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

FROM:	TO:
Kansas DCF **PPS Administration** **555 S Kansas 4th Flr** **Topeka, KS 66603** **Fax: 785-368-8159**	

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

		Basis for Medicaid Eligibility
Child's Legal Name		☐ Title IV-E Adoption Assistance
		☐ Non title IV-E Adoption Assistance
Legal SSN		☐ Title IV-E GAP
Birthdate		

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 Assistance Ends

	Medicaid case close

☐	Close Medicaid Case (Agreement State)	Reason:
☐	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)*

☐	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)

Kansas
Department for Children and Families
Prevention and Protection Services
Strong Families Make a Strong Kansas