

Bridges



Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

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ICAMA and Medicaid: When Medicaid State Plans Differ

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Part III in a three-part series on COBRA-reciprocity

In the Spring 2007 edition *Bridges* brought you the first in a three-part series on Medicaid and adoption assistance. Entitled, *ICAMA and Medicaid: Understanding the COBRA Option and COBRA-reciprocity* the article explained that the Interstate Compact on Adoption and Medical Assistance (ICAMA) provides a framework for coordinating the receipt of adoption assistance benefits across state lines, particularly Medicaid, and outlined the COBRA option and COBRA-reciprocity. The Winter 2008 edition of *Bridges* continued the series with the article, *ICAMA and Medicaid: Understanding the COBRA-reciprocity and Its Limitations*. The article explained that applying a policy of COBRA-reciprocity requires an understanding of the effects of membership in a Medicaid Eligibility Group, the options elected in a state's Medicaid State Plan, the differences between mandatory and optional Medicaid services, and the definition of the word "reciprocity" in relation to COBRA.

Bridges concludes its series on Medicaid and adoption assistance with its third and final column, *ICAMA and Medicaid: When Medicaid State Plans Differ*. The last article in the series addresses how the provision of Medicaid in adoption assistance cases is affected when Medicaid State Plans vary

between sending and receiving states and explores what adoption professionals can do to facilitate the interstate receipt of services for adopted children with special needs.

Question: How is Medicaid eligibility and receipt of services affected when an adoption assistance eligible child moves or is placed outside the adoption assistance state (i.e., when Medicaid State Plans differ)?

Answer: The answer varies by state and depends on the Medicaid eligibility group of the child, the optional services in the Medicaid State Plan of the new state, and the benefits language used in the adoption assistance agreement.



IN THIS ISSUE

<i>2006 State Child Welfare Legislation</i>	7
<i>State Information Exchange: California</i>	8
<i>Parent Perspectives</i>	9
<i>Legislative and Federal Update</i>	10
<i>Spotlight Minnesota ASAP</i>	11
<i>Adoption Assistance and Medicaid Exchange</i>	12
<i>Resource Notes</i>	14

Medicaid Eligibility Groups and Medicaid State Plans: A Quick Review

Medicaid Eligibility Groups

Medicaid eligibility groups include mandatory and optional categorically needy, medically needy, and special groups. The services a child is eligible for under Medicaid in a particular state will depend, in part, on the child's eligibility group.

- ◆ **Title IV-E** adoption assistance eligible children are in what is known as a Medicaid "mandatory categorically needy" eligibility group. This means that they are part of an eligibility group that all states are required to include in their Medicaid coverage.
- ◆ **State-funded** adoption assistance eligible children are in what is known as a Medicaid "optional categorically needy" eligibility group. This means that states elect whether to cover this group. Currently, all states cover this group if the child resides *in* the adoption assistance state. This is known as the COBRA option.¹ Forty-four states have elected to cover this group in some form when the child lives in that state and *outside* the adoption assistance state. This is known as COBRA-reciprocity.² Currently, eight states do not offer any form of COBRA-reciprocity.³

Title IV-E adoption assistance eligible children are eligible for Medicaid in all states, however, state-funded adoption assistance eligible children are eligible only in their adoption assistance state and in those states that have elected COBRA-reciprocity *and* extend COBRA-reciprocity to the child's adoption assistance state. Unlike the nationwide eligibility of Title IV-E adoption assistance eligible children, it is important to understand that state-funded children can lose Medicaid services when they move to a state

that either does not offer COBRA-reciprocity to any state or does not offer COBRA-reciprocity to the child's adoption assistance state.

Once a child is eligible to receive Medicaid from a state, *s/he is eligible to receive the Medicaid benefits that state provides*. This may seem like an unnecessary or obvious statement. However, optional Medicaid benefits, service definitions and limitations, and provider requirements vary between states. The receipt of a particular Medicaid service from a particular provider type in one state does not guarantee the receipt of similar services in another state. Medicaid eligibility in a state entitles the child to receive the medical services listed and approved in that state's Medicaid State Plan. To understand medical service coverage in a state, we need to understand Medicaid State Plans.

Medicaid State Plans

Federal law and regulations provide a framework for state Medicaid programs and stipulate certain basic requirements that all states must have in their program.⁴ States must cover mandatory populations (categories) and can elect to cover optional populations.⁵ States must provide mandatory services and can elect to provide optional services.⁶ States must provide all services so that they are "sufficient in amount, duration, and scope to reasonably achieve (their) purpose" and provide these services throughout the state.

These elements, both mandatory and optional, are listed in a document known as a Medicaid State Plan. Medicaid State Plans are a blueprint of the populations served and services available under a state's Medicaid program. Eligibility for Medicaid in a state entitles the child to the Medicaid benefits of *that* state as listed in *its* Medicaid State Plan. States are not responsible for providing services outside their Plan, except for services deemed medically necessary, as determined under EPSDT.⁷

¹ States have the option of extending Medicaid coverage to children adopted pursuant to a state-funded (Non-Title IV-E) adoption assistance program. 42 U.S.C. 1296a, Social Security Act section 1902(a)(10)(A)(ii)(VIII), and 42 CFR §435.227

² COBRA-reciprocity is a vehicle for the provision of Medicaid interstate. COBRA-reciprocity refers to a state decision to extend Medicaid to children residing in the state who receive state-funded adoption assistance from another state and who meet the COBRA eligibility criteria. 42 U.S.C. §1396(a)(10)(A)(ii)(VIII) and 42 CFR 435.227 (2008).

³ District of Columbia, Hawaii, Illinois, Nebraska, Nevada, New Hampshire, and New Mexico

⁴ 42 U.S.C. §§1396-1396v. See also 42 CFR §§435 and 440 (2008).

⁵ 42 U.S.C. § 1396a(a) 42 U.S.C. §§1396a and 1396d. (10).

⁶ 42 U.S.C. §1396d(a).

⁷ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a mandatory service of the Medicaid program. States must cover services deemed medically necessary even if the service is not in the state's Medicaid State Plan. This obligation is limited to mandatory and optional services potentially covered by Medicaid. States must also make necessary exceptions to across-the board limits in amount, duration, and scope of services. 42 U.S.C. §1396(d).

