

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)  
INFORMATION EXCHANGE—CASES OPENED WITH ICAMA 6.01 (CD ICAMA 7.5)  
INSTRUCTIONS

**PURPOSE:**

Form CD ICAMA 7.5, Information Exchange—Cases Opened with ICAMA 6.01, 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. The form must be submitted if there is a change in the adoption case of Medicaid status of a child/ren or there is an address change for a family residing outside of Missouri.

**COPIES & DISTRIBUTION:**

This is a two (2) 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 CD E- Forms, in a fillable format.

**EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW** -- enter date that the changes being reported are to take effect

**Today's Date:** field auto populated for date the form is being completed

**TO:** enter the state the referral is to be sent to

**Child's Legal Name:** This is the child's post adoptive name, NOT the child's birth name, unless the child kept this name after finalization

**Legal SSN:** Child's current social security number

**Birthdate:** Child's date of birth

**Basis for Medicaid Eligibility:** This information can be found on the child's AD screen in FACES under *IVE Eligibility, Fund Category*

## **NEW INFORMATION**

*Contact Information Change:* Mark the appropriate corresponding box for the change being reported and the appropriate additional information in the attached section

*Child's Eligibility for Assistance Ends:* This box is chosen when a child's subsidy related eligibility is terminated. If MO is the adoption subsidy agreement state, then the top box is utilized to notify the residence state that the eligibility is ended and why.

*Child's Eligibility for **Title IVE** Assistance Extended (Agreement State Only):* When an adoption subsidy agreement for an IVE eligible youth has been extended past a youth's 18<sup>th</sup> birthday, this section is utilized. *It is important to include the amendment extending the agreement and to enter the date it is extended to.*

*Child's Eligibility for **NON-Title IVE** Adoption Assistance Extended:* This is for state funded only adoption subsidy agreements youths where the subsidy has been extended past youth's 18<sup>th</sup> birthday. *It is important to include the amendment extending the agreement and to enter the date it is extended to.* PLEASE NOTE: Not all states reciprocate for non-IVE eligible children and not all states will extend Medicaid past age 18, even if the subsidy is extended.

*Residence State Response:* This section following is to be completed by the ICAMA office in Jefferson City only

*Case Change Information:* This section is to report changes in the status of a case. For example, a youth in an adoptive home in another state is placed in foster care and this needs to be reported to the adoption subsidy agreement state. Or when an adoption is finalized or dissolved and needs to be reported to the adoption subsidy agreement state. *Copies of corresponding court orders are required to be submitted with this form*

*New SSN:* If a child's SSN is changed following finalization, this box is marked and the residence state will be directed to call the ICAMA Unit in Jefferson City.

*Other Information:* Any additional pertinent information can be entered here.