 <b>Department of Children &amp; Family Services</b> <i>Building a Stronger Louisiana</i>	<b>Division/Section</b>	Child Welfare
	<b>Chapter No./Name</b>	11 - Interstate Compact on the Placement of Children (ICPC)
	<b>Part No./Name</b>	2 - Procedures and Process
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## I. STATEMENT OF POLICY

When considering placement of a dependent child into another state, it is the policy of the Department \* of Children and Family Services (DCFS) to provide the receiving state with sufficient information in order for them to adequately assess the proposed placement resource capability to meet the physical, mental and emotional well-being of the child/young adult. .


## II. PROCEDURES

The following is a description of basic information that shall be submitted by the local office to the Louisiana ICPC Section when requesting a home study from another state.

1. Form 100-A
2. Cover letter
3. Current custody order (must be less than one year old; the order cannot be an Instanter Order) \*\*
4. Current \*\*\* \* Assessment of Family Functioning (AFF)
5. Current case plan/Youth Transition Plan
6. Medical/Financial plan
7. Case manager's statement confirming potential resource interest
8. Previous home study (if applicable)
9. Other pertinent information deemed applicable:
  - a. Psychological/Psychiatric Evaluation(s)/Therapy Reports
  - b. Birth Certificate
  - c. School Records
  - d. Medical Information
  - e. Immunization Record
  - f. Copy of Social Security Card
  - g. IV-E Documentation (FAST IV)
  - h. Proof of Paternity
  - i. ICPC Form 101 (Only applies for a Regulation 7, Expedited Request)
  - j. ICPC Regulation 7 Expedited Court Order, policy section [11-260]
  - k. ICWA Documentation

### A. ICPC FORM 100A

The Interstate Compact form "Request to Place Child" ([Form ICPC-100A](#)) shall be initiated by the local office responsible for planning for the child. The [Form ICPC-100A](#) shall be created using the Send Case Wizard in the National Electronic Interstate Compact Enterprise (NEICE). The form 100-A shall be \*\* signed by the case manager to reflect the agency's acknowledgment of planning and financial responsibility for the child.

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## B. COVER LETTER

A cover letter of explanation shall be completed concerning the reason for the proposed placement. This must be included as part of the child and family's social history. The letter must contain:

1. The identity and address of the person or agency wishing to send or bring the child.
2. The identification, address and telephone number of the parents, relatives, foster home, adoptive home, group home residential care center, \* host home or an independent living residence needing to be assessed regarding its capability of serving as an appropriate placement resource for the child.
3. An explanation of the child's special needs (educational, medical or therapeutic) with accompanying pertinent records where applicable.
4. Financial and Medical Assistance Plan (See F. below).
5. An explanation of the treatment plan, include copies of the case plan completed after the Family Team Meeting
6. A request for supervision to include, at minimum, monthly visits to occur in the child's place of residence.
7. A request for quarterly written progress reports or monthly, upon request.


## C. COURT ORDER

A Copy of the Court Order confirming the current legal custody status of the child shall accompany the request for placement. (This document shall establish the sending agency's legal authority to place the child). The court order must be less than one year old and it cannot be an Instanter Order.

## D. ASSESSMENT OF FAMILY FUNCTIONING (AFF) \*\*

The Assessment of Family Functioning on the individual child for whom the local office is requesting a placement shall be completed. The assessment shall include at minimum:

1. Description of how the child entered care.
2. Assessment of the child's current functioning.

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3. Description of special needs of child to include the child's strengths, weaknesses, anticipated resource needs, etc.

## E. CASE PLAN

The Case Plan \* or Transition Youth Plan on the child/young adult is beneficial. The plan shall be included as it provides the receiving state documentation of ongoing effort by DCFS staff to reduce risk and achieve reunification timely, or to locate and maintain a stable, permanent substitute placement for the child who cannot safely return home.

## F. FINANCIAL AND MEDICAL ASSISTANCE PLAN

The Financial and Medical Assistance Plan for supporting the proposed placement shall be developed at the time a case is initially referred to ICPC. The local office worker shall specify the proposed Financial and Medical Assistance Plan for the placement in the cover letter to the receiving state (see item B. above) and complete the Financial Medical Plan Form.

If and when an out of state placement is approved and initiated, the worker shall immediately notify the Regional Social Service Analyst \*\* of the change in the child's living arrangement. Confirmation of the Financial and Medical Assistance Plan should be addressed in a brief letter to the receiving state when the child is placed and the ICPC Form 100-B initiated. It would be beneficial to include a copy of the FAST IV as an attachment.


The success or failure of a child's placement across state lines hinges in part on the ability to assist in the development of financial and medical assistance plans. These plans provide the support that could facilitate a workable placement for a child. If these issues are not addressed prior to placement, problems often arise.