Medicaid State Plan Differences

There are limits on state responsibility for the provision of Medicaid.⁸ States must provide Medicaid to eligible children through age 18 and states must provide services federally defined as mandatory. However, states can choose to provide Medicaid up to the age of 21 and decide which, if any, optional services they wish to provide. Because optional Medicaid services are not required, it is in this category that states vary in their Medicaid service coverage.

We know that Medicaid State Plans vary. We also know that a state is only responsible for providing the mandatory and optional services to the respective mandatory and optional groups listed in its Medicaid State Plan. The net effect of these facts is that an adoption assistance eligible child, whether Title IV-E or state-funded, may need a service that is not provided under a state's Medicaid State Plan. This presents additional difficulties for children in interstate cases. So, as ICAMA professionals, the question becomes:

What can be done to help adoptive families obtain Medicaid services for their child when a resident state's Medicaid Plan does not cover the following?

1. state-funded adoption assistance children as an optional categorically needy group; or
2. a particular optional service; or
3. services beyond age 18

One place to look for an answer is in the adoption assistance agreement. The adoption assistance agreement may enable a child to receive a specific medical service even when that medical service not covered in the resident state's Plan.

The Adoption Assistance Agreement as a Contract

The adoption assistance agreement is a contract and carries with it contractual rights and obligations. Because adoption assistance agreements are contracts, items listed and language used in the document are contractual terms and are binding on all parties to the contract. In our case, the parties to the contract are the adoptive family and the state/locality that entered into the adoption assistance agreement. The state is referred to as the adoption assistance state. The parties to the contract remain the same—even if the family and child move from the adoption assistance state. The terms of the contract include the adoption assis-

tance maintenance payments and medical and other services listed in the adoption assistance agreement. The adoption assistance state *is obligated to provide or ensure the receipt of all services listed in the adoption assistance agreement as long as the child remains eligible*, including all specified medical or other services.

The word choice in the adoption assistance agreement shapes the responsibility of the adoption assistance state to provide certain medical or other services or to cover the cost of these services when they are not covered under Medicaid in the resident state. There are three general language configurations. The first two examples represent language choices that affect state responsibility for the provision of Medicaid services across state lines. The third affects state responsibility to ensure the receipt of specific medical services designed to meet a child's special needs— intrastate and interstate. The following are examples of language choices that can affect the provision of Medicaid services to adoption assistance eligible children.

Example Number 1: The adoption assistance agreement states that the adoption assistance state will cover all services as listed in the "adoption assistance state's Medicaid State Plan".

Example Number 2: The adoption assistance agreement simply states that the child is "eligible for Medicaid services".

Some states choose to include language that lists a specific service that the state agrees to provide. This is represented by the following:

Example Number 3: The adoption assistance agreement states that the adoption assistance state will provide a specific medical or support service.

The implications of the above three language choices are explored below.

Medicaid as provided in the adoption assistance state's Medicaid State Plan

If the adoption assistance agreement includes this language, then the child can receive the Medicaid services as listed in the adoption assistance state's Medicaid Plan. This means that if a state of residence **does not** provide a Medicaid service that the adoption assistance state **does** provide, then the adoption assistance state can remain responsible for ensuring that service is received.

Note: This can include the age to which Medicaid is received.

⁸ 42 U.S.C. §1396d(a).

Adoption assistance agreement simply states that the child is "eligible for Medicaid services"

If the adoption assistance agreement states only that the child is eligible for Medicaid services then the child may only be eligible for the Medicaid services as provided by **the state where the child lives/state of residence**.⁹

This means that if a state of residence **does not** provide a Medicaid service that the adoption assistance state **does** provide, then the adoption assistance state **may not be responsible** for ensuring the receipt of that service.

Note: This can include the age to which Medicaid is received.

Language that lists specific services

If the adoption assistance agreement states that the adoption assistance state will provide a specific service, then the adoption assistance state remains responsible for ensuring the child receives that service for as long as that child remains eligible for adoption assistance and continues to need the service.

This means that if the Medicaid Plan of the state where the child lives/state of residence **does not** include a service that is specifically listed in the agreement, then the adoption assistance state is obligated to ensure the receipt of the service by providing or paying for that service.

Note: States cover out-of-state services in several ways, including direct reimbursement to the family as well as requesting that providers become a licensed Medicaid provider in the adoption assistance state.

Putting It All Together

The following scenario explores the implications of listing specific services in the adoption assistance agreement under the Title IV-E program. The following is a scenario of a fourteen year old girl, Emma.

- Emma lives in State A and receives Title IV-E adoption assistance from State A.
- She is diagnosed with autism and prescribed communication therapy.
- In the adoption assistance agreement, State A specifically listed communication therapy as one of the services it would provide for Emma.
- State A's Medicaid Plan includes communication therapy as a covered optional service.
- Emma moves to State B.
- State B does not offer communication therapy under its Medicaid State Plan.

Question: Is State B responsible for providing communication therapy—an optional service—for Emma, who is now a resident of State B?

Answer: No, State B is not responsible for providing this service. States are not responsible for providing any service which is not listed in their Medicaid State Plans.

Follow-up question: Is State A responsible for providing or covering the expenses of communication therapy for Emma, now that she lives in State B?

Answer: Yes, State A is responsible for providing for or ensuring the receipt of this service. Because adoption assistance agreements are contracts and the terms/items listed in the agreement are binding on all parties to the contract, State A is obligated to provide or ensure the receipt of the services listed in the agreement as long as it remains in effect.

Follow-up question 2: What would the outcome of the scenario be if Emma was a state-funded adoption assistance eligible child and State B *did* offer communication therapy under its Medicaid State Plan? What would we need to know about State B in order to answer the question? We would have to know:

1. Has State B elected the COBRA option?
AND
2. Has State B elected COBRA-reciprocity and does the state extend COBRA-reciprocity to the child's adoption assistance state (State A)?

¹ Medicaid is received through an individual's state of residence. (42 CFR §435.403(a)) Residency is defined differently for the two adoption assistance populations. Residency for Title IV-E adoption assistance is defined as the state where the child lives—generally, where the child is physically located.

