



David A. Paterson  
Governor

NEW YORK STATE  
OFFICE OF CHILDREN & FAMILY SERVICES  
52 WASHINGTON STREET  
RENSSELAER, NY 12144

Gladys Carrión, Esq.  
Commissioner

## Informational Letter

<b>Transmittal:</b>	08-OCFS-INF-06
<b>To:</b>	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
<b>Issuing Division/Office:</b>	Child Welfare and Community Services
<b>Date:</b>	April 28, 2008
<b>Subject:</b>	Interstate Compact on Adoption and Medical Assistance (ICAMA)
<b>Suggested Distribution:</b>	Adoption Supervisors Medicaid Supervisors
<b>Contact Person(s):</b>	NYCRO – Patricia Beresford 212-383-1788 <a href="mailto:patricia.beresford@ocfs.state.ny.us">patricia.beresford@ocfs.state.ny.us</a> ARO – Kerri Barber 518-486-7078 <a href="mailto:kerri.barber@ocfs.state.ny.us">kerri.barber@ocfs.state.ny.us</a> SRO – Jack Klump 315-423-1200 <a href="mailto:jack.klump@ocfs.state.ny.us">jack.klump@ocfs.state.ny.us</a> RRO – Linda Kurtz 585-238-8201 <a href="mailto:linda.kurtz@ocfs.state.ny.us">linda.kurtz@ocfs.state.ny.us</a> BRO – Mary Miller 716-847-3145 <a href="mailto:mary.miller@ocfs.state.ny.us">mary.miller@ocfs.state.ny.us</a> SVRO – Patricia Sheehy 845-708-2498 <a href="mailto:patricia.sheehy@ocfs.state.ny.us">patricia.sheehy@ocfs.state.ny.us</a> Native American Services – Kim Thomas 716-847-3123 <a href="mailto:kim.thomas@ocfs.state.ny.us">kim.thomas@ocfs.state.ny.us</a>
<b>Attachments:</b>	ICAMA 6.01 (Rev. 8/04) Notice of Medicaid Eligibility ICAMA 6.02 (Rev. 8/04) Notice of Action ICAMA 6.03 (Rev. 8/04) Report of Change in Child/Family Status GIS 08-#002 Chart of ICAMA Member States (Rev. 8/07)
<b>Attachment Available Online:</b>	No

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
87ADM-22		18 NYCRR Part 360 -- Medicaid Regs. 360-1.4, 360-2.2(c), 360-3.3(a)(5), 360-3.3(a)(6)			P.L. 96-272 (475(3) of the SSA)

## **I. Purpose**

The purpose of this Informational Letter (INF) is to provide guidance to social services districts and voluntary authorized agencies securing Medicaid for children with special needs who are receiving Title IV-E eligible Adoption Assistance or non-Title IV-E eligible State Adoption Subsidy and who are moving across state lines. This includes all Title IV-E eligible children and non-Title IV-E eligible children moving into and out of NYS.

In December 2006, New York State (NYS) became an associate member of the Interstate Compact on Adoption and Medical Assistance (ICAMA). The Office of Children and Family Services (OCFS) and the Department of Health (DOH) have jointly agreed to facilitate the provisions of ICAMA. ICAMA provides specific guidelines to states when arranging benefits and services for both Title IV-E eligible and non-Title IV-E eligible children who are receiving federal adoption assistance or State Adoption Subsidy and moving into or out of NYS.

As a result of our membership in ICAMA, NYS children who are receiving state-funded (non-Title IV-E) Adoption Subsidy, while residing in another state, will be eligible to receive Title XIX Medicaid in those ICAMA member states that have agreed to provide reciprocity. Currently there are 51 member states, of which 42 provide reciprocity. (See attached chart.)

## **II. Background**

The federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) mandates that states protect the interests of children receiving Title IV-E Adoption Assistance who move to another state and requires that the state of residence, rather than the state of origin, of Title IV-E eligible children provide them with Title XIX Medicaid. In addition, the federal Adoption and Safe Families Act of 1997 (P.L. 105-89) requires states to provide health insurance coverage for children with special needs receiving state-funded Adoption Subsidy. Therefore, close coordination among the states is essential to serve children receiving Adoption Assistance/Adoption Subsidy for interstate cases.

