A. PURPOSE: The purpose of this Information Exchange Agreement (“IEA”) is to establish terms, conditions, and safeguards under which SSA will disclose to the State Agency certain information, records, or data (herein “data”) to assist the State Agency 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. By entering into this IEA, the State Agency agrees to 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 Agency’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.

B. PROGRAMS AND DATA EXCHANGE SYSTEMS: (1) The State Agency will 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 Agency has identified: (a) each federally funded, state-administered program that it administers; and (b) each SSA data exchange system to which the State Agency needs access in order to administer the identified program. The list of SSA’s data exchange systems is attached as Attachment 2:

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>FEDERALLY FUNDED BENEFIT PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>SSA Data Exchange System(s)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>(Enter the acronym for one or more of SSA’s data exchange systems listed in Attachment 2)</td>
</tr>
<tr>
<td>Temporary Assistance to Needy Families (TANF)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP - formally Food Stamps)</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
</tr>
<tr>
<td>State Child Support Agency</td>
<td></td>
</tr>
<tr>
<td>Low-Income Home Energy Assistance Program (LI-HEAP)</td>
<td></td>
</tr>
<tr>
<td>Workers Compensation</td>
<td></td>
</tr>
<tr>
<td>Vocational Rehabilitation Services</td>
<td></td>
</tr>
<tr>
<td>Foster Care (IV-E)</td>
<td></td>
</tr>
</tbody>
</table>
(2) The State Agency will 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 Agency will use: (a) the tax return data disclosed by SSA only to determine individual eligibility for, or the amount of, assistance under a state plan pursuant to Section 1137 programs and child support enforcement programs in accordance with 26 U.S.C. § 6103(1)(8); and (b) the citizenship status data disclosed by SSA under the Children’s Health Insurance Program Reauthorization Act of 2009, Pub. L. 111-3, only for the purpose of determining entitlement to the Medicaid and CHIP program for new applicants. 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. PROGRAM QUESTIONNAIRE: Prior to signing this IEA, the State Agency will complete and submit to SSA a program questionnaire for each of the federally funded, state-administered programs checked in Table 1 above. SSA will not disclose any data under this IEA until it has received and approved the completed program questionnaire for each of the programs identified in Table 1 above.
D. TRANSFER OF DATA: SSA will transmit the data to the State Agency under this IEA using the data transmission method identified in Table 2 below:

<table>
<thead>
<tr>
<th>TRANSFER OF DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Data will be transmitted directly between SSA and the State Agency.</td>
</tr>
<tr>
<td>□ Data will be transmitted directly between SSA and [Name of STC Agency/Vendor] (State Transmission/Transfer Component (“STC”)) by [method of transfer: File Transfer Management System (FTMS) or other], 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.</td>
</tr>
<tr>
<td>□ Data will be transmitted directly 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.</td>
</tr>
</tbody>
</table>


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

- Check its 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 Agency 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.
G. CONTRACTOR/AGENT RESPONSIBILITIES: The State Agency will 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, the State Agency will obtain from each of its contractors and agents a current list of the employees of its contractors and agents who have access to SSA data disclosed under this IEA. The State Agency will require its 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 Agency will comply with the limitations on use, duplication, and redisclosure of SSA data set forth in Section IX of the CMPPA Agreement, especially with respect to its contractors and agents.

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

1. The State Agency will ensure that its employees, contractors, and agents:
   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 the State Agency or an employee of the State Agency’s contractor or agent becomes aware of suspected or actual loss of PII, he or she must immediately contact the State Agency official responsible for Systems Security designated below or his or her delegate. That State Agency 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 Agency 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 (NNSC) at 1-877-697-4889. The responsible State Agency official or delegate will use the worksheet, attached as Attachment 5, to quickly gather and organize information about the incident. The responsible State Agency 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 Agency experiences a loss or breach of data, it 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.

I. 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 and Policy
Publications
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

Data Exchange Issues:
Keisha Mahoney
Program Analyst
Office of the General Counsel
Office of Privacy and Disclosure
617 Altmeyer
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 966-9048
Fax: (410) 594-0115
Email: Keisha.Mahoney@ssa.gov

Program and Policy Issues:
Sarah Reagan
Government Information Specialist
Office of the General Counsel
Office of Privacy and Disclosure
617 Altmeyer
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 965-9127
Fax: (410) 594-0115
Email: Sarah.Reagan@ssa.gov

Systems Issues:
Rick Hyde
Office of Earnings, Enumeration & Administrative Systems
DIVES/Data Exchange Branch
3108 (3-C-3) Robert M. Ball Building
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 965-3490
Fax: (410) 966-3147
Email: Rick.Hyde@ssa.gov

Systems Security Issues:
Michael G. Johnson
Director
Office of Information Security
Division of Compliance and Oversight
Suite 3105 Annex
6401 Security Boulevard
Baltimore, MD 21235
Phone: (410) 965-0266
Fax: (410) 597-0845
Email: Michael.G.Johnson@ssa.gov
FOR STATE AGENCY

Agreement Issues:    Technical Issues:

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

J. 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 or the State Agency; and (2) the State Agency submits a certification in accordance with Section K. below at least 30 days before the expiration and renewal of such CMPPA Agreement.

K. CERTIFICATION AND PROGRAM CHANGES: At least 30 days before the expiration and renewal of the State CMPPA Agreement governing this IEA, the State Agency will certify in writing to SSA that: (1) it is 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 the IEA in accordance with Section L. below and the State Agency will submit for SSA’s approval new program questionnaires under Section C. above describing such changes prior to using SSA’s data to administer such new or changed program.

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

M. 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 the 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.
N. 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 – PII Loss Reporting Worksheet
O. AUTHORIZED SIGNATURES: The signatories below warrant and represent that they have competent authority on behalf of their respective agency to enter into the obligations set forth in this IEA.

SOCIAL SECURITY ADMINISTRATION
REGION [INSERT REGION NUMBER]

________________________________
[Name]
Regional Commissioner

________________________________
Date

[NAME OF STATE AGENCY]

________________________________
[Name of Signatory]
[Title]

________________________________
Date