(42 U.S.C 673 (b)(1) and 42 CFR §435.403 (g))

Residency for state-funded adoption assistance is defined as the state in which the child resides other than on a temporary basis. (42 CFR §435.403 (h) (3) and 45 CFR §233.40)

The effect of this distinction is that state-funded children are not necessarily eligible for Medicaid in interstate residential treatment or educational placements.

If the answer is “No” to the first and/or second question, then Emma would be ineligible to receive *any* services from State B, regardless of the fact that State B includes the requested service in its Medicaid State Plan. Therefore, as in the scenario above, State A would remain responsible for providing the service (i.e. communication therapy) that is specifically listed in Emma’s adoption assistance agreement.

Two Common Interstate Questions and Issues: *Medicaid Age of Receipt and EPSDT*

Age

States must provide Medicaid to the age of 18, but have the option to provide Medicaid beyond 18 up to the age of 21.

Question: What if a child moves from a state that provides Medicaid to its adoption assistance eligible children past the age of 18 to a state that does not provide Medicaid to its adoption assistance eligible children past the age of 18?

Answer: The scenario would be treated the same as it would be for an optional Medicaid service. Though the child is Medicaid eligible in the new state, s/he is eligible for the Medicaid program *of that state*. This includes the mandatory and optional services listed under the Medicaid State Plan *and the age to which those services are provided*.

EPSDT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a mandatory Medicaid service, which means that all states must provide this service. (See *Social Security Act section 1905(r) and 42 CFR 441 Subpart B*) Under EPSDT, any Medicaid service, included in the mandatory or optional services potentially covered under Medicaid, and deemed “medically necessary” for a child must be provided, even if the service is not listed in the state’s Medicaid State Plan.

Question: Can EPSDT be used to secure Medicaid services for a child found ineligible for Medicaid in a new state of residence (e.g., for a state-funded adoption assistance eligible child who is placed into or moves to a state that has not elected COBRA-reciprocity)?

Answer: No. EPSDT is not a program separate from Medicaid. EPSDT is a mandatory service of the Medicaid program that states must provide to all *Medicaid eligible* individuals under the age of 21. However, the child must first be *eligible* for Medicaid in a state before EPSDT provisions apply. If a state-funded child moves

to a state that does not offer COBRA-reciprocity, the child is not eligible for Medicaid (via adoption assistance) from the new state and therefore is ineligible for any Medicaid services, including EPSDT.

Note: The child may be eligible for Medicaid through a different eligibility category or program.

Ensuring the Receipt of Medical Services

What can an adoption assistance state do to assist the provision of medical services to a child who is ineligible for Medicaid in a state or when the child requests a service that is not included in a state’s Medicaid State Plan?

States are actively working every day to ensure that services are received by adoption assistance-eligible children moving between states. There are several strategies that adoption assistance states use to provide medical coverage when a state-funded child is ineligible for Medicaid or when a particular service is not covered by Medicaid in another state.

Some of the strategies being used by states alone or in combination are:

- Purchase of a medical insurance policy for the child;
- Request that the adoptive family send bills to the responsible state or county department for payment;
- Request that the family ask the provider to send bills directly to the responsible state or county department;
- Request that the medical vendor become an approved Medicaid provider in the state responsible for the coverage of medical services to the child (adoption assistance or resident state);
- Renegotiate the adoption assistance agreement to increase the maintenance payment rate in order to cover anticipated unmet needs.

If the adoption assistance state cannot provide for the interstate medical coverage of an adoption assistance eligible child, the ICAMA administrator can still connect the family to other federal, state, or non-profit sources to find assistance. Examples include the following:

State Children’s Health Insurance Program (SCHIP):
<http://www.cms.hhs.gov/home/schip.asp>

Medicaid (income-based eligibility):
<http://www.cms.hhs.gov/home/medicaid.asp>

Non-profit state or national support and advocacy organizations that address a child's specific special need(s) can assist adoptive families in locating or funding services.

Examples:

Easter Seals:

<http://www.easterseals.com>;

Autism Society of America:

<http://www.autism-society.org>;

American Association on Intellectual and Developmental Disabilities: <http://www.aamr.org>.

Role of Adoption Assistance Professionals

As adoption assistance professionals, you can guide a family through the transfer of Medicaid services from one state to another. If you know in advance that a family is moving to a particular state, discuss with them the impact this move may have on their child's receipt of Medicaid services. Develop an understanding of the

child's special needs. Talk with the family about the child's need for medical services in order to anticipate any unmet need in the new state. Make a plan with the family about how an unmet need can be filled—either by the adoption assistance state, or by researching other programs, agencies, or non-profits in the new state of residence that can assist the family. Together, the adoption assistance worker and the family can work as a team to try to ensure the continued receipt of necessary services vital to the health and well being of the child and the placement. See the check list below for ideas on how to make the interstate receipt of services as seamless as possible.

Note: For additional articles or training materials on this subject or a current update on state COBRA-reciprocity policy, see AAICAMA's web site at: <http://aaicama.aphsa>

For additional information contact AAICAMA at 202.682.0100.

Medicaid Move Checklist

- Explain to the family that the Medicaid services offered in the new state may differ from those offered by your state.
- Inform the parents that it can take several weeks (depending on the new state's internal processes) to obtain a Medicaid card in a new state of residence. If the child has prescription medications, the family should refill prescriptions prior to the move.
- Inform the parents that they may be able to request an expedited/temporary Medicaid card in the new state if the child will have an immediate need prior to receiving the Medicaid card from the new state.
- Locate and provide the names of the ICAMA administrator and the Medicaid contact* for adoption assistance cases in the new state. Encourage the family to make these contacts to discuss the availability, scope, and duration of the state's optional Medicaid services and to what age all services are provided.

* Locate state contacts on AAICAMA's website: <http://aaicama.aphsa.org>



NCSL Reports on 2006 State Child Welfare Legislation

The National Conference of State Legislatures (NCSL) issued a report in December 2007 on significant state child welfare legislation enacted during the 2006 calendar year.* *State Child Welfare Legislation 2006* found the focus of state legislatures was on adoption, foster care, courts, education of children in out of home care, kinship care and the transition of youth from foster care. Dominant legislative themes included prevention and oversight. The following are examples. Report link: <http://www.ncsl.org/print/cyf/childwelfarelaws06.pdf>
Note: The report contains an appendix with citations and more extensive summaries of the laws listed here.

