

**INFORMATION EXCHANGE AGREEMENT
BETWEEN
THE SOCIAL SECURITY ADMINISTRATION (SSA)
AND
THE [NAME OF STATE] (STATE)**

A. PURPOSE: The purpose of this Information Exchange Agreement (“IEA”) is to establish the terms, conditions, and safeguards under which SSA will disclose to the State, through its agencies and departments identified herein (“State Agencies”), certain information, records, or data (herein “data”) to assist the State in administering certain federally funded, state-administered benefit programs (including state-funded, state supplementary payment programs under Title XVI of the Social Security Act) identified in this IEA. For the purpose of this IEA, “State Agencies” do not include any tribal entities recognized by the U.S. Bureau of Indian Affairs.

By entering into this IEA, the State agrees to ensure that its State Agencies receiving or accessing data from SSA under this IEA will comply with:

- the terms and conditions set forth in the Computer Matching and Privacy Protection Act Agreement (“CMPPA Agreement”) attached as **Attachment 1**, governing the State’s use of the data disclosed from SSA’s Privacy Act System of Records; and
- all other terms and conditions set forth in this IEA and Attachments 2 through 6.

B. PROGRAMS AND DATA EXCHANGE SYSTEMS: (1) The State will ensure that its State Agencies use the data received or accessed from SSA under this IEA for the purpose of administering the federally funded, state-administered programs identified in **Table 1** below. In **Table 1**, the State has identified: (a) each State Agency that administers the identified federally funded, state-administered program; (b) each federally funded, state-administered program that State Agency administers; and (c) each SSA data exchange system to which that State Agency needs access in order to administer the identified program. The list of SSA’s data exchange systems is attached as **Attachment 2**. **Attachment 2** provides a brief explanation of each system, as well as use parameters, as necessary.

TABLE 1

FEDERALLY FUNDED BENEFIT PROGRAMS	
<i>[NAME OF STATE AGENCY 1 (ACRONYM)]</i>	
Program	SSA Data Exchange System(s)
<input type="checkbox"/> Medicaid	<i>(Enter the acronym for one or more of SSA’s data exchange systems listed in Attachment 2)</i>
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP- formally Food Stamps)	
<input type="checkbox"/> Unemployment Compensation	



<input type="checkbox"/> State Child Support Agency	
<input type="checkbox"/> Low-Income Home Energy Assistance Program (LI-HEAP)	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Vocational Rehabilitation Services	
<input type="checkbox"/> Foster Care (IV-E)	
<input type="checkbox"/> State Children's Health Insurance Program (CHIP)	
<input type="checkbox"/> Women, Infants and Children (W.I.C.)	
<input type="checkbox"/> Medicare Savings Programs (MSP)	
<input type="checkbox"/> Medicare 1144 (Outreach)	
<input type="checkbox"/> <i>Other Federally Funded, State-Administered Programs (List Below)</i>	
Program	SSA Data Exchange System(s)
[NAME OF STATE AGENCY 2 (ACRONYM)]	
Program	SSA Data Exchange System(s)
<input type="checkbox"/> Medicaid	<i>(Enter the acronym for one or more of SSA's data exchange systems listed in Attachment 2)</i>
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP- formally Food Stamps)	
<input type="checkbox"/> Unemployment Compensation	
<input type="checkbox"/> State Child Support Agency	
<input type="checkbox"/> Low-Income Home Energy Assistance Program (LI-HEAP)	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Vocational Rehabilitation Services	
<input type="checkbox"/> Foster Care (IV-E)	



<input type="checkbox"/> State Children's Health Insurance Program (CHIP)	
<input type="checkbox"/> Women, Infants and Children (W.I.C.)	
<input type="checkbox"/> Medicare Savings Programs (MSP)	
<input type="checkbox"/> Medicare 1144 (Outreach)	
<input type="checkbox"/> Other Federally Funded, State-Administered Programs (List Below)	
Program	SSA Data Exchange System(s)
[NAME OF STATE AGENCY 3 (ACRONYM)]	
Program	SSA Data Exchange System(s)
<input type="checkbox"/> Medicaid	<i>(Enter the acronym for one or more of SSA's data exchange systems listed in Attachment 2)</i>
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP- formally Food Stamps)	
<input type="checkbox"/> Unemployment Compensation	
<input type="checkbox"/> State Child Support Agency	
<input type="checkbox"/> Low-Income Home Energy Assistance Program (LI-HEAP)	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Vocational Rehabilitation Services	
<input type="checkbox"/> Foster Care (IV-E)	
<input type="checkbox"/> State Children's Health Insurance Program (CHIP)	
<input type="checkbox"/> Women, Infants and Children (W.I.C.)	
<input type="checkbox"/> Medicare Savings Programs (MSP)	
<input type="checkbox"/> Medicare 1144 (Outreach)	



