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Child Welfare: Foster Care and Adoption Assistance Provisions in the Budget Reconciliation Bills

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Summary

The Senate and the House have passed separate budget reconciliation bills that include provisions relevant to federal funding for child welfare purposes. (The Senate bill is numbered S. 1932; the House bill was numbered H.R. 4241 but has been renumbered S. 1932, in preparation for conference.)

The House bill, passed on November 18, 2005, includes provisions to clarify individual eligibility for federal foster care and adoption assistance programs (Title IV-E of the Social Security Act) and, separately, to limit certain kinds of state claims for federal reimbursement of administrative costs under the federal foster care program. The Congressional Budget Office (CBO) estimates that together, these changes would reduce spending under the federal foster care program by $590 million over five years and by a little more than $1.3 billion over 10 years.

The Senate bill, passed on November 3, 2005, does not include any direct savings attributable to the Title IV-E foster care or adoption assistance programs. However, certain provisions related to claims made under the Medicaid program (Title XIV of the Social Security Act) are expected to affect (and possibly limit) the ability of state child welfare agencies to use Medicaid-funded targeted case management services for children in foster care; these same Medicaid provisions are also included in the House bill. CBO has estimated the net federal savings for this change, all of which would be to Medicaid (and not all of which would affect financing of services for children in foster care), at $760 million over five years and $2.1 billion over 10 years.

This report provides background information on these and other child welfare-related provisions included in the Senate- and House-passed versions of the budget reconciliation legislation (S. 1932), and will be updated as necessary.

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H.R. 4241, passed by the House on November 18, 2005, and S. 1932, passed by the Senate on November 3, 2005, are budget reconciliation bills.[1] A primary purpose of these bills is to make statutory changes that reduce direct (or mandatory) spending out of the federal treasury.[2] The current proposals contain a number of foster care, adoption assistance and other child welfare-related provisions, all of which are discussed in this report.

The federal foster care and adoption assistance programs are open-ended entitlement programs. This means that the statutory language (contained in Title IV-E of the Social Security Act) commits the federal government to reimbursing states for every eligible claim submitted on behalf of an eligible child receiving foster care maintenance payments or an adoption assistance subsidy. Because of the open-ended nature of this mandatory spending, any statutory changes that redefine who is eligible to receive foster care or adoption assistance — or what kind of costs a state may submit as eligible for reimbursement — would have a direct effect on the level of federal spending in the program.

Clarifying Eligibility for Federal Foster Care and Adoption Assistance

As proposed by the President in his FY2006 budget request, the House bill would rewrite the eligibility provisions for federal foster care under Title IV-E of the Social Security Act, and would also make related changes to the adoption assistance eligibility provisions (also contained in Title IV-E). The Congressional Budget Office (CBO) expects this provision to reduce federal budget authority to the foster care program by $410 million over five years (FY2006-FY2010) and $895 million over 10 years (FY2006-FY2015). The Senate bill does not include this language.

Explanation of the Change. The proposed statutory provision would restate eligibility for federal foster care in a manner intended to clarify the longstanding interpretation of those provisions by the U.S. Department of Health and Human

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[1] Throughout this report the House bill is referred to as H.R. 4241 as an easy way to distinguish it from the bill passed by the Senate. Technically, however, as part of preparing to conference this bill with the Senate bill, the House adopted the provisions of H.R. 4241 in their version of S. 1932.

[2] For more information on the budget reconciliation process, see CRS Report RL33132, *Budget Reconciliation Legislation in 2005*, by Robert Keith.

Services (HHS), and thus to effectively overturn a 2003 court decision that disagreed with that interpretation. Changes to the adoption assistance eligibility criteria were made to conform with those foster care changes and to somewhat simplify the eligibility test.

Eligibility for Title IV-E foster care and adoption assistance is multifaceted but, with limited exceptions for adoption assistance, includes a link to the income, deprivation, and resources tests as they were included in a state's Aid to Families with Dependent Children (AFDC) program, and as that program existed on July 16, 1996. (Congress repealed the AFDC program as part of the 1996 welfare reform legislation that became P.L. 104-193.) HHS has historically maintained that the AFDC income, deprivation, and resource tests must determine whether or not a foster child was or would have been considered needy if that child had still been living in the home from which he or she was removed for safety reasons (generally the home of the biological parent(s)). However, this HHS interpretation of how to apply the AFDC eligibility tests was challenged in California, and in March 2003, the 9th Circuit Court of Appeals (*Rosales v. Thompson,* 321 F. 3d. 835) ruled against HHS. The 9th Circuit court interpreted the law to permit, in some instances, a state to determine whether a foster child would have met the AFDC tests while living in the home of a relative instead of in the home of the parent (e.g., a grandmother or aunt who informally cared for the child because the parents were unfit or unwilling).