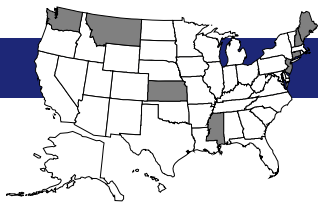
Adoption: States passed a variety of laws dealing with adoption of children from foster care.

- ◆ **Alaska** authorized retention of certain privileges by a parent who relinquishes parental rights for purposes of an adoption, subject to objection by the prospective adoptive parent. The law also allows a birth parent to petition for reinstatement of parental rights prior to entry of an adoption decree.
- ◆ **California** established a three-year pilot project to provide funding for preadoption and post-adoption services to facilitate adoption of children who have been in foster care for 18 months or more.
- ◆ **Illinois** required that prospective adoptive parents be given the same information as foster parents regarding a child's medical, educational, and social history as well as notice of post-adoption reunion services designed to facilitate contact between adoptees and their siblings.
- ◆ **New Hampshire** enacted provisions to prevent birth parents from surrendering parental rights without a pending legitimate adoption filing.
- ◆ **New York** enacted a provision to allow 18- to 21-year-old adoptees to continue to receive adoption assistance payments in the event of the death of the sole surviving adoptive parent.
- ◆ **North Carolina** mandated a study of post-adoption contact and communication between an adopted child and a birth relative.
- ◆ **Ohio** created new requirements related to pre-adoptive assessment of prospective adoptive families who would have more than five children residing in the home.
- ◆ **Oklahoma** provided for extension of adoption benefits to age 19 under certain circumstances.
- ◆ **Virginia** required a study of the state's special-needs adoption program and asked for recommendations to moderate expenditure growth. Virginia also required a review of the state's adoption and foster care policies to develop recommendations on expediting the adoption of children from foster care.
- ◆ **Washington** required a study of adoption fees to determine if they are a potential barrier to adoption of children from foster care.

Education: The education of children in the child welfare system, particularly those in foster care, continues to be a high legislative priority. Several states created or expanded programs of financial assistance for current or former foster children.

- ◆ **Arizona** established a grant program to pay tuition at private primary or secondary schools or pre-schools for handicapped children.
- ◆ **Arizona** mandated establishment of an educational case management unit within the child welfare agency to develop education plans for youth who are participating in the independent living program.
- ◆ **California** expanded its program of grant funding to provide educational and support services for foster children.
- ◆ **Florida** extended eligibility for its tuition waiver program to certain former foster youth in permanent guardianships.
- ◆ **Illinois** established a postsecondary education grant program for youth in the legal custody of grandparents.
- ◆ **Kansas** and **Louisiana** extended or established postsecondary tuition waiver programs.
- ◆ **Louisiana** urged the Departments of Social Services and Education to jointly develop a plan to improve foster children's educational success.
- ◆ **Maine** extended its tuition waiver program to youth who were in subsidized adoptive care or subsidized guardianships at the time of high school graduation.
- ◆ **New Hampshire** required children in certain court-ordered residential placements to receive educational services.
- ◆ **North Carolina** allowed students to attend school outside their local school district if the department recommended that their parents relinquish physical custody and gave a caregiver adult of a child in a licensed facility the same authority as a parent.
- ◆ **Tennessee** now permits students who receive foster child tuition grants to attend eligible private, as well as public, postsecondary institutions.

* The legislation described reflects emerging issues and key legislative trends related to child welfare. The report also includes new laws that address important issues in the child welfare field or institute substantial changes in child welfare practice or administration and is not intended to be an exhaustive compilation of all new state child welfare laws. Nor should inclusion of the enactments be construed to mean that such laws represent "best practice" or are in accordance with federal law.



STATE INFORMATION EXCHANGE

California Medi-Cal: Ensuring Medicaid for Children Receiving State-Funded Adoption Assistance

California has provided Medicaid (Medi-Cal) to non-Title IV-E (i.e.; state-funded) adoption assistance eligible children for the past 15 years. In 1993 California entered language including this group into its Medicaid State Plan under the category "Optional groups other than the Medically Needy". This addition allows California to provide Medicaid to children up to the age of 21 with a state adoption assistance agreement in effect and who meet the COBRA eligibility requirements:

- ◆ the state has determined that the child cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care
and
who, before execution of the agreement:
 - ◆ Was eligible for Medicaid under the State's approved Medicaid plan
 - or
 - ◆ Would have been eligible for Medicaid based on own means.

In 1999, California passed Senate Bill 1270, Chapter 887, Statutes of 1999, to include in the Medicaid State Plan all children with special needs for whom:

- ◆ medical and other necessary services are provided under interstate compacts
or
- ◆ adoption assistance and related services are provided under interstate compacts.

Children eligible under this bill are eligible to receive Medi-Cal benefits under the "Medically Needy" person classification.

On January 1, 2000 California implemented the State Option, as provided in California Welfare and Institutions Code 16176, to cover a non-Title IV-E child, who:

- ◆ is a resident of California and who is the subject of a state-only adoption assistance agreement with another State shall (receive Medi-Cal) whether or not there is a cash benefit;
and
- ◆ is the subject of a state-only adoption assistance agreement with California will continue to be eligible for Medi-Cal benefits when the child is placed out-of-state or with his or her adoptive family, moves out-of-state, and the receiving state does not provide Medicaid benefits to the child.

California provides Medicaid coverage to state-funded children from any other state who become residents of California. However, children receiving non-Title IV-E adoption assistance from California who relocate to other states do not always share the same benefit. This lack of medical benefits may impose hardships on the adoptive family—a situation adoption professionals everywhere know is detrimental to adopted children and to the recruitment of adoptive families.

It is essential for all states to develop a coordinated process to facilitate the transition of a family to a new state or jurisdiction to ensure there is no interruption in medical coverage. States need to educate all adoptive families of the impact of interstate moves on the receipt of Medicaid. Any situation that may interrupt the delivery of services should be carefully explained so the family can take the necessary steps to avoid a loss of or lapse in medical coverage.