ICAMA is the mechanism used to coordinate health care in interstate adoption cases. Interstate cooperation has become even more essential in light of the ever increasing numbers of children placed for adoption across state lines and the movement of these children out of the original Adoption Assistance state.

### **III. Program Implications**

#### **A. ICAMA process for children with a New York State Adoption Subsidy Agreement moving out of New York State**

**Note: The Adoption Assistance state is referred to as the sending state. The new state of residence is referred to as the receiving state.**

Upon notification by New York State Adoption Service (NYSAS) or by the adoptive family regarding the family's plans to relocate to another state, the social services district providing Adoption Assistance must fully complete two copies of the following:

- 6.01 Notice of Medicaid Eligibility/Case Activation
- 6.03 Report of Change in Child/Family Status
- Copy of the Adoption Assistance Agreement (state Adoption Subsidy Agreement) for each child listed on the 6.01
- Copy of the birth certificate for each child listed on the 6.01

The above referenced ICAMA packet of information must be forwarded to the following:

NYS ICAMA Compact Administrator  
New York State Office of Children and Family Services  
52 Washington Street  
Room 323 North Building  
Rensselaer, NY 12144

**Note: ICAMA packets submitted without the above information will require a follow-up call to the social services district and will result in unnecessary delays.**

The social services district must provide the adoptive family with a copy of the following:

- 6.01 Notice of Medicaid Eligibility/Case Activation
- 6.02 Notice of Action
- Adoption Assistance Agreement

The NYS ICAMA Compact Administrator is responsible for reviewing the packet of material and forwarding this to the receiving state's ICAMA Compact Administrator for review and processing. The receiving state will facilitate the issuance of Medicaid based on the documentation provided, and notify the NYS ICAMA Compact Administrator of the child's Medicaid status via form 6.03 (Report of Change in the Child/Family Status). A copy of the receiving state's 6.03 form will be forwarded to the appropriate social services district. The scope of benefits and the age up to which the adopted child will remain eligible for Medicaid coverage are contingent upon the Medicaid provisions in the receiving state of residence.

**B. ICAMA process for children entering New York State with an Adoption Assistance Agreement from another state**

The sending state submits an ICAMA packet to the NYS ICAMA Compact Administrator. The NYS ICAMA Compact Administrator forwards copies of the ICAMA packet to the Adoption Supervisor and the Medicaid Supervisor in the social services district that corresponds with the address listed on the form 6.01 (Notice of Medicaid Eligibility/Case Activation). The following is a list of information contained in the incoming ICAMA packet:

- 6.01 Notice of Medicaid Eligibility/Case Activation
- Copy of the Adoption Assistance Agreement for each child listed on the 6.01
- Birth certificate for incoming ICAMA package

The social services district is responsible for authorizing Medicaid benefits and the appropriate Medicaid card(s) based on the documentation provided, and for notifying the NYS ICAMA Compact Administrator of the child's Medicaid status via form 6.03 (Report of Change in the Child/Family Status).

**C. Additional circumstances that require the completion and submission of form 6.03**

The social services district is responsible for completing and submitting form 6.03 (Report of Change in Child/Family Status) to the NYS ICAMA Compact Administrator for any of the following reasons:

- opening or closing of the child's Medicaid case
- address change and/ or
- change in the child's adoption status

**IV. System Implications**

DOH has developed new Individual Categorical Codes (ICC) for adopted children, effective with October 22, 2007, Welfare Management System (WMS) migration. In addition to the current ICCs 33 (Non IV-E Adoption/Special Needs) and 34 (Non NYS IV-E Adoption), the following codes were added: 74 (IV-E Adoption), 75 (Non NYS Non IV-E Adoption Residing in NYS), and 76 (NYS Non IV-E Adoption Residing Outside of NYS). (GIS 08-#002 attached)

When authorizing Medicaid for new adoption cases, and when reauthorizing Medicaid at renewal for existing adoption cases, the new categorical codes must be entered into WMS to identify adopted children and their applicable circumstance. This will assist districts in applying the correct Medicaid eligibility policy for this population, and the new categorical codes will facilitate more accurate reporting for this population.