Under AFDC program rules, a child living with a nonparent relative is virtually always considered needy because the AFDC income, resource and other tests are applied only to the child — as opposed to being applied to the entire family with whom the child is living. Therefore, this reading of the law permits expanded eligibility for Title IV-E foster care in some instances.[3]

HHS chose not to appeal the decision of the 9th Circuit. Instead, it notified the nine states in the 9th Circuit (Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, and Washington) that they should amend their Title IV-E state plans to follow the eligibility logic of the *Rosales* decision. At the same time, HHS notified all other states that they must continue to determine Title IV-E foster care eligibility based on the traditional HHS reading of the law. Finally, the Department sought a statutory change to bolster its longstanding interpretation of Title IV-E (foster care and adoption assistance) eligibility rules, and to restore their uniform application in all states.

Effect of provision. All states in the 9th Circuit have amended their state Title IV-E plans to provide for expanded Title IV-E foster care eligibility (as permitted by the *Rosales* decision). Enactment of the statutory eligibility clarifications in the House budget reconciliation bill would mean that children entering foster care in the 9th Circuit states would again have to meet the eligibility criteria currently used in all states outside the 9th Circuit. Children who remain in

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[3] Subsequently, the U.S. District Court for the Northern District of Georgia, in a ruling that cited the *Rosales* decision (*Harris v. Martin,* 2004 U.S. Dist. LEXIS 17384*),* held that the HHS interpretation of how the AFDC test should be applied was also too restrictive for determining adoption assistance eligibility.

foster care and have previously been found Title IV-E eligible because of the *Rosales* decision may not necessarily lose Title IV-E eligibility if the House bill provision is enacted. However, for children entering foster care, the more limited eligibility criteria would apply. Thus each state in the 9th Circuit might see a decline in the share of children in the foster care caseload for whom they could seek federal reimbursement. These states would thus need to support a larger share of foster care children using state dollars only (or, in the case of foster care, possibly some other capped source of federal funding such as the Temporary Assistance to Needy Families — or TANF — block grant). The exact expected effect of this provision in each of the 9th Circuit states is unknown.[4]

Finally, the provisions proposed in the House reconciliation bill would restate certain adoption assistance eligibility requirements to conform with the foster care eligibility clarifications, and would somewhat simplify the eligibility determination process for adoption assistance. Current policy provides that, in cases where adoption assistance eligibility rests in some part on AFDC eligibility, the AFDC eligibility criteria must be met at two points: 1) when the child is removed from his or her home and placed in foster care, and 2) when adoption proceedings are initiated. As passed by the House, H.R. 4241 would eliminate the second AFDC test. This change is expected to simplify adoption assistance eligibility determination while having little to no effect on the number of children found eligible.

Limiting Eligibility for Federal Matching of Foster Care Administrative Costs

The House-passed bill (H.R. 4241) would also limit the ability of states to claim federal reimbursement of certain costs related to administering their Title IV-E foster care programs. In January 2005, the Administration published a Notice of Proposed Rulemaking (NPRM), which proposed regulations similar to the statutory changes included in H.R. 4241.[5] In sum, these provisions would put in statute a definition of "candidate for foster care" that is more narrow than previous HHS policy, and which consequently would limit some state Title IV-E administrative claims for federal matching funds. CBO estimates that these provisions will reduce spending (budget authority) for the Title IV-E foster care program by $180 million over five years (FY2006-FY2010) and $411 million over ten years (FY2006-FY2015). The Senate bill (S. 1932) does not contain these provisions.

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[4] California is the only state where retroactive claims under this decision were permitted. The state submitted additional *Rosales*-related claims for 1998-2003 that totaled $9.7 million in federal expenditures. Other than these retroactive claims, additional claims made eligible under the *Rosales* decision are not reported separately by the affected states.