California is committed to ensuring that any child who has an adoption assistance agreement with the state receives medical services no matter where he/she lives in the U.S. To achieve this goal, California will enroll qualified providers in the new state as Medi-Cal Providers upon submission of an application if a child moves to state that does not honor reciprocity of the COBRA option and does not qualify for Medicaid under a different program in the new state of residence. More information and the application to enroll as a California Medi-Cal Provider can be found on-line at the following link:

http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp#Forms

ANNOUNCING

<http://www.aaicama.org/>

One stop for adoption professionals and families who need information to plan for and facilitate successful moves across state lines.

COME VISIT US SOON...

PARENT PERSPECTIVES

Reaching More Prospective Parents, Uno a La Vez

By: Kate Kirkpatrick, Family Network Coordinator, AdoptUsKids/Adoption Exchange Association

The United States Department of Health and Human Services' Administration for Children and Families (ACF) has launched a new Spanish-language public service campaign. ACF partnered with The Advertising Council and the Collaboration to AdoptUsKids to create a Spanish-language public service advertising campaign to reach a wider audience to increase the number of children adopted from foster care by the Hispanic community.

Overview

The campaign uses multi-media public service advertisements (PSAs), developed in partnership with the Advertising Council Inc., to encourage Latino/Hispanic families to consider adoption from foster care. The campaign emphasizes the message that families or individuals can achieve a sense of fulfillment by adopting a child who is in foster care. The new PSAs highlight the emotional and psychological rewards of adoption through foster care by showcasing everyday, yet special, family moments. The ads end with the touching message "Complete a Life. Complete Your Own." The campaign also provides a call-to-action for prospective parents to adopt by offering important, up-to-date, accurate information about state foster care systems and adoption processes.

The campaign is one of many federal efforts aimed at achieving permanency for children in foster care. The primary goal of this campaign is to increase the number of children adopted from the foster care system by strategically using the media to reach the Latino/Hispanic families. The PSAs are placed on television, radio and in print outlets by The Advertising Council to reach prospective adoptive parents.

Web Site Serves as Central Resource

Comprehensive adoption information is available online at a website presented entirely in Spanish. The site promotes national recruitment efforts and connects children awaiting forever homes across the United States with prospective parents in the Hispanic community. The campaign informs prospective adoptive parents on the process of becoming an adoptive parent and features children who are available for adoption. Visit the website at <http://www.adopte1.org/>.

The Need for Adoptive Parents

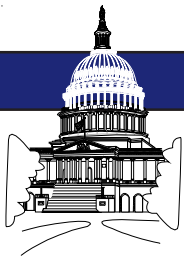
Approximately 300,000 children in the U. S. enter the foster care system each year and 510,000 children are currently in care. Of these, approximately 129,000 children are available for adoption. The majority of children in foster care are children of color and 20% of children waiting to be adopted are Hispanic. There is a also a great need for homes for children ages 9 and up as well as for sibling groups. Each year, approximately 26,000 children "age out" of the system without ever having been placed with permanent families.

General Response

The first, new Spanish-language PSAs were launched on December 12, 2007 and the response has been tremendous. Additional Spanish-language PSAs are in development and will appear at a later date. The Ad Council estimates an audience reach of 9,800,000 people to date. To view the Spanish-language PSAs, link to: <http://www.prnewswire.com/mnr/adCouncil/30974>.

AdoptUsKids is recruiting Spanish-language media spokes-families and child welfare representatives to promote adoption and foster care within the Latino community. The voices of the Latino families motivate and encourage other Latino families to begin the process to adopt. Due to language barriers or a lack of information, Latino families are less likely to consider starting or adding to a family through adoption. Spanish language PSAs have been aired on the top Spanish television stations, such as Primer Impacto, Univision; Noticiero Nacional, Univision; and Conteo de Noticias, Telemundo; among others. These media groups are an important asset in spreading the word of adoption and foster care throughout the Latino community. Interviews with families have been conducted in Miami, Austin, Los Angeles, Chicago, New York City, El Paso, Houston, and White Plains. An average of 138 Latino/Hispanic families called AdoptUsKids expressing interest in adoption or foster care during the last three months of 2007. Following the December 12, 2007 launch of the new Spanish-language PSAs, the incoming calls from interested families jumped to 237 in January 2008.

For information about becoming an adoptive parent to a child from foster care, visit <http://www.adoptuskids.org>, or call 1-888-200-4005 (for English) and <http://www.adopte1.org>, or call 1-877-ADOPT1 (for Spanish).



OIG Posts Fiscal 2008 Work Plan: IV-E Adoption Assistance Audits Planned

(October 1, 2007) The Office of Inspector General (OIG) released its fiscal year 2008 work plan and child welfare has several reviews scheduled. OIG will be reviewing the following:

- ◆ Foster care and adoption assistance training and other administrative costs claimed under Title IV-E.
- ◆ Foster care maintenance payments claimed under Title IV-E on behalf of children for whom the per diem exceeds \$300.
- ◆ Child placing agencies' maintenance payments and administrative costs claimed under Title IV-E.
- ◆ Foster care payment rates for group homes and foster family agency treatment programs.
- ◆ Federal reimbursement claims of adoption assistance subsidies.
- ◆ Title IV-B funds for child welfare services.
- ◆ Foster care maintenance claimed for delinquency placements.
- ◆ Foster care candidate costs.
- ◆ Foster care maintenance payments for children over the age of 19.

APHSA will continue to update states with additional information about the audits in the 2008 fiscal year.

Link: http://oig.hhs.gov/08/Work_Plan_FY_2008.pdf
(report)

Hague Intercountry Adoption Convention Enters into Force

(April 1, 2008) The *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption* (the Convention) entered into force for the United States. The provisions of the Convention governs both immigrating (incoming) and emigrating (outgoing) intercountry adoptions between the United States and other Convention countries.