**Note: There is no financial determination for Medicaid eligibility and Medicaid coverage for children in receipt of adoption assistance.**

**V. Medicaid Implications**

Prior to New York State's membership in ICAMA, under federal law only Title IV-E or COBRA eligible adopted children who moved into NYS were entitled to have Medicaid authorized. As a result of NYS's membership in ICAMA, the state now participates in reciprocal agreements with other states to authorize Medicaid for non Title IV-E eligible children moving into NYS who are eligible for Medicaid under the COBRA provisions. Therefore, social services districts must now authorize Medicaid for such adopted children.

Local district Adoption Supervisors and Medicaid Supervisors will be receiving ICAMA packets for children moving into NYS from the NYS ICAMA Compact Coordinator. When this documentation packet is received by the local district, verifying that an adopted child is receiving either Title IV-E adoption assistance or a state adoption subsidy from another state, then the local district must authorize Medicaid for that child.

An adopted child should be considered to be a recipient for the purpose of verifying and documenting citizenship and immigration status. An adopted child receiving state Adoption Subsidy from another state should comply with providing documentation of citizenship or immigration status within a reasonable time. Since the documentation of citizenship and immigration status for adopted children with Title IV-E subsidies is most likely in the originating state's files, it is advisable to obtain this documentation for the Medicaid case file established in NYS, for the purpose of establishing documented verification and an audit trail.

Adoptive parents are to complete a Medicaid application with sufficient information to establish a case, i.e., name, date of birth, social security number and address. Cases must be renewed annually without a financial determination, unless Adoption Services informs the Medicaid program that the adopted child's status has changed.

For children residing in NYS with an adoption assistance agreement from another state, if the adopted child loses Title IV-E eligibility for Adoption Assistance or eligibility for Medicaid under COBRA, then a full Medicaid eligibility determination must be done based on the individual's current circumstances. Continuous coverage provisions apply.

**VI. Effective Date**

This Informational Letter is effective upon publication.

/s/ Jane G. Lynch

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**Issued By:** Jane G. Lynch  
Deputy Commissioner  
Division of Child Welfare and Community Services

# ICAMA FORM 6.01

## NOTICE OF MEDICAID ELIGIBILITY/CASE ACTIVATION

### A. CHILD IDENTIFYING INFORMATION

#### 1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC:

*(a) Child A's Name*

<b>Social Security #</b>	<b>Race*</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Amer Indian Alaskan Nat</span> <span><input type="checkbox"/> Asian</span> <span><input type="checkbox"/> Black/African American</span> <span><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander</span> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Unknown</span> </div> <p><i>*Check all boxes that are applicable</i></p>
<b>Birthdate:</b> -    -	<b>Ethnicity*</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Hispanic/Latino         </div> <p><i>*Check if applicable</i></p>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

*(b) Child B's Name:*

<b>Social Security #</b>	<b>Race*</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Amer Indian Alaskan Nat</span> <span><input type="checkbox"/> Asian</span> <span><input type="checkbox"/> Black/African American</span> <span><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander</span> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Unknown</span> </div> <p><i>*Check all boxes that are applicable</i></p>
<b>Birthdate:</b> -    -	<b>Ethnicity*</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Hispanic/Latino         </div> <p><i>*Check if applicable</i></p>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

*(c) Child C's Name:*

<b>Social Security #</b>	<b>Race*</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Amer Indian Alaskan Nat</span> <span><input type="checkbox"/> Asian</span> <span><input type="checkbox"/> Black/African American</span> <span><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander</span> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Unknown</span> </div> <p><i>*Check all boxes that are applicable</i></p>
<b>Birthdate:</b> -    -	<b>Ethnicity*</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Hispanic/Latino         </div> <p><i>*Check if applicable</i></p>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

#### 2. ADOPTIVE PARENTS:

<b>Parent 1- Name:</b>	<b>Race*</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Amer Indian Alaskan Nat</span> <span><input type="checkbox"/> Asian</span> <span><input type="checkbox"/> Black/African American</span> <span><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander</span> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Unknown</span> </div> <p><i>*Check all boxes that are applicable</i></p>
	<b>Ethnicity*</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Hispanic/Latino         </div> <p><i>*Check if applicable</i></p>

