

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY


Contract Number
 19-558 A-1

SAP Number
 N/A

Human Services

Department Contract Representative	<u>John Greswit, Contract Analyst</u>
Telephone Number	<u>(909) 388-0255</u>
Contractor	<u>California Department of Health Care Services</u>
Contractor Representative	<u>Chief, Medi-Cal Eligibility Division</u>
Telephone Number	<u>CountyPSA@dhcs.ca.gov</u>
Contract Term	<u>09/01/19 through 03/01/24</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>N/A</u>

Briefly describe the general nature of the contract:

Amendment No. 1 to the non-financial Data Privacy and Security Agreement with the California Department of Health Care Services, extending the termination date to allow ongoing transmissions of Personally Identifiable Information (PII), ensuring the privacy and security of PII is protected and maintained at the county level, for the period of September 1, 2019 through March 1, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form:

Kaleigh Ragon, Deputy County Counsel

Date December 28, 2022

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Date _____

**AMENDMENT TO THE
MEDI-CAL PRIVACY AND SECURITY AGREEMENT (Agreement)
BETWEEN**

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

County of San Bernardino _____,
Department/Agency of Human Services Group _____;
parties to the Agreement #19-36, effective on September 1, 2019.

This Amendment entered into by and between the

County of San Bernardino _____,
Department/Agency of Human Services Group _____,
(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. TERMINATION

- 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 San Bernardino,

Department/Agency of Human Services Group,

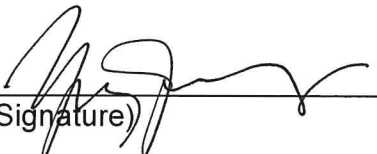

(Signature)

1-25-23
(Date)

Diana Alexander
(Name)

Assistant Executive Officer of Depa
(Title)

For the Department of Health Care Services,


(Signature)

2/27/2023
(Date)

Yingjia Huang
(Name)

Assistant Deputy Director
(Title)



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
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 officials 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

All County Welfare Directors Letter No.: 22-32
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Email address for submission of Amendment with electronic signature:
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



County of San Bernardino

DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Human Services

Contact Name: John Greswit

Telephone: (909) 633-5432

Agreement No.: 19-558 Amendment No.: 1 Date of Board Item 8/20/19 Board Item No.: 31

Name of Contract Entity/Project Name: Department of Health Care Services (DHCS)/Data Privacy and Security Agreement

Explanation of request/Special Instructions:

\$703.01.24
Human Services is requesting approval for the Assistant Executive Officer (AEO) to execute Amendment No. 1 to extend Agreement No. 19-558 for one year, at the request of the State DHCS. On 8/20/19 (Item No. 31), the Board approved Agreement No. 19-558 with the DHCS and authorized the AEO to execute any amendments on behalf of the County, subject to review by County Counsel. The term was previously extended by DHCS for six months through 3/01/23, via an email with the AEO (attached), pursuant to a six-month extension provision in the original agreement. The amendment for extension affords DHCS additional time to complete and negotiate the new agreement for data privacy and security with the County.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Kaleigh Ragon <u>January 23, 2023</u>	Date Sent: <u>1/19/23</u>
Reviewing County Counsel Use Only	Review Date <u>DocuSigned by:</u> <u>Kaleigh Ragon</u> <u>1804CAE7BE2844C...</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>1-25-2023</u> <u>[Signature]</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____ Chair ____ CEO ____ Department <input type="checkbox"/> Return to Department for preparation of agenda item <u>✓ AEO</u>