

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)

NOTICE OF MEDICAID ELIGIBILITY/CASE ACTIVATION (ICAMA 7.00)

INSTRUCTIONS

PURPOSE:

Form CD ICAMA 7.00, Notice of Medicaid Eligibility/Case Activation, is a form that is consistent to all Compact member states. This form must be completed by the adoption worker and is submitted to the ICAMA Coordinator. This form will be available through the ICAMA Worksite/Database.

COPIES & DISTRIBUTION:

This is a multiple page form. The Children's Service Worker should retain one copy to be placed in the child/ren's adoption record.

INSTRUCTIONS FOR COMPLETION:

This form is completed through the ICAMA Worksite/Database, in a fillable format. All required sections as indicated below will also be indicated on the worksite/database in yellow.

Date requested for Medicaid opening (required)

This date is the date that Medicaid is requested to be opened by in the receiving state. This date should be within thirty (30) days of the family moving. If the family had moved a significant time, ie. more than six (6) months previous, prior to the referral being submitted to MO ICAMA then use the most recent 1st day of the month to request the Medicaid be opened.

Date of Medicaid closure (required)

This is the date that Medicaid was closed in MO. Generally, this will be the date the address in FACES was changed to out of state.

Section A: Referral Information

From:/ To: sections are auto-filled

Section B: Child Information

This section is to provide necessary information regarding the child and type of funding for Medicaid eligibility.

1. Name/Birthdate/Social Security Number etc: *All are required fields*
Child's legal name is required. This needs to be the child's adoptive name as that is the name the case will be opened under. Child's social security number is required as this is the number that will be used to look up information in the ICAMA worksite/database.

Boxes for Ethnicity, date of birth, gender and basis of Medicaid eligibility must also be completed. If for some reason the child is not placed with the adoptive parents in the receiving state, the last part of this section is to be completed.

Attach agreement documents for child: Staff will electronically attach required adoption subsidy documentation here

2. Adoptive Parent(s)/Guardian(s): *Only one parent/guardian name is required here.*
3. Address in New or Current Residence State: *required information.*

Section C. Certification

This section is completed by the MO ICAMA unit.

ICAMA FORM 7.0D
NOTICE OF MEDICAID ELIGIBILITY/CASE ACTIVATION

DATE REQUESTED FOR MEDICAID OPENING - -

DATE OF MEDICAID CLOSURE - -

ADMINISTRATIVE INFORMATION

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

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

APPLICANT INFORMATION

I. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

Child A		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Legal Name		<i>Race</i> *Check all boxes that are applicable					
*Social Security # (SSN) <i>Required to open Medicaid case</i>							
Birthdate - -	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <i>Ethnicity</i> *Check if applicable					
Basis of Medicaid eligibility <i>(Check only one)</i>	Adoption Assistance			Guardianship Assistance Program			
	<input type="checkbox"/> Title IV-E	<input type="checkbox"/> State-funded	<input type="checkbox"/> Title IV-E GAP				
Child B		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Legal Name		<i>Race</i> *Check all boxes that are applicable					
*Social Security # (SSN) <i>Required to open Medicaid case</i>							
Birthdate - -	<i>Ethnicity</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <i>Ethnicity</i> *Check if applicable					
Basis of Medicaid eligibility <i>(Check only one)</i>	Adoption Assistance			Guardianship Assistance Program			
	<input type="checkbox"/> Title IV-E	<input type="checkbox"/> State-funded	<input type="checkbox"/> Title IV-E GAP				