<b>Parent 2- Name:</b>	<b>Race*</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Amer Indian Alaskan Nat</span> <span><input type="checkbox"/> Asian</span> <span><input type="checkbox"/> Black/African American</span> <span><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander</span> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Unknown</span> </div> <p><i>*Check if applicable</i></p>
	<b>Ethnicity*</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Hispanic/Latino         </div> <p><i>*Check if applicable</i></p>

**3. CURRENT FAMILY ADDRESS:**

Number and Street:

County:

City:

State:

Zip

-

Telephone: : - - (ext )

**4. FAMILY ADDRESS IN NEW RESIDENCE STATE:**

Number and Street:

County:

City:

State:

Zip

-

Telephone: : - - (ext )

**5. IF CHILD IS NOT RESIDING WITH ADOPTIVE PARENTS GIVE REASON:****6. BASIS OF MEDICAID ELIGIBILITY:**Child A: ☐ Title IV-E/SSI ☐ Title IV-E\AFDC ☐ State Funded Adoption Assistance/Medicaid OptionChild B: ☐ Title IV-E/SSI ☐ Title IV-E\AFDC ☐ State Funded Adoption Assistance/Medicaid OptionChild C: ☐ Title IV-E/SSI ☐ Title IV-E\AFDC ☐ State Funded Adoption Assistance/Medicaid Option**7. DATE OF MEDICAID CLOSURE:** *Last day of the month the child is living in the originating state*

Child A: - -

Child B: - -

Child C: - -

**8. DATE REQUESTED FOR MEDICAID OPENING:** *First day of the following month*

Child A: - -

Child B: - -

Child C: - -

**B. MEDICAID COVERAGE FOR STATE-FUNDED CHILDREN****1. THE ADOPTION ASSISTANCE STATE** ☐ **DOES** ☐ **DOES NOT** provide Medicaid to children with state funded adoption assistance as an optional Medicaid group.**2. THE ADOPTION ASSISTANCE STATE** ☐ **DOES** ☐ **DOES NOT** provide Medicaid to children receiving state funded adoption assistance from another ICAMA state if the child was eligible to receive adoption assistance.**C. OTHER MEDICAL COVERAGE****1. Does the child continue to be eligible for other medical assistance from the adoption assistance state?**Child A ☐ YES ☐ NO Child B ☐ YES ☐ NO Child C ☐ YES ☐ NO**2. Does the child have other third party coverage through any program, organization or person?**Child A: ☐ YES ☐ NO ☐ UNKNOWNChild B: ☐ YES ☐ NO ☐ UNKNOWNChild C: ☐ YES ☐ NO ☐ UNKNOWN**3. LIST SOURCES OF MEDICAL COVERAGE OR BENEFITS:**Child A: ☐ SSI ☐ SSA ☐ CHAMPUS ☐ PRIVATE INSURANCEChild B: ☐ SSI ☐ SSA ☐ CHAMPUS ☐ PRIVATE INSURANCEChild C: ☐ SSI ☐ SSA ☐ CHAMPUS ☐ PRIVATE INSURANCE

**D. REFERRAL INFORMATION****FROM:** *Compact Administrator's Name:*

Number and Street:

County:

Telephone:    -    -    (ext    )

City:

State:

Zip    -

**TO:** *Compact Administrator's Name:*

Number and Street:

County:

City:

State:

Zip    -

**State Status:** Current residence state **IS** ☐ **IS NOT** ☐ the Adoption Assistance State**E. CERTIFICATION**

This is to certify that the records of my office show the above named child(ren) to be eligible for the Medicaid Identification document(s) in his\her\their new residence state in accordance with the information contained herein, the attached Adoption Assistance Agreement, and the Interstate Compact on Adoption and Medical Assistance.

In addition, I hereby certify that the attached agreement is a true copy of the most current Adoption Assistance Agreement for the named child(ren) in the files of my office and is effective unless the residence state is notified that it has been terminated by the adoption assistance state.

