

9. Interstate Compact on the Placement of Children

9.0 PURPOSE: The purpose of this section is to provide uniform departmental procedures for the implementation of the Interstate Compact on the Placement of Children (ICPC) for children moving out of State or into Hawaii. This section will not include procedures for other individuals or private or public agency staff who must also abide by the requirements of the ICPC

9.1 AUTHORITY

- A. Public Law 105-89 Adoption and Safe Families Act of 1997
- B. Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980
- C. Act 134, SLH 1998 CPS Omnibus Bill
- D. HRS 346-14 Duties, generally.
- E. HRS 350 E Interstate Compact on Placement of Children
- F. Regulations 1-8 Adopted by the Association of Administrators of the Interstate Compact on the Placement of Children

9.2 Overview

- A. The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The purpose of the ICPC is as follows:
 - 1. Governs the placement of children from one state into another state
 - 2. Sets forth the requirements that must be met before a child can be placed out of state.
 - 3. Ensures that prospective placements are safe and suitable before approval, and
 - 4. It ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

- B. It is made up of 10 articles
https://aphsa.org/AAICPC/AAICPC/text_icpc.aspx and 12 regulations
https://aphsa.org/AAICPC/AAICPC/ICPC_Regulations.aspx
1. Articles define the types of placements and placers subject to the law; the procedures to be followed; and the specific protections, services and requirements.
 2. Regulations provide specific directions for processing ICPC requests.

9.2.2 Safeguards of the Compact

- A. Ensures that each child requiring out-of-state placement is provided the maximum opportunity for securing care and protection in the most suitable setting that is not contrary to the child's best interests;
- B. Ensures that both the sending and receiving state authorities have sufficient information to make informed decisions concerning the appropriateness of a proposed placement before the placement is made;
- C. Arranges for the provision of services to the child;
- D. Designates where planning, financial, and jurisdictional responsibility for the child lies;
- E. Ensures that the child is returned to the child's original jurisdiction if continued out-of-state placement is not in the child's best interests or if the need for out-of-state placement ceases.

9.2.3 ICPC Required Casework Practice involves:

- A. Family Finding (See CWS Procedures: Family Partnership and Engagement Practice Model
https://shaka.dhshawaii.net/greenbook/publishing12/cws_practice_model.pdf)
- B. Concurrent Permanency Planning (See CWS Procedures Part III, Section 4.3: Concurrent Permanency Planning).

9.2.4 Hawaii ICPC

In accordance with Article VII: Compact Administrator, the Hawaii CWS Program Development Office serves as the Central State Compact Office. As authorized in Regulation 5: Central State Compact Office, the State has designated a contracted provider with the responsibility of handling activities regarding Compact referrals.

- A. Responsibilities of the Hawaii state ICPC office:
 - 1. Ensure the state's compliance with the Compact
 - 2. Provide education and training
 - 3. Coordinate activities, and
 - 4. Provide NEICE technical assistance
- B. Responsibilities of the department but addressed by the provider include the following:
 - i. Outgoing Requests
 - a. Review outgoing ICPC packets for completeness,
 - b. Follow up with DHS staff if information is missing. If after 3 working days, the required information is not received, the provider shall notify the caseworker of the need to submit a new request with a complete packet,
 - c. Forward referrals to the Compact Administrator in the "receiving state" in accordance with the timeframes and methods set out in the Compact,
 - d. Ensure that home studies conducted by the receiving state are being made in accordance with the Adoptions and Safe Family's Act,
 - e. Review completed home studies and forward on home studies and placement decisions to staff.
 - f. Ensure that the receiving state is monitoring the child's placement in accordance with the provisions of the Compact, and

- g. Receive and review all quarterly reports and forward them on to DHS staff.
 - h. Receive and process the 100B Form. The 100B Form is used to:
 - i. Confirm that an approved placement has been made, report a change in the placement resource and/or type of care, and close an ICPC case
- ii. Incoming Requests

The provider is responsible to:

- a. Review request to ensure completeness
- b. Conduct home studies and provide a written recommendation of approval or denial of the proposed placement within 60 calendar days.
- c. Maintain licensure and re-certification of approved placements in accordance with HAR 17-1625 Licensing of Resource Homes.
- d. Provide protective services/supervision and monitor the treatment plan following placement in accordance with the service plan of the sending state's local office;
- e. Respond to reports of suspected child abuse/neglect that are assessed as low/moderate risk. All other reports of suspected child abuse/neglect where a safety concern has been identified shall be investigated by DHS staff (See Part VI. State of Hawaii Responsibilities for Incoming Requests).
- f. Submit progress reports to the sending state at time intervals that are minimally every 90 days following child's placement notification or as mutually deemed appropriate. Make recommendations to the sending agency for dismissal or continuation of the legal jurisdiction in the sending state;
- g. Inform the sending agency of any changes in the status of the child or family;

5. The loss or failure of a potential placement resource due to insufficient planning and supervision not being arranged in advance of the placement;
6. The receiving state soliciting its Attorney General's office to seek redress of the matter through legal action;
7. Initiation of a lawsuit by a parent, relative or guardian against the sending agency when a child placed prior to completion of a home study is harmed or threatened with harm;
8. Nullification of the adoption of a child

9.2.6 Types of placements subject to ICPC

- A. Children under the court jurisdiction of Hawaii who, in accordance with the provisions of HRS 587E, require the services of the ICPC.
 1. DHS is awarded and retains Temporary Foster Custody (TFC), Temporary Family Supervision (TFS), Foster Custody (FC), Family Supervision (FS), or Permanent Custody (PC); AND
 2. The child is moving with an adoptive parent to another state and the adoption is not yet finalized; or
 3. The child is moving with foster parent/relative caregiver to another state; or
 4. The child in a family supervision case is moving with his/her parent to another state; or
 5. Placement of a child is being considered with a parent or relative caregiver who resides in another state; or
 6. Placement of a child into another state is being considered with a prospective adoptive parent, or in a foster home, group home, child caring institution, residential treatment facility or institution which is not primarily educational or medical (hospital or facility for mentally ill or retarded) in nature
- B. Children under the court jurisdiction of another state who require the services of the ICPC.

9.2.7 Types of placements not subject to ICPC

- A. Placements with a non-custodial/non-offending parent:
 - 1. The ICPC does not apply when a child who is under the jurisdiction of a court (not due to criminal behavior) is placed out-of-state with his or her parent, and the parent is a non-custodial parent whom the child was not removed from, and the following conditions exist:
 - a. The court does not have any evidence that the parent is unfit to care for the child
 - b. The court does not seek any evidence with regard to the parent's fitness to care for the child
 - c. At the time of placement, a request to place the child with the parent has not been submitted to the ICPC office in the other state
 - d. The ICPC office in the state where the parent lives has not previously denied a request to place the child with the parent
 - e. The court terminates its jurisdiction over the child at the time of the placement
 - 2. When case workers are considering reunifying a child with a non-offending, non-custodial caretaker who resides in another state, the case worker is responsible for conducting an assessment of that caregiver prior to placement to ensure that the caregiver is safe and able to meet the needs of the child.
 - a. The assessment shall evaluate and identify (See CWS Procedures Part II, Section 1: Family Assessment):
 - i. The current level of family functioning;
 - ii. The current risk to the child(ren); and
 - iii. Family strengths and service needs.