Implementing the Convention and the IAA has led to many changes in the U.S. intercountry adoption process. Some of these key changes are:

- ◆ Federal accreditation, through accrediting entities designated by the Dept. of State, of adoption service providers who provide certain key adoption services in connection with Convention adoption cases.
- ◆ The replacement of the Department of Homeland Security petition forms I-600A and I-600 for orphans with new forms I-800A and I-800 for "Convention adoptees."
- ◆ New documents will be issued by consular officers overseas in Convention cases, stating that the requirements of the Convention and the IAA have been met for an adoption or custody declaration completed overseas. These are the Hague Adoption Certificate (HAC) or Hague Custody Certificate (HCC), which accompany the IH-3 or IH-4 immigrant visa.
- ◆ For the outgoing adoption or custody declaration completed in the United States, the Department will issue the HAC or Hague Custody Declaration (HCD), stating that the requirements of the Convention and the IAA have been met.
- ◆ The creation of the Adoption Tracking Service (ATS), through which the Department will track both incoming and outgoing cases. It will now be possible to track the cases of American children who are adopted by citizens of other (Hague) countries. Previously there was no federal role in these cases nor was there a system for collecting information about the numbers and destinations of American children adopted abroad.
- ◆ The creation of a Hague Complaint Registry to track public complaints related to intercountry adoptions.

For more information on the Convention's implementation in the United States, please visit the "Intercountry Adoption" section of the U.S. Department of State website at <http://www.travel.state.gov/> or contact the U.S. Central Authority at AdoptionUSCA@state.gov

Web Guides on Emigrating Adoption Cases



The Department of State has posted two web guides on procedures for emigrating (outgoing) adoption cases from the United States to other Convention countries. One web guide is written for the members of the inter-country adoption community and the other is written for U.S. state authorities. The web guides provide information on the new regulations governing outgoing cases, the role of the Department of State in the outgoing case process, FAQs, and other useful information. The two web guides can be accessed through the links listed below.

Link: http://www.travel.state.gov/pdf/Guide_to_outgoing_cases.pdf (adoption community)
Link: http://www.travel.state.gov/family/adoption/convention/convention_4207.html (U.S. state authorities)

For more information on U.S. implementation of the Hague Convention, please visit the "Intercountry Adoption" section of the Department of State website at: <http://www.travel.state.gov> or write to: AdoptionUSCA@state.gov

Legislation Seeks to Resume White House Conference on Children

Congressmembers Chaka Fattah (PA) and Jon Porter (NV) introduced legislation (HR 5461) to reestablish a White House Conference on Children and Youth. While the Conference was originally created about 90 years ago, it has not been assembled since 1970. The bill authorizes a conference to be convened in 2010, focusing on child welfare issues; it was referred to the House Committee on Education and Labor.

Link: <http://www.house.gov/list/> (press release)
Link: <http://thomas.loc.gov/> (enter "HR 5461" in Search)

Adoption Incentive Award Information

Updated Adoption Incentive Award information is available live on-line through the U.S. Department of Health and Human Services, Administration for Children and Families. This information is now live at: http://www.acf.hhs.gov/programs/cb/programs_fund/aiawards.htm
Access is also available from the Programs and Funding page found on the following link: http://www.acf.hhs.gov/programs/cb/programs_fund/index.htm

Credits: American Public Human Services Association, Evan B. Donaldson Adoption Institute, HHS Children's Bureau, National Resource Center for Family Centered Practice and Permanency Planning, U.S. Department of State



Spotlight: Minnesota Adoption Preservation Efforts Adoption Support and Preservation

(MN ASAP) is a collaboration of the Minnesota Adoption Resource Network (<http://www.mnadopt.org>) and the North American Council on Adoptable Children (<http://www.nacac.org/>), funded by the Minnesota Department of Human Services. MN ASAP provides post-adoption information and support to adoptive families, kinship families, adoption professionals, and agencies across Minnesota through a three-tiered system of post-adoption support:

1. Adoption Information Clearinghouse

The MN ASAP clearinghouse offers these services to families and professionals interested in adoption:

- ◆ Comprehensive adoption-related website that contains resources, referrals, fact sheets, statewide training information, and much more.
- ◆ Quarterly newsletter with articles to help families parent adopted children, as well as enable professionals to better support families.
- ◆ A phone line to answer questions.
- ◆ Directories of agencies, professional services, trainings, and other resources.

2. Training for Parents and Professionals

MN ASAP's training component serves families and professionals within the adoption community by:

- ◆ Building multi-disciplinary teams of professionals.
- ◆ Hosting training events for parents and professionals on issues common to adoption.
- ◆ Offering workshops at professional conferences and identifying training opportunities for current and prospective adoptive parents throughout Minnesota.

3. Parent Support and Respite Network

MN ASAP's network for foster, kinship, and adoptive parents includes:

- ◆ Helping parent groups develop buddy programs for support and respite.
- ◆ Creating and enhancing parent support groups across the state.
- ◆ Supporting regional parent liaisons who help parents find the resources they need.
- ◆ Identifying resources for Minnesota parents

Link: <http://www.mnasap.org/>



Medicaid Coverage Beyond the Age of Eighteen

Question: Is it possible for a Title IV-E eligible child to receive Medicaid past the age of eighteen?

Answer: For children receiving Title IV-E adoption assistance, Medicaid receipt is not considered separately from their adoption assistance eligibility. Adoption assistance eligibility is the basis for Medicaid eligibility for most Title IV-E adoption assistance children.

Expansion: The real question is, "Can a child receive Title IV-E adoption assistance past the age of eighteen?" And the answer is, "Yes, a child can receive Title IV-E adoption assistance past the age of eighteen."

It is at state option to continue adoption assistance past the age of eighteen. If the adoption assistance state determines that a child has a mental or physical handicap that warrants the continuation of assistance, the state can continue assistance to the age of 21. Since children who are Title IV-E adoption assistance eligible are also eligible for Medicaid, the Medicaid would also continue in the state in which the child lives so long as that state provides Medicaid past the age of eighteen.

Practice issue: Interstate implications of the extension of Title IV-E adoption assistance past the age of eighteen. It is at the option of the adoption assistance state to extend the receipt of adoption assistance past the age of eighteen. It is mandatory for all states provide Medicaid to the age of eighteen and it is at state option whether to continue Medicaid past eighteen, to nineteen, twenty, or twenty-one. If the child lives in a state that ends Medicaid coverage for all Medicaid eligibles at an age lower than the age to which the adoption assistance state extends a child's adoption assistance, the child may not be able to receive Medicaid from the resident state. If the child is eligible for Title IV-E adoption assistance, they are mandatorily eligible for Medicaid, but may need to look to the adoption assistance state for Medicaid coverage.