[5] U.S. Department of Health and Human Services, Administration for Children and Families, "Administrative Costs for Children in Title IV-E Foster Care," 70 *Federal Register* 4803, January 31, 2005. A number of these proposed changes were originally made by the Administration as part of a "policy announcement" (ACYF-CB-PA-01-02, issued July 3, 2001). After many states objected to the characterization of the changes as a "clarification," arguing that instead they represented a reversal of current policy, the Administration delayed the implementation of the most controversial policies included in that announcement and said that it would use the formal regulatory process to achieve the same end.

Explanation of the Change. Under current law, states are permitted to seek federal reimbursement (a 50% match) for any eligible administrative costs necessary for the "proper and efficient" operation of their foster care programs. Among other things, Title IV-E administrative costs are defined to include payment for time spent by a social worker finding and making a foster care placement, as well as ensuring that the child's placement setting and permanency goal (e.g., reuniting with family or adoption) are reviewed at federally specified intervals, and that other federal case review protections are afforded each child in foster care. In general, these administrative costs may only be reimbursed if the child on whose behalf the costs are incurred meets the federal Title IV-E eligibility requirements for foster care maintenance payments. Those eligibility requirements include a stipulation that the foster child must be living in a family home or other eligible child care institution that is *licensed* by the state to provide foster care. However, some states now make Title IV-E *administrative* claims (only) for costs incurred on behalf of children who meet all of the Title IV-E foster care eligibility requirements *except* that they are placed in an *unlicensed* setting. These claims have been specifically permitted by a 1993 memorandum from HHS, which suggests that the children on whose behalf the claims were made could be considered "candidates" for *Title IV-E* foster care — because the possibility exists that they might be moved to an eligible setting.[6] HHS now argues, however, that the 1993 memorandum has been too broadly interpreted and that parts of it are inconsistent with the statute. Specifically, it asserts that a child already placed in foster care may *never* be considered a candidate for foster care.

In the January 2005 NPRM, the Administration conceded that a complete prohibition on Title IV-E administrative claims for placement of otherwise eligible foster children in homes of unlicensed relatives might be contrary to the federal law/policy that encourages states to place a foster child with relatives. Further, in recognition of the fact that states cannot be expected to have a ready pool of relatives licensed to provide foster care, it proposed to allow continued Title IV-E administrative claims for otherwise eligible children placed in unlicensed *relatives'* homes *but only for the length of time it normally takes the state to license a foster family home*. H.R. 4241 largely follows the Administration's lead, although it would provide that states may make such claims only for as long as the length of time it normally takes a state to license a home, or up to 12 months — whichever is shorter. Both the NPRM and the statutory language proposed in H.R. 4241 would also stipulate one additional instance in which a state might continue to make Title IV-E administrative claims (but not Title IV-E maintenance payments) on behalf of an otherwise eligible foster care child placed in an ineligible setting. These administrative claims could be made on behalf of a child placed temporarily in a setting such as a juvenile detention home or certain psychiatric hospitals (ineligible settings under Title IV-E) — but only for one calendar month and only if the child was subsequently moved back to an eligible setting.

Finally, the changes included in the House bill (H.R. 4241) would restate current Title IV-E administrative claims policy that permits states to make claims on behalf of children who are not yet in foster care but who are considered at imminent risk of

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[6] The 1993 memorandum is briefly discussed in ACYF-CB-PA-01-02, issued July 3, 2001.

removal from their homes. Such children are now considered by HHS as "true" candidates for foster care, and in need of pre-placement services (required under Title IV-E) to prevent their removal from their homes. H.R. 4241 (like the NPRM) would newly provide that in order to make these Title IV-E administrative claims, the state must redetermine, no less often than every six months, a child's status as a candidate for foster care.[7]

Effect of the Provision. The primary federal savings from this proposed change are expected to come from a state's reduced ability to make administrative claims for children placed in unlicensed relatives' homes. States that previously made such claims on an indefinite basis would now need to use state funds to meet these administrative costs, or to license relatives' homes — in which case they would be able to continue to claim federal matching funds for administrative costs and would newly be able to claim federal matching funds for their foster care maintenance payments on those same children's behalf.

States and some child welfare advocates argue that many relatives do not wish to subject themselves to the governmental intrusion necessary to receive a foster care license. All foster family home licensing requirements are established and maintained by state authorities, and typically include requirements related to the physical and family environment of a home, as well as training requirements. States are currently required to apply the same licensing standards to both relative and non-relative foster homes. However, they are permitted — but only on a case-by-case basis — to waive a given licensing requirement if doing so will not endanger the child (e.g., a state may waive a requirement that a bedroom be of a certain size or that a foster child have his or her own bedroom).