- A. The identification of safe, suitable, and permanent placements for children under the care and custody of a state;
- B. The prevention of abuse/neglect or further abuse/neglect of children

9.2.9 Submitting ICPC requestst

- A. Prerequisite responsibilities
The case worker shall
 - 1. Identify the appropriate type of placement request.
 - a. Regulation 1: Intact Family Relocating
An already safe and stable placement made by a sending agency in the sending state will continue if the child is relocated to the receiving state.
 - i. Can apply to the following cases:
 - a. Mandated Family Supervision where the plan is to continue court jurisdiction
 - b. Foster care
 - c. Placements prior to a public adoption
 - ii. Requires that the receiving state provide ongoing supervision concurrently while the home study is being completed.
 - a. The request must be sent as soon as possible for the child's situation to be assessed in the receiving state and services to be initiated.
 - b. Late referrals will delay needed monitoring/supervision of the child as well as referrals for appropriate services necessary to ensure the child's continued safety and well-being.
 - c. An ICPC referral does not need to be made if court jurisdiction is terminated prior to the family's move to another state and further services are not

being requested as it has been determined by all parties and the court that the family home is safe.

- b. Regulation 2: Public Court Jurisdiction Cases (Foster/Adoptive Studies) Involves a request for a home study on a placement where the child has **NOT YET** been placed
 - i. Can apply to the following cases;
 - a. Foster care placements
 - b. Placements with parents and relatives when a parent or relative is not making the placement
 - c. Placement prior to a public adoption
 - ii. For foster/adoptive studies
 - a. Multiple requests can be helpful for placement planning and may also be used for “diligent search” requirements when evidence of parental or relative contact is required for possible termination of parental rights
 - b. ICPC is a length process and it is important that case workers conduct an initial assessment of placement options before submitting an ICPC request.
 - i. Follow up on Family Finding efforts (refer to procedures at https://shaka.dhshawaii.net/greenbook/publishing12/ch03/other/092612procedures_to_engage_and_involve_fathers_youth_and_relatives.pdf)

- ii. Conduct an initial assessment/screening of the prospective caregiver that includes but is not limited to the following:
 - a. The relative will meet licensing or certification standards;
 - b. Able to meet the needs of the child(ren); and
 - c. Willing to be a long-term permanent placement
- c. Utilize 'Ohana Conferencing to encourage family voice when identifying the most appropriate out-of-state placement in the event there are multiple placements identified.
- d. Consider the case plan goal when seeking out-of-state placement
 - i. In cases where reunification is the permanency goal, consideration needs to be made to how out-of-state placement will impact 'Ohana Time.
 - ii. In cases where reunification is no longer the permanency goal, an ICPC request may be made to explore alternative long-term placement resources possibly available to a child.
- iii. Not all states/counties complete a

foster/adopt home study. If the Permanency plan is adoption, the caseworker shall consult with the provider and the type of request to be submitted:

- a. A foster home study may need to be submitted first because not all states/counties license adoptive placements
 - b. If a referral for a foster home study is required, and the permanency goal is adoption, the caseworker needs to consult with the provider to determine if adoptive home study request is required.
- iv. Some receiving states will not begin an adoptive home study until termination of parental rights has occurred; others may accommodate the sending state and complete the home study when the termination of parental rights process is well underway (when there is evidence that the court has begun termination proceedings, or that the court has been petitioned for a termination hearing). The CWS worker shall contact the provider prior to submitting an adoptive home study request to confirm the receiving state's requirements.
- v. Many receiving states have additional requirements which become important if the case worker plans to finalize the adoption in the receiving state.
- a. If plans are to finalize in the receiving state, the receiving state's adoption statutes as well as Hawaii's statutes apply.

- b. When the receiving state is unable to initiate an adoptive home study, a referral may be submitted for a foster home study, requesting information as to the foster parent(s) interest in adopting should the child become free for adoption.
- c. Regulation 4: Requests for placement in residential treatment facilities

Provides for the protection and safety of children being placed in a residential facility in another state.

 - i. Residential facility or residential treatment center or group home is defined as a facility providing a level of 24-hour, supervised care that is beyond what is needed for assessment or treatment of an acute condition. This does not include institutions primarily educational in character, hospitals, or other medical facilities.
 - ii. The Sending State includes public or private agencies or the child's own family.
 - iii. Does NOT require receiving states to provide placement supervision
 - a. Section 422(b)(17) of the Social Security Act requires that states ensure monthly caseworker visits for children who are placed in foster care outside of the State
 - b. CWS staff are to contact the Hawaii ICPC office to arrange for monthly visits.

- iv. When Hawaii is the Sending State
 - a. The Department of Health has assumed responsibility for payments (includes residential treatment costs, transportation costs for child and escort for placement, visitation expenses) for children eligible for their services.
 - b. In cases where the Department has foster custody or permanent custody of a child, the Department of Health will initiate the ICPC referral when they plan to place a child into an out-of-state residential treatment facility unless CWS staff agrees to assume this responsibility
 - i. CWS staff should co-sign the Form ICPC 100A together with DOH staff and provide copies of the foster custody/permanent custody order.
 - a. If the caseworker does not sign the Form 100 A, a letter from the CWS worker authorizing must be attached
 - ii. CWS staff should also provide the DHS 1577C, "Notification of IV-E Eligibility to Income Maintenance Unit", for Title IV-E eligible children.

- v. When Hawaii is the Receiving State
 - a. All ICPC placements must be tracked to ensure for the protection and safety of children being placed across state lines and to ensure that the person or entity that places a child out-of-state retains legal and financial responsibility for the child after the placement occurs.
 - b. Tracking of Regulation 4 placements is especially critical since placements may occur by several parties as listed above in c(i).
 - c. The roles and responsibilities of parties are specified in **Tracking of Incoming Interstate Compact on the Placement of Children (ICPC) Requests for Regulation (REG) 4 – Residential Placement.** The role of CWS intake:
 - i. Upon receipt of the Monthly Active ICPC List, intake staff will register the ICPC youth in CPSS by creating R/NA (registered/not assigned) report in the intake subsystem. This report will identify the youth as a youth placed in Hawaii via ICPC and identify the legal custodian of the

youth.

- ii. Documentation in the Child Protective Services System (CPSS) will help CWS staff appropriately address any reports of suspected child abuse/neglect that may be filed on a youth placed via ICPC.

d. Regulation 7 Expedited Placement

Expedite placement approval/denial for the placement of a child with parent, stepparent, grandparent, adult uncle, adult aunt, adult siblings, and guardians only.

i. Eligibility Criteria

- a. Unexpected dependency (death of parent), or
- b. 4 years of age or younger, or
- c. Substantial relationship - familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child, or
- d. In emergency placement – a temporary placement of 30 days or less in duration*

- ii. Regulation No. 7 is NOT applicable, and may NOT be used, if the child is:

Part III - Casework Services

- a. Already in the receiving state without the approval of, or
 - b. Allowed allowed to go to the receiving state prior to the approval of, the receiving state Compact administrator as validated by a signed Form ICPC 100 A.
- iii. Can apply to the following types of cases:
- a. Foster care placements
 - b. Placements with parents and relatives when a parent or relatives is not making the placement
 - c. Placement prior to a public adoption
- iv. It is NOT a foster home study
- a. No Licensing will be completed due to quick turn around
- v. Due to DHS requirements that all children under the custody of the state are placed in a licensed foster home and IV-E claiming requirements, case workers must submit a REG 2 foster home study request in order to ensure the placement is licensed or certified as required by Hawaii Administrative Rules HAR 17-1625
- vi. Timeframes – refer to https://aphsa.org/OE/AAICPC/ICPC_Re

[gulations.aspx](#) for timeframes for submission of REG 7 requests and completion of home studies and placement decisions.

e. Imua Kakou(IK): Extended Foster Care (EFC) Placement

Young adults currently participating in IK but plan to move out of state.

