



Office of Children and Family Services

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Administrative Directive

Transmittal:	22-OCFS-ADM-19
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Division of Child Welfare and Community Services (CWCS)
Date:	August 16, 2022
Subject:	The Interstate Compact on Adoption and Medical Assistance (ICAMA)
Suggested Distribution:	Directors of Services Foster Care Supervisors Adoption Supervisors Local Departments of Social Services Medicaid Supervisors
Contact Person(s):	See section VII.
Attachments:	ICAMA Form 7.01 -California and New York Request for Medicaid Case Activation ICAMA Form 7.5 -Case Updates Only for Cases Opened Using ICAMA Form 6.01 or 7.01 AAICAMA Resource-Medicaid : COBRA Reciprocity Interstate, Non-Title IV-E Assistance (9/2021)

Filing References

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
09-OCFS-ADM-14 (rev 10/24/19)	08-OCFS-INF-06	18 NYCRR Part 360- Medicaid Regs. 360-1.4, 360-2.2(c), 360-3.3(a)(5), 360-3.3(a)(6)	42 CFR §§ 435.145 and 435.909	Eligibility Manual for Child Welfare Programs (rev 2021)	P.L. 96-272 P.L. 105-89

I. Purpose

The purpose of this Administrative Directive (ADM) is to inform local departments of social services (LDSSs) and voluntary authorized agencies (VAs) of updates and revisions to current practices around securing Medicaid (MA) 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

New York State (NYS). The major changes to NYS's Interstate Compact on Adoption and Medical Assistance (ICAMA) practice are new ICAMA forms, less required documentation and converting to a fully electronic submission and receipt of ICAMA requests using a shared email box ocfs.sm.bpsicama@ocfs.ny.gov.

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 the state of residence (receiving state), rather than the state of origin (home state), provide those children 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 (IV-E) or State Adoption Subsidy (non-IV-E) for interstate cases.

In December 2006, NYS became an associate member of the 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 are moving into or out of NYS. The NYS Office of Children and Family Services (OCFS) and the NYS Department of Health (DOH) jointly agreed to facilitate the ICAMA provisions. See the attached chart for states with reciprocity.

Interstate cooperation is essential given the increasing numbers of children placed for adoption across state lines and the movement of these children out of the original Adoption Assistance or Adoption Subsidy state.

In NYS, ICAMA requests are processed through the OCFS Bureau of Permanency Services (BPS) within OCFS. Information about the OCFS BPS is found at:

[About the Bureau of Permanency Services | Adoption Services | OCFS \(ny.gov\)](#)

The Kinship Guardian Assistance Program (KinGAP) is not included in the NYS OCFS ICAMA process. In KinGAP cases, the relative guardian must make the application for Medicaid for the child in the new state of residence. For KinGap families moving into NYS from another state, the relative guardian must make the application for Medicaid in the NYS county of residence. For NYS KinGap families moving to another state, the relative guardian must make the application for Medicaid with the new state of residence's Medicaid agency.

III. Program Implications

The state responsible for the Adoption Assistance/Adoption Subsidy Agreement is referred to as the sending or home state. The new state of residence is referred to as the receiving state. The receiving state will facilitate the issuance of Medicaid based on the documentation provided. The scope of Medicaid benefits for which the adopted child will remain eligible is contingent upon the Medicaid provisions in the receiving state.

Upon issuance of this ADM, use of the following new ICAMA forms noted on page one of this ADM is required. Those forms are:

- *ICAMA Form 7.01-California and New York Request for Medicaid Case Activation*: Used for an initial ICAMA request, which is defined as a request to move MA/MA COBRA for children

who receive MA/MA COBRA through an Adoption Assistance/Adoption Subsidy agreement and have moved from one state to a different state. The state responsible for the subsidy agreement is always responsible for a new ICAMA request. In NYS, this is the LDSS or VA.

- *ICAMA Form 7.5-Case Updates Only for Cases Opened Using ICAMA Form 6.01 or 7.01:* Used to notify the receiving or sending (home) state of a change or status update for an ICAMA case. Some examples include a family moved to a new address within the state; a child's MA should close and why; a child is only moving within the same state; IV-E ended.

Upon notification by a NYS LDSS, VA or by the adoptive family regarding the family's plans to relocate to another state (outgoing ICAMA request), the NYS LDSS or VA responsible for the Adoption Assistance/Adoption Subsidy must complete and electronically notify the NYS ICAMA compact administrator by submitting to the OCFS Bureau of Permanency Services (BPS) the following:

- One copy of the completed *ICAMA Form 7.01 California and New York Request for Medicaid Case Activation*
- One copy of each child's fully executed Adoption Assistance Agreement (IV-E eligible) or State Adoption Subsidy agreement (non-IV-E eligible)
- One copy of the *ICAMA Form 7.5-Case Updates Only for Cases Opened Using ICAMA Form 6.01 or 7.01* that notifies the date the MA in NYS will be closed due to the move.
- Additionally, it is recommended that the NYS LDSS or VA include one copy of a birth certificate and/or one copy of a court order/court certificate of adoption

Secure or encrypted email or password protected documents must be used for all ICAMA requests.