<input type="checkbox"/> Other Federally Funded, State-Administered Programs (List Below)	
Program	SSA Data Exchange System(s)

(2) The State will further ensure that its State Agencies use each identified data exchange system **only** for the purpose of administering the specific program for which access to the data exchange system is provided. SSA data exchange systems are protected by the Privacy Act and Federal law prohibits the use of SSA’s data for any purpose other than the purpose of administering the specific program for which such data is disclosed. In particular, the State will ensure that the State Agencies:

- a) use the **Federal tax information (FTI)** disclosed by SSA only to determine individual eligibility for, or the amount of, assistance under a program listed in 26 U.S.C. § 6103(1)(7) and (8).
- b) use **citizenship status data** disclosed by SSA only to determine entitlement of *new applicants* to: (a) the Medicaid program and CHIP pursuant to the Children’s Health Insurance Program Reauthorization Act of 2009, Pub. L. 111-3; or (b) federally funded, state-administered health or income maintenance programs approved by SSA to receive the *SSA Data Set* through the Centers for Medicare & Medicaid Services’ (CMS) Federal Data Services Hub (Hub).

Applicants for Social Security numbers (SSN) report their citizenship data at the time they apply for their SSNs; there is no obligation for an individual to report to SSA a change in his or her immigration status until he or she files a claim for benefits.

C. DATA EXCHANGE REQUEST FORM (DXRF), FORM SSA-157: Prior to signing this IEA, each State Agency identified in **Table 1** above will complete and submit to SSA a Form SSA-157 DXRF for each of the federally funded, state-administered programs checked in **Table 1** under that State Agency. SSA will not disclose any data under this IEA until it has received and approved the completed DXRF for each of the programs identified in **Table 1** above.

D. TRANSFER OF DATA: SSA will transmit the data to each State Agency under this IEA using the data transmission method identified in **Table 2** below:

TABLE 2

STATE AGENCY	TRANSFER OF DATA
<i>[ACRONYM FOR STATE AGENCY I]</i>	<input type="checkbox"/> Data will be transmitted directly between SSA and the State Agency. (“Direct”)



	<input type="checkbox"/> Data will be transmitted directly between SSA and [<u>Name of STC Agency/Vendor</u>] (State Transmission/Transfer Component (“STC”)) by [<u>method of transfer: File Transfer Management System (FTMS) or other</u>], a secure mechanism approved by SSA. The STC will serve as the conduit between SSA and the State Agency pursuant to the State STC Agreement. <input type="checkbox"/> Data will be transmitted directly between SSA and CMS’ Hub by a secure method of transfer approved by SSA. CMS will transmit the <i>SSA Data Set</i> between SSA and the State Agency pursuant to an agreement between SSA and CMS regarding the use of the Hub. <input type="checkbox"/> Data will be transmitted [<i>select one</i> : directly between SSA and the Interstate Connection Network (“ICON”) <i>or</i> through the [<u>name of STC Agency/Vendor</u>] as the conduit between SSA and the Interstate Connection Network (“ICON”)]. ICON is a wide area telecommunications network connecting state agencies that administer the state unemployment insurance laws. When receiving data through ICON, the State Agency will comply with the “Systems Security Requirements for SSA Web Access to SSA Information Through the ICON,” attached as Attachment 3 .
<p>[ACRONYM FOR STATE AGENCY 2]</p>	<input type="checkbox"/> Direct <input type="checkbox"/> STC <input type="checkbox"/> Hub <input type="checkbox"/> ICON: [Please state whether it is direct or through an STC.]
<p>[ACRONYM FOR STATE AGENCY 3]</p>	<input type="checkbox"/> Direct <input type="checkbox"/> STC <input type="checkbox"/> Hub <input type="checkbox"/> ICON: [Please state whether it is direct or through an STC.]

E. SECURITY PROCEDURES: The State will ensure that State Agencies receiving or accessing SSA data under this IEA comply with limitations on use, treatment, and safeguarding of data under the Privacy Act of 1974 (5 U.S.C. § 552a), as amended by the Computer Matching and Privacy Protection Act of 1988, related Office of Management and Budget guidelines, the Federal Information Security Management Act of 2002 (44 U.S.C. § 3551, et seq.), and related National Institute of Standards and Technology guidelines. In addition, the State will ensure that State Agencies receiving or accessing SSA data under this IEA comply with SSA’s “Electronic Information Exchange Security Requirements and Procedures for State and Local Agencies Exchanging Electronic Information with the Social Security Administration,” attached as **Attachment 4**, as well as the Security Certification Requirements for use of the *SSA Data Set* transmitted via CMS’ Hub, attached as **Attachment 5**. The SSA security controls identified under **Attachment 4** of this IEA prevail for all SSA data received by the State Agencies, as identified in Table 1 of this IEA. For any FTI, the State will ensure that State Agencies also comply with the “Tax



Information Security Guidelines for Federal, State and Local Agencies,” Publication 1075, published by the Secretary of the Treasury and available at the following Internal Revenue Service (IRS) website: <http://www.irs.gov/pub/irs-pdf/p1075.pdf>. This IRS Publication 1075 is incorporated by reference into this IEA.

