DHCS

State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

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GOVERNOR

November 30, 2022

To: ALL COUNTY WELFARE DIRECTORS   Letter No: 22-32
         ALL COUNTY ADMINISTRATION OFFICERS
         ALL COUNTY PRIVACY AND SECURITY OFFICERS
         ALL COUNTY MEDS LIAISONS
         ALL COUNTY MED-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Amendment Required for 2019 Medi-Cal Privacy and Security Agreement (PSA)

The purpose of this letter is to notify counties of an Amendment to the 2019 Medi-Cal Privacy and Security Agreement (Agreement) and to provide counties with instructions for returning signed Amendments to the Department of Health Care Services (DHCS). This letter supersedes All County Welfare Directors Letter No. 19-16. The current Agreements will expire March 1, 2023. The purpose of the Amendment between DHCS and each County Welfare Department (CWD) is to extend the termination date of the 2019 Agreement by one (1) year to allow ongoing transmissions of Personally Identifiable Information (PII) while the 2022 renewal of the Agreement is negotiated and finalized between DHCS and the County Departments/Agencies. The Agreement, as modified by the enclosed Amendment, will remain in effect until March 1, 2024 or until a successor Agreement is executed, whichever occurs first. All fifty-eight (58) CWDs are required to sign the 2019 Agreement Amendment to prevent disruptions to the transmission of PII between the counties and DHCS.

BACKGROUND
The purpose of the Agreement is to ensure the security and privacy of Medi-Cal PII contained in the Medi-Cal Eligibility Data System (MEDS), the Applicant Income and Eligibility Verification System (IEVS), and in data received from the Social Security Administration (SSA) and other sources. Because counties have access to SSA-provided information, SSA requires that DHCS enter into individual agreements with the counties to safeguard this information.

SUBMISSION GUIDELINES

The Agreement Amendment template is enclosed in this letter. CWDs should follow the instructions below when returning signed Amendments to DHCS. The CWD should not modify any of the Amendment language, except as instructed below.

- CWDs shall complete the Preamble of the Amendment by entering the name of the county and the County Department/Agency.

- CWDs shall enter signatory information. The name and title of the signatory must be printed or typed.

- CWDs shall modify the Header of the Amendment in order to enter the appropriate Agreement Number. The enclosed Amendment displays a sample Agreement Number of "19-XX." CWDs should replace the "XX" with the appropriate two digit county code.

Authorized CWD officals may sign the Amendment electronically or with wet signature. DHCS will accept two forms of electronic signatures: either through DocuSign, initiated by DHCS at the request of the CWD, or by using Adobe Pro Digital ID. DocuSign will not require the CWD signer to have any special software; instructions for using Adobe Pro Digital ID are enclosed.

If choosing to sign electronically, CWD shall submit one (1) signed Amendment to DHCS at the email address below. If choosing to sign with wet signature, CWD shall submit at least two signed copies of the Amendment to DHCS at the physical address below. All signed hard copy Amendments must contain an original wet signature. If CWD would like to have an additional Amendment in wet signature, additional signed copies can be submitted with a written request that DHCS return multiple copies to CWD.

CWDs should ensure that DHCS receives the signed Amendment by February 1, 2023. CWDs should contact DHCS as soon as possible if unable to submit the signed Amendments by the due date.

Physical address for submission of Amendment with wet signature:
Department of Health Care Services
Medi-Cal Eligibility Division- POB
Compliance and Contracts Unit
1501 Capitol Avenue, MS 4607
Sacramento, CA 95814

<u>Email address for submission of Amendment with electronic signature</u>:
CountyPSA@dhcs.ca.gov

At the time of the electronic or hard copy Amendment submission, CWDs shall include a contact name, physical mailing address or email address, and contact phone number, which will be used when DHCS returns the signed Agreement(s) to CWD.

Once DHCS receives the signed Amendments, they will be signed by DHCS and executed copies of the Amendments will be returned to CWD either via email or overnight delivery.

In the event that you need to contact DHCS regarding any of the information in this letter or additional privacy and information security concerns, please submit inquiries via email to the PSA inbox at CountyPSA@dhcs.ca.gov.

Sincerely,

Original Signed by

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure

AMENDMENT TO THE

MEDI-CAL PRIVACY AND SECURITY AGREEMENT (Agreement)

BETWEEN

the California Department of Health Care Services (DHCS) and the

County of _____,

Department/Agency of _____;

parties to the Agreement #19-_____, effective on September 1, 2019.

This Amendment entered into by and between the

County of _____,

Department/Agency of _____,
(County Department/Agency) and DHCS, extends the termination date of the
Agreement to allow ongoing transmissions of Medi-Cal PII while the renewal of the
Agreement is negotiated and finalized between DHCS and the County
Departments/Agencies.

AGREEMENTS

DHCS and County Department/Agency mutually agree to modify the following parts of
the Agreement as set forth below:

XVIII. <u>TERMINATION</u>

A. The Agreement shall terminate on either March 1, 2024 or upon execution of a
successor 2022 PSA, whichever occurs first. The parties can agree in writing to
extend the term of the Agreement. County Department/Agency requests for an
extension shall be approved by DHCS and limited to no more than a six (6)
month extension.

B. **Survival:** All provisions of the Agreement that provide restrictions on disclosures
of Medi-Cal PII and that provide administrative, technical, and physical
safeguards for the Medi-Cal PII in the County Department/Agency's possession
shall continue in effect beyond the termination or expiration of the Agreement,
and shall continue until the Medi-Cal PII is destroyed or returned to DHCS.

Except as set forth in this Amendment, the Agreement is unaffected and shall continue
in full force and effect in accordance with its terms. If there is conflict between this
Amendment and the Agreement, the terms of this Amendment will prevail.

SIGNATORIES

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Amendment.

The authorized officials whose signature appears below have bound their respective agencies to the terms of the Agreement, as modified by this Amendment.

For the County of _____,

Department/Agency of _____,

_____   _____
(Signature)   (Date)

_____   _____
(Name)   (Title)

For the Department of Health Care Services,

_____   _____
(Signature)   (Date)

_____   _____
(Name)   (Title)

Adobe Pro Digital ID-Electronic Signature Instructions

Follow these steps to create a secure digital signature in Acrobat Sign.

1. Open and click.
> *Open the attached 2019 DHCS Privacy and Security (PSA) Extension Amendment and click in the applicable signature field to review and sign.*

2. Click the prompt in the document.

3. Choose your signature source and name.
> *Sign documents with a cloud signature by selecting the name of your digital ID certificate provider. If you don't have a certificate, sign up with one listed on the Adobe Approved Trust List.*

4. Sign in and apply your digital signature.
> *Sign in to your digital ID provider and select your digital ID. Click Next to apply the signature to the document.*

5. Preview your signature.
> *Click Edit Signature to sign with your mouse or touch screen, or upload an image of your signature. Then click OK.*

6. Authenticate your signature.
> *Select Click to Sign. Enter your digital ID provider's PIN and one-time passcode to authenticate your digital signature. Once you've authenticated, Acrobat Sign will automatically send you and the sender the final signed document.*

7. Signatures <u>must</u> include a time/date stamp. See example below. Please ensure the signature is valid.

Example:

John Doe
Digitally signed
by John Doe
Date: 2020.04.15
14:43:10 -04'00'