

Bridges



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ICAMA and Medicaid: Understanding the COBRA-reciprocity and Its Limitations

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Part II in a three-part series on COBRA reciprocity

In the Spring 2007 edition, *Bridges* brought you the first in a three-part series on Medicaid. Entitled, *ICAMA and Medicaid: Understanding the COBRA¹ Option and COBRA-reciprocity*, the article summarized the Interstate Compact on Adoption and Medical Assistance. The article explained that the Interstate Compact on Adoption and Medical Assistance provides a framework for coordinating the receipt of adoption assistance benefits across state lines and emphasized that the benefit that requires the greatest need for interstate collaboration is Medicaid. Continuing the second part in its series on ICAMA and Medicaid, *Bridges* brings to you this article dedicated to understanding the interstate provision of Medicaid to state-funded adoption assistance eligible children—COBRA-reciprocity.

Question: What happens to the Medicaid eligibility of a state-funded adoption assistance eligible child when they are placed across state lines or adopted and move to another state?

¹ The 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) affected the Medicaid eligibility of adopted children with special needs. It requires the state of residence to provide Medicaid to children adopted who have Title IV-E federally assisted adoption assistance agreements (42 U.S.C. 1396 a (b)); and gave states the option to extend Medicaid program coverage to children adopted pursuant to state-funded subsidy programs (42 U.S.C. 1296a).

² See: SSA 1902(a)(10)(A)(ii)(VIII) and 42 CFR 435.227

Answer: The issue involved is known as COBRA-reciprocity and the answer to the question varies by state.

COBRA Reciprocity: A Quick Review

What is COBRA-reciprocity? COBRA-reciprocity is an interstate vehicle for the provision of Medicaid. COBRA-reciprocity refers to the decision a state makes to extend Medicaid to children residing in the state who receive state-funded adoption assistance from another state.² States are not required to offer COBRA-reciprocity. Like the COBRA option, which allows adoption assistance states to choose whether to provide Medicaid to their own state-funded adoption assistance eligible children residing in the state, COBRA-reciprocity is state optional. States can choose the COBRA option and not choose COBRA-reciprocity. States can choose to provide Medicaid only to resident children receiving state-funded adoption assistance from their state and not provide Medicaid under the subsidized adoption eli-

IN THIS ISSUE

<i>LIFTing Louisiana and Moving Forward</i>	5
<i>Medicaid and Adoption Assistance Exchange</i>	7
<i>Parent Perspectives</i>	8
<i>Legislative and Federal Update</i>	10
<i>Cases of Interest</i>	12
<i>Resource Notes</i>	14



gibility group to resident children receiving state-funded adoption assistance from another state. However, the state may not preclude such children, once they are residents of a state, from qualifying for the state's Medicaid program on the basis of satisfying the eligibility criteria for another Medicaid group covered under the State Plan.

Once a state has chosen COBRA-reciprocity, it has elected to establish a policy to provide Medicaid to children who reside in the state, receive state-funded adoption assistance from another state, and meet the COBRA eligibility criteria.³ Additionally, if states do choose to offer COBRA-reciprocity, they do not have to offer it to all states. The two most common examples of how states extend COBRA-reciprocity include offering reciprocity to children from all states or to children from ICAMA-member states only. In a recent development, a growing number of states are choosing to provide reciprocity only to adoption assistance states that provide reciprocity to the receiving state's state-funded adoption assistance eligible children. Currently, 43 states offer a form of COBRA-reciprocity and eight states do not offer any form of reciprocity.⁴

Putting It All Together

To determine if a state-funded adoption assistance eligible child can receive Medicaid in an interstate case, you must know the following four things:

- Has the new state of residence elected the COBRA option?
And if the new state has elected the option, *then-*
- Has the new state of residence elected COBRA-reciprocity?
And if the new state has elected COBRA-reciprocity, *then-*
- How does the new state extend COBRA-reciprocity?
- Does the new state extend COBRA-reciprocity to the adoption assistance state?

(Note: The adoption assistance state is the state that is referenced to determine if a new state of residence will provide Medicaid in an interstate, state-funded adoption assistance case.)

- Does the child meet the eligibility criteria for the COBRA option?

If the answer to each of the above four questions is "yes"—then the child is eligible to receive Medicaid in the new state of residence. But do we know which medical services the child will receive in the new state of residence? The answer lies in an understanding of Medicaid eligibility groups, Medicaid State Plans, and the definition of the term "COBRA-reciprocity".

Medicaid Eligibility Groups

Medicaid is operated by and through the states, and is overseen by the Federal agency, the Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services. Medicaid is a joint partnership between the Federal government and the states and is funded by both the Federal government and the states. Although the Federal government establishes general guidelines for the program, the Medicaid program requirements are established by each State. Whether or not a person is eligible for Medicaid, or certain Medicaid services, can depend on the State where he or she lives. States are required to include certain types of eligibility groups in their Medicaid coverage and they may choose to include others. Medicaid eligibility groups include categorically needy, medically needy, or special groups. The services an individual is eligible for under Medicaid will depend on their eligibility group.

Title IV-E adoption assistance eligible children are in what is known as a Medicaid "mandatory categorically needy" eligibility group. That means that they are part of an eligibility group that all States are required to include in their Medicaid coverage. State-funded adoption assistance children are in what is known as a Medicaid "optional categorically needy" eligibility group, and states choose whether to cover this group under their Medicaid State Plans. This category distinction explains why Title IV-E adoption assistance and state-funded adoption assistance eligible children are different in regards to their Medicaid eligibility. All Title IV-E eligible children are Medicaid eligible in all states. Not all state-funded adoption assistance eligible children are Medicaid eligible in all states. This is the core difference between the two adoption assistance programs regarding the receipt of Medicaid interstate.

Medicaid and State Medicaid Plans

The first step an adoption assistance professional must take to determine eligibility for Medicaid for a child interstate is to understand the child's Medicaid category and the Medicaid eligibility associated with that category. The second step is to understand what that eligibility means regarding medical service cover-

³ Ibid

⁴ District of Columbia, Hawaii, Illinois, Nebraska, Nevada, New Hampshire, New Mexico, New York

age. All Medicaid is not created equal. Medicaid services vary by state and the ability to receive a particular Medicaid service in one state does not guarantee that it will be received in another state. You may ask, "Isn't Medicaid a federal program and therefore the same in every state?" The answer is "no". Medicaid is a federal program. However, Medicaid is not the same in every state.