Child C		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Legal Name		<i>*Check all boxes that are applicable</i>					
*Social Security # (SSN) <i>Required to open Medicaid case</i>							
Birthdate - -	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic/Latino <i>*Check if applicable</i>					
Basis of Medicaid eligibility <i>(Check only one)</i>		<i>Adoption Assistance</i> <input type="checkbox"/> Title IV-E <input type="checkbox"/> State-funded			<i>Guardianship Assistance Program</i> <input type="checkbox"/> Title IV-E GAP		
2. ADOPTIVE PARENT(S)/GUARDIAN(S):							
Parent/Guardian 1- Name:							
Parent/Guardian 2- Name:							
3. ADDRESS IN NEW OR CURRENT RESIDENCE STATE:							
Number and Street:							
County: <i>(if known)</i>							
City:		State:		Zip: -			
Telephone : - - (ext)		E-mail :					
4. PREVIOUS ADDRESS (if applicable):							
Number and Street:							
County: <i>(if known)</i>							
City:		State:		Zip: -			
Telephone : - - (ext)		E-mail : <i>(If not the same as in Section 3 above)</i>					
5. CHILD IS NOT RESIDING WITH ADOPTIVE PARENT(S)/GUARDIAN(S): <i>(Check one)</i>							
<i>Case remains open and child remains eligible for Medicaid despite absence from adoptive home</i>							
<input type="checkbox"/> Inpatient residential treatment							
<input type="checkbox"/> School							
<input type="checkbox"/> Temporary absence from the home <i>(not for school or residential treatment)</i>							
<input type="checkbox"/> Other							
Please give brief explanation							
DECLARATION							
This is to certify that the records of my agency show the above named child(ren) to be eligible for the Medicaid Identification document(s) in his/her/their new residence state in accordance with the information contained herein and the attached Adoption Assistance Agreement or Guardianship Assistance Agreement.							
In addition, I hereby certify that the attached agreement(s) is/are a true copy/copies of the most current Adoption Assistance Agreement(s) or Guardianship Assistance Agreement(s) for the named child(ren) in the files of my agency and is/are in effect unless the residence state is notified that it/they has/have been terminated by my agency or state.							
Signed at:							

City		State	
This	day of	20	
<i>Signature:</i>			
Name		Telephone Number - - (ext)	
Title		E-mail address	
Agency			

DISTRIBUTION:

Original with copy of current Adoption Assistance/Guardianship agreement to (new) Residence State

(1) copy to adoptive parent(s)

(1) file copy retained in issuing office

What's changed?

What's not...

Basically the function of ICAMA forms remains the same...to make it easy* for children with adoption assistance agreements and title IV-E GAP agreements to receive Medicaid services in a state other than their agreement state (AS)

EASY means the family doesn't have to DO anything* to receive Medicaid

Not do anything means they don't have to apply for Medicaid...

...families should contact their AS to advise of a change of Residence State (RS)

(in a perfect world, we know)



What's changed?
What's not...

**Use of the current ICAMA Form is a legal
obligation for all ICAMA signatories**



Just a few notes on the ICAMA Process

There are two kinds of states in the ICAMA process:

AGREEMENT STATE (AS) RESIDENCE STATE (RS)

Agreement state always begins the relationship with the Residence state. The relationship continues until:

The child leaves the RS *or*

The parents' agreement with the AS ends



Just a few notes on the ICAMA Process

Each exchange of information between the

AGREEMENT STATE (AS) and RESIDENCE STATE (RS)
is called an ACTION*

**For ease of discussion*



What's changed? What's not...

PAGE1 - Mozilla Firefox

blueironnetwork.net/workflow/servlet/Workflow1?i=VGVtcGxhdGVJZD02Jldvcm93bG93SWQ9SMT1wNCZTdGVwSWQ9SQWdyZWVtZW50&sizeSet=true



Here's how it all starts

ICAMA Form

Agreement State

Select option

- Open Medicaid Case
- Close Medicaid Case
- Medicaid Extension Request
- Contact Information Change
- Change in Case Status

Initially, as there are no entries in the database, you will use the 'Open Medicaid Case' almost exclusively as the AS

This is the option where states enter all the information on the child.
This is the only entry where the server does not 'look up' a child... just sits ready to receive data.

Submit

Yellow fields must be completed

ICAMA FORM 7.00 NOTICE OF MEDICAID ELIGIBILITY/CASE

DATE REQUESTED FOR MEDICAID OPENING



Must be <21 calculated on birthdate—an error message will occur when the birth date is entered if the age is ≥21

DATE OF MEDICAID CLOSURE



(in Agreement)

[Link to Contact List](#)

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

State: Robyn Bockweg - Washington, DC, DC - RBockweg@aphsa.org - 202.682.0100 x247

DC - ▾

Email: RBockweg@aphsa.org

Auto-filled from log-in information

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

State:

Select ▾

Email:

Auto-filled from state-select information

1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

Child 1 Legal Name



American Indian/



Asian



Black /African



Native Hawaiian/

1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

Child 1 Legal Name

*Social Security # (SSN)

