Creating an ICAMA Record



Knowledge Base Article

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Overview

This article provides step-by-step instruction for creating an ICAMA (Interstate Compact on Adoption and Medical Assistance) record to establish Ohio Medicaid.

Important: Upon receipt of an ICAMA referral, a FINS- ICAMA Intake must be created, screened-in, and linked to a Case.

Navigating to the ICAMA Screen

From the Ohio SACWIS Home Page:

- 1. Navigate to the Case Overview screen.
- 2. Click the ICPC/ICAMA link.

Case Overview					
Activity Log	CASE NAME / ID:	ICPC			
Attorney Communication	Sacwis, Susie / 123456	Open (02/07/2020)			
Intake List					
Safety Assessment	ADDRESS: 123 Test Rd	CONTACT:			
Substance Abuse Screening	Test, Oh 12345				
Forms/Notices	AGENCY:				
Category/Pathway Switch	Test County Children Services Board				
Safety Plan	PRIMARY WORKER:	SUPERVISOR(S):			
Actuarial Risk Assessment	Assign Primary Worker	Test, Supervisor			
Family Assessment					
Ongoing Case A/I	Case Actions				
Specialized A/I Tool					
Law Enforcement	View Case Information 0 Linked Cases Proc	View Case Information 0 Linked Cases Prooram Categories Case Status History			
Justification/Waiver					
Case Services	One or more active case members under	One or more active case members under age 22 is missing ICWA information in Person Demographics			
Legal Actions					
Legal Custody/Status	Case members have unspecified relation	ashina			
Living Arrangement /	Case members have unspeched relation	isinps.			
Guardianship					
Initial Removal	Action Items	Case Alerts	Dashboard	Assignments / Eligibility	
Placement Request					
Placement/ICCA	No Action Items Found				
Residential Treatment Information					
Independent Living					
Case Plan Tools	Dismiss Action Items				
Visitation Plans					
Review Tools	Close				
Family Team Meeting					
Safety Reassessment					
Reunification Assessment					
Case Conference Note					
Human Trafficking					
Child Fatality/Near Fatality					
ICPC/ICAMA					

The ICPC/ICAMA screen appears.

- 3. Select the child's name from the active case members listed in the **Child Name** drop-down menu (**ICAMA List grid**).
- 4. Click, Add ICAMA Information.



ICPC List					
Showing (3) records:					
ICPC / NEICE ID	Name	Sender / Recipient	Ohio Agency	Type / Status	Placement Resource
Incoming/Outgoing Placement Type:		CPC Information			
ICAMA List					
Showing (0) records:					
ICAMA ID	Name	Sending State	Receiving /	Agency	Status
Child Name:	Add ICAMA Informati	on			

The ICAMA Details screen appears.

Completing the ICAMA Details Screen

1. Make a selection from the Sending State drop-down menu. (Receiving Agency

will be pre-populated.)

- 2. Enter the **AA Agreement Date**.
- 3. Enter the ICAMA 700 Form Date.
- 4. Click, **Search Person**, to add a parent(s) to the record. For information regarding a person search, please see the following KBA: <u>Using Search Functionality</u>. If the person does not exist in Ohio SACWIS, you will need to create a new person.

Note: At least one parent must be part of the record. A second parent may be added, as applicable.

Important: You must add the adoptive parent's address and contact information to the person record. Medicaid information will be sent to the address of the first listed adoptive parent.

Note: The child's address also displays on the ICAMA Details page. The address listed is where the Medicaid card will be sent. To add or update the child's address, you will need to go to the child's person record. You may use the hyperlink in the page header.



- 5. Enter the **Ohio Medicaid Effective Date**.
- 6. Click, Save.

ICAMA Details		
Sending State: *	Receiving Agency: Test County Children Services Board	
AA Agreement Date: *	ICAMA 700 Form Date: *	
Adoptive Parent/Guardian: Please specify at least one parent involved in this adoption. Search Person		
Child's Address: Medicaid card will be sent to this address.		
Ohio Medicaid Effective Date: *	Ohio Medicaid Termination Date:	
Status:		
	Save Cancel	

Terminating Ohio Medical

On the ICAMA Details screen:

- 1. Enter the Ohio Medicaid Termination Date.
- 2. Click, Save.

ICAMA Details		
Sending State: *	Receiving Agency:	
~	Test County Children Services Board	~
AA Agreement Date: *	ICAMA 700 Form Date: *	
Adoptive Parent/Guardian:		
Please specify at least one parent involved in this adoption.		
Search Person		
Child's Address:		
Medicaid card will be sent to this address.		
Ohio Medicaid Effective Date: *	Ohio Medicaid Termination Date:	
Status:		
	Save Cancel	

If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