Cite: 42 U.S.C. 673 (a)(4); 42 U.S.C. §§1396a and 1396d

Scope of Medicaid Coverage for Individuals Under Title IV-E Adoption Assistance Agreements

"A child who is under a Title IV-E adoption assistance agreement is eligible for Medicaid benefits under the State plan in the State where he or she resides. Under §475(3) of the Act, which defines the term "adoption assistance agreement," the agreement must be binding on the parties, including the State agency, and remain in effect regardless of the State in which the adoptive parents are residents at any given time. In addition, for purposes of eligibility under Title XIX, the agreement must specify that the child is eligible for Medicaid services. (See 45 CFR 1356.40(b)(3).) The agreement must also list any additional services and assistance which are to be provided to the child."

"The medical services which you (the adoption assistance state) may remain bound to provide to an adopted child who moves to another State, however, depends upon how the adoption assistance agreement has been worded.

EXAMPLE 1: An individual is adopted in State 1. State 1 specifies in its agreement only that a child is eligible for Medicaid services. When the child moves to State 2 and becomes eligible under the Medicaid program that is in effect in State 2, for purposes of Medicaid, State 1 is no longer responsible for furnishing Medicaid.

EXAMPLE 2: An individual is adopted in State 1. State 1 specifies in its agreement that the child will receive medical assistance for all services covered under its Medicaid plan. This agreement is satisfied when the child moves to State 2 and becomes eligible under the Medicaid program that is in effect in State 2 only to the extent the services furnished by State 2 match the services in State 1's Medicaid plan.

Under 42 CFR 435.403(k) (the Code of Federal Regulations), States may use interstate agreements to facilitate the placement and adoption of Title IV-E children when the children and their adoptive parents move into another State. Therefore, it is permissible for State 2 to agree to provide the child's Medicaid services, including any additional non-covered services included in the adoption assistance agreement. State 2 could then claim FFP for the services covered under its own plan and seek reimbursement from State 1 for the additional services. State 1 could then claim FFP for these additional services since they are covered under its State plan.

Alternatively, State 1 could pay providers directly for the additional services the child receives while residing in State 2 and then claim FFP. If there are additional services in the adoption assistance agreement which are not covered under the State 1 plan, State 1 cannot claim FFP for them."

CMS's Example #3 directly addresses the issue of age discrepancy in Medicaid coverage between states.

EXAMPLE 3: A child is adopted under an adoption assistance agreement in State 1. Under the agreement, the State allows the person to be eligible for Medicaid coverage until age 21. However, the child moves to State 2, where Medicaid coverage terminates at age 18 for State adoptions and IV-E children. Our policy (CMS) is that the State of residence provides or furnishes Medicaid only to the extent it is available under State 2's Medicaid plan. If the age cut-off in State 2 is 18, then State 2 is not required to furnish Medicaid to individuals beyond age 18. State 1 may make arrangements through an interstate agreement with State 2 to reimburse State 2 for the medical service(s). That is, State 2 provides the service to an individual between the ages 18-20 without claiming FFP. Then State 1 reimburses State 2 for the service and claims FFP."

Connect to the current link for CMS's assistance page entitled Regulations and Guidance:

<http://www.cms.hhs.gov/home/regsguidance.asp>

The Centers for Medicare and Medicaid Services (CMS) State Medicaid Manual addresses the issues of different services and ages of coverage between state Medicaid Plans. Different optional services and the age to which they are provided under a state's Medicaid Plan are covered in Chapter Three, Eligibility. Please see the CMS Medicaid Manual and download Chapter Three at the following link:

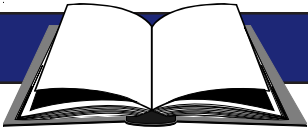
<http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927&intNumPerPage=10>

AFCARS Report Released

March 2008. The Children and Family Research Center at the University Of Illinois at Urbana-Champaign School of Social Work released a report, *Can AFCARS Be Rescued? Fixing the Statistical Yardstick that Measures State Child Welfare Performance*. The report was authored by Mark Testa together with Eun Hoh and John Poertner. The study is the result of a year-long investigation by Fostering Results, a campaign funded by the Pew Charitable Trusts. Arizona, Illinois, Missouri, Ohio, and Wisconsin are the four states detailed in the report. The

report applies a software program that reconstructed partially longitudinal files from AFCARS' point-in-time submissions. The application of the software allows for the development of alternate measures of child welfare outcomes to be used in a Child and Family Service Review. The conclusion of the report is that if AFCARS is re-tooled by utilizing the guidance of researchers, administrators, etc., the AFCARS system can be advanced and made more useful.

Link: http://cfrwww.social.uiuc.edu/pubs/Pdf.files/CAN_AFCARS_BE_RESCUED_final.pdf



RESOURCE NOTES

Children's Bureau Training and Technical Assistance Network

The 2008 online edition of the Children's Bureau's Training & Technical Assistance (T&TA) Network directory is available. The directory contains information on Network members, including the National Child Welfare Resource Centers funded to help States, Territories, and Tribes; centers to help specific grantees; the newest Quality Improvement Centers; and several other organizations that provide assistance in specific areas. The T&TA Network helps States, Territories, Tribes, courts, and grantees meet Federal requirements related to child welfare. Network members can provide assistance in improving outcomes for children and families identified in states' CFSRs.

The entry for each Network member gives information about the kinds of T&TA provided, the resources produced by that member, and contact information. States can request help from the T&TA Network by contacting their Regional Office. AAICAMA is a member of the Network and its information is found on page 18 of the CB's booklet, which lists the specific focus of each T&TA Network member.