Required to open Medicaid case

SSN entered twice

Confirm

Birthdate

Gender Male
 Female

American Indian/Alaskan Native

Asian

Black /African American

Native Hawaiian/Other Pacific Islander

**Check all boxes that are applicable*

White

Hispanic/Latino

Unknown

Must be <21

Basis of Medicaid eligibility
(Check only one)

Adoption Assistance

Guardianship Assistance Program

Title IV-E State-funded

Title IV-E GAP NEW ADDITION

Child is not residing with adoptive parent(s)/guardian(s): *(Check one if applicable)*

Case remains open and child remains eligible for Medicaid despite absence from adoptive home

Inpatient residential treatment School Temporary absence from the home Other (explanation below)

Attach agreement documents for child:

2. ADOPTIVE PARENT(S)/GUARDIAN(S):

Parent/Guardian 1 Name:

Can add up to 12 children



Case remains open and child remains eligible for Medicaid despite absence from adoptive home

Inpatient residential treatment School Temporary absence from the home Other (explanation below)

Attach agreement documents for child:

Attach Document

Signed Agreement is attached here

2. ADOPTIVE PARENT(S)/GUARDIAN(S):

Parent/Guardian 1 Name:

Parent/Guardian 2 Name:

3. ADDRESS IN NEW OR CURRENT RESIDENCE STATE:

Number and Street:

County (if known)

City:

State:

Select State

Zip:

Telephone :

OR E-mail :

4. PREVIOUS ADDRESS (if applicable)

Number and Street:

County (if known)

City:

State:

Select State

Zip:

Telephone :

E-mail :

(If not the same as above)

This is to certify that the records of my agency show the above named child(ren) to be eligible for the Medicaid Identification document(s) in his\her\their new residence state in accordance with the information contained herein and the attached Adoption Assistance Agreement or Guardianship Assistance Agreement. In addition, I hereby certify that the attached agreement(s) is/are a true copy/copies of the most current Adoption Assistance Agreement(s) or Guardianship Assistance Agreement(s) for the named child(ren) in the files of my agency and is/are in effect unless the residence state is notified that it/they has/have been terminated by my agency or state.

Signed at:

Auto-filled from log-in information

City	Washington, DC	State	DC - District of Colum ▾
This	1	day of	October
		20	14
<i>Signature:</i>			
Name	Robyn Bockweg	Telephone Number	202.682.0100 x247
Title	ICAMA administration	E-mail address	RBockweg@aphsa.org
Agency	Interstate Compact		

Click to sign

Date

Submit

Print



What's changed?

What's not...

The big change is that when you complete all this information:

- it will be part of the secure database
- it will never need to be entered again
- the RS ICAMA administrator will receive immediate notice that a request to open Medicaid is in their task box
- the child's AS/RS interstate case history can be accessed at any time just by entering the child's SSN

And if your state approves, you won't have any more papers to store....



What's changed?

What's not...

The other important difference (benefit) is that because this information is now part of a database

—your state will access to real-time data on:

How many children ENTER your state under the ICAMA

The types of eligibility (title IV-E/non title IV-E)

The ages of the children

Which states they are from

How many children LEAVE your state under the ICAMA

The types of eligibility (title IV-E/non title IV-E)

The ages of the children

Which states they go to

There will also be analytics done on the numbers produced by the database.



What's changed?

What's not...

The 'open Medicaid case' request is much the same as the 6.01 you've been working with...

But now subsequent information exchanges between the AS and the RS will be much easier

And states have a lot more scope for providing information to each other

It's likely that the ICAMA 6.03 will not be long mourned...



What's changed?

What's not...

After the 'Open Medicaid' request...

All actions by either state will now be done using the child's Social Security Number (SSN)

There is no other way to access the child's interstate case history.



What's changed? What's not...

The Agreement State (AS) has the following options in addition to the Open Medicaid Case request:

From the
ICAMA
6.03

- Close Medicaid Case
- Medicaid Extension Request
- Contact Information Change
- Change in Case Status

This is a new option and was not on the ICAMA 6.03



Close Medicaid Case What's changed?

What's not...

1 of 2

PAGE1 - Mozilla Firefox

a:icama.blueironnetwork.net/workflow/servlet/Workflow?i=VGVtcGxhdGVZD02JldvcmtmbG93SWQ9MTIwNiZTdGVwSWQ9SWdyZWVtZW50&sizeSet=true

ICAMA Form

Agreement State

Select option

- Open Medicaid Case
- Close Medicaid Case
- Medicaid Extension Request
- Contact Information Change
- Change in Case Status

Enter the child's SSN if not opening a new case

142409191|

Submit

AS selects

Close Medicaid Case

Enters Child's SSN

Clicks Submit

Close Medicaid Case What's changed?

