance. Refer to the Foster Care Manual, Section 1013.9, for more information.

TPR/TPL—Third Party Resource/Third Party Liability—a medical benefit that provides for full or partial payment of a medical service(s) by Medicaid. Refer to Section 2230, Third Party Resources.

W

WHMP—Women's Health Medicaid Program—a Medicaid program for women diagnosed with breast and/or cervical cancer. This program is administered by the public health departments and their partner providers, and offers the full range of Medicaid covered services to eligible women. Also known as the Breast and Cervical Cancer Prevention and Treatment Program.

Waiver Programs—Certain persons or services that are outside the general Medicaid categories can be covered through waivers that the state obtains from the federal government. Current Georgia waivers programs include: ICWP (Independent Care Waiver Program) ; SOURCE Waiver

* Definitions from various sources, including the ODIS Manual, Appendix E at: http://www.odis.dhr.state.ga.us/, the National Health Law Project, www.healthlaw.org, and the SSA website at www.ssa.gov.

Consumer Pamphlet Series

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