Link: <http://www.acf.hhs.gov/programs/cb/tta/index.htm> (CB website)

Link: <http://www.acf.hhs.gov/programs/cb/tta/cbttan.pdf> (T&TA booklet)

AdoptUsKids Project

Title: Barriers and Success Factors in Adoption from Foster Care: Perspectives of Families & Staff

Author: Dr. Ruth McRoy, Adoption Institute Senior Fellow, and her team at the University of Texas

Abstract: A longitudinal evaluation of the first five years of the AdoptUsKids project identified primary barriers experienced by families seeking to adopt children from the foster care system, as well as factors that contribute to successful outcomes. Of the 300 families in the national sample, 38 percent had completed adoptions or were still in the process, 34 percent were known to have dropped out, and another 28 percent had stopped responding and their outcomes were unknown. Primary agency barriers included emotional support, process logistics, communication or responsiveness, and jurisdictional issues. The report and a video presentation are available on-line at the following link:

Link: <http://www.adoptuskids.org/>

ResourceCenter/ (report, video presentation)

Analysis Sees Big Returns for Money Spent on Foster Care Adoption

A cost-benefit analysis of adoptions from foster care, including a synthesis of existing research comparing adopted and foster children, found that a dollar spent on the adoption of foster children yields from \$2.45 to \$3.26 in benefits to society (child welfare and human services savings, reduced educational costs, reduced crime, higher earnings, improved physical and mental health, avoidance of teen parenthood). "The Value of Adoption," by Mary Hansen, was published in the most recent issue of *Adoption Quarterly* (Volume 10, Issue 2). The author recommends that in order to achieve the benefits of adoption, states must reverse the current trend toward cutting post-adoption supports and the federal government must revise the current criteria for funding adoption subsidies.

Link: <http://aq.haworthpress.com/store/> (abstract)

Report on the Importance of Title IV-E for Adopted Children

Title: Federal support for adoption subsidies: state-level variations and the impact for adoptive families

Authors: Gibbs, Deborah; Berkman, Nancy; Weitzenkamp, David; Dalberth, Barbara

Journal: *Journal of Public Child Welfare* v. 1, 2, 2007, p. 71-90

Available from: Haworth Press

Abstract: Federal Title IV-E Adoption Assistance is an essential resource for states moving children from foster care to adoption. Secondary analyses indicate that federal funds support nearly half the costs of all adoption subsidies. Due to variations in eligibility, federal matching rates, and states' use of the program, the proportion of total subsidy costs supported by Title IV-E funds ranges from 25 to 72 percent among states. Multivariate analyses of recent adoptions demonstrate the importance of Title IV-E utilization for adopted children and their families, in that Title IV-E-eligible children are more likely to receive subsidies and to receive larger subsidies, compared to children who are not Title IV-E eligible. Variations in Title IV-E utilization have potential impacts on children, adoptive families and state child welfare agencies.

(Link: <http://www.haworth.com>)

Credits: AdoptUsKids, American Public Human Services Association, Child Welfare Information Gateway, Evan B. Donaldson Adoption Institute, Government Accountability Office, HHS Children's Bureau, National Conference of State Legislatures

GAO Report Calls for Coinsistent Support of States' Administrative Costs

Title: Foster care and adoption assistance: federal oversight needed to safeguard funds and ensure consistent support for states' administrative costs: report to the chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives.

Abstract: Policymakers have expressed concern over how costs to administer the Foster Care and Adoption Assistance programs are contributing to overall increased federal expenditures for these programs, estimated by the Congressional Budget Office to rise from about \$6 billion in fiscal year 2003 to \$8 billion in fiscal year 2008. The purpose of these programs is to provide financial support for the proper care of children who need placement outside their homes and to find adoptive homes for children with special needs. They are authorized under Title IV-E of the Social Security Act and are administered by the Department of Health and Human Services' Administration for Children and Families (ACF). The GAO was asked to address: (1) how the amounts and types of administrative costs changed from FY 2000 to FY 2004; (2) the reasons for differences in and among states in administrative spending and how these differences affect program services; and (3) whether HHS's oversight of administrative costs provides adequate controls over program spending. The GAO recommends a number of actions for HHS to better safeguard federal resources and ensure consistent federal support for state administration of foster care and adoption assistance. HHS did not explicitly agree or disagree with the recommendations.

Link: <http://www.gao.gov/new.items/d06649.pdf>

Report Reviews State Laws to Improve Education of Foster Children

A report published by the National Conference of State Legislatures reviews legislation that has been passed over a four-year period to improve the education of children in the child welfare system. "Educating Children in Foster Care: State Legislation 2004 - 2007," authored by Sara Munson and Madelyn Freundlich (a staff member of the Adoption Institute), recognizes that California and Washington have been leaders in improving collaboration between the child welfare and educational systems through legislation. The report reviews state laws related to a range of needs from educational stability and continuity through financing of post-secondary education.

Link: <http://www.ncsl.org/print/>

Standards for Adoptive Parent Preparation

Adoption professionals need sufficient training and education on the adoption process in order to fully prepare and support adoptive parents and families. The Evan B. Donaldson Adoption Institute is tackling the issue of preparation for parents and adoption professionals through its Adoptive Parent Preparation Project. The focus of the initial phase is on the basic principles, key issues, methods, and content areas forming best practice standards regarding the preparation and education of adoptive parents, specifically in relation to meeting the mental health and developmental needs of adoptive children.

To assist in the development of effective curricula to educate and prepare adoptive parents, the Adoption Institute issued a policy brief offering the following general recommendations for best practice guidelines:

- ◆ More information about adoption and foster care should be incorporated into professionals' graduate training programs; better continuing education opportunities should be developed.
- ◆ Professionals should provide parent training and education both before and after the adoption; those who cannot offer such services themselves should provide appropriate referrals to their clients.
- ◆ Professionals should provide a balanced, realistic view of adoption that focuses on appropriate skills and expectations generally as well as on the unique needs of the child to be adopted.
- ◆ Because much of the current post adoption counseling comes through community-based mental health professionals, they should receive better training in areas related to adoption.

The policy brief also highlights the core beliefs and principles of parent preparation and education, obstacles to sufficient preparation, content areas and topics to include in parent education, and topics for families who adopt from the child welfare system, other countries, and across racial lines.

The second phase will involve the development of a comprehensive set of curriculum modules for training adoptive parents on the mental health, developmental, and childrearing issues related to adoption.

Policy brief can be downloaded at the Adoption Institute website: http://www.adoptioninstitute.org/research/2008_02_parent_prep.php

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