### 1. Financial Assistance Planning

Financial planning is often viewed only in terms of what types of public monetary support is available. However, staff should explore whether the extended family views the placement as their moral responsibility and is willing to support the child entirely. If the family does not desire assistance the worker should note this in the plan.

For a Louisiana child being placed out of state, families requiring financial assistance can be aided by two methods:

- a. Certification for Families in Need of Temporary Assistance Payments (FITAP), (if the proper degree of relationship can be established); and,
- b. Certification as a Louisiana Foster Home meeting the certification requirements in the receiving state.

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## 2. Medical Assistance Planning

Medical assistance planning for placements across state lines is connected to the financial plan. The medical assistance entitlement is predicated on:

- a. Type of financial payment made;
- b. The income of the child;
- c. Relatedness to Title IV-E in the sending state; and,
- d. Ability to enroll out of state providers in the Louisiana Medical Assistance Program.

## 3. Types of Assistance

The following information provides a summary of the types of assistance available to Louisiana's children placed outside of the state.

1. FITAP Money Payment (child included in the grant).


If relationship can be established, the family may apply for FITAP in their state of residence. The child is considered to be a separate income unit and eligibility is determined using income and resources of the child in the determination of eligibility.

If the child is determined to be FITAP eligible in the new state of residence, the child is entitled to the Medicaid (Title XIX) card from the state of residence. He/she is no longer in need of or eligible for the Louisiana Medical Assistance card.

2. Foster Care Board Payment

(Child relocated to another state along with original foster home or potential placement resource is certified as a Louisiana Foster Home using the receiving state's criteria.) If the family receives a foster care board payment, the medical assistance coverage for a Louisiana child placed out of state is provided through one of the following means:

1. Title IV-E Foster Child (Louisiana is making the foster care board payment.) As a result of the Consolidated Omnibus Reconciliation Act (COBRA), these children will now become Medicaid eligible in their new state of residence. Therefore, in these cases there will be no need for staff to attempt to enroll out of state medical providers in Louisiana's Medical Assistance Program. It is important to note that this Medicaid

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entitlement in the receiving state is applicable only as long as the child is Title IV-E eligible. \* If a child is placed in Louisiana, the ICPC Form 100-A and 100-B will be forwarded to the Regional Social Service Analyst, to apply for the Louisiana Medicaid.

2. Non IV-E Foster Child (Louisiana is making the foster care board payment.) Federal reimbursement for medical services paid by the Louisiana Medical Assistance Program for Non-IV-E child depends on the income and resources of the foster child placed out of state. If the Non-IV-E child's income and resources are above limits described in the Financial Assessment Manual, the medical services received are funded with all State dollars. If the Non-IV-E child's income or resources are below the limits, the medical services are funded with both federal and state dollars and this child is Medicaid eligible.

3. Medical Assistance (Relative Placement - no FITAP or Foster Care Payments)


There are occasions where the child is placed with relatives and no financial payments are made by either the sending or receiving state. The state is to maintain custody of the child whom the agency placed across state lines until the receiving state concurs with the change in custody. Therefore, the state is still responsible for these children as long as it holds custody. Because the agency is not making a foster care board payment to the placement resource, the child is ineligible for Medicaid. However, the child is eligible for the same scope of medical services funded with all state dollars. Therefore the worker shall attempt to get the out of state medical providers enrolled in Louisiana's Medical Assistance Program. The child retains his/her entitlement to these medical benefits until custody is transferred or until the receiving/sending state funds that placement through FITAP or foster care board as discussed in (b.) above.

If the child is not IV-E eligible, the caretakers/placement resource will apply for "child only" Medicaid benefits. \*\*

## G. CASE MANAGER'S STATEMENT

The DCFS case manager shall submit a signed statement to include the following:

1. Confirm the potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
2. Include name and correct physical and mailing address of the placement resource and all available telephone numbers and other contact information.

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3. Describe the number and type of bedrooms in the home of the placement resource to accommodate the child under consideration and the number of people, including children, who will be residing in the home.
4. Placement resource has sufficient financial resources or will access financial resources to feed, clothe, and care for the child, including child care, if needed.
5. The placement resource acknowledges that a criminal records and child abuse history check will be completed for any persons residing in the home required to be screened under the law of the receiving state. [[Appendix 11-F, 5\(d\)](#)]

## H. PREVIOUS HOME STUDY

Adoptive/Foster home studies on the placement resource are mandated when a Louisiana certified adoptive/foster home is relocating to another state and desire to continue as a placement resource. This home study would provide the receiving state with basic information on the family. The [ICPC Form 100-B](#) indicating the actual date the child and family relocated to another state should be included in the request for a home study.

## III. FORMS AND INSTRUCTIONS

\* These forms shall be created in NEICE:

[ICPC form 100-A](#)

[ICPC form 100-B](#)

[ICPC form 101](#)

Financial and Medical Plan \*\*

## IV. REFERENCES

Louisiana Children's Code Article 1610