F. CONTROLLED UNCLASSIFIED INFORMATION (CUI) REQUIREMENTS:

Pursuant to 32 C.F.R. § 2002.16(a)(6), the State must ensure that its State Agencies receiving or accessing data from SSA under this IEA will handle any CUI in accordance with Executive Order 13556, 32 C.F.R. Part 2002, and the CUI Registry. The State acknowledges that misuse of CUI is subject to penalties established in applicable law, regulations, or Government-wide policies. The State will report any non-compliance with handling requirements to SSA using methods approved by SSA.

G. THE STATE’S RESPONSIBILITIES: The State will ensure that State Agencies will not direct individuals to SSA field offices to obtain data that the State Agencies are authorized to receive under this IEA in accordance with Table 1. Where disparities exist between individual-supplied data and SSA’s data, the State will ensure that State Agencies will take the following steps before referring the individual to an SSA field office:

- Check their records to be sure that the data of the original submission has not changed (e.g., last name recently changed);
- Contact the individual to verify the data submitted is accurate; and,
- Consult with the SSA Regional Office Contact to discuss options before advising individuals to contact SSA for resolution. The Regional Office Contact will inform the State Agencies of the current protocol through which the individual should contact SSA, i.e., visiting the field office, calling the national network service number, or creating an online account via *my* Social Security.

H. CONTRACTOR/AGENT RESPONSIBILITIES: The State will ensure that State Agencies receiving or accessing SSA data under this IEA restrict access to the data obtained from SSA to only those authorized State employees, contractors, and agents who need such data to perform their official duties in connection with purposes identified in this IEA. At SSA’s request, State Agencies will obtain from each of their contractors and agents a current list of the employees of such contractors and agents who have access to SSA data disclosed under this IEA. The State will ensure that State Agencies require their contractors, agents, and all employees of such contractors or agents with authorized access to the SSA data disclosed under this IEA, to comply with the terms and conditions set forth in this IEA, and not to duplicate, disseminate, or disclose such data without obtaining SSA’s prior written approval. In addition, the State will ensure that State Agencies comply with the limitations on use, duplication, and redisclosure of SSA data set forth in the CMPPA Agreement, especially with respect to their contractors and agents.



I. SAFEGUARDING AND REPORTING RESPONSIBILITIES FOR PERSONALLY IDENTIFIABLE INFORMATION (“PII”):

1. The State will ensure that the employees, contractors, and agents of each State Agency receiving or accessing SSA data under this IEA:
 - a. properly safeguard PII furnished by SSA under this IEA from loss, theft, or inadvertent disclosure;
 - b. understand that they are responsible for safeguarding this information at all times, regardless of whether or not the State employee, contractor, or agent is at his or her regular duty station;
 - c. ensure that laptops and other electronic devices/media containing PII are encrypted and/or password protected;
 - d. send emails containing PII only if encrypted or if to and from addresses that are secure; and
 - e. limit disclosure of the information and details relating to a PII loss only to those with a need to know.

2. If an employee of a State Agency or an employee of a State Agency’s contractor or agent becomes aware of suspected or actual loss of PII, he or she must immediately contact the State official responsible for Systems Security designated below or his or her delegate. That State official or delegate must then notify the SSA Regional Office Contact and the SSA Systems Security Contact identified below. If, for any reason, the responsible State official or delegate is unable to notify the SSA Regional Office or the SSA Systems Security Contact within 1 hour, the responsible State Agency official or delegate must report the incident by contacting SSA’s National Network Service Center at 1-877-697-4889. The responsible State official or delegate will use the worksheet, attached as **Attachment 6**, to quickly gather and organize information about the incident. The responsible State official or delegate must provide to SSA timely updates as any additional information about the loss of PII becomes available.

3. SSA will make the necessary contact within SSA to file a formal report in accordance with SSA procedures. SSA will notify the Department of Homeland Security’s United States Computer Emergency Readiness Team if loss or potential loss of PII related to a data exchange under this IEA occurs.

4. If the State, or any of its State Agencies under this IEA, experiences a loss or breach of data, the State will determine whether or not to provide notice to individuals whose data has been lost or breached and bear any costs associated with the notice or any mitigation.