- i. Continues to meet IK requirements;
- ii. Not all receiving states/counties accept EFC referrals. For mor information on which receiving states/counties accepts EFC referrals, please see SHAKA>Imua Kakou>ICPC>State Information
- iii. If the receiving state/county is not noted on the list, please contact provider for additional guidance

9.2.10 Initiating an ICPC request

- A. Submit a complete ICPC packet with all required documents based on the type of placement request being submitted.
 1. Caseworkers may refer to ICPC Referral Packet Lists of Required Documents for guidance on the required documents for the type of placement request being submitted. The guidance can be found at the following link:
[file:///C:/Users/spascual/Downloads/ICPC Referral Packet Lists of Required Documents- 09-2020%20\(1\).pdf](file:///C:/Users/spascual/Downloads/ICPC_Referral_Packet_Lists_of_Required_Documents-09-2020%20(1).pdf)
 2. Utilize NEICE (National Electronic Interstate Compact Enterprise - A national electronic system for quick and secure exchange of data and documents required by the ICPC to place children across state lines.
 3. Submit the placement request to the current

contracted ICPC provider through NEICE

- a. All caseworkers are to register for NEICE access through the ServiceNow Portal (See ICF Updated: Accessing NEICE via Service Now dated 10/21/2021 https://shaka.dhshawaii.net/icf_document/download/166811)
- b. Staff may access NEICE 2.0 Job Aids and Trainings through the following link <https://support.neice.us/support/home> for step by step instructions on submitting an ICPC request via NEICE
- c. Once the placement request has been submitted through NEICE, case workers shall check NEICE to follow up on any correspondence sent by the provider which may require that additional information, documents, or clarification be provided. A placement request is **not complete** until the provider transmits a message to the case worker in NEICE stating that the request has been transmitted to the receiving state.
 - i. The case worker will have 3 days to submit any additional information/documents requested
 - ii. If after 3 days, the caseworker will be required to submit a new and complete ICPC packet.

B. Monitor Placement Request

1. The safe and Timely Interstate Placement of Children Act of 2006 requires a home study report to be completed within sixty (60) days. Exceptions to this include:
 - a. If a home must be licensed

2. Case workers can message the current ICPC provider via NEICE requesting an update if the 60-day timeline has passed or a status is needed for an upcoming court hearing.
- C. Refrain from recommending/allowing the child to be sent out-of-state without the “prior approval” of the receiving state’s ICPC office.
1. If states are unable to complete a home study report within the required timeframe, a state may submit a preliminary report outlining the outstanding home study items and an expected date of completion.
 2. Should the preliminary report be favorable, placement shall not be made until the receiving state approves the placement as indicated in the ICPC Form 100A

9.2.11 Responding to Disposition of Placement Request

A. Approved Placement

1. The child may be placed with the proposed caregiver when the Form ICPC 100 A signed by the receiving state’s ICPC office indicates that “placement may be made”.
 - a. **Verbal approvals from the receiving state's ICPC office may not be given and, for planning purposes, should not be expected,**
 - b. Approval for placement is valid for up to **six months** from the date of approval.
 - i. With the mutual consent of the sending state and receiving state ICPC Offices, the home study which is completed for a foster family may be accepted for any time period which is covered by

the foster home license.

- ii. If an approved placement resource is not utilized for placement within this time frame, a new referral (Form ICPC 100 A plus updated information) must be submitted, and an updated home study completed by the receiving state's local office prior to placement of the child.

B. Denied Placement

1. The child shall not be placed with the proposed caregiver when the Form ICPC 100 A signed by the receiving state's ICPC office indicates that "placement shall not be made".
2. Under Regulation 2 (9)(a)(1) and (9)(a)(2) the sending state ICPC office may request a reconsideration within 90 days from the date the 100A Form was signed by the receiving state. The request can be made:
 - a. Without a new home study
 - b. With a new home study
 - c. The receiving state has 60 days from the date a formal request to reconsider has been submitted to make a determination on the request

C. Cancellation of request or withdrawal of placement request on an approved placement:

1. Complete the Form ICPC 100 B via NEICE to notify Hawaii ICPC and the receiving state that the placement request is being withdrawn or that an approved placement is not going to be used

9.2.12 Placement into an Approved ICPC Request

A. Arrangements

Upon receipt of the signed Form ICPC 100 A approving placement and a determination has been made to utilize the placement, begin making placement plans and arranging for the child's out-of-state placement directly with the receiving state's local office and the proposed caregivers.

1. Once ICPC approval is received, follow current procedures on obtaining approval for out-of-state travel and/or travel costs. Refer to travel procedures in Part III Casework Services Section 3.3.2(C):
<https://shaka.dhshawaii.net/greenbook/publishing12/ch03/chp3sec3.pdf>
2. Submit Form ICPC 100 B to notify Hawaii ICPC and the receiving state that the child is being placed out-of-state.
 - a. The Form ICPC 100 B denotes the date the child is placed into the receiving state, and is the formal document which many states require prior to initiation of supervision of the placement.
3. The following should be provided to the caregiver prior to or at the time of placement:
 - a. Medical records including current immunization information;
 - b. Birth Certificate;
 - c. Social security card;
 - d. Necessary consents and authorization for the caregiver to consent to the child's medical/surgical needs or after-hour Hawaii phone numbers of a contact person authorized to consent to medical care
 - e. Current court order, service plan which may differ from the one sent at the time of the original referral

- f. Documentation of Title IV-E eligibility DHS 1652 and DHS 1577C) for Title IV-E eligible minors (refer to Chapter V, Payments, procedure section 7, Medical Coverage);
 - g. Hawaii Medicaid card, for non Title IV-E eligible minors, if available (the CWS worker should obtain from the receiving state's local, names of physicians, dentists, pharmacists, etc. who may be willing to accept an out-of-state card, if available; caregivers should be informed of the potential difficulties they will face in locating a provider willing to accept a Hawaii Medicaid card prior to the child's placement with the caregiver - refer to Chapter V, Payments, procedure section 7. Medical Coverage, for DHS Children Who Move Out-of- state);
 - h. School transcripts
 - i. Additional information which will be helpful to assist in the placement and monitoring
4. Authorized costs for out-of-state placements:
- a. The department may provide for the following costs for a child placed out of Hawaii
 - i. Foster board payments for a child who meets the eligibility requirements (refer to Chapter V, Payments, procedure section 2, State Funded Foster Care Maintenance Payments, and procedure section 3, Federally Funded Foster Care Maintenance Payments).
 - a. The home must be licensed or meet certification requirements in the receiving state.
 - b. If the placement is a REG 7 and licensing requirements are not completed, foster board payments may be issued. Once the receiving state approves the placement, the caseworker shall

follow the REG 7 referral with a REG 2 foster home study referral to ensure that the home is licensed or meet certification requirements in the receiving state.

- c. Foster Board payments are made based on the sending state's current rate.

Foster board payments may also be authorized if a child under family supervision needs to be placed/replaced temporarily in emergency shelter care or foster home placement in the receiving state.

- ii. Related foster care and difficulty of care payments for a child who meets the eligibility requirements (refer to Chapter V, Payments, Section 4, Foster Care Related and Difficulty of Care Payments).
- iii. Hawaii Medicaid benefits for non-Title IV-E eligible children in out-of-home placements meeting Hawaii's Medicaid eligibility requirements. A non-Title IV-E child receiving Hawaii QUEST should be converted to Hawaii Medicaid (refer to Chapter V, Payments, procedure section 7, Medical Coverage).

It is recommended that non-Title IV-E children receive necessary dental/medical care and have an EPSDT (Early and Periodic Screening, Diagnosis and Treatment) examination completed prior to leaving the State, if appropriate. A copy of the results should be provided the foster parent in order that the results can be shared with the child's physician in the receiving state.