Federal law and regulations provide a framework for state Medicaid programs and stipulate certain basic requirements that all states must have in their program.⁵ In order to receive Federal funding for its Medicaid program, States are required to:

- Cover mandatory populations
- Provide mandatory services
- Provide services that are "sufficient in amount, duration, and scope to reasonably achieve (their) purpose."
- Provide services throughout the state

How a State plans to meet the above federal requirements is outlined in a document known as a Medicaid State Plan. The Plan is the State's agreement to meet the requirements of Medicaid law. All states must submit a Medicaid State Plan to the Centers for Medicare and Medicaid Services (CMS) and provide Medicaid according to the State Plan. CMS approves the original Plan, and must approve all future changes to the Plan before any changes can become effective.

Medicaid State Plans describe the methods of administration for the State Medicaid program, eligibility for the program, the populations the State will serve, scope of those services, provider requirements and reimbursement methodology. States can only provide Medicaid to Medicaid-eligible individuals according to the information included and approved in the state's Medicaid State Plan.

Mandatory and Optional Services under Medicaid*

The two broad categories of services found in a State Plan are "mandatory" and "optional". The Medicaid services that states must provide are known as mandatory services. Mandatory service examples include:

- Physicians' services
- Medical and surgical services of a dentist
- Inpatient hospital (excluding inpatient services in institutions for mental disease)

- Early and periodic screening, diagnosis, and treatment (EPSDT)* for children under 21
- Outpatient hospital (including Federally Qualified Health Centers, and, if permitted under state law, rural health clinic and other ambulatory services provided by a rural health clinic which are otherwise included under States' plans)
- Certified pediatric and family nurse practitioners (when licensed to practice under state law)
- Home health services including:
 - Intermittent or part-time nursing services provided by home health agency or a registered nurse when there is no home health agency in the area
 - Home health aides
 - Medical supplies and appliances for use in the home
- Other mandatory services include laboratory services, x-rays, and family planning services and supplies

Link: <http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/MedicaidAtAGlance2005.pdf>

Optional services under Medicaid are those that are not required by the Federal government to be included in Medicaid State Plans. Because optional services are not required, it is in this category that states most differ in their Medicaid service coverage. Optional services include medical or other remedial care provided by licensed practitioners, such as:

- Optometrists' services
- Psychologists' services
- Private duty nursing services
- Physical therapy
- Personal care services
- Clinic services
- Dental services
- Occupational therapy
- Speech, hearing and language disorder therapy
- Prescription drugs
- Eyeglasses
- Preventive services
- Rehabilitative services
- Nursing facilities and inpatient psychiatric services for under age 21

** Under the EPSDT program, states are required to provide all medically necessary services. This includes services that would otherwise be optional services. If an optional service is only available through the EPSDT program, it is not listed on the chart.*

⁵ 42 CFR Part 440

States also have the option to offer enhanced or alternative services to the covered State plan services for targeted populations as components of an approved Medicaid waiver program: 1915(b) managed care waiver, 1915(c) home and community-based services waiver, or 1115 research and demonstration waiver.

Defining “Reciprocity”

There are limits on state responsibility for the provision of Medicaid.⁶ States must provide Medicaid to eligible children through age 18 and states must provide services federally defined as “mandatory”. However, states can choose to provide Medicaid up to the age of 21 and decide which, if any, optional services they wish to provide. The above list of optional services indicates the wide variety of services states can choose to offer in addition to the mandatory services required of all State Medicaid programs. This variety explains, in part, why states differ in the Medicaid services they provide. This difference affects the issue of reciprocity and what the term means in regards to Medicaid.

We generally think of the word “reciprocity” to mean “reciprocal”—a mutual, equal exchange. In the world of adoption assistance and Medicaid, it is a very specific term and does not have the common meaning of “equal exchange”. It refers to COBRA-reciprocity, an optional state policy of providing Medicaid to a resident child receiving state-funded adoption assistance from another state. However, when a state-funded adoption assistance eligible child moves from their adoption assistance state (or any other state) to a new state of residence and it is determined that the child is eligible for Medicaid in the new state, the Medicaid that the child will receive in the new state may not be the same as that received in the former state. Given that there are over fifty jurisdictions and a wide range of optional services which will vary in amount, duration, and scope between these jurisdictions; it is almost guaranteed that the Medicaid services will be different.

It is important to understand that eligibility for Medicaid from a state entitles the child to the Medicaid benefits of that state as listed in its Medicaid State Plan. States are not responsible for providing services not listed in the Plan (except for medically necessary services determined under EPSDT) and cannot provide benefits outside of those approved in their State Plan.

Special Note: The above explanation of the word “reciprocity” and its common usage versus its Medicaid implication is true for all Medicaid eligible individuals, regardless of the basis (or category) of eligibility. Understanding that the provision of Medicaid services interstate is not reciprocal is an issue for both state-funded and Title IV-E adoption assistance eligible children. The Medicaid both populations can receive is limited to the services of the Medicaid State Plan of the state from which they receive Medicaid.

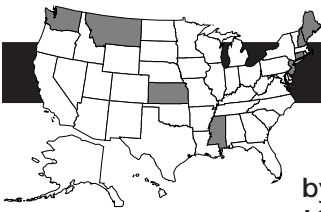
Next Steps

We have covered Cobra reciprocity—what it is, which states have it, how they extend it to other states, and what reciprocity really means in relation to services received under Medicaid. We have discussed what the eligibility categories of Medicaid are and how an individual’s category affects the services they can receive, how and why Medicaid plans differ, and the implication this difference has on the receipt of services interstate. The question now becomes—what do we do with this knowledge? How can we work to ensure the interstate receipt of Medicaid, and, in some instances, specific medical services, for adoption assistance eligible children? The answer lies in an understanding of the importance of the adoption assistance agreement and the implication of terms used in the agreement. For a discussion of these and other issues see *Bridges’* next edition for Part III of ICAMA and Medicaid.

