DEPARTMENT OF HEALTH SERVICES
/14/744 P STREET
SACRAMENTO, CA 95814

December 23, 1988

TO: All County Welfare Directors   Letter No.: 88-102
       All County MEDS Coordinators
       All County MEDS Security Coordinators

SUBJECT: MEDS SECURITY SURVEY

Currently, the Department of Health Services (DHS) is in the process of updating the Medi-Cal Eligibility Data Systems Network (MEDS) Security Coordinator's Guidelines. This is to request your assistance in completing the attached questionnaire which will be used to update the security guidelines and incorporate these into the development of a Safeguards and Control (S/C) Manual.

Background

MEDS information is collected from sources representing federal, state, and county agencies. Security of MEDS information is the joint responsibility of the county and State departments as specified under Welfare and Institutions Code sections 10850 and 14100.2, and Title 22 California Code of Regulations (formerly CAC) sections 50111 and 50109.

MEDS has designed a set of security features in both the batch and online environment and provides additional security considerations for the operation of MEDS in county and State offices. MEDS batch security features verify that only information from authorized sources is used to update MEDS. Online security is provided through a password clearance procedure, assuring that MEDS information and transactions are only available to authorized persons. It is then the responsibility of the county or State office to implement the necessary guidelines to assure the confidentiality of MEDS information within that office.

We are requesting your assistance in completing the enclosed questionnaire which will be used to update the Department's security guidelines.

In order to update security guidelines and develop the S/C manual, we are requesting input from the county welfare departments (CWD) regarding the handling of MEDS equipment and eligibility related material produced by the MEDS Network. This will ensure that security guidelines from the counties and State will coincide with continued changes to the MEDS Network.

The enclosed survey should be filled out and signed by your county's MEDS security officer or person(s) designated to oversee security procedures for MEDS equipment/material. This survey should be fully completed and returned to the address below by January 21, 1989.

All County Welfare Directors
All County MEDS Coordinators
All County MEDS Security Coordinators

Mail Survey to: State Department of Health Services
                           Medi-Cal Eligibility Branch
                           714 P Street, Room 1692
                           Sacramento, CA 95814
                           Attention: Michael Guzman

Your continued assistance and cooperation is appreciated. Should you have
any questions, please contact Michael Guzman, of my staff at (916) 322-2715.

                              Sincerely,

                              Original signed by

                              Frank S. Martucci, Chief
                              Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
    Medi-Cal Program Consultants

Expiration Date: December 5, 1989

MEDI-CAL ELIGIBILITY DATA SYSTEM
SAFEGUARDS AND CONTROLS SURVEY

1) Does your county have standard security procedures when
handling MEDS equipment and material?   YES/NO

   If yes, please attach or list: _____
   _____
   _____
   _____
   _____
   _____
   _____

2) Does your county assign MEDS security procedures to the MEDS
security officer or to a designated person(s)?   YES/NO

   Please list their names and briefly answer the following
   questions: _____
   _____
   _____

   a) Does your county assign individual user ID's?   YES/NO

   If not, briefly describe your county's procedure? _____
   _____
   _____
   _____
   _____

   b) Does your county change individual user I.D.'s?   YES/NO

   If yes, under what circumstances? _____
   _____
   _____
   _____

   c) When an EW who has been given access to MEDS leaves or
       changes duty assignments that do not involve accessing
       MEDS, is his/her password deleted from MEDS?   YES/NO

   If not, briefly describe your county's procedure? _____
   _____
   _____
   _____
   _____

d) Has your county ever experienced any MEDS security
violations?   YES/NO

If yes, do you report violations to the state MEDS security
officer?   YES/NO

If not, briefly describe your county's procedure? _____
_____
_____
_____
_____
_____

e) Does your county conduct security reviews of your MEDS
   operations?   YES/NO

If yes, how often are they done? _____
_____
_____
_____

If yes, please describe your county's security review process
or attach the format that you follow. _____
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3) Do your county's incoming/ongoing employees whose work
   duties include accessing MEDS information receive an
   orientation on the following activities:

   a) Use of MEDS terminals e.g., turning down terminal
      brightness at logoff and signing off at the end of a
      session?   YES/NO

   b) Confidentiality?   YES/NO

   c) Responding to telephone inquiries from person(s) outside
      county welfare department staff?   YES/NO

4) If your county does have an orientation format or you have answered YES to any of the questions in #3, please attach or briefly describe your county's orientation format covering these issues: _____

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5) Does your county give periodic MEDS reorientations or refresher courses to EWs who access MEDS?   YES/NO

If yes, how often are these given? _____

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_____

6) Has your county department ever established office procedures/guidelines governing EWs ability to access MEDS for:

a) performing updates on only records that directly relate to work/need-to-know?   YES/NO

If yes, briefly describe: _____

_____

_____

_____

_____

_____

b) performing inquiries on only records that directly relate to work/need-to-know?   YES/NO

If yes, briefly describe: _____

_____

_____

_____

_____

7) List the offices in your county that have two or more MEDS
printers (attach a list if additional space is needed) and of
these offices, identify below which offices have designated
their MEDS printers for paper stock only (P/S), Medi-Cal
card stock only (C/S), and/or both.

COUNTY OFFICE   S/P   C/S   BOTH

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_____

_____

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8) Briefly describe your county's procedures in handling MEDS
confidential shred material? _____

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