Signed at:

City

State

This

day of

20

*Signature:*

Name:

Title:

Agency:

Telephone:    -    -    (ext    )

**DISTRIBUTION:** Send original with one (1) copy of current adoption assistance agreement to (new) Residence State, one(1) copy to adoptive parent(s), retain one(1) file copy in issuing office.



**ICAMA FORM 6.02**  
**NOTICE OF ACTION**  
**A. NOTIFICATION**

**TO:** *Adoptive Parents:*

**CURRENT FAMILY ADDRESS:**

Number and Street:

City:

State:

Zip:

-

County:

Telephone: (     ) -     (ext.:     )

We have been notified that on or about     -     -     your child(ren) will be living at the address below.

**NEW FAMILY ADDRESS:**

Number and Street:

City:

State

Zip:

-

County:

Telephone:     -     -     (ext.:     )

**Child A's Name:**

<input type="checkbox"/>	Title IV-E/SSI	<input type="checkbox"/>	Title IV-E/AFDC	<input type="checkbox"/>	State Funded Adoption Assistance/Medicaid Option
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**Child B's Name:**

<input type="checkbox"/>	Title IV-E/SSI	<input type="checkbox"/>	Title IV-E/AFDC	<input type="checkbox"/>	State Funded Adoption Assistance/Medicaid Option
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**Child C's Name:**

<input type="checkbox"/>	Title IV-E/SSI	<input type="checkbox"/>	Title IV-E/AFDC	<input type="checkbox"/>	State Funded Adoption Assistance/Medicaid Option
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**FROM:** *Compact Administrator's Name:*

Agency or Department:

Number and Street:

City:

State:

Zip

-

Telephone:     -     -     (ext.:     )

Today's Date: 4/28/2008

**B. STATUS OF NEW RESIDENCE STATE**

New residence state IS ☐ IS NOT ☐ a member of The Interstate Compact on Adoption and Medical Assistance (ICAMA).

**C. CHILDREN RECEIVING IV-E ADOPTION ASSISTANCE**

**1.** ICAMA Form 6.02 notifies you, the adoptive family, that this office has sent the necessary information to your new State of Residence informing it that your child is eligible to receive Medicaid in that State so that Medicaid Identification may be issued

2. Contact your child's new Residence State Adoption Compact Administrator named in **Section D** of the attached **ICAMA Form 6.01** to determine what steps, if any, you need to take in order to receive a Medicaid Identification Card in you new State of Residence

3. You may be instructed by the Compact Administrator to contact the Medicaid office to obtain a new Medicaid Identification card. You may be asked to complete an assignment of rights for medical support and payment. You may also be asked to provide other necessary information. Your new Medicaid office will also be able to provide you with information about the benefits available in the (new) Residence State.

4. If you are moving to a State that is not a member of ICAMA as indicated above, you may need to go to your local Medicaid office in the new residence State with these forms to apply for Medicaid on behalf of your child(ren). If you encounter a problem, contact the Compact Administrator listed on this form.

#### **D. CHILDREN RECEIVING STATE-FUNDED ADOPTION ASSISTANCE**

1. If your child is receiving state-funded adoption assistance as indicated in Section A of this form, then your child is not automatically eligible to receive Medicaid in the new State of Residence.

2. If your State of Residence is a member of ICAMA as indicated in Section B of this form, then contact the Compact Administrator in the new State of Residence as identified on **Form 6.01**.

3. If your new State of Residence is not a member of ICAMA, you need to go to the local department of social services in the new State of Residence and inquire about receiving medical assistance. If you have questions, contact your state's adoption assistance compact administrator as identified in **Form 6.01, Section D**.