⁶ 42 U.S.C. 1396a and 42 U.S.C. 1396d

Article facts, down and dirty:

- Title IV-E adoption assistance eligible children are eligible for Medicaid in their resident state, whether or not it is their adoption assistance state.
- State-funded adoption assistance eligible children may be eligible for Medicaid in their resident state, whether or not it is their adoption assistance state, if this optional Medicaid eligibility category is covered under the resident state’s Medicaid State Plan (which it is in most states).
- Adoption assistance eligible children are eligible for Medicaid only in their resident state, and so may only be enrolled in one state’s Medicaid program at a time.
- Medicaid-eligible individuals are only able to receive services as listed in the state’s Medicaid State Plan or the State’s approved Medicaid waivers.
- Services available through Medicaid State Plans and waivers vary by state.



STATE INFORMATION EXCHANGE

LIFTing Louisiana and Moving Forward

by: Bruce Daniels
ICAMA Compact Administrator
Louisiana

Two years after Hurricanes Katrina and Rita, Louisiana remains very busy. Louisiana continues to face many daunting challenges in its efforts to strengthen and restore coastal communities and to rebuild capacity and infrastructure in support of that restoration effort. Part of the capacity building includes the Louisiana Department of Social Services. Of principal concern is the need to increase agency capacity to meet the corresponding increase in demand placed on our State's child welfare system. The staff of the Department of Social Services (DSS), Office of Community Services (OCS) is working to find innovative solutions to Louisiana's most pressing child welfare needs.

In response to these needs, *Louisiana LIFTS* was born. The program is a series of initiatives developed to strengthen families and work to ensure safe, permanent solutions for children in care. The acronym stands for *Louisiana Leading Innovations for Family Transformation and Safety* and reflects our goal of ensuring a family-focused, community-based system of care for Louisiana's most vulnerable children. With technical assistance from national partners such as the Annie B. Casey Foundation and the National Resource Centers for Organizational Improvement and Child Protective Services, OCS has defined six key elements for implementation within the next year to improve outcomes for children and families.

1. Improved Intake Decision-Making

Under *Louisiana LIFTS*, a new approach will be created that uses more uniform assessment and decision-making criteria in the analysis of the more than 25,000 reports of child abuse and neglect received by the Department of Social Services each year. As part of this effort, OCS will update and revise our decision-making guidebook for staff and provide concentrated, enhanced decision-making training to child protection investigative staff statewide.

2. Meeting Family Needs

With new and more uniform assessment and case planning tools, DSS/OCS is focusing on keeping families together in safe and secure environments. With family-centered evaluation, the focus is on the goal of keeping more households intact thereby reducing the incidence of out-of-home care.

As part of this focus, OCS is piloting a program called the *Alternate Response Program* or *ARP*. The program redirects certain low-risk child protection complaints away from a full investigative response toward an assessment and wrap-around services approach. This method allows OCS to rapidly assess family needs and quickly link families to the appropriate services and supports necessary to improve the home environment and prevent the need for more intrusive measures.

3. Community-Based Services

To achieve a family-focused, community-based model, services must exist in a child's own community. OCS has increased its commitment to work with prevention-oriented community partners such as Prevent Child Abuse Louisiana and Family Services of Louisiana to offer services to at-risk families. A comprehensive continuum of services in home-based programs (*In-Home Based Services*) is being developed to build on a family's strengths and meet its individual needs.

Using OCS agency-based and contract resources to strengthen *In-Home Based Services*, OCS is employing the Home Builders model and Multi-Systemic Therapy approach which have shown promise helping troubled families. Both of these applications use a strength-based approach to problem-solving aimed at reducing the incidence of abuse and neglect and ultimately lowering the number of entries and re-entries in foster care. OCS is also initiating a statewide program known as the *Nurturing Parent Program* that targets parents of children ages 0 to 5 using group sessions with follow-up and home visits by agency family service staff to reinforce previous learning and provide additional learning opportunities.

OCS is also working in collaboration with the State's Office of Addictive Disorders (OAD). OAD will now house a liaison in each of the state's nine OCS regions to conduct addictive disorder assessments and make necessary referrals to addictive treatment programs. The liaisons act as an ombudsman, advocating for client treatment needs, assisting in navigation of the OAD system, and accessing treatment resource options, including the need for inpatient hospitalization.

4. Adoptive and Foster Parenting

To better support adoptive and foster families, OCS is increasing resource family recruitment and staff partnerships in order to provide multiple placement options

(Continued on page 6)

(Continued from page 5)

from within a child's own community. Improvements include standardized training and revision of internal policy and procedures, increased adoptive and foster parent involvement in case planning and OCS decision making, and improved connections between adoptive and foster parents and birth families. We believe child outcomes can be improved by encouraging adoptive and foster families to more fully participate in family team conferences and court hearings and to increase contact with birth families.

OCS recently hired nine designated regional placement recruiters, one in each region of the state. Recruiters partner with community organizations and other stakeholders, including local and regional media outlets, CASA, the State Foster/Adoptive Parent Association and Prevent Child Abuse Louisiana to focus exclusively on adoptive and foster home recruitment initiatives. These efforts are comprehensive and include general, targeted, and child-specific recruitment efforts.

The DSS/OCS has recently streamlined the home development, pre-training and certification process for child-specific relative placement providers as well as non-relative placement providers. Streamlining will allow the agency to use these resources more quickly and effectively. OCS is also extending its agency-sponsored adoptive and foster parent in-service training opportunities to non-certified relative placement providers.

5. Residential Treatment

OCS is evaluating the current decision-making process used for residential placement to ensure that these facilities are used exclusively for short-term intervention for children whose emotional, physical or mental health needs cannot be met in a family setting. The success of this effort is linked to the success of the OCS recruitment, training, and home certification initiatives outlined above. Additional foster and adoptive placements with strong supports will be needed in or-

der to move these more difficult to place children into less restrictive family placements.

To assist in finding such homes, OCS has launched a program, *Family Connection for Permanency*, which employs the services of Family Finders, a national organization skilled in locating people. It is anticipated the organization will greatly assist us in identifying relative and non-related significant others who can provide placement and other supports for children in residential facilities as well as youth transitioning from foster care.