Due to the difficulties in ensuring that the non-Title-IV-E child receives needed

medical services in the receiving state, every effort should be made to determine whether the child is eligible for Title IV-E medical coverage from the receiving state. If a Non-IV-E child is being placed through ICPC, the caseworker shall explore with the prospective caretaker medical coverage options available

- iv. Transportation expenses necessary to:
 - a. Place the child in out-of-state placement or
 - b. Return a child to Hawaii when the placement in the receiving state has failed (refer to Chapter V, Payments, procedure section 4, Foster Care Related and Difficulty of Care Payments).

Transportation costs may be requested if no other resources exist (parents are expected to assume all transportation costs when the child under family supervision status moves out of Hawaii with parents). Arrangements for the child's move should be carefully planned, with the departure date scheduled at least two to three weeks in advance whenever possible.

- v. Other family intervention costs such as wrap around funds, CAN emergency assistance for eligible families (refer to Chapter V, Payments, procedure section 1, Family Intervention Service Payments).

B. Supervision Responsibilities

1. Receiving State

- a. The receiving state is expected to provide supervision, monitor the service plan, and submit progress reports upon receipt of notification of the child's placement. This is

done through

- i. Monthly face to face visits
 - ii. Assisting in locating appropriate resources for the child and/or the placement resource.
 - iii. Maintain communication with the local worker
 - iv. Notify the central compact office in the sending state in writing of any unmet needs of a child.
 - v. Complete and submit quarterly reports
 - vi. Complete and process closing
- b. Response to report of abuse or neglect
- i. Respond to any report of abuse or neglect of a child placed in the receiving state;
 - ii. Respond in the same manner as it would to a report of abuse or neglect of any other child residing in the receiving state.
 - iii. Notify the central compact office in the sending state of any report of child abuse or neglect regardless of disposition. Notification is to occur as soon as possible after such a report is received

2. Sending State

- a. The CWS case worker must maintain overall responsibility for case planning and ongoing safety and well-being of any child placed.
- b. Continue to retain responsibility for the support and maintenance of the child during the out-of-state placement unless placement

is with a parent (or a caregiver who is able and willing to assume financial responsibility for the child).

- c. Retain legal jurisdiction once placement out-of-state has been made unless one of the following conditions are met:
 - i. Child has been adopted
 - ii. Child has become self-supporting
 - iii. Child has reached the age of majority
 - iv. The receiving state's ICPC office has granted permission for termination of court jurisdiction
 - v. The receiving state accepts transfer of jurisdiction/change of venue.
- d. Maintain ongoing communication with the receiving state and placement resource and child(ren).
 - i. Receiving State
 - a. The assigned worker is responsible to keep the supervising agency in the receiving state informed of any changes in service plans, court orders, etc. and to forward these to the receiving state through the state ICPC offices to support supervision and placement
 - b. Sufficient notice should be provided to the receiving state when progress reports are needed for scheduled court hearings.
 - ii. Placement Resource and Child(ren)
 - a. In addition to the courtesy worker's monthly visits, the assigned worker shall maintain regular contact with

the placement resource and child(ren) using virtual means, including but not limited to telephone and video conferencing.

- e. Review all supervisory reports submitted by the receiving state to ensure the caseworker is up to date on the child and placement. Upon receipt of supervisory reports, the caseworker shall:
 - i. Document monthly visits conducted by the courtesy worker in the receiving state in a log in the CWS database.
- f. If the child has been placed with caregivers other than parents, the social worker should be actively working towards reunification with parents or pursuing other goals such as adoption, guardianship, or long-term placement with the caregivers.
- g. 'Ohana time
 - i. When a child is in out-of-home care, even if placed out of state, parent-child visitation must be considered (See CWS procedures Part III, Section 4.6.4 Visitation/'Ohana Time).
 - ii. Virtual methods of conducting ohana time will need to be considered since in-person face-to-face contact is not feasible.
 - iii. Opportunities for virtual 'ohana time shall be made to maintain parent child attachment and support reunification, if the identified permanency goal.

C. Placement Disruption

When a placement is at risk for experiencing disruption:

1. The Receiving State shall:

- a. Notify the sending state if it determines the placement no longer meets the needs of the child
- b. Request that the sending state arrange for the return of the child as soon as possible or
- c. Propose an alternative placement in the receiving state as provided in Article V(a) of the ICPC. That alternative placement resource must be approved by the receiving state before placement is made.

2. The Sending State shall:

- a. Make efforts to preserve the placement through collaboration with the sending and receiving state's Compact administrators to identify placement's needs and services within the community to meet those needs. If services are arranged to resolve the reason for the requested removal and there is a mutual agreement by the receiving and sending state Compact Administrators, the receiving state request for removal may be withdrawn.
- b. If all efforts to preserve the placement fail, the case worker shall arrange for the return of the child within five (5) working days from the date of notice for removal unless otherwise agreed upon between the sending and receiving state ICPC offices (See CWS travel procedures Part III, Section 3: Family Case Plan <https://shaka.dhshawaii.net/greenbook/publishing12/ch03/chp3sec3.pdf>).
- c. The sending agency is financially responsible for the contingency expenses which may arise in the receiving state such as costs for emergency shelter or foster care related to the protection or stabilization of the child or for transportation expenses for the child's return to the sending state unless the parents/relatives are willing and able to pay for this expense;

9.2.13 ICPC and Visits

- A. ICPC defines a visit as a stay or proposed stay of a child for a specified duration such as a weekend or holiday and generally does not exceed 30 days in duration. Visit is distinguished by intent and purpose.
 - 1. Time limited to no more than 30 days
 - 2. Refer to ICPC Regulation 9 in the following link for more information
https://aphsa.org/AAICPC/AAICPC/ICPC_Regulations.aspx
 - 3. A stay longer than 30 days may be considered a visit if it begins and ends within the period of a child's vacation from school as ascertained from the academic calendar of the school.
 - 4. No supervision is provided by the receiving state during the period of visitation so that the social worker needs to determine that the caregiver with whom the child is visiting can provide a safe home without need for supervision.
- B. A stay less than 30 days is not subject to ICPC
- C. Lack of compliance with Regulation 9 may result in penalties/consequences. Refer to Section VI. Penalties/consequences of non-compliance of the ICPC for specific penalties.

9.2.14 State of Hawaii Responsibilities for Incoming Requests:

- A. All children under the jurisdiction of another state and placed in an approved placement via ICPC, shall be registered in CPSS
- B. Responding to reports of suspected child abuse/neglect
 - 1. When a report of suspected abuse/neglect is made to the CWS hotline on a child placed via ICPC, the following procedures shall be followed:
 - a. Treated/screened like any other report of suspected child abuse/neglect.
 - i. If the report is assessed as low/moderate risk, the report is to be forwarded to the ICPC provider for follow up

- ii. If a safety concern is identified, the report is to be assigned for a CWS assessment.
- iii. If the report is on a DHS licensed resource caregiver, an institutional abuse investigation be generated (See CWS Procedures PartIII: Casework Services, Section 2.5 Institutional Abuse)
- iv. If the report is on a parent, an intra-familial investigation shall be generated (See CWS Procedures Part III: Casework Services, Section 2 Social Work Investigations)

b. Documented in CPSS

9.3 INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)

9.3.1 Applicability of the Compact

- A. The Interstate Compact on Adoption and Medical Assistance applies to those children adopted pursuant to Adoption Assistance Agreements between states and prospective adoptive parents under the terms of Title IV-E of the Social Security Act. Through the Compact, states may also extend these protections to some of the special needs children adopted through state-funded subsidy programs. Non-member states may choose to comply with procedures for ICAMA; however, are not obligated to do so.
- B. Refer to the list of ICAMA and non-ICAMA party states forwarded to the section administrators for information.

