

Medi-Cal Program Guide (MPG) Letter # 690

August 11, 2009

Subject **IMPLEMENTATION OF AID CODE 06 FOR THE OUT-OF-STATE INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA) AND AID CODE 46 FOR THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)**

Effective Date Upon Receipt

Reference ACWDL 00-22, 08-30, 08-30E

Purpose This letter provides:

- Instructions for implementing two new aid codes for Adoption Assistance Program (AAP) and Foster Care (FC) Medi-Cal.
- Aid codes for children in the Kinship Guardian Assistance Payment (KinGAP) Program and the Adoption Assistance Program (AAP) that were not previously incorporated into the MPG.

Background The Adoption Assistance and Child Welfare Act of 1980 established federally-aided AAP under Title IV-E of the Social Security Act. Through this program the federal government contributes to the state's costs of providing adoption subsidies and Medicaid for children who meet certain eligibility criteria.

Member states meet the mandate for states to protect the interstate interests of adopted special needs children through an established framework known as ICAMA. ICAMA provides for uniformity and consistency of policy and procedures when a child with special needs is adopted by a family in another state or the adoptive family moves to another state.

In May 2001, California became a member of ICAMA. As each state's Medicaid program differs (forms, information required, benefits, coverage, etc.), such systematic differences would provide barriers to children and families receiving medical benefits in interstate situations without the compact.

ICPC functions in a similar fashion for children requiring out-of-state

FC placement and provides the same protections and services to these children as if they remained in their home state. This includes medical services.

When a child enters California through ICAMA or ICPC, the placing state pays the cash subsidy, but the children receive Medi-Cal through California.

Counties have been using existing aid codes to establish Medi-Cal for children receiving AAP and FC which does not allow for tracking of these cases. In addition, county systems have been programmed so that all AAP and FC cases have a cash payment that must be included when establishing Medi-Cal. However, because these cases do not have a cash payment from California, counties often are not able to assign the correct aid codes. Consequently, DHCS is implementing two new aid codes for appropriate tracking of out-of-state Medi-Cal for these children.

Changes

Aid Code 06 is to be used for children receiving a federal Title IV-E AAP cash subsidy from out-of-state.

Aid Code 46 is to be used for Title IV-E federally-funded FC children placed in California by another state.

Aid Code 4A will be used for non-federally eligible AAP children placed in California by another ICAMA state and there is a state-only AAP agreement between that state and the adoptive parents.

Aid Code 4F will be used for Kin-GAP children with FFP.

Aid Code 4G will be used for Kin-GAP children without FFP.

These aid codes provide full-scope zero Share-of-Cost (SOC) Medi-Cal benefits with no income or asset tests.

**Required
Actions**

Workers must take the following actions:

- Place all new out-of-state AAP and FC cases in the appropriate new aid codes upon authorization of benefits.
- Utilizing caseload lists worker shall identify existing Title IV-E ICAMA AAP and Title IV-E ICPC FC cases and convert those cases to the appropriate new aid codes no later than June 2009.

Step	Responsible Person	Action
1.	Worker	Runs EDBC.
2.		Contacts Operational Support Help Desk (OSHD) to request an Override Request Form.
3.		Completes the Override Request Form indicating an override is needed on the Display Individual Eligibility Summary.
4.		E-mails the completed Override Request Form to ISHD at calwinhd@sdcounty.ca.gov .
5.	OSHD	Performs the override as requested by the worker.
6.	Worker	Re-runs EDBC to confirm overrides and authorizes the results.
7.		Makes the appropriate corrections to any Client Correspondence that was produced.

Automation Impact

Override must be requested as shown in the step action table above.

Forms Impact

None.

Quality Assurance Impact

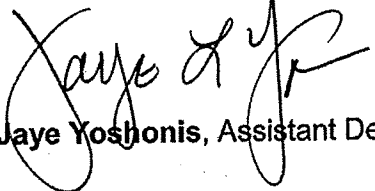
Effective with September 2009 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirement of this letter.

Summary of Changes

The table below shows the changes made in the Medi-Cal Program Guide (MPG).

Section	Summary of Change
Article 5, Section 9	Removed.
Article 5, Section 11	Infomapped and replaced Article 5, Section 11; added TOC.

Manager Approval


 Jaye Yoshonis, Assistant Deputy Director

Self-Sufficiency Programs
Strategic Planning and Operational Support Division

DMH