6. Transitioning Youth

Hundreds of Louisiana children "age-out" of foster care each year. Louisiana maintains custody of foster children only up to age 18. However, young adults in foster care may voluntarily contract with us up to the age of 21 through our *Young Adult Program (YAP)*. Youth must be enrolled full-time in an approved course of study to be eligible for the program. Program benefits include case management services, supervised apartments, and financial assistance.

It is critical to increase opportunities to find and secure permanent family connections for our older youth *before* they age-out. These young adults need assistance to take full advantage of all vocational, housing and educational supports available to them in order to become successful adults. Toward that goal, OCS is creating new initiatives to create a smoother transition into the "real world". The Department of Labor and OCS have teamed up to create a statewide collaborative that assesses job skills and career interest and provides special employment assistance to foster youth.

Louisiana child welfare officials, like those in every state, face some difficult challenges. And though Louisiana's challenges were made much more difficult by Hurricanes Katrina and Rita, we know that with effective leadership, broad community and political support, and firm resolve to do our very best— that we must, that we can, and that *we shall* succeed in meeting Louisiana's most pressing child welfare needs.

Child Welfare Policy Manual Update on Background Checks

The Administration for Children and Families added a new set of Questions and Answers to the Child Welfare Policy Manual (CWPM) that impact Title IV-E. The Q/As are related to the criminal background and child abuse and neglect registry checks required by the **Adam Walsh Act**. The information is located in the CWPM at **8.4F** TITLE IV-E, General Title IV-E Requirements, Criminal Record and Registry Checks.

Link: http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=62

The following are examples of the new questions and answers:

Question: Please explain the criminal background check requirements of section 471(a)(20)(A) of the Act and to whom they apply.

Answer: Section 471(a)(20)(A) of the Act places requirements on the State as a condition of the title IV-E State plan and places additional requirements for claiming title IV-E foster care maintenance and adoption assistance payments on behalf of a title IV-E eligible child.

As a condition of the title IV-E State plan, the State title IV-E agency must have procedures for criminal background checks, including fingerprint-based criminal record checks of the national crime information databases for prospective foster and adoptive parents. The State title IV-E agency and its agents, must conduct the checks and otherwise apply the procedures for prospective parents whom it will license or approve to care for a participant in the State's title IV-B/IV-E program (section 471(a)(20)(A) of the Act). Agents of the title IV-E agency include a State licensing authority and any other agency that is under contract with the title IV-E agency to issue licenses or approvals.

Further, in order for a State to claim title IV-E foster care maintenance or adoption assistance payments for an otherwise title IV-E eligible child, the criminal records check must reveal that the prospective foster or adoptive parent has not been convicted of the prohibited felonies, and in the case of a foster family home, the home must be licensed or approved (section 471(a)(20)(A)(i) and (ii) of the Act). This applies regardless of the entity that licenses or approves the

prospective parent (e.g., a private adoption agency, an Indian tribe either with or without an agreement under section 472(a)(2)(B)(ii) of the Act, or a private child placing agency not under contract with the State agency).

- Source/Date: April 13, 2007
- Legal and Related References: Social Security Act - section 471(a)(20)(A)

Question: If a foster parent decides to become an adoptive parent, would the background check provisions of section 471(a)(20) of the Social Security Act (the Act) apply if the foster parent had already undergone the checks to be licensed as a foster parent?

Answer: It depends. Some prospective parents are "dually licensed" to be a foster parent and/or an adoptive parent and therefore do not need a separate license or approval once initially licensed or approved. In this circumstance, the parent providing foster care does not become a "prospective" adoptive parent and the State would not be required by Federal law to conduct the background checks in section 471(a)(20) of the Act again. However, if a State has separate licenses or approvals for foster and adoptive parents, then the State must comply with section 471(a)(20) of the Act prior to licensing or approving the foster parent as an adoptive parent.

- Source/Date: April 13, 2007
- Legal and Related References: Social Security Act - section 471(a)(20)

Question: Section 471(a)(20)(C)(i) of the Social Security Act (the Act) states that "the State shall check any child abuse and neglect registry maintained by the State..." How does this apply if a State does not maintain a child abuse and neglect registry?

Answer: If a State itself does not maintain a child abuse and neglect registry, the State is not required by section 471(a)(20)(C)(i) of the Act to provide information to a requesting State or check further for child abuse and neglect information within the State on the prospective adoptive parent, foster parent or other adults living in the home.

- Source/Date: April 13, 2007
- Legal and Related References: Social Security Act - section 471(a)(20)(C)(i)

(Continued on page 9)

PARENT PERSPECTIVES

AdoptUsKids: Recruiting and Retaining Families

By: *Kate Kirkpatrick, National Campaign and Fulfillment Assistant,
The Collaboration to AdoptUsKids, Adoption Exchange Association*

The Collaboration to AdoptUsKids was established in 2002, through a cooperative agreement with the Children's Bureau, with a mission to assist States and Tribes in the recruitment and retention of foster and adoptive families. The partners in the Collaboration included the Adoption Exchange Association, The Adoption Exchange, Child Welfare League of America, Holt International Children's Services, Northwest Adoption Resource Exchange and the University of Texas at Austin School of Social Work. These groups continue to guide the Collaboration today. Additionally, AdoptUsKids has partnered with many others in all 50 States, the District of Columbia, Puerto Rico, some Tribes. The project has evolved over these past 5 years to meet the needs of children, families and professionals nationwide and include the following aspects of AdoptUsKids' work as it relates to families.

Parent Support Groups

One mandate of AdoptUsKids was to focus on developing and maintaining a national network of parent support groups for foster, adoptive, and kinship families during and after children's placements in their homes. The goal of post-placement services is not merely retention of families and disruption prevention but the development of healthy families so that children who have been traumatized can develop to their full potential. To this end, each year AdoptUsKids provided mini-grants of \$4000 each to existing and new parent support groups. 175 grants have been awarded to groups in 48 states, the Cherokee Nation, District of Columbia and Puerto Rico. Each year grant recipients attended two-day leadership training at various locations. These parent support groups are an integral part of the AdoptUsKids national outreach to families.

