***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **January 17, 2023** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-2761** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. Health and Human Services Agency, Director** |
| **Subject/Summary of Issue:** |
| The Health and Human Services Agency, Social Serivces Division is requesting to extend the term of the Medi-cal Privacy and Security Agreement with the California Department of Health Care Services (DHCS). The current agreement term ended on September 1, 2022 and extended six (6) months by DHCS to March 1, 2023. This addendum will extend the term of the agreement to March 1, 2024. This agreement established statewide minimum criteria and procedures for handling physical and electronic data containing Personally Identifiable Information (PII) inherant in the determination of Medi-Cal eligibility.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Privacy & Security criteria and procedure requirements only |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $ |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the first addendum to the Medi-Cal Privacy and Security Agreement between the California Department of Health Care Services and the Health and Human Services Agency, Social Services Division. Agreement term end date to be extended to March 1, 2024.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| CAO |       |  |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021