9.3.2 Safeguards of the Compact

The compact ensures that:

- A. A Compact Administrator is designated in each member state to assist families with interstate service problems relating to Medicaid and other medical assistance for children covered by adoption assistance agreements.
- B. States will be able to help each other to ensure that benefits are provided for eligible children.
- C. Benefits included in the adoption assistance agreements are continued.
- D. Children receiving state funded adoption assistance may be assured of interstate protection in situations where a state has selected the option to provide medical coverage for children receiving state funded adoption assistance from another state (Hawaii does not provide medical coverage for out-of-state children receiving state funded adoption assistance who move to Hawaii).

9.3.3 Definitions

As used in these procedures:

- A. "Adoption Assistance Agreement" is an agreement between the adoptive parents and a state, agency, or subdivision thereof, in accordance with which the adoptive parents are to receive financial assistance and services on behalf of a child with special needs.
- B. "Adoption Assistance state" is the state that is signatory to an Adoption Assistance Agreement on behalf of a particular child.
- C. "Certification" is the guarantee, as stated on the Form 6.01 (DHS 1525, "Notice of Medicaid Eligibility/Case Activation", from the Compact Administrator of the Adoption Assistance state, that the Adoption Assistance Agreement is a true copy of the agreement which is current and in effect.
- D. "COBRA" is the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA mandates that children receiving Title IV-E adoption assistance payments are categorically eligible to

receive Medicaid in the state of residence.

- E. "COBRA Option" is the provision in COBRA that provides states with the flexibility of providing Medicaid coverage for non Title IV-E special needs children who are receiving state funded adoption assistance. In order for the child to be eligible for the COBRA option, the child must have a special or rehabilitative need which is specified on the Adoption Assistance Agreement.
- F. "Compact Administrator" is the individual in the state designated the responsibility for the administration of ICAMA (the assistant program administrator located within SSD/CWSB/PD-CWS responsible for the administration of ICPC (Interstate Compact on the Placement of Children) is also responsible for the administration of ICAMA).
- G. "Hawaii ICAMA" means the Hawaii Interstate Compact on Adoption and Medical Assistance Office, administered by staff of the Department of Human Services, Social Services Division, Child Welfare Services Branch/Program Development - CWS Unit (CWSB/PD-CWS Unit).
- H. "ICAMA" means the Interstate Compact on Adoption and Medical Assistance.
- I. "Party state" is a state that is a member of ICAMA.
- J. "Resident state" is the state in which the child lives.
- K. "Title IV-E" is a federal funding source for a child who meets specific eligibility as delineated in Chapter V, Payments, procedure section 6, Adoption Assistance for Children with Special Needs.

9.3.4 Child moves between ICAMA party states

- A. Responsibilities of the Adoption Assistance State: In situations where Hawaii is the Adoption Assistance State and a Hawaii Title IV-E eligible child is moving to an ICAMA party state:

3. CWS staff:

- a. Upon learning of the child and adoptive parents'

plan to move out of State, complete ICAMA Form 6.01 (DHS 1525), "Notice of Medicaid Eligibility/Case Activation", sections A through C (refer to Attachment D located at the end of Chapter III, procedure section 9); and

- b. Forward the ICAMA Form 6.01 together with 3 copies of the most current adoption assistance agreement to CWSB/PD-CWS/Hawaii ICAMA for follow up. The adoption assistance agreement must indicate whether the child is eligible for Medicaid based on Title IV-E eligibility.

2. PD-CWS/Hawaii ICAMA:

- a. Notify the new resident state of the child's eligibility for Medicaid. Upon receipt of the ICAMA Form 6.01 and Adoption Assistance Agreement, complete sections D and E of the ICAMA Form 6.01.

Forward the completed Form 6.01, to the new resident state together with a copy of the Adoption Assistance Agreement, which must show that the child is eligible for Medicaid based on Title IV-E eligibility.

- b. Inform the adoptive family that the new resident state has been notified that the child is eligible to receive Medicaid benefits in the new resident state.

Forward to the family copies of the ICAMA Forms 6.01 and ICAMA Form 6.02 (DHS 1526), "Notice of Action" (refer to Attachment E located at the end of Chapter III, procedure section 9), together with a copy of the current Adoption Assistance Agreement if the family does not already have a copy of the agreement.

- c. Open a case in each child's name, making copies of documents and creating a file for each adopted child in the family.
- d. Follow up as needed to ensure that the child

receives medical coverage in his/her new state of residence.

- B. Responsibilities of the Resident state: The Compact Administrator will:
1. Ensure that documentation for the child's Medicaid eligibility is complete and that:
 - a. The ICAMA Form 6.01, "Notice of Medicaid Eligibility/Case Activation" is signed and dated;
 - b. The Form 6.01 and the Adoption Assistance Agreement clearly state that the child is Title IV-E eligible;
 - c. The names of the adoptive parents are provided and the address in the new resident state is clearly indicated;
 - d. The most current Adoption Assistance Agreement is attached;
 - e. The child is coming from an ICAMA party state; and
 - f. Demographic information on the child is listed which includes name, date of birth, and social security number, gender and race.
 2. Open a case in each child's name, making copies of documents and creating a file for each adopted child in the family.
 3. Facilitate the issuance of a medical card by forwarding the documentation to the appropriate Medicaid office and monitoring the case until the child is approved for medical coverage in the resident state.
 4. Notify the Adoption Assistance state of the child's Medicaid status.
 - a. Complete the ICAMA Form 6.03 (DHS 1527), "Report of Change in Child/Family Status" (Refer to Attachment F located at the end of Chapter III,

procedure section 9); and

- b. Forward the form to the Adoption Assistance state Compact Administrator to inform the administrator that the Medicaid case was opened.

9.3.5 Child moves into a Non-ICAMA state

In situations where Hawaii is the Adoption Assistance State and a Hawaii Title IV-E eligible child is moving to a non ICAMA state:

- A. ICAMA forms may be used by both the Adoption Assistance state and the non-party state even if the child is moving into a non-party state. In non-ICAMA states, however, no one person may have been identified as the contact person for facilitating these cases.
- B. Responsibilities of the Adoption Assistance State:
 - 1. CWS staff:
 - a. Upon learning of the child and adoptive parents' plan to move out of State, complete ICAMA Form 6.01 (DHS 1525), "Notice of Medicaid Eligibility/Case Activation", sections A through C; and
 - b. Forward the ICAMA Form 6.01 together with 3 copies of the most current adoption assistance agreement to CWSB/PD-CWS/Hawaii ICAMA for follow up. The adoption assistance agreement must indicate whether the child is eligible for Medicaid based on Title IV-E eligibility.
 - 2. PD-CWS/Hawaii ICAMA:
 - a. Notify the new state of residence of the child's eligibility for Medicaid. Upon receipt of the Form 6.01 and Adoption Assistance Agreement, complete ICAMA Form 6.01, Sections D and E.

Forward the completed Form 6.01, to the new state of residence along with a copy of the Adoption Assistance Agreement.

- b. Inform the adoptive family that the new Resident state has been notified that the child may be or is eligible to receive Medical benefits in the new resident state.

Forward to the family copies of the ICAMA Forms 6.01 and 6.02, together with a copy of the current Adoption Assistance Agreement if the family does not already have a copy of the agreement.

- c. Open a case in each child's name, making copies of documents and creating a file for each adopted child in the family.
- d. Follow up as needed to ensure that the child receives medical coverage in their new state of residence.

9.3.6 Child moves from first resident state to a second resident state (Describes situations where Hawaii is the Adoption Assistance State and the Hawaii child moves from the first resident state (State A) to the second resident state (State B))

A. Responsibilities of the Compact Administrator in the first resident state. Upon learning that the child has moved to a second resident state, the first resident state Compact Administrator will:

- 1. Ensure that necessary documentation is forwarded to the second state of residence:
 - a. Notify the appropriate Medicaid office that the child is moving to another state and that the Medicaid coverage should be terminated;
 - b. Complete the ICAMA Form 6.03, "Report of Change in Child/Family Status" and send it to the Adoption Assistance state, which is responsible for communicating directly with the second resident state to establish the child's eligibility for Medicaid in the new state.

