



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



EDMUND G. BROWN JR.  
Governor

May 3, 2016

Letter No.: 16-09

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: 2016 Medi-Cal Privacy and Security Agreements

The purpose of this letter is to notify counties of the 2016 Medi-Cal Privacy and Security Agreement (Agreement) and to provide counties with instructions for returning signed Agreements to the Department of Health Care Services (DHCS). This letter supersedes All County Welfare Directors Letter No. 13-14. The purpose of the Agreement between DHCS and each County Welfare Department (CWD) is to ensure the security and privacy of Medi-Cal Personally Identifiable Information (PII). The federal Social Security Administration (SSA) is requiring that DHCS enter into these Agreements with CWDs because CWD staff are viewing SSA information during the Medi-Cal eligibility determination process. All 58 CWDs are required to sign the 2016 Agreement to ensure the continued transmission of PII between the counties and DHCS.

CWDs should follow the instructions below when returning signed Agreements to DHCS. The CWD should not modify any of the Agreement language, except as instructed below.

CWDs should modify the Preamble of the Agreement in order to enter the name of the County and the CWD;

- CWDs should modify Section XIX of the Agreement in order to enter signatory information;
- CWDs should modify the Header of the Agreement in order to enter the appropriate Agreement Number. The enclosed Agreement displays a sample Agreement Number of "16-XX." CWDs should replace the "XX" with the appropriate two digit County code.

(For example, the County of Alameda would replace "16-XX" with "16-01" and the County of Alpine would replace "16-XX" with "16-02").

### **Incorporated Exhibits**

CWD Privacy and Security Officers must submit requests via e-mail to the DHCS PSA community inbox at [CountyPSA@dhcs.ca.gov](mailto:CountyPSA@dhcs.ca.gov) for the following new 2016 Medi-Cal PSA Exhibits:

*Please note these documents are highly sensitive and confidential. Only the CWD Privacy and Security Officers shall receive these documents, and disclosure shall be limited to the appropriate parties involved with Medi-Cal PII. These documents are not public and shall not be published on any website accessible by or otherwise made available to the public.*

- **Exhibit A** - Computer Matching and Privacy Protection Act Agreement between SSA and California Health and Human Services Agency, and Information Exchange Agreement between SSA and DHCS with Attachment "Electronic Information Exchange Security Requirements for State and Local Agencies Exchanging Electronic Information with SSA (TSSR)."
- **Exhibit B** - Computer Matching Agreement between; Department of Homeland Security, United States Citizenship and Immigration Services and California Department of Health Care Services.

### **Submission Guidelines**

CWDs should send DHCS two completed Agreements, both of which are to contain the original signature of the CWD authorized official. Once obtained, both of the Agreements will be signed by DHCS; however, only one of the Agreements will be returned to the respective CWD for their records. When sending Agreements to DHCS, CWDs should include a contact name, contact telephone number, contact email address and contact street address, which will be used when DHCS returns the signed Agreement(s), as well as, if needed for communication purposes. CWDs may submit additional completed Agreements with a written request that DHCS return multiple copies to the CWD.

CWDs should ensure that DHCS receives the signed Agreements no later than ten (10) business days prior to the expiration date of their current Agreement. CWDs should contact DHCS as soon as possible if unable to submit the signed Agreements prior to the expiration date of the current Agreement.

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Agreements should be sent to the following address:

Department of Health Care Services  
Medi-Cal Eligibility Division  
Program Review Branch  
MEDS Modernization and Contracts Unit  
P.O. Box 997417, MS 4607  
Sacramento, CA 95899-7417

In the event that you need to contact DHCS regarding any of the information in this letter, please submit via e-mail to the community PSA inbox at [CountyPSA@dhcs.ca.gov](mailto:CountyPSA@dhcs.ca.gov).

Sincerely,

Original Signed By

Sandra Williams, Chief  
Medi-Cal Eligibility Division

Enclosure