All ICAMA forms were developed and are maintained by the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA). They are attached to this ADM and are also available at [ICAMA System & Forms | AAICAMA](#). They are not available on the OCFS website. The forms are fully fillable templates and may be saved or printed once completed.

To expedite the submission process, OCFS BPS created a shared mailbox for electronic submission of an ICAMA request. Submission to this mailbox will enable a quicker response than requests sent to individual staff's email. The shared mailbox address is **ocfs.sm.bpsicama@ocfs.ny.gov**.

ICAMA requests submitted without the required documentation or with other errors will require follow-up and result in unnecessary delays.

If a NYS family as noted above, was residing in another state and thereafter has a subsequent move to a different state, a new ICAMA request must be completed by the applicable LDSS and sent to the NYS ICAMA compact administrator at **ocfs.sm.bpsicama@ocfs.ny.gov**. The LDSS or VA must also include a completed *ICAMA Form 7.5 Case Updates Only for Cases Opened Using ICAMA Form 6.01 or 7.01* in the ICAMA packet to use as notification to the prior state of residence to close the child's MA there, and the effective date to close.

If a NYS family residing in another state moves to a new address within that state, the LDSS or VA must send a completed *ICAMA Form 7.5 Case Updates Only for Cases Opened Using ICAMA Form 6.01 or 7.01* to the NYS ICAMA compact administrator at **ocfs.sm.bpsicama@ocfs.ny.gov**.

Upon notification by another state or ICAMA office of a family's plan to relocate to NYS with children who have an Adoption Assistance/Adoption Subsidy Agreement from another state (incoming ICAMA request) the process is as follows:

- The sending (home) state submits an ICAMA request to the OCFS BPS shared mailbox at **ocfs.sm.bpsicama@ocfs.ny.gov** or to the NYS ICAMA compact administrator. Required documents are the same as for an outgoing ICAMA.
- The ICAMA request is reviewed and if complete and appropriate, the NYS ICAMA compact administrator sends it to the appropriate LDSS ICAMA liaison using secure email.
- The LDSS where the child is residing in NYS must authorize Medicaid benefits and issue appropriate Medicaid card(s) based on the documentation provided. The LDSS where the child is residing in NYS must also notify the NYS ICAMA compact administrator of the child's Medicaid status by sending an *ICAMA Form 7.5-Case Updates Only for Cases Opened Using ICAMA Form 6.01 or 7.01* to the ICAMA shared mailbox at **ocfs.sm.bpsicama@ocfs.ny.gov**.

IV. Required Action

All LDSSs and VAs must complete and submit ICAMAs according to the standards set forth in this ADM. Use of the new ICAMA forms presented in this ADM are required, as is the new process outlined in this ADM. Any questions regarding the changes to ICAMA described in this ADM should be directed to the ICAMA shared mailbox at **ocfs.sm.bpsicama@ocfs.ny.gov**.

V. Systems Implications

There are no new system requirements. Please refer to the section on ICAMA codes in the [OCFS Eligibility Manual for Child Welfare Programs \(2021\)](#) for systems and coding instructions.

VI. Medicaid Implications

The LDSS must authorize Medicaid for child(ren) listed on an incoming ICAMA request. 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 by the LDSS based on the individual's current circumstances. Continuous coverage provisions apply. For additional information, please refer to AAICAMA website at <https://aaicama.org/>

VII. Contacts

Any questions concerning this release should be directed to the appropriate regional office, Division of Child Welfare and Community Services:

Buffalo Regional Office – Amanda Darling (716) 847-3145

Amanda.Darling@ocfs.ny.gov

Rochester Regional Office – Christopher Bruno 585-238-8201

Christopher.Bruno@ocfs.ny.gov

Syracuse Regional Office – Sara Simon (315) 423-1200

Sara.Simon@ocfs.ny.gov

Albany Regional Office – John Lockwood (518) 486-7078

John.Lockwood@ocfs.ny.gov

Spring Valley Regional Office – Sheletha Chang (845) 708-2498

Sheletha.Chang@ocfs.ny.gov

New York City Regional Office – Ronni Fuchs (212) 383-4873

Ronni.Fuchs@ocfs.ny.gov

Native American Services – Heather LaForme (716) 847-3123

Heather.Laforme@ocfs.ny.gov

VIII: Effective Date

This ADM is effective immediately upon release.

Lisa Ghartey Ogundimu, Esq.

Issued by:

Name: Lisa Ghartey Ogundimu, Esq.

Title: Deputy Commissioner

Division: Division of Child Welfare and Community Services