J. POINTS OF CONTACT:

FOR SSA

_____ **Regional Office:**

[Name]
[Title]
[Office/Branch]
[Street Address]
[City], [State] [Zip Code]
Phone: [Number]
Fax: [Number]
Email: [Address]

Program and Policy Issues:

Michael Wilkins
State Liaison Program Manager
Office of Retirement and Disability Policy
Office of Data Exchange, Policy
Publications, and International Agreements
Office of Data Exchange
3609 Annex Building
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 966-4965
Fax: (410) 966-4054
Email: Michael.Wilkins@ssa.gov

Systems Issues:

Jennifer Cullinane, Branch Chief
DBIA/Data Exchange and Verification
Branch of IT Programmatic Business
Support
Office of Systems
3-F-3 Robert M. Ball Building
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 966-8044
Fax: (410) 966-3147
Email: Jennifer.Cullinane@ssa.gov

Data Exchange Issues:

Donald Scott
Government Information Specialist
Office of the General Counsel
Office of Privacy and Disclosure
G-401 West High Rise
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 965-8850
Email: Donald.Scott@ssa.gov

Systems Security Issues:

Jennifer Rutz
Director
Office of Information Security
Division of Compliance and Oversight
Suite 3383 Perimeter East Building
6201 Security Boulevard
Baltimore, MD 21235
Phone: (410) 965-0266
Email: Jennifer.Rutz@ssa.gov



FOR STATE

Agreement Issues:

[Name]
[Title]
[Office/Branch]
[Street Address]
[City], [State] [Zip Code]
Phone: [Number]
Fax: [Number]
Email: [Address]

Technical Issues:

[Name]
[Title]
[Office/Branch]
[Street Address]
[City], [State] [Zip Code]
Phone: [Number]
Fax: [Number]
Email: [Address]

K. DURATION: The effective date of this IEA is _____, _____. This IEA will remain in effect for as long as: (1) a CMPPA Agreement governing this IEA is in effect between SSA and the State; and (2) the State submits a certification in accordance with Section L. below at least 30 days before the expiration and renewal of such CMPPA Agreement.

L. CERTIFICATION AND PROGRAM CHANGES: At least 30 days before the expiration and renewal of the State CMPPA Agreement governing this IEA, the State will certify in writing to SSA that: (1) all State Agencies receiving or accessing SSA data under this IEA are in compliance with the terms and conditions of this IEA; (2) the data exchange processes under this IEA have been and will be conducted without change; and (3) it will, upon SSA’s request, provide audit reports or other documents that demonstrate review and oversight activities. If there are substantive changes in any of the programs or data exchange processes listed in this IEA, the parties will modify this IEA in accordance with Section M. below and the State Agency proposing such changes will submit for SSA’s approval new Form SSA-157 DXRFs under Section C. above describing such changes prior to using SSA’s data to administer such new or changed program.

M. MODIFICATION: Modifications to this IEA must be in writing and agreed to by the parties.

N. TERMINATION: The parties may terminate this IEA at any time upon mutual written consent. In addition, either party may unilaterally terminate this IEA upon 90 days advance written notice to the other party. Such unilateral termination will be effective 90 days after the date of the notice, or at a later date specified in the notice.

SSA may immediately and unilaterally suspend the data flow under this IEA, or terminate this IEA, if SSA, in its sole discretion, determines that a State Agency (including its employees, contractors, and agents) has: (1) made an unauthorized use or disclosure of SSA-supplied data; or (2) violated or failed to follow the terms and conditions of this IEA or the CMPPA Agreement.

O. INTEGRATION: This IEA, including all attachments, constitutes the entire agreement of the parties with respect to its subject matter. There have been no representations, warranties, or promises made outside of this IEA. This IEA shall take precedence over any other document that may be in conflict with it.



ATTACHMENTS

- 1 – CMPPA Agreement
- 2 – SSA Data Exchange Systems
- 3 – Systems Security Requirements for SSA Web Access to SSA Information Through ICON
- 4 – Electronic Information Exchange Security Requirements and Procedures for State and Local Agencies Exchanging Electronic Information with the Social Security Administration
- 5 – Security Certification Requirements for use of the *SSA Data Set* Transmitted via CMS' Hub
- 6 – PII Loss Reporting Worksheet



P. AUTHORIZED SIGNATURES: The signatories below warrant and represent that they have competent authority on behalf of their respective entity (SSA or the State) to enter into the obligations set forth in this IEA. The State signatory below further acknowledges and agrees that, by his or her signature below, he or she represents State Agencies and is duly authorized to enter into the obligations set forth in this IEA on behalf of those State Agencies.

The signatories may sign this document electronically by using an approved electronic signature process. Each signatory electronically signing this document agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

SOCIAL SECURITY ADMINISTRATION
REGION [INSERT REGION NUMBER]

[Name]
Regional Commissioner

Date

[NAME OF STATE]

[Name of Signatory]
[Title]

Date