National Recruitment Campaign

The Adoption Exchange Association contracted with the Advertising Council to create, implement and disseminate the first-ever national multi-media adoption recruitment campaign. The campaign objectives were to develop a national adoption public service advertising (PSA) campaign that achieved the following: garner sufficient donated media to increase the public's exposure to adoption from foster care, inspire more prospective parents to make inquiries about the adoption process through AdoptUsKids, and ultimately increase the number of adoptions, particularly of children age eight years of age and older. There were four phases to the national campaign, each of which included a series of radio, print, and television advertisements.

There has been a tremendous response from both the media and general public - over \$150 million in media airtime/space has been donated. Tracking research shows that adults who were exposed to the advertising and recalled seeing/hearing it were significantly more likely to say that they have considered adopting a child from foster care. Since the start of the PSA campaign, the AdoptUsKids project has received more than 8 million visitors to its website, more than 56,000 phone inquiries, and more than 21,000 email inquiries. These numbers represent dramatic increases from pre-campaign levels.

Recruitment Response Teams

AdoptUsKids established a national network of Recruitment Response Teams (RRTs) to respond to people who see the National Recruitment Campaign, by providing them with local information about foster care and adoption, to help them connect with an agency, and to provide support through the licensing, search, and matching processes. Special RRTs for American Indian, military, and American families living abroad were also established. As of 2007, more than 36,000 families received the benefit of working with the AdoptUsKids RRTs.

Media Families

In an effort to have a network of foster and adoptive families available to respond to media requests for interviews about their experiences, AdoptUsKids developed a resource list of these families who speak English and/or Spanish from across the United States and Puerto Rico. These families have shared their foster and adoption stories for press interviews and in magazine articles. To date, this resource list includes over 200 families in all 50 states as well as Puerto Rico and the District of Columbia.

(Continued on page 9)

(Continued from page 8)

AdoptUsKids.org and Adopte1.org

The AdoptUsKids website is an easy-to-use tool for caseworkers and others registering children available for adoption, families searching for children, and for professionals matching and connecting children with prospective families across the United States. The general public uses <http://www.adoptuskids.org> to learn about foster care and adoption, to be introduced to children available for adoption, and to request to be contacted by an advocate on the AdoptUsKids recruitment response team in their state or region. Caseworkers can search for prospective families whose information best matches the needs of a waiting child as well as access professional information on recruitment and retention. There are currently more than 5,000 licensed families registered on the site. Over 16,000 American children have been photolisted on the site. Over 8,000 (41%) of those children have been placed with adoptive families. The companion site in Spanish can be found at: <http://www.adopte1.org>.

Training and Technical Assistance

The three main goals of Training and Technical Assistance (T/TA) are to help States and Tribes build the capacity to 1) develop a pool of foster/adoptive families that reflects the ethnic and racial diversity of children in foster care 2) improve the efficiency and timeliness of inter-jurisdictional placements of children for adoption and 3) ensure that recruitment and response processes are driven by evidence-based practice and relevant data. During its 5 years as a training and technical assistance provider, AdoptUsKids has provided over 225 days of on-site technical assistance to more than 40 states. Many professional publications have been created by AdoptUsKids as part of the T/TA effort, with more than 38,000 copies distributed.

Evaluation

Care has been taken to evaluate the effectiveness of the various components of the AdoptUsKids project and make adjustments where necessary. Participants of this evaluation included many of the groups who use the services of AdoptUsKids: child welfare administrators, adoption and foster care professionals, children in foster care who are waiting for adoption, and families considering adoption. Website user satisfaction surveys have also been conducted twice annually with public site visitors, registered families and registered professionals. The results of these surveys have been largely positive and have also guided change when appropriate.

From 2002 – 2007, The Collaboration to AdoptUsKids initiated and directed many pioneer efforts for waiting families and children and for state and local professionals. The feedback that AdoptUsKids received has been outstanding and as a result of the many aspects of the AdoptUsKids work, thousands of children are now with adoptive families. Thank you to all the team players and partners who have made this project happen.

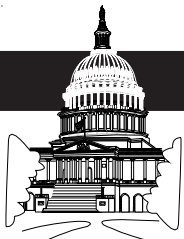
Adoption Assistance and Medicaid Update (Continued from page7)

Question: How should a State proceed when another State that maintains a child abuse and neglect registry does not respond to an out-of-State request to check a child abuse and neglect registry pursuant to section 471(a)(20)(C)(i) of the Social Security Act (the Act)?

Answer: The State may not approve or license a prospective foster or adoptive home pursuant to section 471(a)(20)(C)(i) of the Act without the results of a State-maintained child abuse and neglect registry check of another State where the prospective parents or other adults in the home have lived in the past five years, unless the results are not provided because

the other State has an ACF-approved delayed effective date. A State that believes that another State that maintains a registry is not responding appropriately to an information request for a reason other than an ACF-approved delayed effective date should contact their ACF regional office. ACF may conduct a partial review pursuant to 45 CFR 1355.32(d) to determine the State's compliance with the title IV-E State plan.

- Source/Date: April 13, 2007
- Legal and Related References: Social Security Act - section 471(a)(20)(C)(i) and (ii); 45 CFR 1355.32(d)



Tribal Foster Care and Adoption Access Act of 2007

(August 2, 2007) Senator Baucus introduced the Tribal Foster Care and Adoption Access Act of 2007 (S. 1956) legislation that would authorize direct tribal administration of the Title IV-E Foster Care and Adoption Assistance Act. Original cosponsors are Domenici, Bingaman, Smith, Stabenow, McCain, Cantwell, and Levin.

Link: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:s1956is.txt.pdf

The National Indian Child Welfare Association (NICWA) requested supporting organizations to write letters to Senator Baucus at the Finance Committee thanking him for the introduction of this bill and also suggesting that the bill be marked up by the Senate Finance Committee on the same day that the Finance Committee marked up its portions of the Indian Health Care Improvement Act reauthorization bill (S. 1200).

