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
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.
ICAMA FORM 7.00
NOTICE OF MEDICAID ELIGIBILITY/CASE

DATE REQUESTED FOR MEDICAID OPENING

DATE OF MEDICAID CLOSURE
(in Agreement)

A. REFERRAL INFORMATION

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

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

B. CHILD INFORMATION

1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

Child 1 Legal Name

American Indian/ Asian Black/Native Hawaiian/
### B. CHILD INFORMATION

#### 1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

**Child 1**

<table>
<thead>
<tr>
<th>Legal Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Social Security # (SSN)**

- Required to open Medicaid case
- Confirm

<table>
<thead>
<tr>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

**Basis of Medicaid eligibility**

- **Adoption Assistance**
  - Title IV-E
  - State-funded
- **Guardianship Assistance Program**
  - Title IV-E GAP
  - NEW ADDITION

**Child is not residing with adoptive parent(s)/guardian(s):**

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

**Attach agreement documents for child:**

- Attach Document

---

**2. ADOPTIVE PARENT(s)/GUARDIAN(s):**

**Parent/Guardian 1 Name:**

<p>| |</p>
<table>
<thead>
<tr>
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---

**NEW ADDITION**

Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
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)
C. CERTIFICATION

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  Washington, DC                State  DC - District of Columbia
This 1 day of October 2014

Signature:

Name  Robyn Bockweg
Title  ICAMA administration
Agency  Interstate Compact

Telephone Number  202.682.0100 x247
E-mail address  Rbockweg@aphsa.org

Date

Submit  Print
A word about the Certification...

This is what makes the ICAMA form a legal document giving the Residence State (RS) the authority to open a Medicaid case without doing their standard eligibility determination.

*In essence* it says that the signer guarantees that the eligibility stated above conforms to federal regulation.
What’s changed?

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?

The other important difference 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:

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

From the ICAMA 6.03

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

What’s changed?

What’s not...

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

142109191

Submit

AS selects
Close Medicaid Case
Enters Child’s SSN
Clicks Submit
Close Medicaid Case

What's changed?

What's not...

ICAMA Form

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
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
Contact Information Change
What’s changed?

What’s not...

ICAMA Form

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

New Phone
New Email

Submit

AS

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?

What’s not...

3 of 3

ICAMA Form

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

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
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

Enter: 1424091911

Submit

AS selects
Change in Case Status
Enters Child’s SSN
Clicks Submit
Change in Case Status

What’s changed?

Child Name: Carol Channing
Child SSN: 142409191

Effective Date of Change

☐ Adoption Finalized
☐ Other

Details

What’s not...

AS
Double checks child’s name and SSN
Enters effective date
Indicates Finalization or Other (with details if known)
Clicks 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?

What’s not...

ICAMA Form
Agreement State

This component is a completely new addition to the ICAMA Form

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

AS selects
Medicaid Extension Request
Enters Child’s SSN
Clicks Submit
Medicaid Extension Past Age 18

What’s changed?

What’s not...

**ICAMA Form**

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

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?

What’s not...

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
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

Enter the child’s SSN:

142401234

Submit
Q: How is the all the case information retrieved?

Et voilà!

ICAMA FORM 7.00
NOTICE OF MEDICAID ELIGIBILITY/CASE

DATE REQUESTED FOR MEDICAID OPENING | 02/25/2014
DATE OF MEDICAID CLOSURE | 02/24/2014 (in Agreement State)

A. REFERRAL INFORMATION

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
Email: RBockweg@aphsa.org

TO: Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail
State: Anne Bloxham
ID - Program Specialist
Family & Community Services, Dept. of Health and Welfare
450 W State Street, 5th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
BloxhamA@dhw.idaho.gov
Tel: (208) 334-0697
Fax: (208) 332-7331
Email: BloxhamA@dhw.idaho.gov
Q: How is the all the case information retrieved?

Medicaid case open information from RS appended

**Social Security # (SSN)**
Required to open Medicaid case
142-40-1234

**B. CHILD INFORMATION**

**Child**
- Legal Name: Steve Garvey

**Social Security # (SSN)**
- 142-40-1234

**Birthdate**
- 02/25/2000

**Gender**
- Male

**Basis of Medicaid eligibility**
- Check only one

- [ ] Adoption Assistance
- [ ] Guardianship Assistance Program
- [ ] Title IV-E
- [ ] State-funded
- [ ] Title IV-E GAP

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

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

**Attach agreement documents for child:**

**Medicaid Case Opened**
- Date Open: 02/26/2014
- Projected Closure Date: 02/25/20018
- Medicaid Case Number (if available): 5647201

**From:** Robyn Bockweg - Washington, DC, DC - RBockweg@aphsa.org
Q: How is the all the case information retrieved?

Medicaid extension request information appended

### Medicaid Case Extended
- **Extended Through:** 02/25/2025
- **From:** Robyn Bockweg - Washington, DC, DC - RBockweg@aphsa.org on 4/10/14


### 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:** (if not the same as above)
- **Telephone:**
- **E-mail:**
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
What’s changed?