The exact number of states affected by this proposed legislation (and regulation) is not known; however, the degree of impact is expected to vary widely by state. In a survey of the states conducted by the HHS Administration for Children and Families (ACF), close to half of the states (24) indicated that the policy would have an annual financial impact ranging from $200,000 at the low end to $79 million at the highest; 15 states indicated there would be little or no financial impact and 2 states were uncertain if there would be any impact. Information was not available from the remaining states. A total of 16 states responded to a survey by the American Public Human Services Association (APHSA). Eight states estimated an annual financial impact of $80,000 to $20 million; two states estimated that the impact could range as high as $21 million to $100 million annually; five reported no anticipated impact, and 1 reported uncertain impact.[8]

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[7] Some states have sought to make Title IV-E administrative claims for a more general population of children who were not yet placed in foster care. However, over the past number of years, HHS has moved to disallow this kind of Title IV-E claim and, in this instance, the Department's view of "true" candidates has prevailed. See, for instance, HHS Departmental Appeals Board, Appellate Division, Decision No. 1899 (November 25, 2003), regarding disallowance of Title IV-E administrative claims made by the Missouri Department of Social Services.

[8] These surveys are cited at 70 *Federal Register,* 4806, January 31, 2005. Also, at the time

(continued...)

Targeted Case Management Services under Medicaid

Both S. 1932 and H.R. 4241 include substantively identical provisions intended to clarify when states may make Medicaid claims related to optional targeted case management (TCM) services. The clarification extends to claims made on behalf of any Medicaid-eligible individual who may also be served by another federal or state program (e.g., juvenile justice, foster care, or special education), but it provides special details regarding unallowable claims on behalf of Medicaid-eligible foster care children.

The Administration called for clarification with regard to TCM claims in its FY2006 Budget request and in legislative language it later sent to Congress for consideration. However, the proposal offered in S. 1932 and H.R. 4241 is significantly different from that offered by the Administration, and appears to be less restrictive to state TCM claims. CBO estimates that the changes would shift some costs to the federal foster care program — increasing federal Title IV-E foster care spending by $350 million over five years (FY2006-FY2010) and $940 million over ten years (FY2006-FY2015). This increased foster care spending would offset savings to the Medicaid program; the net federal savings are consequently estimated at $760 million over the same five years (FY2006-FY2010) and $2.1 billion over 10 years (FY2006-FY2015).[9]

What is Medicaid TCM? Medicaid (Title XIX of the Social Security Act) is an open-ended entitlement to states. States may seek federal matching payments for medical assistance offered to Medicaid-eligible individuals. Children who are eligible for federal foster care (Title IV-E eligible) are automatically deemed eligible for Medicaid, and most other foster children (non-Title IV-E eligible) are presumed to qualify for Medicaid under other (low-income and/or disability-related) Medicaid eligibility criteria. Further, under Medicaid law, case management is an optional benefit that states may offer Medicaid beneficiaries, and it includes services to assist them in gaining access to needed medical, social, education, and other services. The term "targeted case management," or TCM, refers to situations in which these case management services are not provided statewide to all Medicaid beneficiaries, but rather are provided only to specific classes of individuals or "target" groups (e.g., people with AIDS or those with developmental disabilities, children who are abused or neglected, or children in foster care).

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[8] (...continued)
of the July 2001 policy announcement, which would have made changes similar to those included in H.R. 4241, 14 states submitted a formal objection to HHS, including a legal analysis of the proposed policies. Those states, AZ, CA, IL, IA, KS, LA, MI, MN, MO, OH, SD, VA, WA, and WI, might be among those that expect to experience loss of federal funds if this legislative change were enacted.

[9] The Administration estimated savings to Medicaid of $2.0 billion over five years for its proposal to limit TCM claims. In addition, it estimated savings of $1 billion over five years from a proposed reduction in the federal matching rate for TCM services. (This matching rate reduction is not included in either H.R. 4241 or S. 1932.)

