



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: September 10, 2019

Public Hearing Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Advised Published Notice	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
CONTACT PERSON: Vienna Barnes PHONE: 624-8075		

SUBJECT: Approve an agreement with the California Department of Health Care Services

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with the California Department of Health Care Services to ensure the security and privacy of Medi-Cal Personally Identifiable Information retroactive from September 1, 2019 through September 1, 2022. This agreement is retroactive due to changes to the Exhibits received from the State; making it impracticable for the Board to take action prior to September 1, 2019;
2. Find that the Board had authority to enter into this agreement as of September 1, 2019 and that it was in the County's best interest to enter into this agreement on that date; and
3. Authorize the Chairman of the Board to sign four (4) copies of the agreement.

SUMMARY:

The California Department of Health Care Services (DHCS) is entering into revised agreements with each County Welfare Department to ensure the security and privacy of Medi-Cal Personally Identifiable Information (PII). The Federal Social Security Administration (SSA) requires that DHCS enter into these agreements to safeguard client PII & SSA information that may be viewed during the Medi-Cal eligibility determination process. This agreement covers the County of Tulare, Department of Health and Human Services Agency, which may access, use, or

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disclose Medi-Cal PII during the administration of the Medi-Cal program. This agreement replaces Tulare County Agreement No. 27794 entered into on August 9, 2016. Approximately half of the residents in Tulare County receive some level of health coverage through the Medi-Cal program.

The following terms deviate substantively from the standard County boilerplate: 1) County signs first; 2) The State may terminate immediately for cause; and 3) The State may terminate the agreement with a 30-day notice if the County fails to promptly enter into negotiations to amend the agreement when requested by the State or does not enter into an amendment the State deems necessary.

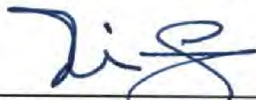
FISCAL IMPACT/FINANCING:

There are no program or net County costs associated with this agreement.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Quality of Life Initiative to link eligible children to no-cost or low-cost health care coverage. As we continue to work toward that goal by providing health coverage to the families of Tulare County, this agreement allows us to remain vigilant about protecting their privacy during administration of the Medi-Cal program.

ADMINISTRATIVE SIGN-OFF:



Timothy W. Lutz
Agency Director

cc: County Administrative Office

Attachment(s) Agreement

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN
AGREEMENT WITH THE CALIFORNIA
DEPARTMENT OF HEALTH CARE
SERVICES

)
) Resolution No. _____
) Agreement No. _____
)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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2. Found that the Board had authority to enter into this agreement as of September 1, 2019 and that it was in the County's best interest to enter into this agreement on that date; and
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