What’s not... for the Residence State

The Residence State (RS) has the following options:

- Medicaid Case Open
- Medicaid Case Closed
- Medicaid Extension Approval
- Contact Information Change
- Change in Case Status
- Child Entered Foster Care

From the ICAMA 6.03

This is a new option and was not on the ICAMA 6.03
What’s changed?
What’s not...

Residence State

ICAMA Form
Residence State

Select
- Medicaid Case Opener
- Medicaid Case Closed
- Contact Information Change
- Child Entered Foster Care
- Medicaid Extension Approval
- Change in Case Status

Enter the child’s

Submit
What’s (really) changed?
What’s not...

For all the Residence State options all you need is the child’s SSN
NO name, birthdate, address for each exchange of information....
What’s changed?
What’s not...

Residence State
Medicaid case opened

RS double checks the child’s name
Indicates date Medicaid case opened
Indicates projected date closure
Indicates Medicaid case number (if known)
Clicks Submit

This date is auto filled to be the child’s 18th birthday...
It can be overridden to be at age 19, 20 or 21

Medicaid Case Opened
Child Name: George M. Cohan
Child SSN: 142406789

Date case opened

Date case scheduled to be closed
01/01/2018

Medicaid Case Number (if available)

Submit

Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
What’s changed?
What’s not...

Residence State
Medicaid case closed

RS double checks the child’s name and SSN
Indicates date Medicaid case will be closed
Indicates reason for closure
Clicks Submit

ICAMA Form
Medicaid Case Closed

Child Name: Steve Garvey
Child SSN: 142401234

Date Medicaid Case will be closed

Reason for Closure:
  □ Age 18
  □ Other (explain below)

Submit
What’s changed?

What’s not...

Residence State
Medicaid case closed

This option is the result of some extended conversations with the states...

AAICAMA is hoping for improved practice through this option.

Coupled with our new reporting system*, states will be able to ensure that children who can have their eligibility extended past age 18** will have a no break in their Medicaid coverage caused by administrative issues.

* More on this later

** Children with title IV-E eligibility are guaranteed continued access to Medicaid services—those with non-title IV-E do not have this guarantee.
What’s changed?
What’s not...

Residence State
Child enters foster care

RS double checks the child’s name and SSN
Indicates date child entered foster care
Indicates details (if known)
Clicks Submit
What’s changed?

What’s not...

Residence State
approve/decline extension of Medicaid after age 18

RS double checks the child’s name and SSN
Indicates APPROVE/DECLINE
Indicates reason of extension declined
Clicks Submit
What’s changed?

What’s not...

Residence State
extension of Medicaid after age 18

There is no option for this....

WHY? (hint title IV-E)

There is no reason for the Residence State to respond — once title IV-E eligibility has been extended Medicaid MUST be provided to the child until their eligibility ends.

The only action the Residence state should take is to follow their state process for ensuring the Medicaid case will remain open until the child’s eligibility ends.

Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
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

Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
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.
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.

It’s designed to help you track your work by tracking what’s completed and what is not.
What’s Next

From November 3-26 you will be able to practice on the ICAMA work site.

Please use only fictitious information. All the work information in the data base will be wiped out after the trial period ends.
What’s Next

AAICAMA will offer Technical Assistance Webinars to anyone who would like to attend

States will tell us where the bugs are...

November 20th (1 PM)
November 21st (3 PM)
November 25th (1 PM)
November 26th (3 PM)

E-invitations will be sent to ICAMA Primary Contacts...just as they were for this training.

Association of Administrators of the Interstate Compact on Adoption and Medical Assistance
How do I get my temporary password?

First:
ONLY those users who are registered with the server can use a temporary password

All AAICAMA Primary Contacts have received a User Registration Form...

...if you are not registered with the server please contact your ICAMA Administrator
How do I get my temporary password?

Second:
Your ICAMA Administrator will be sent temporary passwords for all registered users.

Then you’ll follow the link:
http://aaicama.blueironnetwork.net:8080/pwm
To BlueIron’s self-service password page.
There you’ll create your own secure password.
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.
What should I do if I don’t know what to do?

(smile)

Contact AAICAMA by email:
rbockweg@aphsa.org