

Appendix
 5101:2-44-05.2
ICAMA FORM 7.5
Information Exchange—Cases Opened with ICAMA 6.01
EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW - -

TODAY'S DATE: October 25, 2021

To copy and paste addresses go to:

<http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information>

| | |
|---|------------|
| FROM: | TO: |
| | |
| Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address | |

| | | | |
|--|--|---------------------------------------|------------------------------------|
| Child's Legal Name | | Basis for Medicaid Eligibility | |
| | | <input type="checkbox"/> | Title IV-E Adoption Assistance |
| | | <input type="checkbox"/> | Non title IV-E Adoption Assistance |
| Legal SSN | | <input type="checkbox"/> | Title IV-E GAP |
| Birthdate | | | |
| NEW INFORMATION | | | |
| Contact Information Change (include phone and/or email if available) | | | |
| <input type="checkbox"/> | Family move within residence state | New Address: | |
| <input type="checkbox"/> | Child-only move within residence state | New Address: | |
| | | Reason: | |
| <input type="checkbox"/> | Family move to new state | New Address: | |
| <input type="checkbox"/> | Child-only move to new state | New Address: | |
| | | Reason: | |
| <input type="checkbox"/> | Family new phone/email | New Phone/email: | |
| <input type="checkbox"/> | Child-only new phone/email | New Phone/email: | |
| <input type="checkbox"/> | Other Contact Information Change | | |
| Child's Eligibility for Assistance Ends | | | |
| Medicaid case close | | | |
| <input type="checkbox"/> | Close Medicaid Case (Agreement State) | Reason: | |

| | | |
|---|---|---|
| <input type="checkbox"/> | Medicaid Case Closing (Residence State) | Reason: |
| Child's Eligibility for title IV-E Assistance Extended (AGREEMENT STATE ONLY) | | |
| Eligibility for title IV-E extended by Agreement State (<i>REQUIRED Documentation attached</i>) | | |
| <input type="checkbox"/> | Title IV-E eligibility extended through (<i>date</i>) | <p>Medicaid remains open for title IV-E eligible</p> <p><i>*Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect.</i></p> <p>Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8</p> |
| Child's Eligibility for NON-title IV-E Adoption Assistance Extended (AGREEMENT STATE ONLY) | | |
| Eligibility for NON-title IV-E Adoption Assistance extended by Agreement State (<i>REQUIRED Documentation attached</i>) | | |
| <input type="checkbox"/> | NON-title IV-E Adoption Assistance eligibility extended through (<i>date</i>) | <p>Medicaid remains open for non-title IV-E eligible at the option of the Residence State</p> <p><i>*Agreement State has determined that child is Medicaid eligible—has met all COBRA requirements including having special medical or rehabilitative needs.</i></p> <p>Cite: §1902(a)(10)(A)(ii)(VIII) of the Act (SSA).</p> |
| RESIDENCE STATE Response (please check only one) | | |
| <input type="checkbox"/> | Medicaid remains open for NON-title IV-E adoption assistance eligible through (<i>date</i>) | |
| <input type="checkbox"/> | 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 (<i>date</i>) | |
| RESIDENCE STATE CONTACT | RESIDENCE STATE CONTACT | |
| | FROM: | Date: |
| | | Name: |
| | | Phone: |
| | | Email: |
| Case Change Information | | |
| <input type="checkbox"/> | Child entered Foster Care | Date: |
| <input type="checkbox"/> | Adoption/Guardianship Finalized | Date: |
| <input type="checkbox"/> | Adoption/Guardianship Dissolved | Date: |
| New SSN | | |
| <input type="checkbox"/> | New Social Security Number | Please call this number |
| Other Information | | |

DISTRIBUTION:

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

Reporting state retains (1)