What's not...

2 of 2

PAGE1 - Mozilla Firefox

aeicama.blueironnetwork.net/workflow/step/1q/Workflow111eYGVtcGxhdGllZD02JllovcmtmbG93SSWQ9MTlwNjZTdGllwSWQ9Q2xvc2J0rTUErQ2FzZDQ__&sizeSet=true



ICAMA Form

Close Medicaid Case

Child Name: Carol Channing
Child SSN: 142409191

Date case to be closed



AS double checks the child's name and SSN
Indicates date case is to be closed
Indicates if this is a move to a new state
Indicates the new state if known
Clicks Submit

MOVE TO NEW STATE

New State (if available)

Yes

Select State



Submit

Contact Information Change

What's changed?

What's not...

1 of 3

PAGE1 - Mozilla Firefox

aaicama.blueironnetwork.net/WorkflowServlet/Workflow1?i=VGvtcGxhdGVWZD02JldvcmtmbG93SWQ9MTlwOSZTdGVwSWQ9QWdyZWVtZW50&sizeSet=true



ICAMA Form

Agreement State

Select option

- Open Medicaid Case
- Close Medicaid Case
- Medicaid Extension Request
- Contact Information Change
- Change in Case Status

Enter the child's SSN if not opening a new case

142409191|

Submit

AS selects

Contact Information Change

Enters Child's SSN

Clicks Submit

Contact Information Change What's changed?

OPTION 1

What's not...

2 of 3

PAGE1 - Mozilla Firefox

aaicams.blueironnetwork.net/workflow/servlet/Workflow1?i=VGvtcGxhdGVJZD002JldvcmtmbG93SWQ9MTIwNyZTdGVwSWQ9QWRkcmVzcysDaGFuZ2UIMkZCZkcrU1NO&sizeSet=true

ICAMA Form

Contact Information Change AS

Child Name: Carol Channing

Child SSN: 142409191

Date Change Effective

Contact Information Change

Family Move Child-Only Address Change

New Address:

Street Address

City

State

ZIP

Select State

New Phone

New Email

Submit

Double checks child's name and SSN

Indicates effective date

Checks Family Move

Indicates new address , phone, email if known

OR

Indicates only new phone and/or email

Clicks Submit

Contact Information Change What's changed?

OPTION 2

What's not...

3 of 3

PAGE1 - Mozilla Firefox

as/cama.blueironnetwork.net/workflow/servlet/Workflow?Title=YGvtdGxhdGVJZD002JldevcmtrmbG93S5WQ9MTlwNyZTd0Vw5WQ9QVRkcmVzcytDa0FgZ2UIMkZOZXc/U1NO&sizeSet=tree



ICAMA Form

Contact Information Change

Child Name: Carol Channing

Child SSN: 142409191

Date Change Effective



Contact Information Change

Family Move

Child-Only Address Change

New Address:

Reason:

Street Address

City

State

ZIP

Select State

New Phone

New Email

AS

Double checks child's name and SSN

Indicates effective date

Checks Child-Only Change

Indicates reason (school, RTF etc.)

Indicates new address , phone, email if known

OR

Indicates only new phone and/or email

Clicks Submit

Submit

Change in Case Status What's changed?

1 of 2

What's not...



PAGE1 - Mozilla Firefox

aeicama.blueironnetwork.net/workflow/servlet/Workflow1?i=VGVtcGxhdGVJZD02IlldvcmtrmbG93SWQ9MTIxMIZTdGVwSWQ9QWdyZWVtZW50&sizeSet=true



ICAMA Form

Agreement State

Select option

- Open Medicaid Case
- Close Medicaid Case
- Medicaid Extension Request
- Contact Information Change
- Change in Case Status

AS selects

Change in Case Status

Enters Child's SSN

Clicks Submit

Enter the child's SSN if not opening a new case

142409191|

Submit

Change in Case Status

What's changed?

2 of 2

What's not...