Link: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:s1200is.txt.pdf

Tamper-Resistant Prescription Pads

As part of the U.S. Troop Readiness, Veterans' Health Care, Katrina Recovery and Iraq Accountability Appropriation Act of 2007, signed by President Bush on May 25, 2007, Congress required the use of tamper-resistant prescription pads for non-electronic prescriptions written for Medicaid recipients. To be tamper-resistant by October 2007 (the original effective date), the prescription pad needed to contain "industry-recognized features" to accomplish at least one of the following: 1) prevent unauthorized copying of a completed or blank prescription form; 2) prevent the erasure or modification of information written on the prescription by the prescriber; or 3) prevent the use of counterfeit prescription forms.

As a result of concerns expressed over the short implementation timeline for this provision, the President signed legislation on September 29, 2007 that delays the first phase of implementation until April 1, 2008. The goal of this legislation is that all three of the above "industry-recognized features" will be on all non-electronic prescriptions written for Medicaid recipients. For additional information about the implications of this legislation, see National Association of State Medicaid Directors and Health Management Associates, *2007 State Perspectives Medicaid Pharmacy Policies and Practices* 15-16 (November 2007)

Link: <http://www.nasmd.org/resources/docs/PharmacyRpt1107.pdf>

Government Accountability Office Report on African American Children in Foster Care

Delivered to the Chairman of the House of Representatives Committee on Ways and Means, the report stated that additional Health and Human Services (HHS) assistance is needed to help states reduce the proportion of African American youth in care.

Link: <http://waysandmeans.house.gov/media/pdf/110/GAO%20rpt%20Af%20Am%20and%20Foster%20Care.pdf>

Foster Youth and Education Outcomes

(August 2, 2007) Rep. Jerry Weller (R-IL), Ranking Minority Member of the Subcommittee on Income Security and Family Support, posted a letter in *The Hill* newspaper regarding school stability for foster youth. The letter, entitled "We must help foster children to graduate from high school," urges Federal and State leaders to help foster children gain school stability and graduate from high school. The letter outlines the challenges older youth face as they age-out of the foster care system and how school stability can help these youth overcome some of these challenges. Rep. Weller's recommends that states to use current child welfare funds for tuition payments or bus vouchers.

Link: <http://thehill.com/letters/we-must-help-foster-children-to-graduate-from-high-school-2007-08-02.html>

Federal Child Well-Being Report: First Time Data on Child Maltreatment Included

The federal government's annual report on the well-being of America's children collects data from a multiplicity of sources to illustrate and describe conditions and trends for children and families over time. The most recent report, published in July 2007, *America's Children: Key Indicators of Well-Being, 2007*, includes for the first time data on child maltreatment as a new indicator of the well-being of children. The data on child victims of maltreatment is principally drawn from the U.S. Department of Health and Human Services annual Child Maltreatment report based on the National Child Abuse and Neglect Data System.

Link: <http://childstats.gov/americaschildren/index.asp>

Children in Disasters Action Alert

The Addressing the Disaster Needs of Children Act of 2007 (S.1970) was introduced on August 2, 2007 by Senator Christopher Dodd. A coalition of organizations worked with members of Congress to introduce companion legislation in the House of Representatives. Rep-

representative Corine Brown introduced H.R. 3495, Kids in Disasters Well-Being, Safety, and Health Act of 2007, on September 7, 2007. The House of Representatives passed the bill on November 6, 2007 by a vote of 402-8, and sent it to the Senate for consideration. The Act would establish a National Commission on Children and

Disasters and a National Resource Center on Children and Disasters.

Link: <http://www.thomas.gov/cgi-bin/bdquery/z?d110:HR03495>:

Credits: APHSA Weekly Policy Update, The Children's Bureau, Evan B. Donaldson



LEGAL CENTER FOR FOSTER CARE & EDUCATION PUBLISHES BLUEPRINT FOR CHANGE

The Legal Center for Foster Care & Education (Legal Center FCE) published *Blueprint for Change: Education Success for Children in Foster Care* in December 2007. The Legal Center FCE is a collaborative effort between Casey Family Programs and the ABA Center on Children and the Law (with support from the National Resource Center on Legal and Judicial Issues) in conjunction with the Education Law Center – PA and the Juvenile Law Center (see related article on page 14). The Legal Center FCE's mission is to bring attention and legal resources to bear on the educational needs of children and youth in the child welfare system.

The *Blueprint for Change* contains 8 concrete Goals for youth, with corresponding Benchmarks to demonstrate progress toward each Goal. The Goals address the global issues that challenge the education success of children in foster care. The Benchmarks contain more specific and concrete elements of the broader Goals. The *Blueprint* also includes national, state, and local examples of policies, practices, programs, and resources that exist to improve educational outcomes for children in foster care. The 8 Goals are as follows:

- Goal 1:** Youth are entitled to remain in their same school when feasible.
- Goal 2:** Youth are guaranteed seamless transitions between schools and school districts when school moves occur.
- Goal 3:** Young children enter school ready to learn.
- Goal 4:** Youth have the opportunity and support to fully participate in all aspects of the school experience.
- Goal 5:** Youth have supports to prevent school dropout, truancy, and disciplinary actions.
- Goal 6:** Youth are involved and engaged in all aspects of their education and educational planning and are empowered to be advocates for their education needs and pursuits.
- Goal 7:** Youth have an adult who is invested in his or her education during and after his or her time in out-of-home care.
- Goal 8:** Youth have supports to enter into, and complete, postsecondary education.

The *Blueprint for Change* is designed to be a tool for all stakeholders (including youth, parents, foster parents and other caregivers, attorneys, caseworkers, teachers and other school staff, child welfare and education system administrators, state agencies, and policymakers) to use for direct case advocacy and broader system reform.

In addition to the *Blueprint for Change*, the Legal Center FCE will continue to create a variety of resources to help all stakeholders, including articles, issue briefs, and fact sheets. The Legal Center FCE has begun a series of materials focusing on Special Education and Children in Out-of-Home Care. Other priority issues include Educational Stability and Continuity, as well as Confidentiality and Information Exchange. The Legal Center FCE provides Technical Assistance to states and localities on legal issues involving education and children in foster care, and Targeted Onsite Training at national and state conferences.

To download a PDF version of the *Blueprint for Change: Education Success for Children in Foster Care* and find out more about the work of the Legal Center for Foster Care & Education, visit: www.abanet.org/child/education.