2. Close the child's ICAMA case.

B. Responsibilities of the Compact Administrator in the second

resident state: Upon receipt of an ICAMA referral from the Adoption Assistance state, the Compact Administrator will:

1. Ensure that documentation for the child's Medicaid eligibility is complete and that:
 - a. The new ICAMA Form 6.01, "Notice of Medicaid eligibility/Case Activation" is signed and dated;
 - b. The ICAMA Form 6.01 and the Adoption Assistance agreement clearly state that the child is Title IV-E eligible;
 - c. The names of the adoptive parents are provided and the address in the second resident state is clearly indicated;
 - d. The most current Adoption Assistance Agreement is attached; and
 - e. Demographic information on the child is listed and includes name, date of birth, social security number, race and gender.
 2. Open a case in each child's name making copies of the documents and creating a file for each adopted child in the family.
 3. Facilitate the issuance of a Medicaid card based on the documentation provided.
 - a. Forward the documentation to appropriate Medicaid office; or
 - b. Apply whatever procedures are followed in the state.
 4. Notify the Adoption Assistance State of the child's Medicaid status.
 - a. Complete the ICAMA Form 6.03, "Report of change in Child/Family Status"; and
 - b. Send it to the Adoption Assistance State informing them whether or not the child's new Medical card

has been issued.

C. Responsibilities of the Adoption Assistance state:

1. Upon learning of the child's move to the second resident state, notify the new state of residence of the child's eligibility for Medicaid by sending:
 - a. A completed ICAMA Form 6.01, "Notice of Medicaid Eligibility/Case Activation", to the new state of residence; and
 - b. A copy of the Adoption Assistance Agreement, which must show that the child is eligible for Medicaid based on Title IV-E eligibility.
2. Inform the adoptive family that the new Resident state has been notified that the child may be or is eligible to receive Medical benefits in the new resident state.

Forward to the family copies of the Form 6.01 and 6.02 and the current adoption assistance agreement if the family does not have the agreement.

9.3.7 Medicaid coverage for children receiving state-funded assistance

- A. In contrast to Title IV-E eligible children who are eligible to receive Medicaid in their state of residence, children receiving state funded adoption assistance from the adoption assistance state are not automatically eligible to receive Medicaid in the new state of residence.

The child may be eligible if:

1. The adoption assistance state has elected to provide Medicaid to children receiving state funded adoption assistance and included Medicaid as a benefit in the adoption assistance agreement;
2. The new residence state has elected the COBRA option; and
3. The new residence state has agreed to provide this benefit to all eligible children with adoption assistance

agreements, not just children with adoption assistance agreements with their state.

B. Responsibilities of Adoption Assistance state:

1. Upon learning of the non Title IV-E child and adoptive parents' plan to move out of state, CWS staff should review Attachment C located at the end of Chapter III, procedure section 9 to ascertain whether the new resident state provides for the provision of Medicaid for a child receiving state funded adoption assistance. If the state does not have the option, inform the family that the child will not be eligible for Medicaid in the new state of residence. Staff should make efforts to assist the family in finding a provider who will accept the adoption assistance state's Medicaid, wherever possible.
2. If requested, the Compact Administrator will contact the Compact Administrator/contact person in the new residence state to determine if they have elected the COBRA option or if the state is able to assist in obtaining medical coverage for the child.
3. If the state does have the option and will reciprocate: Refer to procedure section 9.3 D, E, or F for procedures to follow in completing a referral to the new resident state.
4. The Compact Administrator will contact the project manager for the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICPC) for further clarification, as needed.

9.4 ATTACHMENTS

- A. DHS 1524 (Exp. 8/98), "ICPC Referral Checklist

Other ICPC source information:

http://icpc.aphsa.org/Home/home_news.asp

- B. DHS 1520 (Exp. 8/98), "Interstate Compact Financial/Medical Plan Checklist"
- C. List of ICAMA/Non-ICAMA States

- D. ICAMA Form 6.01 (DHS 1525), "Notice of Medicaid Eligibility/Case Activation"
 - E. ICAMA Form 6.02 (DHS 1526), "Notice of Action"
 - F. ICAMA Form 6.03 (DHS 1527), "Report of Change in Child/Family Status"
-
- Source sites
http://www.acf.hhs.gov/programs/cb/pubs/ij_adopt/compacts.htm
 - Table of Contents:
http://www.acf.hhs.gov/programs/cb/pubs/ij_adopt/index.htm
 - List of ICAMA state members: <http://aaicama.org/cms/index.php/icama-aaicama/the-icama/signatories>
 - List of states updated June 2008: http://aaicama.org/cms/resources-docs/COBRA_Reciprocity_Chart.pdf
 - List of online resources: <http://aaicama.org/cms/resources-docs/>

ATTACHMENT A

State of Hawaii
Department of Human Services

Social Services Division
Child Welfare Services Branch

ICPC REFERRAL CHECKLIST

# of copies	
_____ 1	DSSH 1625, "Interstate Compact Referral"
_____ 6	*Form ICPC 100 A, Interstate Compact Application to Place Child"
_____ 3	*Form ICPC 101, "Sending State Priority Home Study request" <u>for Regulation 7, Priority Home Study Requests only</u> (must be submitted together with the Form ICPC 100 a)
_____ 3	*Most recent court order indicating current legal status (California also requires initial court order establishing legal status)
_____ 3	*Priority court order (<u>For Regulation 7 Priority Home Study requests only</u> . The latest court order is also required if the Regulation 7 priority court order does not indicate legal jurisdiction over child).
_____ 3	*Background/current information on the child (may use petition, service plan, safe home guidelines, psychological, educational information etc. in lieu of a separate social summary if these contain sufficient information.
_____ 3	*Financial/medical plan for the child (may use the DHS 1520, "Interstate Compact Financial/Medical Plan Checklist or document in cover letter or elsewhere).
_____ 3	Cover letter describing the request, including any pertinent information on the child or specific issues that the worker wishes to have addressed in the home study.
_____ 3	Documentation of Title IV-E eligibility (DHS 1577C) for Title IV-E eligible children (if placement is approved, the DHS 1577 C should be sent to ensure that the child receives the receiving state's medical coverage).
_____ 3	FH/adoptive home/relative home study previously completed.
_____ 3	Other case materials which may be helpful to the receiving state in determining the availability of services in the area and the proposed caretaker's ability to meet the child's physical/emotional needs.
_____ 4	Form ICPC 100 B, "Interstate Compact Report on Child's Placement Status" to be used to: (a) withdraw a request for a home study or placement (b) to confirm a child's placement and request that supervision be initiated, or (c) to close an ICPC case.

* Required materials. For each request, arrange all materials except the DHS 1625 (1 only), the Form ICPC 100 A (6 copies) and Form ICPC 100 B (4 copies) into three complete sets; e.g. cover letter, court order, safe home guidelines, financial/medical plan = 1 set. Send all materials to CWSB/PD-CWS/Hawaii ICPC.

DHS 1524 (Exp. Form 8/98)

ATTACHMENT B

State of Hawaii
Department of Human Services

Social Services Division
Child Welfare Services Branch

Interstate Compact Financial/Medical Plan Checklist

Child's Name: _____ Date of Birth _____ S.S. # _____

The Child listed above /_/_ is /_/_ is not Title IV-E eligible.