PAGE1 - Mozilla Firefox

saicoma.blueironnetwork.net/workflow/servlet/Workflow?1a=VIGVtcGxhdGVJZD02JlJvcmtmbG93SvWQ9MTkxMCZTdGVwSvWQ9Q2hhbmdik2luK0Nhc2UrU9RhdHlyb&sizeSet=true



ICAMA Form

Change in Case Status

Child Name: **Carol Channing**

Child SSN: **142409191**

Effective Date of Change



Adoption Finalized

Other

Details

AS

Double checks child's name and SSN

Enters effective date

Indicates Finalization or Other

(with details if known)

Clicks Submit

Submit

What's (really) changed?

What's not...

Have you noticed that the only information you need enter after you put all the information in 'Open Medicaid' is the child's SSN?

NO name, birthdate, address for each subsequent exchange of information....



Medicaid Extension Past Age 18 What's changed?

1 of 3

What's not...

PAGE1 - Mozilla Firefox

aaicama.blueironnetwork.net/workflow/service/Workflow?i=VGVtdGxhdGVJZD02Jlcvcm9mbG93SWQ9MTkxMIZTdGVwSWQ9QWoyZWVtZW50&sizeSet=true



ICAMA Form

Agreement State

Select option

- Open Medicaid Case
- Close Medicaid Case
- Medicaid Extension Request
- Contact Information Change
- Change in Case Status

Enter the child's SSN if not opening a new case

142-40-9191

Submit

**This component is a completely
new addition to the ICAMA Form**

AS selects
Medicaid Extension Request
Enters Child's SSN
Clicks Submit

Medicaid Extension Past Age 18 What's changed?

TITLE IV-E

What's not...

2 of 3

PAGE1 - Mozilla Firefox

blueironnetwork.net

ICAMA Form

Extend Medicaid - Title IV-E

Child Name: Carol Channing

Child SSN: 142409191

Extension of title IV-E Medicaid
Required" through:

Please attach extension documentation.

(i.e. Agreement, letter, addendum, etc).

(Required to extend Medicaid)

Add Attachment

View Attachment

*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.

Submit

AS

Double checks child's name and SSN and verifies
notation of title IV-E eligibility above*

Enters date Medicaid MUST be extended to

Attaches extension documentation

Clicks Submit

Note: This request does not
require approval from the RS

Medicaid Extension Past Age 18 What's changed?

NON-TITLE IV-E

What's not...

3 of 3

PAGE1 - Mozilla Firefox

blueironnetwork.net/workflow/servelet/WorkflowTitleVGetGridGridViewJ2012/advcommb0905WQPMITANIZTJGVW\$WC97m9uK1RpdGxIKONVLUU_SoizeSeta.true

ICAMA Form

Extend Medicaid - Non-Title IV-E

Child Name: Lady Gaga

Child SSN: 042402345

Extension of Non-title IV-E Medicaid Requested* through:

Please give reason for extension.

Please attach extension documentation.

(i.e. Agreement, letter, addendum, etc).

(Required to extend Medicaid)

Add Attachment

View Attachment

The Agreement State has determined that this child is eligible for Medicaid having met the COBRA requirements under SSA§1902(a)(1)(X)(i)(VII) - i.e., child has a non-IV-E adoption assistance agreement in effect & child has been determined by the agreement state to have special medical or rehabilitative needs. Once eligibility is established it continues as long as an adoption agreement is in force and the child is within the age limitation.

AS

Double checks child's name and SSN and verifies notation of non-title IV-E eligibility above*

Enters REQUEST for Medicaid extension to a specific date

Attaches extension documentation

Clicks Submit

Note: This request does require approval from the RS

Medicaid Extension Past Age 18

A modest proposal

NON-
TITLE IV-E

About the extension of Medicaid for children with non-title IV-E Adoption Assistance Agreements (AAA):

- The Residence (RS) will be able to respond to these requests through the ICAMA database.
- AAICAMA encourages ICAMA Professionals to call the RS if they haven't received a response within 7 business days.

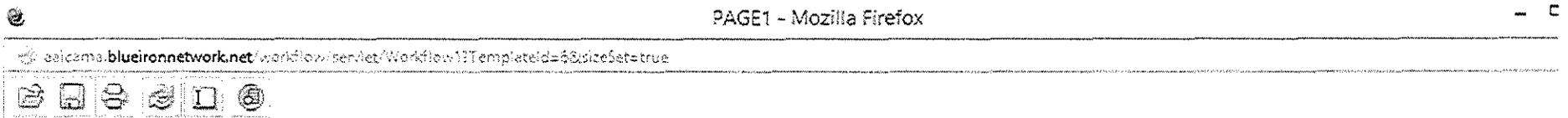
There could be many reasons for the delay—A phone call may help clarify the situation for the RS. For instance, a more detailed explanation of why the extension is needed could allow the RS to extend the Medicaid.



