

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
FINANCIAL/MEDICAL PLAN (CD-ICPC-3) INSTRUCTIONS**

PURPOSE:

Form CD-ICPC-3 is used to notify the receiving state that the child is eligible for Medicaid and to advise as to the child's Title IV-E eligibility status. This form also indicates how the child's medical and financial needs will be met once placement occurs. The Financial/Medical plan **must** accompany each initial ICPC referral packet.

NOTE: If placement is for adoptive purposes, the appropriate ICAMA forms **MUST** be completed as well. These forms are to be completed prior to finalization of the adoption. Please contact the ICAMA Coordinator in Central Office for specifics.

COPIES & DISTRIBUTION:

This is a one page form. The original with the initial referral packet to the ICPC unit in Central Office. The CSW should retain one copy to be placed in the ICPC section of the child's record.

INSTRUCTIONS FOR COMPLETION: Only one (1) child per form.

IDENTIFYING INFORMATION – *This section must be completed.*

- Child's Name/DOB/SSN/DCN -- Enter the child's legal name, date of birth, social security number and departmental client number;
- Name of Proposed Resource/Address – Enter the name, relationship to child and address of the proposed placement resource.

PART I – FINANCIAL PLAN FOR THE CHILD'S CARE:

SECTION I

Indicate by marking the appropriate box how the child's financial needs will be met in the proposed placement.

1. Indicate the child's current placement status;
2. Indicate the child's current Title IV-E eligibility status. *This information can be found on the child's AC screen in FACES under the IVE Eligibility Information. Please note: a child is not automatically IVE eligible just because child is in alternative care.*
3. Print out the child's Title IVE/FFP Information screen. *This is found by clicking on the Title IVE/FFP Information button on the AC screen. (REQUIRE)*

SECTION II

Indicate by marking the appropriate box how the child's financial needs will be met in the proposed placement. ***Mark only one box in this section. This section must match the type of home study requested on the ICPC 100A, Interstate Compact on the Placement of Children (ICPC) Placement Request form.***

- If the resource as indicated that they are willing to provide financially and medically for child without assistance, they must do so in a written statement. This statement ***must*** be included with this form.

ONLY mark in the Adoption Placement box if the request being submitted is for an adoptive study.

PART II – MEDICAL PLAN FOR THE CHILD:

- Indicate by marking the appropriate box how the child’s medical needs will be met in the proposed placement.

In order for a child to receive Title IVE Medicaid in the receiving state, all three (3) of the following must be true:

- *Child has been determined by an Eligibility Specialist to be IVE eligible (check the IVE Eligibility Information section on the AC screen for child in FACES); **and***
- *Child has been determined by an Eligibility Specialist to be reimbursable by placement in a licensed home; **and***
- *Child has been determined by an Eligibility Specialist to be reimbursable by the placement receiving a maintenance payment for care of child.*

If any of these are not true, child will not be eligible for IVE related Medicaid in the receiving state.

Worker Information – Enter the name, title and contact information of the referring worker.

Signature – Referring worker is to sign and date the form. *Required*

FORMS RETENTION:

This form shall be retained in the ICPC section of the child’s record until the entire case is destroyed.

MEMORANDA HISTORY: CD07-44