Financial Plan (check all that apply)

1. **The child will be placed with /_/_ parent(s) /_/_ adoptive parent(s) in the receiving State. The placement resource is:**

- a. Expected to fully support this child.
- b. Expected to apply for welfare assistance in the receiving state if they are unable to support the child.
- c. Entitled to receive adoption subsidy payment from Hawaii for the child. Hawaii will pay foster board payments (home must be licensed) until the adoption is complete and adoption subsidy has been established.
- d. Other (specify) _____

2. **The child will be placed in substitute care or with relatives in the receiving State. This resource is:**

- a. Able and willing to support this child
- b. Able to receive foster care payments from Hawaii. Hawaii will pay foster care payments of \$529.00 per month when the home is licensed/certified*.
- c. Planning to apply for welfare assistance for the child in the receiving state.
- d. Other (specify) _____

Hawaii will assume financial responsibility for the return of the child to Hawaii should the placement fail and the caretaker be unable to assume this cost.

Medical Plan (check all that apply)

- a. The child is Title IV-E eligible (attach DHS 1577C if available) and entitled to receive a medical card from the receiving State (applies to placement with relatives/foster parents/adoptive parents). Please instruct the placement resource regarding procedures necessary to receive Medicaid in your state.
- b. The child is not title IV-E eligible. Hawaii will issue a medical card if the resource is unable to receive medical coverage for the child in the receiving State (placement is with relatives/foster parents/adoptive parents).
- c. The placement resource in the receiving state is willing to provide medical coverage for this child.
- d. The placement resource is expected to apply for medical coverage for the child in the receiving state
- e. Child has other health insurance coverage. Name of coverage _____

Worker's Name _____ Date _____ Phone No. _____

*If your state does not license/certify relative homes, request that the local's study address whether this home meets licensing requirements for certification in the state.

DHS 1520 (Exp. Form 8/98)

ATTACHMENT C

ICAMA member states - June 2008

PDF List at http://aaicama.org/cms/resources-docs/COBRA_Reciprocity_Chart.pdf

State	COBRA Option	Reciprocity	Comments
Alabama	Yes	Yes	Reciprocity with ICAMA member states only
Alaska	Yes	Yes	Reciprocity with all states
Arizona	Yes	Yes	Reciprocity with all states
Arkansas	Yes	Yes	Reciprocity with all states
California	Yes	Yes	Reciprocity with all states
Colorado	Yes	Yes	Reciprocity with all states
Connecticut	Yes	Yes	Reciprocity with ICAMA member states only
Delaware	Yes	Yes	Reciprocity with all states
District of Columbia	Yes	No	How reciprocity will be offered has not yet been established
Florida	Yes	Yes	Reciprocity with ICAMA member states only
Georgia	Yes	Yes	Reciprocity with all states
Hawaii	Yes	No	
Idaho	Yes	Yes	Reciprocity with all states
Illinois	Yes	No	
Indiana	Yes	Yes	Reciprocity with all states
Iowa	Yes	Yes	Reciprocity with ICAMA member states who offer COBRA-reciprocity to state-funded adoption assistance children from Iowa
Kansas	Yes	Yes	Reciprocity with all states
Kentucky	Yes	Yes	Reciprocity with ICAMA member states only
Louisiana	Yes	Yes	Reciprocity with all states
Maine	Yes	Yes	Reciprocity with all states
Maryland	Yes	Yes	Reciprocity with all states
Massachusetts	Yes	Yes	Reciprocity with all states
Michigan	Yes	Yes	Reciprocity with all states
Minnesota	Yes	Yes	Reciprocity with all states
Mississippi	Yes	Yes	Reciprocity with all states
Missouri	Yes	Yes	Reciprocity with all states
Montana	Yes	Yes	Reciprocity with ICAMA member states only
Nebraska	Yes	No	
Nevada	Yes	No	
New Hampshire	Yes	No	
New Jersey	Yes	Yes	Reciprocity with ICAMA member states only
New Mexico	No	No	
New York	Yes	Yes	Reciprocity with ICAMA member states who offer COBRA-reciprocity to state-funded adoption assistance children from New York
North Carolina	Yes	Yes	Reciprocity with ICAMA member states only
North Dakota	Yes	Yes	Reciprocity with ICAMA member states only
Ohio	Yes	Yes	Reciprocity with all states
Oklahoma	Yes	Yes	Reciprocity with all states

Part III - Casework Services

State	COBRA Option	Reciprocity	Comments
Oregon	Yes	Yes	Reciprocity with all states
Pennsylvania	Yes	Yes	Reciprocity with all states
Rhode Island	Yes	Yes	Reciprocity with ICAMA member states only
South Carolina	Yes	Yes	Reciprocity with all states
South Dakota	Yes	Yes	Reciprocity with all states
Tennessee	Yes	Yes	Reciprocity with all states
Texas	Yes	Yes	Reciprocity with all states
Utah	Yes	Yes	Reciprocity with ICAMA member states only
Vermont	Yes	Yes	Reciprocity with all states
Virginia	Yes	Yes	Reciprocity with ICAMA member states only
Washington	Yes	Yes	Reciprocity with all states
West Virginia	Yes	Yes	Reciprocity with all states
Wisconsin	Yes	Yes	Reciprocity with all states
Wyoming *	Yes	Yes	Reciprocity with all states

* The state plans to present AAICAMA legislation in their next legislative session.

ATTACHMENT D - Get official copy

ICAMA FORM 6.01

NOTICE OF MEDICAID ELIGIBILITY / CASE ACTIVATION

A. CHILD IDENTIFYING INFORMATION	
1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC:	
<i>(a) Child A's Name:</i>	
Social Security #:	Race* <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Native Hawaiian/ Alaskan Nat <input type="checkbox"/> American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <i>*Check all boxes that are applicable</i>
Birthdate: ___/___/___	Ethnicity* <input type="checkbox"/> Hispanic/Latino <i>* Check if applicable</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>(b) Child B's Name:</i>	
Social Security #:	Race* <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Native Hawaiian/ Alaskan Nat <input type="checkbox"/> American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <i>*Check all boxes that are applicable</i>
Birthdate: ___/___/___	Ethnicity* <input type="checkbox"/> Hispanic/Latino <i>* Check if applicable</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>(c) Child C's Name:</i>	
Social Security #:	Race* <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Native Hawaiian/ Alaskan Nat <input type="checkbox"/> American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <i>*Check all boxes that are applicable</i>
Birthdate: ___/___/___	Ethnicity* <input type="checkbox"/> Hispanic/Latino <i>* Check if applicable</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
2. ADOPTIVE PARENTS:	
Parent 1 - Name:	Race* <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Native Hawaiian/ Alaskan Nat <input type="checkbox"/> American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <i>*Check all boxes that are applicable</i>
	Ethnicity* <input type="checkbox"/> Hispanic/Latino <i>* Check if applicable</i>
Parent 2 - Name:	Race* <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Native Hawaiian/ Alaskan Nat <input type="checkbox"/> American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <i>*Check all boxes that are applicable</i>
	Ethnicity* <input type="checkbox"/> Hispanic/Latino <i>* Check if applicable</i>