Q:How is the all the case information retrieved?

A:

Just by choosing 'child form lookup'



ICAMA Form

Choose state option then click the continue button.

- Agreement State
- Residence State
- Child Form Look-up

Continue



ICAMA Form

Child Look-up

Entering the child's SSN

Enter child's SSN to look up current form.

142401234

Submit

Q:How is the all the case information retrieved?

Mozilla Firefox

http://eblc.ema.blueironnetwork.net/workflow/service/Workflow.ID=110Vt4GxhdGVZDQZJlovcmtmbG93SjWQSMITvOLZTtdGvw\$WQSPVABkYXRIZCtGbDhSize\$e=true

1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

Child Legal Name Steve Garvey		<input checked="" type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
*Social Security # (SSN) <i>Required to open Medicaid case</i> 142-40-1234		<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Unknown			
Birthdate 02/25/2000	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<i>*Check all boxes that are applicable</i>			
Basis of Medicaid eligibility <i>(Check only one)</i>	Adoption Assistance <input checked="" type="checkbox"/> Title IV-E <input type="checkbox"/> State-funded		Guardianship Assistance Program <input type="checkbox"/> Title IV-E GAP		
Child is not residing with adoptive parent(s)/guardian(s): <i>(Check one if applicable)</i> <i>Case remains open and child remains eligible for Medicaid despite absence from adoptive home</i> <input type="checkbox"/> Inpatient residential treatment <input type="checkbox"/> School <input type="checkbox"/> Temporary absence from the home <input type="checkbox"/> Other (explanation below)					

Attach agreement documents for child:

Medicaid case open information from RS appended

Medicaid Case Opened	Date Open	Projected Closure Date	Medicaid Case Number (if available)
	02/26/2014	02/25/0018	5647201

From: Robyn Bockweg - Washington, DC, DC - RBockweg@aphsa.org



Q:How is the all the case information retrieved?

Mozilla Firefox

caicemo.blueironnetwork.net/workflow/son.net/Workflow/IDreVGvYtoGxhd8WZ002JldvcmmbG83SWQ8MTivOCZTdGvW5WQ8Vv8KYXRIZCtG6Zjt8dize5ete true

Medicaid Case Extended Extended Through

02/25/2025

Medicaid extension request information appended

From: Robyn Bockweg - Washington, DC, DC - RBockweg@aphsa.org on 4/10/14

*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.

2. ADOPTIVE PARENT(S)/GUARDIAN(S):

Parent/Guardian 1 Name: Casey Stengle

Parent/Guardian 2 Name:

3. ADDRESS IN NEW OR CURRENT RESIDENCE STATE:

Number and Street: 25 Wrigley Field

County *(if known)*

City: Boise

State: ID - Idaho

Zip: 23356

Telephone : (255) 682-1010

E-mail :

4. PREVIOUS ADDRESS *(if applicable)*

Number and Street:

County *(if known)*

City:

State: Select State

Zip:

Telephone :

E-mail :

(if not the same as above)

Q: Can I get copies of any part of the
ICAMA 700 form? **

A:

Yes—

You can print a hard copy and/or save a
PDF copy* of:

- [Open Medicaid Case request
- [Any form look-up

*Using your state's naming protocols

**24/7



Responsibilities

Agreement State

- Directs RS to open Medicaid case
- Extends eligibility for assistance
- Directs RS to close Medicaid case if eligibility ends
- Directs RS to close Medicaid case if child leaves RS

Residence State

- Informs AS that Medicaid case is open
- Informs AS that Medicaid case has been or will be closed
- Informs AS that Medicaid has been extended (title IV-E)
- Informs AS state if Medicaid extension has been approved or denied (state-funded AA)
- Informs AS that child has entered foster care

Both States

- Notify of address or other contact information change
- Notify of dissolution of adoption
- Notify of finalization of adoption

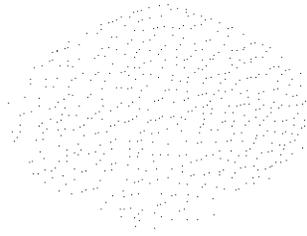


How will I find out that a state has taken an ICAMA action?

