

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	
		<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		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			
<input type="checkbox"/>	Medicaid Case Opened	Date Open:	
		Projected Closure Date	
		Medicaid Case Number <i>(if available)</i>	
<input type="checkbox"/>	Medicaid Case NOT Opened	Reason	
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:	

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 **title IV-E** Assistance Extended (AGREEMENT STATE ONLY)

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

<input type="checkbox"/>	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)

<input type="checkbox"/>	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)

<input type="checkbox"/>	Medicaid remains open for NON-title IV-E adoption assistance eligible through (date)
<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 (date)

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)

Parent/Guardian receives (1)