3. CURRENT FAMILY ADDRESS:		
Number and Street:		
County:		
City:	State:	Zip
Telephone: ()		(ext)
4. FAMILY ADDRESS IN NEW RESIDENCE STATE:		
Number and Street:		
County:		
City:	State:	Zip
Telephone: ()		(ext)
5. IF CHILD IS NOT RESIDING WITH ADOPTIVE PARENTS GIVE REASON:		
6. BASIS OF MEDICAID ELIGIBILITY:		
Child A:	<input type="checkbox"/> Title IV-E/SSI <input type="checkbox"/> Title IV-E\AFDC <input type="checkbox"/> State Funded Adoption Assistance/Medicaid Option	
Child B:	<input type="checkbox"/> Title IV-E/SSI <input type="checkbox"/> Title IV-E\AFDC <input type="checkbox"/> State Funded Adoption Assistance/Medicaid Option	
Child C:	<input type="checkbox"/> Title IV-E/SSI <input type="checkbox"/> Title IV-E\AFDC <input type="checkbox"/> State Funded Adoption Assistance/Medicaid Option	
7. DATE OF MEDICAID CLOSURE: <i>Last day of the month the child is living in the originating state</i>		
Child A: / /	Child B: / /	Child C: / /
8. DATE REQUESTED FOR MEDICAID OPENING: <i>First day of the following month</i>		
Child A: / /	Child B: / /	Child C: / /
B. MEDICAID COVERAGE FOR STATE-FUNDED CHILDREN		
<p>1. THE ADOPTION ASSISTANCE STATE <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT provide Medicaid to children with state funded adoption assistance as an optional Medicaid group.</p> <p>2. THE ADOPTION ASSISTANCE STATE <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT provide Medicaid to children receiving <u>state funded</u> adoption assistance from another ICAMA state if the child was eligible to receive adoption assistance.</p>		
C. OTHER MEDICAL COVERAGE		
1. Does the child continue to be eligible for other medical assistance from the adoption assistance state?		
Child A <input type="checkbox"/> YES <input type="checkbox"/> NO	Child B <input type="checkbox"/> YES <input type="checkbox"/> NO	Child C <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the child have other third party coverage through any program, organization or person?		
Child A: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Child B: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Child C: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
3. LIST SOURCES OF MEDICAL COVERAGE OR BENEFITS:		
Child A: <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> CHAMPUS <input type="checkbox"/> PRIVATE INSURANCE		
Child B: <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> CHAMPUS <input type="checkbox"/> PRIVATE INSURANCE		
Child C: <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> CHAMPUS <input type="checkbox"/> PRIVATE INSURANCE		

D. REFERRAL INFORMATION			
FROM: Compact Administrator's Name:			
Number and Street:			
County:	Telephone:	(ext)	
City:	State:	Zip	
TO: Compact Administrator's Name:			
Number and Street:			
County:			
City:	State:	Zip	
State Status: Current residence state IS <input type="checkbox"/> IS NOT <input type="checkbox"/> the Adoption Assistance State			
E. CERTIFICATION			
<p>This is to certify that the records of my office show the above named child(ren) to be eligible for the Medicaid Identification document(s) in his\her\their new residence state in accordance with the information contained herein, the attached Adoption Assistance Agreement, and the Interstate Compact on Adoption and Medical Assistance.</p> <p>In addition, I hereby certify that the attached agreement is a true copy of the most current Adoption Assistance Agreement for the named child(ren) in the files of my office and is effective unless the residence state is notified that it has been terminated by the adoption assistance state.</p> <p>Signed at:</p>			
City	State		
This	day of	20_____	
<i>Signature:</i>			
Name:			
Title:	Agency:		
Telephone: ()		(ext)	

DISTRIBUTION: Send original with one (1) copy of current adoption assistance agreement to (new) Residence State, one(1) copy to adoptive parent(s), retain one(1) file copy in issuing office.

C. CHILDREN RECEIVING IV-E ADOPTION ASSISTANCE

1. ICAMA Form 6.02 notifies you, the adoptive family, that this office has sent the necessary information to your new State of Residence informing it that your child is eligible to receive Medicaid in that State so that Medicaid Identification may be issued
2. Contact your child's new Residence State Adoption Compact Administrator named in **Section D** of the attached **ICAMA Form 6.01** to determine what steps, if any, you need to take in order to receive a Medicaid Identification Card in you new State of Residence
3. You may be instructed by the Compact Administrator to contact the Medicaid office to obtain a new Medicaid Identification card. You may be asked to complete an assignment of rights for medical support and payment. You may also be asked to provide other necessary information. Your new Medicaid office will also be able to provide you with information about the benefits available in the (new) Residence State.
4. If you are moving to a State that is not a member of ICAMA as indicated above, you may need to go to your local Medicaid office in the new residence State with these forms to apply for Medicaid on behalf of your child(ren). If you encounter a problem, contact the Compact Administrator listed on this form.

D. CHILDREN RECEIVING STATE-FUNDED ADOPTION ASSISTANCE

1. If your child is receiving state-funded adoption assistance as indicated in Section A of this form, then your child is not automatically eligible to receive Medicaid in the new State of Residence.
2. If your State of Residence is a member of ICAMA as indicated in Section B of this form, then contact the Compact Administrator in the new State of Residence as identified on **Form 6.01**.
3. If your new State of Residence is not a member of ICAMA, you need to go to the local department of social services in the new State of Residence and inquire about receiving medical assistance. If you have questions, contact your state's adoption assistance compact administrator as identified in **Form 6.01, Section D**.

ATTACHMENT F – Get official copy

ICAMA FORM 6.03

REPORT OF CHANGE IN CHILD/FAMILY STATUS

A. SENDING INFORMATION

TODAY'S DATE: ___ / ___ / ___

FROM: Compact Administrator's Name: Number and Street: County:

City:	State:	Zip
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Telephone:

TO: Compact Administrator's Name: Number and Street: County:

City:	State:	Zip
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Telephone:

REASON FOR REPORTING: (Check appropriate box) Address Change Adoption Status Change
 Update on Medicaid Status Change in Case Status

B. CHILD IDENTIFYING INFORMATION

(a) Child A's Name:	Birthdate:	Social Security #
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(b) Child B's Name:	Birthdate:	Social Security #
---------------------	------------	-------------------

(c) Child C's Name:	Birthdate:	Social Security #
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2. ADOPTIVE PARENTS:

Father: _____ Mother: _____

C. CHANGE IN MEDICAID STATUS

Child A	Child B	Child C
---------	---------	---------

Medicaid Case Opened:	Medicaid Case Opened:	Medicaid Case Opened:
-----------------------	-----------------------	-----------------------

Medicaid Effective Date:	Medicaid Effective Date:	Medicaid Effective Date:
--------------------------	--------------------------	--------------------------

Medicaid ID #: <i>(New residence state)</i>	Medicaid ID #: <i>(New residence state)</i>	Medicaid ID #: <i>(New residence state)</i>
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D. CHANGE IN CASE STATUS

Child A	Child B	Child C
---------	---------	---------

Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
---------------------------	---------------------------	---------------------------

Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed
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Effective Date of Closing:	Effective Date of Closing:	Effective Date of Closing:
----------------------------	----------------------------	----------------------------

Reason for Closing:	Reason for Closing:	Reason for Closing:
---------------------	---------------------	---------------------

E. CHANGE IN ADDRESS		
1.EFFECTIVE DATE: ___/___/_____		
2.CURRENT FAMILY ADDRESS: Number and Street: County: State: Zip		
Telephone:		
3. NEW FAMILY ADDRESS: Number and Street: County: State: Zip		
Telephone:		
F. CHANGE IN ADOPTION STATUS		
1. EFFECTIVE DATE: / /		
2. ADOPTION ASSISTANCE AGREEMENT:		
Child A	Child B	Child C
Adoption Assistance State:	Adoption Assistance State:	Adoption Assistance State:
Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>
Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>
Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>
Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>
3. FINAL ADOPTION DECREE:		
Child A	Child B	Child C
Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*
*Date of Final Decree:	*Date of Final Decree:	*Date of Final Decree:
ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No
4. ADOPTION TERMINATED:		
Child A	Child B	Child C
Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No
*If Yes, Give Date	*If Yes, Give Date	*If Yes, Give Date

DISTRIBUTION: Prepare original and two (2) copies. Reporting state retains original (1); recipient state retains one (1); adoptive parents receive one (1).