



Interstate Compact on the Placement of Children (ICPC)
FINANCIAL/MEDICAL PLAN

Complete one form per child. MUST BE REVIEWED WITH TITLE IV-E SPECIALIST
(Caseworker, please review financial and medical plan with the care provider.)

Child's Name: _____ Date of Birth: _____

Case # P/L: _____ Case Worker: _____

IV-E status: _____ Provider type: _____

As long as this child remains in the custody of Oregon Department of Human Services (DHS), Oregon will be financially responsible for this placement and for authorized services provided to the child.

Financial Plan

- Placement is with a parent. The parent is expected to provide financial support for the child, or to apply for public assistance in the receiving state, if needed.
Placement is in substitute care. Oregon DHS will make foster payments to the substitute care provider, at receiving state foster care rates. Foster licensing/certification is required for non-relatives or for relatives of children who are Title IV-E eligible.
Placement is in adoptive home. Foster care payment will be made pending Adoption subsidy. For foster payment to be made, foster licensing/certification is required for non-relatives or for relatives of children who are Title IV-E eligible.

Medical Plan

- Placement is with a parent. The parent is expected to provide medical coverage for the child or to apply for Medicaid in the receiving state, if needed.
Placement is in substitute care. The child is eligible for Title IV-E foster care and will be placed in a home that is foster-licensed or certified. This child is eligible under COBRA to receive Medicaid in the receiving state. The care provider must apply for medical coverage at the Medicaid office in the receiving state.
Placement is in substitute care. The child is not eligible for Title IV-E foster care. The care provider must apply for medical coverage at the Medicaid office in the receiving state. If Medicaid is denied, the child will remain on the Oregon Health Plan, and service providers need to enroll through Oregon's Division of Medical Assistance Program (DMAP) in order to receive payment.
The child receives SSI and therefore is eligible for Medicaid in the receiving state. The care provider must apply for medical coverage at the Medicaid office in the receiving state.
Placement is in adoptive home. The care provider must apply for Medicaid coverage in receiving state pending ICAMA medical coverage effective the date adoption subsidy begins.

Comments:

Title IV-E Specialist Name / / Date Reviewed () Phone Number