For FY2002, across all states the estimated total federal share of TCM expenditures for all targeted groups was $1.3 billion, of which $171.5 million was reimbursed on behalf of costs incurred for 165,265 foster care children.[10] States varied widely in the use of TCM services for children in foster care. Nine states (including the District of Columbia) showed no TCM claims for foster care children in FY2002. Among the states that did submit Medicaid TCM claims for foster care children, the estimated federal share was under $1,000 in two states, more than $1,000 but less then $100,000 in 11 states, and more than $100,000 but less than $1 million in 10 states. Among the remaining 19 states, the federal share of TCM claims for foster care children ranged from $1.1 million in West Virginia to $38.9 million in Texas.[11]

Explanation of Change. Current law defining TCM is broadly written, and there have been conflicting policy directives in regard to how TCM claims may be made on behalf of Medicaid-eligible individuals, particularly if an individual might also be able to receive related/same services under another state or federal program. The provisions included in S. 1932 and H.R. 4241 seek to enact policies outlined in a January 19, 2001 letter to state Medicaid directors, which was co-authored by federal Medicaid and Child Welfare administrators. The policy letter, which explicitly addressed only the issue of *Title IV-E* eligible foster care children and allowable TCM claims, would be written into statute by S. 1932 and H.R. 4241 in such a way as to address TCM claims for a variety of populations (including non-Title IV-E eligible foster care children). The provisions, however, continue to give special attention to foster care-related claims generally.

S. 1932/H.R. 4241 would provide a more detailed definition of TCM that would include assessing a person's need for services, developing a care plan, referring individuals to services, and monitoring and followup of service use. Both bills would reiterate that TCM services *do not* include reimbursement for any of the underlying services costs (e.g., mental health counseling), and further they would provide that in the specific case of foster care, TCM would not include services that are part of the "direct delivery" of foster care. The legislation (like the policy letter it seeks to codify) provides illustrative examples of these foster care services (research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster parents, serving legal papers, conducting home investigations, providing transportation, administering foster care subsidies, and making placement arrangements). Additionally, the provisions would assert that Medicaid can be billed only for case management or TCM where "there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, education, or other program." Finally, the proposed provisions stipulate that states may use accepted federal cost allocation methods to ensure costs are appropriately billed to the proper program.

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[10] FY2002 Medicaid Statistical Information System (MSIS). The definition of "foster care children" for MSIS includes children in foster care and those receiving adoption assistance.

[11] Ibid.

Under the Bush Administration, CMS has backed away from the TCM policies in the January 2001 letter, and has increasingly suggested — via denials of state plan amendments seeking to provide TCM services to foster care children (or abused and neglected children broadly) — that the kinds of services provided by Medicaid TCM are *integral* to the foster care program and therefore the financial responsibility of the child welfare agency rather then Medicaid.

Effect of this Provision. The provision in S. 1932/H.R. 4241 asserts that states may allocate costs of Medicaid TCM services to children in foster care. This is contrary to current CMS policy (as provided in the *State Medicaid Manual*), which does not allow states to use cost allocation when making claims related to Medicaid *services*, but is in keeping with the January 2001 policy letter on TCM claims for Title IV-E eligible foster care children. In this sense, the legislative proposal would seem to clarify conflicting policy statements in a way that supports rather than limits TCM claims for foster care children. At the same time, the proposed statutory provision would further assert that Medicaid may not be billed for TCM services if there is another party liable for the cost of such services, including as reimbursement under a "medical, social, education, or other program." Exactly how this "third-party liability" language would be implemented — which primarily restates general third-party liability provisions under current Medicaid law — is unclear. In his brief statement regarding a proposed (but failed) amendment to strike the TCM provisions from the Senate bill (S. 1932), Senator Reed expressed the concern that the language would "force" payment for TCM services by "third parties, States or others," resulting in reduced services and increased costs to states. In response, Senator Grassley said that the legislative proposal simply sought to codify a policy originally proposed by the Clinton Administration.[12]

The CBO estimate of savings for this provision is based on the assumption that states — with regard to foster care and other programs (e.g., juvenile justice) — have too broadly billed the provision of TCM services to Medicaid. This is in keeping with the Administration's assertion that states have been shifting costs from foster care, and certain criminal justice, and education programs to Medicaid. In particular, CBO believes that some states will move some of the claims they currently bill as Medicaid TCM to foster care administrative claims under Title IV-E, if the proposed changes are enacted. However, as CBO also estimates *net* savings to the federal treasury ($760 million over five years ; $1.3 billion over 10 years), it apparently does not believe that all of these claims may be made under Title IV-E. In sum, the effect of this legislative proposal is uncertain, but is believed — as is suggested by net CBO savings — to reduce access to Medicaid TCM claims for a range of populations, including particularly Medicaid-eligible foster care children.

