

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

Financial and Medical Plan Guidelines

The Financial and Medical Plan ([OCFS-5050c](#)) is critical to the success of your proposed interstate placement. The proposed Placement Type and the child's Title IV-E eligibility determination are key in planning your ICPC request and ensuring a successful placement. Please review this information and suggested practices as you prepare your packet and possible placement.

Placement Types

Be clear on the type of placement you are seeking. Contact NY ICPC prior to submission if you have any questions about whether the proposed resource's state of residence ("Receiving State" or "RS") allows the type of placement you are seeking. You can also refer to the ICPC State Pages (<http://icpcstatepages.org/>) for more information on each state's rules and regulations.

Review the Financial and Medical Plan with the proposed placement resource and address any questions.

PARENT

- Placements with a non-respondent parent are not subject to the ICPC unless a court **orders** the ICPC to determine fitness prior to placement (See ICPC Regulation 2(3)(a)). Some states **will not** conduct a study on a non-respondent parent, even if such an order is issued.
- Many states require proof of paternity in the form of a court order or DNA test results for placement with father; for these states, a birth certificate is not sufficient.

RELATIVE (UNLICENSED)

- Many states **will not** permit an unlicensed relative placement. Where that is true, any proposed relative resource must be trained and licensed as a foster parent, and the ICPC request must be for Foster Care (see below).
- An unlicensed relative must be willing and able to provide for the child financially and medically, without support from the NY Sending Agency. Some states will require a signed statement of support from the proposed resource. Relative may apply for financial and/or medical benefits for the child in the RS, but receipt of any benefits will be based on eligibility requirements in that state.
- Regardless of Title IV-E eligibility determination, a child will not be automatically eligible for Medicaid in the RS when placed in an unlicensed home. Consider discussing the option of foster care licensure with the proposed resource.
- Many states require proof of paternity in the form of a court order or DNA test results for placement with paternal relative; see Parent section above for details.

FOSTER CARE

IV-E eligible children (IV-E)

- This is straightforward during the request stage, but will require action post-placement.
- NY caseworker must coordinate transfer of IV-E Medicaid (MA) to RS at time of placement. IV-E MA track must be closed in NY before it can be opened in RS. This should happen immediately after placement to prevent disruption in coverage. Placement resource should not have to complete a MA application in the other state.

IV-E ineligible children (non-IV-E)

- These children will not be automatically eligible for Medicaid (MA) in the Receiving State (RS). While some states may enroll non-IV-E foster children in MA, this is not a guarantee. An alternative, viable Medical Plan is required. Sending Agency is ultimately responsible for medical expenses; however, a detailed plan is required in order to prevent disruption in access to medical care. Considerations include:
 - Can the proposed placement resource afford to pay out-of-pocket for medical expenses and await reimbursement? Consider the costs of routine and emergency care, any required therapies, and prescription medication. If this plan appears viable, please review with the placement resource the process for submitting expenses for reimbursement. If resource cannot afford to pay out-of-pocket and await reimbursement, please propose an alternate method by which the Sending Agency will pay for child's medical expenses.
 - *Prior to placement*, Sending Agency and/or placement resource may attempt to locate medical providers (pediatrician and any required specialists) willing to direct bill NY Medicaid or Sending Agency; however, this often proves difficult.
 - The most secure plan is for Sending Agency to purchase a private medical insurance plan to cover the child in the RS, or provide a medical credit/debit card.
- Sending Agency and resource must have an agreed-upon plan for medical care prior to placement. Without such a plan, child may lack access to required treatment or prescription medications, which can lead to placement disruption.

ADOPTION

Adoptive Placement, as an upgrade from Foster Placement

- This applies when the child is currently residing in an approved ICPC foster home in another state, and you are requesting an adoption upgrade home study.
- Usually, the Financial and Medical Plan will continue from those in effect for the foster placement, through finalization.

Adoptive Placement, as a new placement, or upgrade from unlicensed Relative home

- This applies when the child is currently residing in NY, and you are requesting an adoption only (not foster) study in another state; OR, when the child is currently residing in an approved ICPC relative home (unlicensed) in another state, and you are requesting an adoption upgrade study.
- Sending Agencies are asked to provide on the ICPC Financial-Medical Plan their plan for the child's financial and medical care *from placement through finalization*, based on current (foster) IV-E eligibility. Adoption subsidy determination requires completion of LDSS-3912, and may result in a change to the child's IV-E eligibility status.
- If the Sending Agency is planning to execute the Adoption Subsidy Agreement prior to placement, in order to start subsidy payments and medical coverage upon out-of-state placement, per ICAMA,¹ please state this on the ICPC Financial-Medical Plan. For guidance, see 10-OCFS-ADM-11, *Payment of Adoption Subsidies to Certain Approved Adoptive Parent(s) Prior to Finalization of the Adoption*
- Otherwise, Sending Agency will not be making any payments to the home until the Subsidy Agreement is executed. Financial-Medical Plan must state that the resource is able to support the child without financial assistance, and explain how Sending Agency will provide for medical coverage. Please consider the same options as for a non-IV-E foster child, as noted above.

Contact New York State ICPC with any questions:

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¹ ICAMA is the Interstate Compact on Adoption and Medical Assistance.