

**ICAMA Form 7.03 (Proposed)**

**State Comments  
AAICAMA Responses**

**IMPORTANT: ICAMA Forms are not meant to eliminate or substitute for state-to-state communication.**

|  |  |   |
|--|--|---|
| <p style="text-align: center;"><b>CALIFORNIA</b></p> | <p>Add county information to address of ICAMA administrators</p>   | <p>The procedures for the administration of the ICAMA were established with the enabling process in each member state. See:</p> <p><b><u>‘ARTICLE VI. COMPACT ADMINISTRATION</u></b></p> <p>(a) ... The Compact Administrator shall coordinate all activities under this Compact within his or her state. The Compact Administrator shall also be the principal contact for officials and agencies within and without the state for the facilitation of interstate relations involving this Compact and the protection of benefits and services provided pursuant thereto. In this capacity, the Compact Administrator will be responsible for assisting child welfare agency personnel from other party states and adoptive families receiving adoption and medical assistance on an interstate basis.’</p> <p>Therefore the ‘From’ and ‘To’ always refer to the designated ICAMA administrator in each member state.</p> <p><b><u>Result:</u></b> However, to recognize that this presents administrative difficulties in some county administered states, the field ‘County <i>(if known)</i>’ has been added to the Family Address to assist the ICAMA administrator.</p> |
| <p style="text-align: center;"><b>CALIFORNIA</b></p> | <p>Instead of it saying ‘Current Family Address’ and ‘New Family Address’ shouldn’t it say ‘Prior Family Address’ and ‘New Family Address’</p> | <p>This is a notification of a change of address and therefore ‘Prior’ and ‘New’ are clearer.</p> <p><b><u>Result:</u></b> Wording will be changed to ‘Prior’ and ‘New’ family address.</p>   |



**ICAMA Form 7.03 (Proposed)**

**State Comments  
AAICAMA Responses**

**IMPORTANT: ICAMA Forms are not meant to eliminate or substitute for state-to-state communication.**

|                 |  |   |
|-----------------|--|---|
| <b>KANSAS</b>   | <p>Include a signature section for requesting state and add Sect D, part 2, after signature. Allows info in Sect D, part 2, to be the last part on page 2, could be completed and then signed by the residence state.</p>                | <p>Documentation is an official statement from the AA state verifying that adoption assistance has been extended through the date requested and meets federal requirements. Some of the types of documentation will be indicated (agreement, letter, addendum etc.)</p> <p><b>Result:</b> New wording ‘...attach extension documentation’ will be added addressing the issue of certification of eligibility for an extension of Medicaid.</p>  |
|                 | <p>Section D- what to send with request for AA past 18 to provide RS with official statement of eligibility determination</p>  | <p><b>Practice Note:</b></p> <ul style="list-style-type: none"> <li>• Under federal law, states may extend assistance when the ‘adoption assistance state determines that the child has a circumstance that warrants the extension up to the age of 21.’ SSA, Sect 473(a)(1)(A) &amp; 473(a)(1)(B)</li> <li>• Once the adoption assistance state determines the extension of the title IV-E Adoption/Guardianship assistance, the <b>resident state is obligated to provide title XIX Medicaid to ALL IV-E recipients</b>, regardless of the basis of the IV-E.</li> </ul>  |
| <b>MARYLAND</b> | <p>Is Sect D “Medicaid Extension beyond age 18: Approval/ Denial needed? Many states do always provide Medicaid to youth up until 21<sup>st</sup> birthday, if warranted and requested by AA State. Is the “approval/denial” needed?</p> | <p>Federal law mandates that Medicaid <b>must</b> be extended for any title IV-E AA/GAP eligible child with an agreement in effect beyond age 18. Consequently, denial of Medicaid extension is impermissible for children with a title IV-E AA agreement in effect past 18.</p> <p><b>Result:</b> The following statement will be added within the IV-E Section:<br/>‘Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect. Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8’</p> <p>The approval/denial of Medicaid only applies to non-title IV-E AA children whose agreements are extended past 18. Medicaid receipt outside the AA state by this group will depend on the new state’s State Medicaid Plan and whether the state has opted to cover this group, and if so, to what age.</p> <p><b>Result:</b> Approval/Denial and reason will be restricted to non-title IV-E AA eligible children</p> |



## ICAMA Form 7.03 (Proposed)

### State Comments AAICAMA Responses

**IMPORTANT: ICAMA Forms are not meant to eliminate or substitute for state-to-state communication.**

|               |  |  |
|---------------|--|--|
| MARYLAND      | <p>In 7.03, C. &amp; F. (case closing &amp; Adoption/Guardianship status), since Custody &amp; Guardianship court orders can be dissolved, terminated, why not add “adoption/guardianship” has been dissolved and indicate date of dissolution and GAP agreement terminated, for consistency in the form itself?</p> | <p>It is correct that in order to preserve consistency ‘Guardianship’ should be added. This is a good catch.<br/> <b>Result:</b> Will change wording on 7.03 to:<br/>         ‘Adoption Assistance/<u>Guardianship</u> Agreement Terminated’</p> <p>The date is not needed as the first line of the form indicates the Effective Date for All Changes Indicated Below’<br/> <b>Result:</b> No change to the proposed ICAMA 7.03</p>  |
| MISSISSIPPI   | <p>Indicate what age extension is to...not always 21</p>   | <p>It is correct that extension is not always to the same age. This is a good catch. To accommodate different state procedures /requirements.<br/> <b>Result:</b> A field will be added:<br/>         Extension of title IV-E Medicaid required to through (and then the month, day and year)<br/>         AND<br/>         A section will be added for state-funded Adoption Assistance.<br/>         Extension of Medicaid <u>Requested</u> through (and then the month, day and year)</p> |
| NEW HAMPSHIRE | <p>Could there be a section indicating when a child enters out of home placement in the state that is not the adoption assistance state?</p>   | <p>Consensus of states noted that ICAMA Administrators who become aware that a child has been placed out-of-state and is no longer living with their adoptive family should call or e-mail the AA state administrator so the appropriate forms can be issued.<br/> <b>Result:</b> No change will be made to the proposed ICAMA 7.03</p>  |



Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

ICAMA Proposed Form 7.03—Response to State Comments—February 23, 2012

**ICAMA Form 7.03 (Proposed)**

**State Comments  
AAICAMA Responses**

**IMPORTANT: ICAMA Forms are not meant to eliminate or substitute for state-to-state communication.**

|                  |  |   |
|------------------|--|---|
| <b>WISCONSIN</b> | Section D- what to send with request for AA past 18 to provide RS with official statement of eligibility determination | <b>Result:</b> Wording to be changed to:<br>‘Attach extension documentation.’<br>This wording will accommodate various state practices. |
|------------------|--|---|

