In 2023 the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA) implemented a more secure and efficient interstate exchange of the data required to administer the Interstate Compact on Adoption and Medical Assistance (ICAMA, the Compact.) This exchange is through the ICAMA System which is run on the eCare Vault platform.

**The data elements collected for a child/TEAM are:**

* Date Medicaid requested/opened
* Agreement State (AS)
* Residence State (RS)
* Child's legal name
* Social Security Number (the SSN assigned by the Social Security Administration to the child’s legal name)
* Child's date of birth
* Gender
* Race/Ethnicity
* Basis of Medicaid eligibility (categories: Title IV-E Adoption Assistance, Non-Title IV-E Adoption Assistance (aka State-Funded,) Title IV-E Guardianship Assistance, and Non-Title IV-E Guardianship Assistance (aka State-Funded))
* Child not residing with Adoptive Parent/Guardian/Other (categories: relative - non-guardian, residential treatment facility, boarding school, other)
* Contact information: Adoptive Parent/Guardian/Other (name, telephone, email, full address- new and previous state, if applicable)
* Date adoption finalized/dissolved/disrupted
* Date child status changed
* Date child enters foster care (if applicable)
* Request for extension of eligibility past age 18
* Request for extension of eligibility past age 18 approved
* Date Medicaid closed

**Note:** Data collected in the ICAMA System for purposes of the Compact is Personally Identifiable Information (PII.)

**AAICAMA developed the following *ICAMA System User Policy Agreement* to inform Users
of the System’s safety protocols and to confirm their understanding.**

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| **ICAMA System User Policy**All confidential and personal information shall be protected. Confidential and personal information is defined as any data element in the ICAMA System.Only authorized Users are permitted access to the ICAMA System. To receive authorization, Users must be designated by a state Compact Administrator or Deputy Compact Administrator of the Interstate Compact on Adoption and Medical Assistance and be registered as a User. To register a state staff member as a User of the ICAMA System, Administrators must submit the *ICAMA Form- Add/Delete Users* to the AAICAMA National Office. This Form adds and/or removes staff members as Users of the ICAMA System. The ICAMA System is used to transfer Personally Identifiable Information (PII) to implement the Compact. Documents downloaded from the System must be protected. If PII is transferred without the use of the ICAMA System, a User must take all steps necessary to protect PII from unauthorized access. Any data sent by email must be sent through an encrypted system. PII must not be shared with any individual or agency who has not been authorized by a state to have access to such information.Users must access the ICAMA System through a state-issued/approved computer and via a secure Virtual Private Network (VPN.) All hardware and internet access security levels must be approved and defined by the User’s state. User passwords must be kept secure and unavailable to anyone except the User. **Passwords must not be saved by User’s browser(s.)****Note:** Most security incidents involve human error, and no form of data is completely safe. To promote security, the Association recommends that states limit printing of any document that contains Personally Identifiable Information.* The Association takes no responsibility for a compromise to PII that is the result of a violation of this User Policy.
* The Association does not assume responsibility for errors or omissions in the data supplied by Users.
* The Association reserves the right to terminate a User account without prior notice if there is evidence of System misuse.

**Knowledge of a violation of this User Policy must be reported immediately to the AAICAMA National Office, Attn: Scott Boyle, AAICAMA IT Program Manager. Email:** **SBoyle@aaicama.org**. |

**My electronic signature, witnessed below, affirms that I understand and accept the ICAMA System User Policy and its terms and conditions.**

|  |  |
| --- | --- |
| **User Name** |  |
| **User Title** |  |
| **State** |  |
| **ICAMA User ID[[1]](#footnote-1)** |  |
| **Signature of ICAMA User****X**       *(User: Type your name-as-signature here.)* | **Date:**  |
| **Signature of a state Administrator of the ICAMA** **or Supervisor2****X**       *(Compact Administrator or Supervisor signature required. Type authorizing name-as-signature here.)* | **Date:**  |

**Directions: Send this completed, signed form to the AAICAMA National Office,
Attn: Charlene Haskell, AAICAMA Executive Coordinator.
Email: CHaskell@aaicama.org.**

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| **When an ICAMA System User discontinues use of the System, the state Compact or Deputy Compact Administrator of the ICAMA must notify the AAICAMA National Office immediately.** |

1. ICAMA User ID must be a state or county-issued email address.
2 The state Compact or Deputy Compact Administrator of the ICAMA or User’s Supervisor. [↑](#footnote-ref-1)