# ICAMA FORM 6.03

## REPORT OF CHANGE IN CHILD\FAMILY STATUS

### A. SENDING INFORMATION

**TODAY'S DATE:** April 28, 2008

**FROM:** Compact Administrator's Name:

Number and Street:

County:

City:

State:

Zip:

-

Telephone: - - (ext: )

**TO:** Compact Administrator's Name:

Number and Street:

County:

City:

State:

Zip:

-

Telephone: - - (ext: )

**REASON FOR REPORTING:** (Check appropriate box)

☐

Address Change

☐

Adoption Status Change

☐

Update on Medicaid Status

☐

Change in Case Status

### B. CHILD IDENTIFYING INFORMATION

(a) Child A's Name:

Birthdate:

Social Security #

(b) Child B's Name:

Birthdate:

Social Security #

(c) Child C's Name:

Birthdate:

Social Security #

### 2. ADOPTIVE PARENTS:

Parent 1:

Parent 2:

### C. CHANGE IN MEDICAID STATUS

Child A	Child B	Child C
Medicaid Case Opened:	Medicaid Case Opened:	Medicaid Case Opened:
Medicaid Effective Date:	Medicaid Effective Date:	Medicaid Effective Date:
Medicaid ID #: (New residence state)	Medicaid ID #: (New residence state)	Medicaid ID #: (New residence state)

### D. CHANGE IN CASE STATUS

Child A	Child B	Child C
Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed
Effective Date of Closing	Effective Date of Closing	Effective Date of Closing
Reason for Closing:	Reason for Closing:	Reason for Closing:

**E. CHANGE IN ADDRESS****1.EFFECTIVE DATE:****2.CURRENT FAMILY ADDRESS:**

Number and Street:

County:

City:

State:

Zip

-

Telephone: - - (ext: )

**3. NEW FAMILY ADDRESS:**

Number and Street:

County:

City:

State:

Zip

-

Telephone: : - - (ext: )

**F. CHANGE IN ADOPTION STATUS****1. EFFECTIVE DATE:****2. ADOPTION ASSISTANCE AGREEMENT:**

Child A	Child B	Child C
Adoption Assistance State:	Adoption Assistance State:	Adoption Assistance State:
Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>
Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>
Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>
Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>

**3. FINAL ADOPTION DECREE:**

Child A	Child B	Child C
Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*
*Date of Final Decree:	*Date of Final Decree:	*Date of Final Decree:
ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No

**4. ADOPTION TERMINATED:**

Child A	Child B	Child C
Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No
*If Yes, Give Date	*If Yes, Give Date	*If Yes, Give Date

**DISTRIBUTION:** Prepare original and two (2) copies. Reporting state retains original (1); recipient state retains one (1); adoptive parents receive one (1).

**GENERAL INFORMATION SYSTEM  
OFFICE OF CHILDREN AND FAMILY SERVICES**

**GIS 08-#002**

**DATE: 02/15/08**

**TO: Directors of Services**

**FROM: Paul Gavry**

**SUGGESTED**

**DISTRIBUTION: Case Work Supervisors, Adoption Workers, Medicaid Supervisors**

**SUBJECT: New Foster Care and Adoption Individual Categorical Codes in MA case**

As a member of the Interstate Compact on Adoption and Medical Assistance (**ICAMA**), NYS will provide Medicaid to children from other states with valid state Adoption Subsidy Agreements who are eligible for either Title IV-E Adoption Assistance or state adoption subsidy.

In an effort to enhance reporting capabilities, including **ICAMA**, effective 10/22/07, the NYS Department of Health, in cooperation with OCFS, created new Medicaid Individual Categorical Codes (ICC) for children in foster care and adopted children. The new ICC's are listed below with applicable case type.

ICC	Description	Case Type
74	IV-E Adoption	20
75	Non-NYS Non IV-E Adoption Residing in NYS	20
76	NYS Non-IV-E Adoption residing outside of NYS	20
77	Non-IV-E Foster Care	20
78	IV-E Foster Care	13
79	SSI Blind Foster Care	22
80	SSI Disabled Foster Care	22
81	NYS Non IV-E Foster Care Residing outside of NYS	20

These new ICCs should be used when opening new or reauthorizing existing Medicaid cases. Please contact your local WMS coordinator or Medicaid Supervisor regarding specifics.

This GIS is intended to reinforce the October 2007 DOH issuance and promote appropriate usage as there are no systemic edits in place to enforce, for example, that an MA recipient (CT 20 w/ICC 74) is, in fact, an active IVE Adoption Subsidy recipient in a Services (CT 40) case. Timely, accurate procedural communication between LDSS Services and MA staff is critical.