In the ICAMA work site each user will have an

—INBOX

—OUTBOX



How will I find out that a state has taken an ICAMA action?

The INBOX will have all the ICAMA actions other states have taken with regard to your state

The screenshot displays the AAICAMA Workflow application. At the top, the AAICAMA logo and name are visible, along with the tagline "The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance". The user is logged in as "Rbockweg" on "10/7/14". The interface includes a navigation sidebar with icons for Tasks, Action Items (178), Reports, and Workflow Monitoring. The main content area shows an "Inbox" tab with a table of actions. The table has columns for Template Name, Sent On, Sent By, Step Name, and Description. Below the table, it indicates "178 Action Items".

Template Name	Sent On	Sent By	Step Name	Description
ICAMA	Oct 7, 2014 9:58:13 AM	Rbockweg	Child Entered Care	Child SSN - 4567
ICAMA	Jun 19, 2014 12:24:07...	Rbockweg	ICAMA	
ICAMA	Jun 12, 2014 12:58:38...	Rbockweg	ICAMA	
ICAMA	Jun 12, 2014 10:57:04...	Rbockweg	ICAMA	
ICAMA	Jun 12, 2014 10:56:03...	Rbockweg	ICAMA	
ICAMA	Jun 5, 2014 12:32:01...	Rbockweg	Address Change/New	Child SSN - 6162
ICAMA	Jun 5, 2014 12:26:53...	Rbockweg	Residence	
ICAMA	Jun 5, 2014 12:01:26...	Rbockweg	Medicaid Extension Ap...	
ICAMA	May 22, 2014 9:27:02...	Rbockweg	Residence	
ICAMA	May 22, 2014 9:26:50...	Rbockweg	Agreement	
ICAMA	May 14, 2014 11:23:1...	Rbockweg	View Form	
ICAMA	May 14, 2014 11:21:2...	Rbockweg	Address Change/New	Child SSN - 6432



How will you find out that a state has taken an ICAMA action?

The OUTBOX will have all the ICAMA actions you have taken with regard to other states

Workflow

The screenshot shows the AAICAMA Workflow application interface. At the top, there is a navigation bar with the AAICAMA logo and the text "The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance". Below this, there is a header area with "Rbockweg" on the left and "10/7/14" on the right. The main content area is divided into a sidebar on the left and a main table area. The sidebar contains icons for "Tasks", "Action Items (178)", "Reports", and "Workflow Monitoring". The main table area has tabs for "Inbox" and "Outbox", with "Outbox" selected. A table lists workflow items with columns for "Template Name", "Sent On", "Step Id", and "Workflow State". A "925 Outbox Items" summary is shown at the bottom of the table. The bottom of the screenshot shows a Windows taskbar with the system tray and a presentation slide footer.

Template Name	Sent On	Step Id	Workflow State
ICAMA	Oct 7, 2014 9:58:13 AM	Residence	Active
ICAMA	Oct 7, 2014 9:57:34 AM	ICAMA	Active
ICAMA	Oct 7, 2014 9:32:50 AM	Request Check	Complete
ICAMA	Oct 7, 2014 9:32:50 AM	Residence	Complete
ICAMA	Oct 7, 2014 9:32:30 AM	ICAMA	Complete
ICAMA	Oct 7, 2014 9:32:17 AM	Request Check	Complete
ICAMA	Oct 7, 2014 9:32:17 AM	Residence	Complete
ICAMA	Oct 7, 2014 9:32:00 AM	ICAMA	Complete
ICAMA	Oct 7, 2014 9:29:56 AM	Residence	Complete
ICAMA	Oct 7, 2014 9:29:35 AM	ICAMA	Complete
ICAMA	Oct 7, 2014 9:18:08 AM	Residence	Complete
ICAMA	Oct 7, 2014 9:16:14 AM	ICAMA	Complete

925 Outbox Items

It's designed to help you track your work by tracking what's completed and what is not

How will I handle ICAMA actions for interstate cases begun before the ICAMA 700 series?

Use the ICAMA FORM 7.5

Information Exchange—Cases Opened with ICAMA 6.01

The AAICAMA Executive Committee recognized the need for this form and worked for several months to develop it.

This form will be sent to all users after the initial trainings are complete...November 20th.

