ICAMA FORM 7.5 (revised)
Information Exchange—
Cases Opened with ICAMA 6.01, California 7.01, and New York 7.01

EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW - -
(PLEASE USE ONLY DIGITS)

TODAY'S DATE: February 6, 2018
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			
California County		California County	

Child's Legal Name		Basis for Medicaid Eligibility	
		☐	Title IV-E Adoption Assistance
		☐	Non title IV-E Adoption Assistance
Legal SSN		☐	Title IV-E GAP
Birthdate		This change is for children. If more than one child is affected please complete ICAMA 7.5 Additional and submit with this form.	

MEDICAID CASE

Medicaid Case Open			
☐	Medicaid Case Opened	Date Open:	
		Projected Closure Date	
		Medicaid Case Number *(if available)*	
☐	Medicaid Case NOT Opened	Reason	

Child's Eligibility for Assistance Ends		
Medicaid case close		
☐	Close Medicaid Case (Agreement State)	Reason:
☐	Medicaid Case Closing (Residence State)	Reason:

NEW INFORMATION

Contact Information Change (include phone and/or email if available)

☐	Family move within residence state	New Address:	
☐	Child-only move within residence state	New Address:	
			Reason:
☐	Family move to new state	New Address:	
☐	Child-only move to new state	New Address:	
			Reason:
☐	Family new phone/email	New Phone/email:	
☐	Child-only new phone/email	New Phone/email:	
☐	Other Contact Information Change		

Child's Eligibility for **title IV-E** Assistance Extended (AGREEMENT STATE ONLY)

Eligibility for title IV-E extended by Agreement State *(REQUIRED Documentation attached)*

☐	Title IV-E eligibility extended through *(date)*	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

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 *(REQUIRED Documentation attached)*

☐	NON-title IV-E Adoption Assistance eligibility extended through *(date)*	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).

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:	

Case Change Information

☐	Child entered Foster Care	Date:
☐	Adoption/Guardianship Finalized	Date:
☐	Adoption/Guardianship Dissolved	Date:

New SSN

☐	New Social Security Number	Please call this number

Other Information

DISTRIBUTION:
Recipient state receives (1) (with documentation if required)
Reporting state retains (1)
Parent/Guardian receives (1)