CASES OF INTEREST

Federal Law,

Statutes, Indian Child Welfare Act, Interstate Compact on the Placement of Children

Oklahoma: Cherokee Nation v. Michael Nomura

Cite: No. 102875; 2007 OK 40; 2007 Okla. LEXIS 70 (Ok. Sup. Ct. May 22, 2007)

The Oklahoma Supreme Court affirmed the lower court's holding that the Oklahoma Indian Child Welfare Act does apply to both voluntary and involuntary adoptions of Indian children in Oklahoma. The biological mother, a member of the Cherokee Nation, sought non-Indian parents residing in Florida to adopt her child through a Florida adoption agency. The birth mother went to Florida to consent to the adoption and to execute the termination of her parental rights. The Cherokee Nation argued that the child should not be removed from Oklahoma for lack of notice to the Tribe and lack of adherence to the adoption placement preferences of the Indian Child Welfare Act and the Oklahoma Interstate Compact on the Placement of Children.

Link: <http://www.oscn.net/applications/oscn/deliverdocument.asp?citeid=449071>

Federal Law, Agency Responsibility

Third Circuit, Court of Appeals: Bennett v. City of Philadelphia, No. 06-2879, 06-2978

In 42 U.S.C. section 1983 and state law actions brought against a city, agency, social workers and others arising from one child's death and children's injuries, summary judgment for defendants (City of Philadelphia) is affirmed as, for purposes of state-created danger claims, plaintiffs failed to establish that a state actor affirmatively used his or her authority to render the citizen more vulnerable to danger than had the state not acted at all.

Link: <http://caselaw.lp.findlaw.com/data2/circs/3rd/062879p.pdf>

Constitutional Law, Full Faith and Credit

Tenth Circuit, Court of Appeals: Finstuen et al v. Edmondson et al., No. 06-6213

The 10th U.S. Circuit Court of Appeals upheld a lower court's decision overturning a 2004 law prohibiting the recognition of adoptions by same-sex couples finalized in other states or foreign countries. The *Adoption Invalidation Law* passed at the end of the 2004 Oklahoma legislative session stated that Oklahoma "shall

not recognize an adoption by more than one individual of the same sex from any other state or foreign jurisdiction." The 35-page decision by the Court of Appeals affirms the May 2006 ruling by the U.S. District Court, which found the state law violated the U.S. Constitution by singling out a specific group for discrimination. The decision protects same-sex couples who adopted while living in other states and later moved to Oklahoma with their families, or who want to visit the state. The Oklahoma Department of Health has stated it will not appeal the decision.

Link: <http://www.kscourts.org/ca10/cases/2007/08/06-6213.htm>

State Law, Termination of Parental Rights, Adoption Proceedings, Parental Fitness

Utah: In the Matter of the Adoption of B.W.G.

Cite: No. 20060524-CA; 2007 Utah App. LEXIS 287; 2007 UT App 278 (Ut. App. Ct. August 16, 2007)

The Court of Appeals of Utah affirmed the district court's termination of Appellant/Mother's parental rights. Appellant raised two issues on appeal: (1) whether the district court lacked jurisdiction to terminate her parental rights; and (2) whether she was entitled to appointed counsel – both questions of law that were reviewed for correctness. As to the first issue, the appeals court held that under Utah law, jurisdiction lies with the district court when termination of the parent-child relationship is raised in the context of an adoption petition filed under the state Adoption Act, which was the case here. As to the second issue, the appeals court held that there is a statutory right to counsel for termination proceedings in juvenile court, but not in district court under the Adoption Act thus, mother was not entitled to appointed counsel in these proceedings.

Link: <http://www.utcourts.gov/opinions/appopin/bwg081607.pdf>

Illinois: In re P.M.C. and J.L.C., Minors

Cite: No. 5-07-0127; 2007 Ill. App. LEXIS 854 (Ill. App. Ct. August 3, 2007)

The Appellate Court of Illinois, Fifth District, affirmed in part and reversed in part a trial court's finding that the parents of the minor children were unfit. Appellant/Father appealed the lower court's determination that he had failed to correct conditions that led to the loss of his children because he would not admit to sexual abuse of the children. The appeals court found

that appellant could not be forced to testify against himself in order to meet the court's requirement of an admission and thus reversed the trial court's finding of parental unfitness as it pertains to appellant/father. The appeals court however, affirmed the trial court's unchallenged finding of the mother's unfitness.

Link: <http://www.state.il.us/court/Opinions/AppellateCourt/2007/5thDistrict/August/5070127.pdf>

Federal Law, Indian Child Welfare Act

California Appellate Districts: In re Vincent M., No. H030258

Termination of parental rights regarding two-year-old boy and selection of permanent plan of adoption is reversed as the "existing Indian family" doctrine is not valid, and the juvenile court erred in utilizing it to support its conclusion that the Indian Child Welfare Act did not apply.

Link: <http://caselaw.lp.findlaw.com/data2/californiastatecases/h030258.pdf>

Credits: Evan B. Donaldson Adoption Institute, FindLaw, National Center for Adoption Law and Policy

Election 2007!

The results are in.

Congratulations to our new Executive Committee!

Stephanie Pettaway was re-elected President.

Angela Cause and Sharen Ford were elected as member-at-large.

The AAICAMA Executive Committee for 2008–2009 is:

President:	Stephanie Pettaway	(MD)
Vice President:	Dale Langer	(WI)
Treasurer:	Sharon Knight	(DC)
Assistant Treasurer:	Ruth Grosse	(NE)
Members-at-Large:	Angela Cause	(OR)
	Miguel Fernandez	(NJ)
	Sharen Ford	(CO)
	Susan Klickman	(TX)
	Josette Marquess	(FL)

AAICAMA Annual Meeting

When: April 6-9, 2008

Where: Milwaukee, Wisconsin



RESOURCE NOTES

New! On the Children's Bureau Site

The Children's Bureau website features information on child welfare programs, funding, monitoring, training and technical assistance, laws, statistics, research, Federal reporting, and much more. The "New on Site" section includes grant announcements, policy announcements, agency information, and recently released publications. Recent additions to the site include:

- CFSR Final Report for Delaware and North Carolina for Round 2
- Children's Bureau-sponsored Event page
- SACWIS Glossary of Terms

Link: http://www.acf.hhs.gov/programs/cb/new_site.htm

National Foster Care and Adoption Directory

Formerly the National Adoption Directory, the National Foster Care and Adoption Directory is a free, searchable online directory of foster care and adoption resources in every State, the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands. Features of this updated Directory include: ability to search multiple States at once; greater flexibility to sort search results (e.g., by services provided or languages spoken). Visit the Child Welfare Information Gateway to find foster care and adoption resources you need.

Link: <http://www.childwelfare.gov/nfcad>

Title IV-E Waiver Demonstration Programs

Title IV-E Waiver Demonstration Programs: Pointing the Way to Reform is a brief from the National Council For Adoption on Title IV-E waiver demonstrations in four states (Ohio, North Carolina, Indiana, and Oregon) addressing state flexibility in spending federal funding toward improved outcomes for at-risk children and children in foster care.

Link: <http://www.adoptioncouncil.org/documents/AAWaiverDemonstrations.pdf>

Court Adoption and Permanency Resource Guide

This guide from the Center for Families, Children and the Courts is a compilation of many state and national programs that have been developed and designed to promote permanency for children in foster care. It has been updated this year to include many state and national promising practices and model programs that courts and agencies have used success-

fully to promote permanency for children, as well as to address identified obstacles to permanency. It has been reorganized to highlight specific themes and programs and to provide an easy reference for each local court system.

Link: <http://www.courtinfo.ca.gov/programs/cfcc/programs/description/AdoptPermGuide.htm>

Legal Center for Foster Care and Education

Casey Family Programs and the American Bar Association Center on Children and the Law announced the official launch of the *Legal Center for Foster Care & Education* (Legal Center FCE). The initiative is a collaboration between Casey Family Programs and the American Bar Association Center on Children and the Law (with support from the National Child Welfare Resource Center on Legal and Judicial Issues) in conjunction with the Education Law Center-PA and the Juvenile Law Center in Philadelphia. The Legal Center FCE will be a national resource and information clearinghouse that child welfare professionals, attorneys, judges, legislators, policymakers, and journalists can access to receive current information on legal and policy matters pertaining specifically to the educational needs of youth in foster care. It will provide expertise and relevant information to states, agencies, professionals and constituents, facilitate methods to advance promising practices and reforms, and provide technical assistance to respond to the ever-growing demands for legal support and guidance.

Link: www.casey.org/MediaCenter/PressReleasesAndAnnouncements/ABAWebLaunch.htm

Keeping Siblings Together

Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State describes some of the challenges facing child welfare practitioners looking for permanent homes for siblings. These include limited physical space in adoptive homes, limited resources, siblings entering care at differing times, and lack of available foster and adoptive homes willing or able to accept siblings. The paper also addresses the issues of sibling placement and visitation as part of adoption policy.

In cases where siblings are placed separately, the white paper includes a list of useful recommendations for successful sibling visits. These include:

- Increase training for caseworkers and supervisors on sibling contact.

- Include youth in planning and decisions about visits with siblings.
- Broaden the definition of visits beyond the minimum contact requirements.
- Never use visits as a method of discipline.
- Enhance the ability to visit older siblings.
- Coordinate the provision of services to the family.
- Facilitate visits with half-siblings, step-siblings, and adopted siblings.
- Facilitate visits with siblings who are not in placement.
- Enhance training of foster and adoptive parents about the importance of sibling contact.

Link: <http://www.ocfs.state.ny.us/main/reports/sibling%20white%20paper%20wes.pdf>

How State Legislatures Can Support the Court System

A new report from the National Conference of State Legislatures provides a blueprint for legislatures' efforts to support and strengthen the State courts that handle child welfare cases. The report, *Delivering on the Promise: Promoting Court Capacity to Improve Outcomes for Abused and Neglected Children*, provides an overview of the court system and the types of hearings that must be held for a child welfare case. It describes the impact of Federal legislation that led to increased caseloads and shorter timelines for processing cases. Court reforms that have been mandated by the Court Improvement Program and the Child and Family Services Reviews are also discussed.

The report outlines the specific roles that State legislatures can assume in supporting the development of effective State court systems, including eliminating barriers to court/agency information sharing, developing ongoing strategies for measuring performance, and promoting collaboration among courts, child welfare agencies, Tribes, and other partners to improve outcomes. The report can be found online:

Link: <http://www.ncsl.org/print/cyf/deliveringpromise.pdf>

Credits: AdoptUsKids, American Bar Association, Children's Bureau Express, Government Accountability Office, National Resource Center for Family Centered Practice and Permanency Planning, Urban Institute, U.S. Department of State

WHAT'S HAPPENING IN YOUR ASSOCIATION?

Great State Stories:

We know all the states are doing interesting work. The web site committee wants to put these stories on the Home Page of the new AAICAMA web site. Contact Warren Lewis with your news—**it's easy to be a published contributor**—give us your information and we'll craft it into a front page article. E-mail Warren at: warren5@ptd.net

Annual Meeting:

When: April 6-9, 2008

Where: Milwaukee, Wisconsin

Do you have ideas for issues you'd like to discuss or things you'd like to learn about at the annual meeting?

The Conference Committee welcome your ideas.

E-mail the committee chair, Dale Langer, at: langedw@dhfs.state.wi.us

Watch for the Save-the-Date

Medicaid Training CD:

Do you need copies of the PowerPoint Training designed and developed by association? The Secretariat will happily send you copies.

Contact Robyn Bockweg by phone at 202.682.0100 x258 or by e-mail at: rbockweg@aphsa.org

Another Award for the Public Service Announcement Campaign!

The AdoptUsKids 'Questionnaire' ad won best Public Service Announcement (PSA) Award at the '07 Radio-Mercury Awards.

To listen to the ad go to: www.RadioMercuryAwards.com



And – the AdoptUsKids PSAs went to Cannes!

The PSAs were shown at the Cannes Film Festival in France in June 2007 during the segment entitled ACT Responsible. The acronym stands for Advertising Community Together.

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We welcome comments and contributions.

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