ICAMA FORM 7.5 Information Exchange—Cases Opened with ICAMA 6.01

EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW											
TODAY'S DATE: December 31, 2014 To copy and paste addresses go to: http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information											
FR	FROM:					TO:					
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address											
Child's Legal Name							Basis f	or Medicaid Eligibility			
						_		Title IV-E Adoption Assistance			
								Non title IV-E Adoption Assistance			
Le	Legal SSN							Title IV-E GAP			
Birthdate											
NE		RMA	TION								
Contact Information Change (include phone and/or email if available)											
		Far	nily move within residence st	ithin residence state New Address:							
			Child-only move within residence state		New Ad	dress	:				
		Chi			Reason:						
		Far	nily move to new state		New Address:						
			ild-only move to new state		New Ad	dress	:				
		Chi			Reason:						
			nily new phone/email	New Phone/e	email:						
		Child-only new phone/email			New Phone/email:						
		Other Contact Information Change									
Child's Eligibility for Assistance Ends											
	Medicaid case close										
		Close Medicaid Case (Agreement State) Reason:									

		Medicaid (Residence	Case Closing e State)	Reason:										
Chi	Child's Eligibility for title IV-E Assistance Extended (AGREEMENT STATE ONLY)													
	Eligibili	ility for title IV-E extended by Agreement State (REQUIRED Documentation attached)												
		Title IV-E e <i>(date)</i>	ligibility extended th	rough	Medicaid remains open for title IV-E eligible *Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect. Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8									
Chi	hild's Eligibility for NON-title IV-E Adoption Assistance Extended (AGREEMENT STATE ONLY)													
	Eligibilit	Eligibility for NON-title IV-E Adoption Assistance extended by Agreement State (REQUIRED Documentation attached)												
		NON-title IV extended th <i>(date)</i>	/-E Adoption Assistance prough	eligibility	Medicaid remains open for non-title IV-E eligible at the option of the Residence State *Agreement State has determined that child is Medicaid eligible—has met all COBRA requirements including having special medical or rehabilitative needs. Cite: §1902(a)(10)(A)(ii)(VIII) of the Act (SSA).									
	R	RESIDENCE STATE Response (please check only one)												
		Medicaid remains open for NON-title IV-E adoption assistance eligible through (date)												
		Medicaid case DOES NOT remain open in Residence State despite extension of eligibility by Agreement State Request for extension denied for NON-title IV-E adoption assistance eligible. Medicaid case will be closed (date)												
		RESIDENCE STATE CONTACT												
	RESIDENCE STATE CONTACT	FROM:	Date: Name: Phone: Email:											
Cas	se Change Information													
		Child enter	red Foster Care	с	ate:									
		Adoption/	Guardianship Finalize	d [ate:									
		Adoption/0	Guardianship Dissolve	ed [ate:									
Ne	w SSN													
	New Social Security Number				lease call this umber									
Oth	Other Information													

DISTRIBUTION:

Recipient state receives (1) (with documentation if required) Reporting state retains (1)