The DOH WMS Coordinator Letter on this topic, dated 10-09-07 is available at <http://health.state.nyenet/rev2007coord.htm>.

For systems questions, please contact OCFS-IT Customer Support at 1-800-342-3727.

OCFS GIS messages are available in public folders:

*[All Public Folders/dfa.state.ny.us/OCFS/TSU/ \\*\\*\\*Services systems Reference Documents/ GIS \(system change notices\)](#)*

**The Association of Administrators of the Interstate Compact  
on Adoption and Medical Assistance (AAICAMA)**

# COBRA Option/Reciprocity as of August 2007

STATE	COBRA OPTION	RECIPROCITY	COMMENTS
Alabama	Yes	Yes	Reciprocity with ICAMA member states only
Alaska	Yes	Yes	Reciprocity with all states
Arizona	Yes	Yes	Reciprocity with all states
Arkansas	Yes	Yes	Reciprocity with all states
California	Yes	Yes	Reciprocity with all states
Colorado	Yes	Yes	Reciprocity with all states
Connecticut	Yes	Yes	Reciprocity with ICAMA member states only
Delaware	Yes	Yes	Reciprocity with all states
District of Columbia	Yes	No	<i>How reciprocity will be offered has not yet been established</i>
Florida	Yes	Yes	Reciprocity with ICAMA member states only
Georgia	Yes	Yes	Reciprocity with all states
Hawaii	Yes	No	
Idaho	Yes	Yes	Reciprocity with all states
Illinois	Yes	No	
Indiana	Yes	Yes	Reciprocity with all states
Iowa	Yes	Yes	Reciprocity with ICAMA member states who offer COBRA Reciprocity to state-funded adoption assistance children from Iowa
Kansas	Yes	Yes	Reciprocity with all states
Kentucky	Yes	Yes	Reciprocity with ICAMA member states only
Louisiana	Yes	Yes	Reciprocity with all states
Maine	Yes	Yes	Reciprocity with all states
Maryland	Yes	Yes	Reciprocity with all states
Massachusetts	Yes	Yes	Reciprocity with all states
Michigan	Yes	Yes	Reciprocity with all states
Minnesota	Yes	Yes	Reciprocity with all states
Mississippi	Yes	Yes	Reciprocity with all states
Missouri	Yes	Yes	Reciprocity with all states
Montana	Yes	Yes	Reciprocity with ICAMA member states only
Nebraska	Yes	No	

STATE	COBRA OPTION	RECIPROCITY	COMMENTS
Nevada	Yes	No	
New Hampshire	Yes	No	
New Jersey	Yes	Yes	Reciprocity with ICAMA member states only
New Mexico	No	No	
New York	Yes	No	
North Carolina	Yes	Yes	Reciprocity with ICAMA member states only
North Dakota	Yes	Yes	Reciprocity with ICAMA member states only
Ohio	Yes	Yes	Reciprocity with all states
Oklahoma	Yes	Yes	Reciprocity with all states
Oregon	Yes	Yes	Reciprocity with all states
Pennsylvania	Yes	Yes	Reciprocity with all states
Rhode Island	Yes	Yes	Reciprocity with ICAMA member states only
South Carolina	Yes	Yes	Reciprocity with all states
South Dakota	Yes	Yes	Reciprocity with all states
Tennessee	Yes	Yes	Reciprocity with all states
Texas	Yes	Yes	Reciprocity with all states
Utah	Yes	Yes	Reciprocity with ICAMA member states only
Vermont * *	Yes	Yes	Reciprocity with all states
Virginia	Yes	Yes	Reciprocity with ICAMA member states only
Washington	Yes	Yes	Reciprocity with all states
West Virginia	Yes	Yes	Reciprocity with all states
Wisconsin	Yes	Yes	Reciprocity with all states
Wyoming *	Yes	Yes	Reciprocity with all states

### **Key**

AAICAMA Associate Member State

AAICAMA Member State

AAICAMA Non-Member State

Reciprocity not offered

\*\* The state has passed enabling legislation and is in the process of completing joinder.

\* The state plans to present AAICAMA legislation in their next legislative session.