

Interstate Compact on the Placement of Children (ICPC) Financial – Medical Plan

1. Use One Form for Each Child/Youth.

Child/Youth's Name				Select One	Male	Female
Social Security Number		Date of Birth				
Name of Placement Resource						

<u>Financial Plan</u> (Select only one – If circumstances change during the period of placement – complete a new document with attachments)

Description of how the child's shelter, food, clothing and related maintenance needs will be met in the receiving state.

TN DCS will provide a foster care board payment per federal IV-E reimbursement once the placement resource is fully licensed or approved as a foster resource by the receiving state and/ or certified as eligible for reimbursement under federal IV-E.

TN DCS will provide a state-funded board payment per criteria established in TN DCS policy once the placement resource is approved or licensed as a relative or kin or foster resource by the receiving state.

The relative resource will apply for a TANF Child-Only Grant in the receiving state on behalf of the child. (Note: TANF Child-Only Grants are not available in all states).

The placement resource has agreed in writing to meet the financial needs of the child. Copy of the written and signed agreement must be attached.

This is a placement with a parent. Parent is financially responsible for the child.

Child is SSI-eligible. Sending agency remains payee until custody is legally transferred or adoption is finalized.

Subsidized Permanent Guardianship Assistance is anticipated (Subsidized Permanent Guardianship Assistance payments can begin only after the completion and approval of the Agreement and the execution of the Guardianship order).

Adoption subsidy is anticipated. (Adoption subsidy payments can begin only after the completion and approval of the Adoption Assistance Agreement and the adoption finalization.)

Court Jurisdiction ICPC: By signature on the ICPC 100A by the Tennessee court or court designee, the court retains jurisdiction and subject to compliance with ICPC Article V. The court's financial responsibility is limited to the cost of returning the child to the court's jurisdiction if the placement disrupts.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original: ICPC, Child/Youth's Case File

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Child/Youth's Name	DOB	

Residential Treatment Center Placement: The sending agent has established an agreement directly with the vendor for financial support during the period of placement. This may take the form of a daily or monthly rate for services or a flat fee for service.

Article VI Placement – Institutional Care of Adjudicated Delinquent: The sending agent has established an agreement directly with the vendor for financial support during period of placement. This may take the form of a daily or monthly rate for service or a flat fee for services.

Note: Attach supporting documentation for any items checked as appropriate. Example: Notice of Child Welfare Benefits Summary for Custodial Child CS-0508, Child Welfare Benefits Determination: Notification of Change of Circumstances CS-0476; Placement Resource Written Affidavit; Documentation of Expedited State Board rate or Subsidized Permanency Guardianship Assistance or Adoption Subsidy

2. Use One Form for Each Child/Youth.

<u>Medical Plan</u> (Select only one – if circumstances change during the period of placement – complete a new document with attachments)

Description of how the child's medical coverage needs will be met in the receiving state.

If assistance is needed in completing this section, contact your regional ICPC Representative (regional contact list is located on the instructions sheet of **CS-1234, ICPC Behavioral/Medical Referral** form).

Child is IV-E eligible; eligible recipient of a IV-E foster board maintenance payment. Copy of the Title IV-E eligibility document is attached. The receiving state will arrange for Medicaid coverage based on the provisions of the COBRA federal legislation.

The Child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant.

Child is not Title IV-E eligible. The Tennessee Department of Children's Services is financially responsible and will provide reimbursement for the child's medical expenditures. Include billing and medical emergency instructions.

Child is Medicaid eligible as a recipient of SSI.

The placement resource has agreed in writing to provide for and meet the medical needs of the child. Copy of the written and signed agreement must be attached.

This is a placement with a parent. The parent is financially responsible for meeting the medical needs of the child.

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Child/Youth's Name

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DOB

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	Court Jurisdiction ICPC: By signature on the ICPC 100A by the TN court or the court designee, the court retains jurisdiction and subject to compliance under ICPC Article V. The court's financial responsibility is limited to the cost of returning the child to the court's jurisdiction if the placement disrupts; no responsibility for medical support.						
	Residential Treatment Center Placement: The sending agent has established an agreement directly with vendor for medical support.						
	Article VI Placement – Institutional Care of Adjudicated Delinqu directly with the vendor for medical support.	uent: The sending agent has e	established an agreement				
Sur 047	te: Attach supporting documentation for any items checked as nmary for Custodial Child CS-0508, Child Welfare Benefits Dete 6; Placement Resource Written Affidavit; Documentation of Ex ardianship Assistance or Adoption Subsidy	rmination: Notification of Ch	ange of Circumstances CS-				
the	nessee Department of Children's Services remains ultimately rechild who is in their custody and remains under the jurisdiction and the control of the contro	n of the TN courts during the p	period of placement as				
will rec	he event of justifiable need to return the custodial child to Tenr pay the associated transportation costs. This financial/medical eiving state and unless altered with cause during the period of particular the period of particular the provisions of the Interstate Compact on the Pla	l plan will be in effect upon pla placement, will remain in effe	acement of the child in the				
FS	W/Case Manager's Signature	Telephone Number	Date				
Te	am Leader/Supervisor's Signature	Telephone Number	Date				

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