Other Provisions

The reconciliation legislation, passed in the Senate (S. 1932) and the House (H.R. 4241) also includes several other provisions relevant to child welfare, but for which no

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[12] See discussion of Amendment No. 2409 in the *Congressional Record*, November 3, 2005, p. S12321.

significant budget effect (savings or cost) is expected. These provisions are briefly discussed below.

Extend Child Welfare Waiver Authority. Congress has granted (through December 31, 2005) authority to HHS to approve waivers of some federal child welfare program requirements (included in Title IV-B or Title IV-E of the Social Security Act) so that states may demonstrate innovative programs for the delivery of foster care and other child welfare services. The House bill (H.R. 4241) would extend (through FY2010) the authority of HHS to grant such waivers, and would remove the limit on the total number of demonstration programs (set at 10 by current law) HHS may approve in any given year. In addition, the House bill would prohibit HHS from limiting the number of waivers or demonstration projects that may be approved for a single state, or from limiting the number of states that may conduct demonstration projects on the same topic (e.g., subsidized guardianship). Finally, the House bill seeks to improve general availability of evaluation or other waiver-related reports that "may promote best practices and program improvements," and it would require HHS to develop a "streamlined" process for considering amendments and the extension of demonstration projects.[13]

Student Loan Forgiveness for Child Welfare Workers. H.R. 4241 would authorize the Department of Education to repay up to $5,000 in student loan debt if an individual has worked full-time for five years in one of several "areas of national need." These are defined in the proposed law, and would include child welfare workers who have obtained a degree in social work (or a related field with a focus on serving children and families), and who are employed in public or private child welfare agencies. Loan forgiveness would be awarded on a first-come, first-served basis, and would be subject to the availability of funds. The legislation would authorize for this purpose appropriations of "such sums as necessary" for each of FY2006-FY2011.[14]

Education-related Services and Aid for Foster Children and Those Aging Out of Foster Care. The House bill (H.R. 4241) would amend the Higher Education Act to clearly define any youth in foster care or any individual who was in foster care on his or her 18th birthday as an "independent student" (for purposes of determining eligibility for federal financial aid). The Senate bill (S. 1932) would make a similar change to the definition of "independent student."

TRIO program amendments. The Higher Education Act authorizes a range of grant programs, collectively called the Federal TRIO programs. These programs are designed to identify potential post-secondary students from disadvantaged backgrounds, to prepare these individuals for post-secondary education, to provide

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[13] These provisions are identical to those included in H.R. 240, omnibus welfare reform legislation proposed in the House earlier this session and now incorporated into H.R. 4241. Earlier this year, the Senate Finance Committee reported welfare reform legislation (S. 667) that would extend through FY2010 the authority of HHS to grant child welfare waivers but would make no other changes to the current waiver authority.

[14] Several bills introduced in this Congress would provide separate loan forgiveness programs for child welfare workers and/or for attorneys practicing in the field of child and family law. These include H.R. 127, S. 1431, S. 1679, and H.R. 3758.

certain support services to them while they are in post-secondary education — and to train individuals who provide these services. Collectively, the programs are authorized to provide a wide range of services, such as tutoring, financial aid, personal or career counseling, mentoring, exposure to cultural activities and educational institutions, academic advising, and financial literacy training.

The Senate bill (S. 1932) would amend a number of these programs to help ensure that youth in foster care and those leaving the foster care system because of their age (typically the 18th birthday) are served by these programs. Specifically, it would amend the TRIO programs authorized as Talent Search, Upward Bound, Student Support Services, and Educational Opportunity Centers to permit grantees to target their services to students in foster care or those aging out of the foster care system (as well as to other disadvantaged youth, such as the homeless). Further, the purposes of the Student Support Services program would be amended to include references to students in foster care or those aging out of foster care among the groups of disadvantaged students for whom these services are intended to foster a supportive institutional environment. And in keeping with this purpose, the Senate bill would also allow Student Support Services grantees to secure temporary housing during breaks in the academic year for students in foster care or those aging out of foster care (and for homeless or formerly homeless children and youth). Finally, under the Staff Development Activities provisions designed to provide training and other resources to improve services under the Federal TRIO programs, S. 1932 would include training regarding strategies for recruiting homeless youth and students who are in foster care or who are aging out of foster care.