

ICAMA FORM 7.5
Information Exchange—Cases Opened with ICAMA 6.01

EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW - -

TODAY'S DATE: March 28, 2017

To copy and paste addresses go to:

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

<p>FROM:</p> <p>Kansas DCF</p> <p>PPS Administration</p> <p>555 S Kansas 4th Flr</p> <p>Topeka, KS 66603</p> <p>Fax: 785-368-8159</p>	<p>TO:</p>
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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 *(REQUIRED Documentation attached)*

<input type="checkbox"/>	Title IV-E eligibility extended through <i>(date)</i>	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
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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 <i>(date)</i>	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).
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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		
		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
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Other Information

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DISTRIBUTION:

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

Reporting state retains (1)

