




**DIVISION OF CHILDREN AND FAMILY SERVICES
ADMINISTRATIVE MEMO #18-2011**

To: All Children and Family Services Staff

From: Christine M. Hanus, Child Welfare Administrator 
Terri J. Nutzman, OJS Administrator 
Division of Children and Family Services

Approved by: Scot L. Adams Ph.D., Interim Director 
Division of Children and Family Services
Department of Health and Human Services

Date: December 19, 2011

RE: Changes to Interstate Compact on the Placement of
Children (ICPC) Regulations Regarding Required
Documents and Expedited Home Studies.

Effective: Upon Receipt

Duration: Until revised or regulations are issued

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Purpose: The purpose of this memo is to provide staff with a complete list of requirements for completing an ICPC request and to clarify which situations meet the criteria for expedited processing of an ICPC request. This includes previous requirements and criteria and some recently added requirements and changes.

Background: The Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) has promulgated new and modified existing regulations of the ICPC to better serve children and families when an interstate placement is being made. The changes and additional requirements for a person or agency desiring placement of a child interstate are found in ICPC Regulation 2 and in ICPC Regulation 7. These Regulations are effective October 1, 2011.

ICPC Regulation 2: Regulation 2 of the ICPC requires the following information be submitted to the ICPC Compact Administrator in the sending state when requesting an interstate placement. The list of requirements is found below.

Please note that some of the requirements will assure that the person or agency requesting placement has been in contact with the potential placement resource.

1. ICPC 100A Form for each child; and
2. Most recent court order showing DHHS custody; and
3. Most recent case plan and court report (if case plan is not yet written include the initial assessment); and
4. Information about each child such as therapeutic, scholastic, and medical reports or records; and
5. Cover letter/signed statement from the person or agency in charge of placement of the child that indicates the following (A sample cover letter/signed statement is included at the end of this memo.):
 - a. The potential placement is interested in having the child placed and will cooperate; and
 - b. Name and correct physical and mailing address of placement; and
 - c. Number and type of bedrooms in the home; and
 - d. Information about the financial and medical resources that will be available to meet the child's needs (food, clothing, child care, etc.). This information must include the child's Title IV-E eligibility status, that is, whether the child is IV-E eligible or not. (Financial and medical plan instructions for placements into a home are included at the end of this memo. Instructions regarding financial and medical plans for children being placed in facilities will be provided in another venue.); and
 - e. Acknowledgement that the prospective placement resource is aware that a national fingerprint-based criminal history and child abuse history check will be done; and
6. Proof of paternity (if request is for placement with a paternal relative) such as juvenile court order, birth certificate, court order for child support; and
7. Birth certificate for each child (If not available, include a statement in the cover letter that the birth certificate has been ordered and will be submitted as soon as it is received); and
8. Social Security Card for each child (If not available, include a statement in the cover letter that the Social Security Card has been ordered and will be submitted as soon as it is received); and
9. FOR ADOPTIVE REQUESTS: proof of extinguishment of parental rights for both parents by a court order terminating parental rights or a relinquishment of parental rights, or a statement that termination of the parental rights of the father will occur at the time of the adoption hearing.

Five copies of the ICPC 100A form for each child must be submitted along with three copies of all other documents to Nebraska ICPC.

ICPC Regulation 7: This Regulation changes and adds requirements for requesting an Expedited Home Study through ICPC. Home studies that meet the requirements for expedited processing must be, to the greatest extent possible, completed within twenty business days of receipt in the receiving state ICPC

office. These changes broaden the scope of situations which qualify for expedited processing under ICPC. The requirements for requesting an expedited home study through ICPC are as follows:

ICPC Article VIII defines a near relative as parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle or guardian. The court must issue an order finding that the proposed placement resource is a near relative per ICPC Article VIII AND that one of the following criteria exist:

1. An unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian, or
2. The child sought to be placed is four years of age or younger (if a sibling group, the other sibling(s) can be older than four, as long as all of them are being placed with the same proposed placement resource); or
3. The court finds that any child in the sibling group sought to be placed has a substantial relationship with the proposed placement resource. Substantial relationship means the proposed placement has a 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
4. The child is currently in an emergency placement.

FINANCIAL AND MEDICAL PLANNING FOR OUT OF STATE PLACEMENTS

When requesting to place a child in a foster, parental, relative, or adoptive home in another state through ICPC, one of the items that the other state requests is a Financial and Medical Plan for each child. This is crucial to ensure that the child continues to be supported financially and appropriate medical care is accessible to the child.

Step 1: TITLE IV-E FUNDING

Find out if the child is determined to be Title IV-E eligible.

Step 2: FINANCIAL PLAN

Determine the appropriate FINANCIAL PLAN for the child. The following options are available to fund the maintenance payment for the child dependent upon Title IV-E eligibility determination. One option should be chosen for each child.

Option 1: DHHS provides a foster care/maintenance payment.

Option 2: If placement with a relative, request the relative to apply for ADC Relative Payee/TANF Maintenance benefits in their state of residence. The relative must be willing to apply for Relative Payee/TANF in lieu of a Foster Care Payment. Each state reserves the right to disburse Federal TANF funds to

relatives based upon its own established criteria for determining the degree of sanguinity for which a relative payment will be made, if a payment will be made to a relative caring for a child from another state, and the amount of payment. The case manager is responsible for assuring that relatives have all of the information about these issues prior to the relative making an informed choice about choosing Relative Payee/TANF vs. payment from DHHS or its contractor.

Option 3: If the proposed placement resource is a biological parent, then it will be the expectation of DHHS that the parent provide financially for the care of his/her child. The parent may qualify for benefits in his/her state of residence such as ADC, Food Stamps, etc. DHHS will not make a maintenance payment to a biological parent.

Step 3: MEDICAL PLAN

Determine the appropriate MEDICAL PLAN for the child. The following options are available to fund the medical coverage for a child dependent upon Title IV-E eligibility determination. One option should be chosen for each child.

Option 1: If the child is determined to be Title IV-E eligible and the proposed placement resource is determined to be Title IV-E claimable (meaning a licensed foster home) the Medicaid can be closed in the State of Nebraska and opened in the receiving state. (The child's Income Maintenance-Foster Care Worker will assist in this process.)

Option 2: If the child is in an approved relative home (not licensed) the relative may choose to apply for ADC Relative Payee/TANF Medical benefits. Each state reserves the right to determine if it will provide this benefit and what criteria it will use. The sending state agent is responsible for assuring that relatives have all of the information about these issues prior to the relative making an informed choice about choosing this option.

Option 3: If neither Option 1 or Option 2 applies, the child will remain covered by Nebraska Medicaid and one of the following actions need to occur:

- (a) Providers for all potential medical and mental health services will have to be located in the other state who are either already enrolled as Nebraska Medicaid providers or who are willing to become enrolled as Nebraska Medicaid providers. Providers may contact Margaret VanDyke in Nebraska Medicaid to discuss this process; or
- (b) Providers need to be located in the other state who are willing to bill Nebraska State Ward Medical at Nebraska Medicaid rates. This includes the following steps:
 - 1. Completion of a Letter of Agreement between the Service Area and the Provider, including the Provider's willingness to bill on the HCFA 1500 Form;
 - 2. A copy of this LOA sent to Ida Gomez in State Ward Medical;
 - 3. The provider loaded as an ORG on N-FOCUS;

4. A Service Authorization for the Provider completed on N-FOCUS.

Option 4: If the child is placed with a biological parent and custody remains with DHHS, DHHS continues to be responsible to meet medical needs. Whenever possible, it is expected that the parent will assume responsibility to meet these needs, through including the child on the parent's insurance, paying for care, or applying for Medicaid for the child in his/her state of residence.

Additional Medical Plan Information: An option that may be available to provide some medical care/providers for a child is a Federally Qualified Health Center. A simple Google Search will be able to locate a list of FQHC's in each state. Most often these are research hospitals that will accept Medicaid from many different states. However, please remember that each provider, not just the hospital must accept Nebraska Medicaid.

PLEASE NOTE: The financial and medical plan must be discussed with and agreed upon by the potential placement resource and the sending agent prior to the child being placed.

SAMPLE COVER LETTER

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

Social Worker Statement Regarding Proposed Placement Resource
(In accordance with ICPC Regulation 2, revised effective 10/1/11)

Pursuant to the requirements of Regulation 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), In the interest of

(child(ren)'s name(s))
I, _____ {full legal name of social worker/case manager},
certify that the following information is true:

1. I have communicated directly with the potential placement resource,
_____ [name of person with whom child to be placed].
2. The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
3. The name, correct address, available telephone number or other contact information, date of birth, and social security number of the placement resource is as follows:

_____ Name of placement resource

_____ Address of placement resource

_____ City/State/Zip Code

_____ Telephone numbers/contact information

4. The name, correct address, available telephone number or other contact information, date of birth, and social security number of all adults in the home is as follows:

_____ Name of adult

_____ Mailing Address of placement resource

_____ Physical Address of placement resource

_____ City/State/Zip Code

_____ Telephone numbers/contact information

5. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

Number of bedrooms: _____

Number of adults residing in the home: _____

Number of children residing in the home, including child to be placed: _____

6. _____ *[name of person with whom child to be placed]* has or will access financial resources to feed, clothe, and care for the child, including child care.
7. _____ *[name of person with whom child to be placed]* acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state.
8. I have disclosed to _____ (name of person with whom child to be placed) information on the child's needs and the services he/she will require.

Dated:

Signature

Title:

Printed Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number: