Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES	**INDIAN NATION PROGRAM AGREEMENT DATA SHARE AGREEMENT ACES & SEMS WEB**	DSHS Agreement Number 1462-12131

This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Indian Nation identified below, and is issued in conjunction with the DSHS and Indian Nation Agreement Regarding General Terms and Conditions, which is incorporated by reference.			Administration or Division Agreement Number Indian Nation Agreement Number
DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION Division of Child Support	DSHS INDEX NUMBER 1313	CCS CONTRACT CODE 3042NS-62

DSHS CONTACT NAME AND TITLE Saundra Cheek Program Administrator	DSHS CONTACT ADDRESS 712 Pear St SE PO Box 9162 Olympia, WA 98507-9162

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INDIAN NATION NAME Nooksack Tribe	INDIAN NATION ADDRESS PO Box 157 Deming, WA 98244-
INDIAN NATION CONTACT NAME Katherine Canete	

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IS THE INDIAN NATION A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No	CFDA NUMBERS

PROGRAM AGREEMENT START DATE 05/01/2014	PROGRAM AGREEMENT END DATE 04/30/2017	MAXIMUM PROGRAM AGREEMENT AMOUNT $0.00

EXHIBITS. When the box below is marked with a check (✓) or an X, the following Exhibits are attached and are incorporated into this Indian Nation Program Agreement by reference:

☒ **Data Security: Exhibit A – Data Security Requirements**

☒ **Exhibits (specify): Exhibit B – Assurances & Certifications form, Exhibit C – Washington State Department of Social & Health Services – Notice of Nondisclosure, Exhibit D – DSHS Form 9-989 (Confidentiality Statement – Tribal Employee)**

By their signatures below, the parties agree to the terms and conditions of this Indian Nation Program Agreement and all documents incorporated by reference. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement shall be deemed to exist or bind the parties. The parties signing below certify that they are authorized, as representatives of their respective governments, to sign this Program Agreement.

INDIAN NATION SIGNATURE	PRINTED NAME AND TITLE Katherine Canete General Manager	DATE SIGNED 5/29/14
DSHS SIGNATURE (CSD ACES) Julia M. Weese	PRINTED NAME AND TITLE Julia M. Weese Contracts Risk Manager	DATE SIGNED 5/30/14
DSHS SIGNATURE (DCS SEMS)	PRINTED NAME AND TITLE Ann Polanco, DCS Contracts Admin ~~Kathleen Jenkins, DCS Contracts Administrator~~	DATE SIGNED 5/30/14

1. Government to Government Relations

a. The Indian Nation named above and the State of Washington are sovereign governments. The Indian Nation and DSHS agree to these Special General Terms and Conditions for the purpose of furthering the government-to-government relationship acknowledged in the Centennial Accord and to achieve their mutual objectives of providing efficient and beneficial services to their people.

b. Nothing in this Agreement shall be construed as a waiver of tribal sovereign immunity.

2. Definitions

a. "ACES" means Automated Client Eligibility System.

b. "Centennial Accord" means the agreement entered into between federally recognized tribes in Washington State and the State of Washington on August 4, 1989.

c. "ESD" means the Employment Security Department of Washington State.

d. ""Federal" means the United States of America.

e. "Fob" means a type of security token: a small hardware device with built-in authentication mechanisms that provide two factor authentication of users.

f. "SEMS" means Support Enforcement Management System.

g. "SGN" means Statewide Governmental Network.

h. "Software Security Token" means a type of two-factor authentication security software that is used to verify the identity of the user accessing database information, as defined in this contract. The SST represents software placed on the user's computer.

i. "State" means the state of Washington.

j. "TANF" means Temporary Assistance to Needy Families.

k. "Tribe" or "Tribal" means the entity performing services pursuant to this Indian Nation Program Agreement. This includes the Tribe's officers, directors, trustees, employees and/or agents unless otherwise stated in this Indian Nation Program Agreement. For purposes of this Indian Nation Program Agreement, the Tribe is not considered an employee or agent of DSHS.

3. Statement of Work

a. Programs Receiving and Providing Data

(1) The Indian Nation named on page one of this Data Share Agreement, herein referred to as the "Tribe", is the data recipient; contact information is listed on page number one under Indian Nation name.

(2) DSHS is the data provider; contact information is listed on page number one under DSHS Administration.

b. Purpose

(1) The purpose of this agreement is to provide access to data for the limited purpose of assisting the Tribe in administering their Tribal Title IV-A TANF and Title IV-D Child Support Programs, DSHS shall provide the Tribe with access to:

(a) Automated Client Eligibility System (ACES)

(b) Support Enforcement Management System (SEMS)

(c) Employment Security Department (ESD) earnings and benefit information.

i. Tribal TANF staff must only access ESD through ACES.

ii. Tribal IV-D Child Support Program staff must only access ESD through SEMS.

c. Description of Data

(1) ACES Data

Designated employees or contracted staff of the Tribe shall have limited read–only web based secured access to ACES.

(2) SEMS Data

Designated employees or contracted staff of the Tribe shall have limited read–only web based secured access to SEMS cases where the Tribe is coded on the SEMS case. DSHS will provide the Tribe's staff with electronic inquiry only access to Child Support information for verification of child support cases, family relationships, and financial history as authorized under RCW 26.23.120. The IV-D data in SEMS that DCS may provide to a Tribal IV-D or Tribal IV-A program is limited to the purposes provided for in 45 CFR 307.13.

(3) Confidential Benefit and Wage Employment Data

Designated employees or contracted staff of the Tribe shall have limited read-only web based secured access to confidential benefit and wage employment data collected through the Unemployment Compensation (UC) program, which is accessed through ACES and SEMS.

d. Data Access or Transfer

(1) Unique user identification numbers and passwords obtained from DSHS are required in order for the authorized tribal staff to log on to ACES and SEMS.

(2) The Tribe will need to submit the IP numbers of the workstations that will need to access ACES and SEMS.

(3) <u>ACES/SEMS</u> - Method of Access / Transfer

(a) Connection to ACES and SEMS will occur in one of the following two ways, either:

i. Through a workstation attached to the intergovernmental network (IGN), or

ii. DSHS will grant data access to ACES and SEMS for designated staff through a Virtual Private Network (VPN) connection provided by the Information System Services Division (ISSD), which uses fobs or software security tokens (SST) as a secondary factor of

authentication, in addition to user identification and password.

(A) The Tribe will elect whether the secondary factor of authentication will be either fobs or SSTs.

(B) If the Tribe opts to use fobs:

1. DSHS will provide a maximum of two (2) dual ACES-SEMS fobs to the Tribal TANF program free of charge. Each of the two (2) fobs will provide access to both ACES & SEMS.

2. DSHS will provide a maximum of two (2) dual ACES-SEMS fobs to the Tribal Child Support program free of charge. Each of the two (2) fobs will provide access to both ACES & SEMS.

3. Each of the fobs provided must be assigned to only one (1) individual, and access and use of the fobs shall not be shared between program employees or contracted staff.

4. Fobs lost or damaged by the Tribe may be replaced by DSHS. DSHS may charge the Tribe $75.00 to replace a lost or damaged fob.

(C) If the Tribe opts to use SST's:

1. DSHS will provide a maximum of two (2) dual ACES-SEMS SST's to the Tribal TANF program free of charge. Each of the two (2) SST's will provide access to both ACES & SEMS.

2. DSHS will provide a maximum of two (2) dual ACES-SEMS SST's to the Tribal Child Support program free of charge. Each of the two (2) SST's will provide access to both ACES & SEMS.

3. Each of the SST's provided must be assigned to only one (1) individual, and access and use of the SST's shall not be shared between program employees or contracted staff.

(D) The Tribe may request additional dual ACES-SEMS fob/SST's. In consideration for each additional fob/SST, beyond the four (4) provided at no charge, the Tribe will pay the per month charge DSHS incurs directly from Consolidated Technology Services (CTS). As of the date of this agreement, the charge is $17.45 per month per fob and $9.00 per month per SST.

DSHS reserves the right to approve or deny a request made by the Tribe for additional dual ACES-SEMS fob/SST(s).

(E) Payment and billing conditions for each additional fob/SST:

1. The Tribe will prepay the annual cost of each additional fob/SST, based on the state fiscal year (July 1st to June 30th), with payment due on July 1st each year.

   a. DSHS/ESA Accounting Unit will bill the Tribe annually. The bill will describe the time period and charges assessed.

2. If a fob/SST is issued mid-year, the cost will be prorated on a monthly basis and

the Tribe shall pay the prorated annual lump sum payment within thirty (30) days after receipt of the fob/SST.

a. DSHS/ESA Accounting Unit will bill the Tribe. The bill will describe the time period and charges assessed.

3. The Tribe shall provide payment for any additional fob/SST provided to their Child Support or TANF program as follows:

a. Additional fob/SST(s) provided to the Child Support Program: The Tribe shall make checks payable to "DSHS/DCS" and reference "Nooksack Tribe Additional Fob/SST." The Tribe will send payments to: DCS Accounting Unit, P.O. Box 45445, Olympia WA 98504-5445.

b. Additional fob/SST(s) provided to the TANF Program: The Tribe shall make checks payable to DSHS/OSD and reference "Nooksack Additional Fob/SST." The Tribe will send payments to: OSD Accounting Unit, P.O. Box 45445, Olympia, WA 98504-5445.

4. The Tribe will submit payments within thirty (30) days of the due dates referenced above.

a. If payments are not received within the thirty (30) days of the due dates DSHS may deactivate the additional fob/SST.

5. If the Tribe requests DSHS to deactivate an additional fob/SST provided under this Agreement, DSHS will send applicable pro-rated refunds to the Tribe within thirty (30) days of DSHS receiving notification of the requested deactivation of the fob/SST.

6. If a change in the associated cost DSHS/ESA incurs from DIS per fob/SST per month creates an underpayment or overpayment by the Tribe, DSHS/ESA will reconcile the twelve month charge and payments as follows:

a. If the monthly payment is increased, DSHS/ESA will add the balance to the following year's 12 month charge.

b. If the monthly charges decrease, DSHS/ESA will credit the balance toward the following year's 12 month charge.

(b) The Tribe shall ensure that:

i. Tribal TANF program employees or contracted staff access wage and UC information from the ESD only through ACES.

ii. Tribal Child Support program employees or contracted staff access wage and UC from the ESD only through SEMS.

e. Limitations on Use of Data

(1) The Tribe shall ensure that Tribal TANF and Child Support Employees or contracted staff persons have access to ACES and SEMS records only when necessary to fulfill the TANF or Child Support requirements of their program.

(2) ACES – SEMS Security Monitoring

(a) The Tribe shall assign a person as a security monitor as a point of contact for ACES and SEMS for the Tribal Child Support and Tribal TANF programs.

(b) The security monitor will:

i. Route ACES access requests through the ESA Information Technology Division Central Support Help Desk.

ii. Route SEMS access requests through the DCS Program Manager.

iii. Assist in DSHS' efforts to monitor the security provisions of the DSA, by annually reviewing, completing and submitting the Assurances and Certifications form (see **Exhibit B**) to DSHS on the following dates:

(A) May 1, 2014

(B) May 1, 2015

(C) May 1, 2016

iv. Notify the ESA Information Technology Division Central Support Help Desk immediately when employees or contracted staff that have access to ACES terminate employment, transfer, or change duties.

v. Notify the DCS Program Manager immediately when employees or contracted staff that have access to SEMS terminate employment, transfer, or change duties.

vi. Perform the following actions upon an employee or contracted staff member (with SEMS or ACES access) terminating employment, transferring, or changing duties:

(A) Promptly revoke access that is no longer needed or appropriate. Disable (revoke) all user IDs within five business days of the termination.

(B) Notify the employee or contracted staff member of his or her duty to keep information confidential.

(C) Disable (revoke) all access and user IDs immediately when an employee or contracted staff member is terminated for cause.

(c) Supervisors and/or managers must promptly report to the security monitor duty changes or other personnel changes for which removal or reduction of computer system privileges is appropriate.

f. Frequency of Exchange

The exchange of data is accomplished through on-line transactions that may occur whenever the application is available

g. Security of Data

(1) The Tribe shall secure the data provided in accordance with the requirements of **Exhibit A – Data Security Requirements.**

(2) The Tribe shall exercise due care to protect data from unauthorized physical and electronic access. Due care includes establishing and maintaining security policies, standards, and procedures which detail:

(a) Access security, identification, and authentication;

(b) Network and workstation security;

(c) Premise security; and

(d) Sanctions for unauthorized use or disclosure of data.

(3) To limit potential security breaches, if a Fob or SST is inactive for more than ninety (90) days, DSHS may deactivate it.

(4) DSHS provided data stored by the Tribe may not be accessed remotely — no use of external networks (e.g. the Internet) is allowed under this agreement.

(5) The Tribe shall track the location of any copies or backups of data provided by DSHS. The method of tracking shall be sufficient to provide the ability to audit the protections afforded the copied data sets.

(6) In the case of hardware failure, the Tribe must protect data by removing the hard drive before shipping equipment for repair.

h. Confidentiality and Nondisclosure:

(1) The Tribe shall protect information that is exempt from disclosure to the public or unauthorized persons under RCW 42.56 or other State, Federal or Tribal laws including the following, incorporated by reference:

(a) SEMS IV-D Data:

i. RCW 42.56.230 Personal Information

ii. RCW 26.23.120 Information & Records – Confidentiality – Disclosure – Adjudicative Proceeding – Rules – Penalties

iii. 45 CFR 307.13 Security & Confidentiality for Computerized Support Enforcement Systems in Operation After October 1, 1997

iv. 20 CFR 603 Federal-State Unemployment Compensation (UC) Program, Confidentiality & Disclosure of State UC Information

v. 42 USC 654(26) Safeguarding Confidential Information

(b) ACES Data:

i. RCW 74.04.060 Records, Confidential – Exception – Penalty

ii. RCW 42.56.230 Personal Information

iii. 20 CFR 603 Federal-State Unemployment Compensation (UC) Program, Confidentiality & Disclosure of State UC Information

(2) For Child Support Information contained in SEMS or the Title IV-D program, all information is private and confidential and shall be exempt from disclosure under RCW 42.56 or other Federal, State, or Tribal laws.

(3) The Tribe shall have adequate policies and procedures in place to ensure compliance with confidentiality requirements.

(4) The Tribe, its employees and contracted staff may use confidential Information or data gained by reason of this Agreement only for the purposes of this Agreement.

(5) The Tribe shall not disclose nor transfer any information as described in this Program Agreement to any party in whole or in part, or to any individual or agency unless the information is exempt from disclosure under applicable State, Federal or Tribal laws.

(6) All confidential information DSHS receives from the Tribe under this Agreement will be kept confidential by DSHS employees as required by State, Federal or Tribal laws.

(7) Notice of Nondisclosure

(a) ACES: The Tribe must ensure each employee or contracted staff person with access to DSHS and/or ESD records or information, whether direct or indirect, annually reviews and signs the Washington State Department of Social and Health Services, Notice of Nondisclosure (Nondisclosure form) prior to DSHS granting access.

The Tribe shall retain a signed copy of the Nondisclosure form (**Exhibit C**) on file for monitoring purposes and made available for DSHS review upon request.

(b) SEMS: The Tribe must ensure that each employee or contracted staff person with SEMS access (including, but not limited to ESD information), annually reviews and signs the Federal and State data access requirements listed in the SEMS, Confidentiality Statement – Tribal Employee (DSHS 9-989) (**Exhibit D**), prior to DSHS granting access.

The Tribe shall retain a signed copy of the DSHS 9-989 form (**Exhibit D**) on file for monitoring purposes and made available for DSHS review upon request.

(8) Notification of unauthorized disclosure:

The Tribe shall notify the Economic Services Administration (ESA) within one (1) business day of discovery of any unauthorized disclosure of ACES, SEMS or ESD information. Notification to ESA shall be done by sending an email to databreach@dshs.wa.gov.

4. Disputes

Disputes shall be resolved in accordance with the current DSHS and Indian Nation Agreement on General Terms and Conditions between the Tribe and DSHS.

5. Termination

Termination of this Agreement shall be in accordance with the current DSHS and Indian Nation Agreement on General Terms and Conditions between the Tribe and DSHS.

APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL

Exhibit A – Data Security Requirements

1. **Definitions**. The words and phrases listed below, as used in this Exhibit, shall each have the following definitions:

   a. "Authorized User(s)" means an individual or individuals with an authorized business requirement to access DSHS Confidential Information.

   b. "Hardened Password" means a string of at least eight characters containing at least one alphabetic character, at least one number and at least one special character such as an asterisk, ampersand or exclamation point.

   c. "Unique User ID" means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase or other mechanism, authenticates a user to an information system.

2. **Data Transport**. When transporting DSHS Confidential Information electronically, including via email, the Data will be protected by:

   a. Transporting the Data within the (State Governmental Network) SGN or Contractor's internal network, or;

   b. Encrypting any Data that will be in transit outside the SGN or Contractor's internal network. This includes transit over the public Internet.

3. **Protection of Data**. The Contractor agrees to store Data on one or more of the following media and protect the Data as described:

   a. **Hard disk drives**. Data stored on local workstation hard disks. Access to the Data will be restricted to Authorized User(s) by requiring logon to the local workstation using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.

   b. **Network server disks**. Data stored on hard disks mounted on network servers and made available through shared folders. Access to the Data will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

      For DSHS Confidential Information stored on these disks, deleting unneeded Data is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in the above paragraph. Destruction of the Data as outlined in Section 5. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

c. **Optical discs (CDs or DVDs) in local workstation optical disc drives**. Data provided by DSHS on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a Secured Area. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only Authorized Users have the key, combination or mechanism required to access the contents of the container. Workstations which access DSHS Data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

d. **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers**. Data provided by DSHS on optical discs which will be attached to network servers and which will not be transported out of a Secured Area. Access to Data on these discs will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

e. **Paper documents**. Any paper records must be protected by storing the records in a Secured Area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

f. **Remote Access**. Access to and use of the Data over the State Governmental Network (SGN) or Secure Access Washington (SAW) will be controlled by DSHS staff who will issue authentication credentials (e.g. a Unique User ID and Hardened Password) to Authorized Users on Contractor staff. Contractor will notify DSHS staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of the Contractor, and whenever an Authorized User's duties change such that the Authorized User no longer requires access to perform work for this Contract.

g. **Data storage on portable devices or media**.

(1) Except where otherwise specified herein, DSHS Data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the terms and conditions of the Contract. If so authorized, the Data shall be given the following protections:

(a) Encrypt the Data with a key length of at least 128 bits

(b) Control access to devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics.

(c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

Physically Secure the portable device(s) and/or media by

(d) Keeping them in locked storage when not in use

(e) Using check-in/check-out procedures when they are shared, and

(f) Taking frequent inventories

(2) When being transported outside of a Secured Area, portable devices and media with DSHS Confidential Information must be under the physical control of Contractor staff with authorization to access the Data.

(3) Portable devices include, but are not limited to; smart phones, tablets, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook/netbook computers if those computers may be transported outside of a Secured Area.

(4) Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape), or flash media (e.g. CompactFlash, SD, MMC).

h. **Data stored for backup purposes.**

(1) DSHS data may be stored on portable media as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. Such storage is authorized until such time as that media would be reused during the course of normal backup operations. If backup media is retired while DSHS Confidential Information still exists upon it, such media will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition

(2) DSHS Data may be stored on non-portable media (e.g. Storage Area Network drives, virtual media, etc.) as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. If so, such media will be protected as otherwise described in this exhibit. If this media is retired while DSHS Confidential Information still exists upon it, the data will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition.

4. Data Segregation.

a. DSHS Data must be segregated or otherwise distinguishable from non-DSHS data. This is to ensure that when no longer needed by the Contractor, all DSHS Data can be identified for return or destruction. It also aids in determining whether DSHS Data has or may have been compromised in the event of a security breach. As such, one or more of the following methods will be used for data segregation.

b. DSHS Data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-DSHS data. And/or,

c. DSHS Data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS Data. And/or,

d. DSHS Data will be stored in a database which will contain no non-DSHS data. And/or,

e. DSHS Data will be stored within a database and will be distinguishable from non-DSHS data by the value of a specific field or fields within database records.

f. When stored as physical paper documents, DSHS Data will be physically segregated from non-DSHS data in a drawer, folder, or other container.

g. When it is not feasible or practical to segregate DSHS Data from non-DSHS data, then both the DSHS Data and the non-DSHS data with which it is commingled must be protected as described in this exhibit.

5. **Data Disposition**. When the contracted work has been completed or when no longer needed, except as noted in Section 3. Protection of Data b. Network Server Disks above, Data shall be returned to DSHS or destroyed. Media on which Data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
Server or workstation hard disks, or Removable media (e.g. floppies, USB flash drives, portable hard disks) excluding optical discs	Using a "wipe" utility which will overwrite the Data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the Data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or Confidential Information	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of Data will be protected.
Paper documents containing Confidential Information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding

6. **Notification of Compromise or Potential Compromise**. The compromise or potential compromise of DSHS shared Data must be reported to the DSHS Contact designated in the Contract within one (1) business day of discovery. If no DSHS Contact is designated in the Contract, then the notification must be reported to the DSHS Privacy Officer at dshsprivacyofficer@dshs.wa.gov. Contractor must also take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law or DSHS.

7. **Data shared with Subcontractors**. If DSHS Data provided under this Contract is to be shared with a subcontractor, the Contract with the subcontractor must include all of the data security provisions within this Contract and within any amendments, attachments, or exhibits within this Contract. If the Contractor cannot protect the Data as articulated within this Contract, then the contract with the sub-Contractor must be submitted to the DSHS Contact specified for this contract for review and approval.

Exhibit B - ASSURANCES & CERTIFICATIONS
Nooksack Tribe & State of Washington, Department of Social & Health Services

Indian Nation Program Agreement: 1462-12131

Data Share Agreement - ACES & SEMS Web

1. All Child Support and TANF program employees or contracted staff members comply with the data security provisions of the Data Share Agreement (DSA).
2. Our Tribe has policies in place to ensure confidentiality of ACES and SEMS (including, but not limited to Employment Security Department) data.
3. SEMS Access: All Child Support & TANF program employees or contracted staff members with access to SEMS (including, but not limited to ESD) records and information, whether direct or indirect, have annually signed the DSHS Form 9-989 (Confidentiality Statement – Tribal Employee) (Exhibit D), with a copy kept on file by the Tribe. Staff with direct access must also annually electronically acknowledge this agreement.
4. ACES Access: All Child Support & TANF program employees or contracted staff members with access to DSHS and/or ESD records & information, whether direct or indirect, have annually reviewed and signed the Washington State Department of Social and Health Services, Notice of Nondisclosure form (Exhibit C) with a copy kept on file by the Tribe.
5. Software Security Tokens (SST): Each of the SSTs provided by DSHS to the Tribe are assigned to only one (1) individual and access and use of the SSTs are not shared between program employees or contracted staff.

TANF Program

Please identify the two (2) individuals with direct access to the ACES, SEMS & ESD databases through use of the two (2) Software Security Tokens or fobs provided by DSHS to the TANF program.

1. _____

2. _____

Child Support Program

Please identify the five (5) individuals with direct access to the ACES, SEMS & ESD databases through use of the five (5) Software Security Tokens or fobs provided by DSHS to the Child Support program.

1. _____ 4. _____

2. _____ 5. _____

3. _____

TANF PROGRAM	CHILD SUPPORT PROGRAM
☐ By checking this box, I agree as the Tribe's Security Monitor for the TANF Program, that the Tribe is in compliance with the certification contained herein.*	☐ By checking this box, I agree as the Tribe's Security Monitor for the Child Support Program, that the Tribe is in compliance with the certification contained herein.*
Security Monitor **Date**	**Security Monitor** **Date**
***The Security Monitor for the TANF & Child Support programs may be the same person**	

Exhibit C

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
NOTICE OF NONDISCLOSURE

As an employee of the Nooksack Tribe, Tribal TANF or Child Support Program, which is doing business with the Washington State Department of Social and Health Services (DSHS) under Contract No. #1462-12131, you may be given access to DSHS and Employment Security Department records and information that are deemed private and confidential by statute.

A. CONFIDENTIALITY OF INDIVIDUALLY IDENTIFIABLE DATA

1. Individually identifiable data is confidential and is protected by various state and federal laws (e.g. RCW 42.17, 70.02 and 74.04.060).
2. Confidential data includes all personal information (e.g., name, birth date, social security number) which may, in any manner, identify the individual.

B. USE OF CONFIDENTIAL DATA

1. Confidential data may be used only for purposes directly related to the operation of the contractor's program(s).
2. Any personal use of confidential data is strictly prohibited.
3. Access to data must be limited to those staff whose duties specifically require access to such data in the performance of their assigned duties.

C. DISCLOSURE OF CONFIDENTIAL DATA

1. Confidential data may be provided to the individual or their representative with a signed release of information.
2. Confidential data may be disclosed to other individuals or agencies only for purposes directly related to the administration of the contractor's program(s) pursuant to data sharing agreements.
3. Any disclosure of confidential data contrary to 1 and 2 above is unauthorized.

D. EMPLOYMENT SECURITY DEPARTMENT EARNINGS AND BENEFIT INFORMATION

1. As a non Employment Security Department (ESD) employee, I may be given access to records or information that is deemed private and confidential by statute. I may not make any unauthorized disclosure of private or confidential information about employers, clients/claimants or employees to any person or entity. Confidential information includes but is not limited to employee's wages or hours, unemployment insurance benefit records, and the North American Industry Classification System (NAICS) codes of individual employers. I may not disclose my password to other employees or allow others to access the ESD Mainframe System through my password and user identification. The unauthorized disclosure or abuse of information deemed private and confidential may subject me to a civil penalty of Five Thousand dollars ($5,000) and other applicable sanctions under federal and state law (RCW 50.13).

I have read and understand the above Notice of Nondisclosure.

Printed Name	Position
Signature Date	Telephone Number/e-mail address

The above individual has been informed of the limitations, use or publishing of confidential data.

Supervisor's/Authorizing Staff's Printed Name	Position
Supervisor's/Authorizing Staff's Signature Date	Telephone Number/e-mail address

(TRIBAL TANF & CHILD SUPPORT PROGRAMS TO KEEP A COPY ON FILE)

Washington State Department of Social & Health Services
DCS Division of Child Support

Exhibit D

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

Confidentiality Statement - Tribal Employee

I, _____, understand and agree that:

1. I may come into contact with confidential information from the Department of Social and Health Services (DSHS) administrations and from other departments. Confidential information may be electronic or paper and includes, but is not limited to: names, addresses, social security numbers, employee's wages or hours, unemployment benefit records, employer information, or any other information identifying individuals.
2. As a part of my job, I have access to confidential information to assist me in carrying out my duties. I may not use confidential information acquired through the Division of Child Support (DCS) for any purposes except for child support purposes and those directly associated with the scope of my employment. I may not use the Support Enforcement Management System (SEMS) or DCS access to other databases and information sources to access confidential information on: (a) myself, my friends, my relatives, or my co-workers; (b) for personnel purposes (e.g., hiring of staff), or (c) any other person unless the purpose is directly associated with child support or within the scope of my employment.
3. I will discuss confidential and personal DCS information only when necessary for a child support specific purpose.
4. I have reviewed and understand the terms of the DSHS Indian Nation Program Agreement(s) and agree to abide by it / them.
5. I understand that the Internal Revenue Service (IRS) requires that anyone who has access to income tax information and payments must be briefed on security procedures and instructions for protecting federal tax information. I understand that IRS returns and return information shall be confidential. If I have access to IRS information or payments, I will annually review the IRS Confidentiality and Security Exhibit in the DSHS Indian Nation Program Agreement. I am aware of the federal civil and criminal penalties associated with unauthorized disclosure or unauthorized inspection of federal tax information, found in IRC 7431, 7213, and 7213A.
6. As a non Employment Security Department (ESD) employee, I may be given access to records or information that is deemed private and confidential by statute. I may not make any unauthorized disclosure of private or confidential information about employers, clients / claimants or employees to any person or entity. Confidential information includes but is not limited to employee's wages or hours, unemployment insurance benefit records, and the North American Industry Classification System (NAICS) codes of individual employers. I may not disclose my password to other employees or allow others to access the ESD Mainframe System through my password and user identification. The unauthorized disclosure or abuse of information deemed private and confidential may subject me to a civil penalty of Five Thousand dollars ($5,000) and other applicable sanctions under federal and state law (RCW 50.13).
7. After I leave my current position, DCS information obtained during my employment will remain confidential.
8. DCS records contain information from other government agencies. Wrongful disclosure of that information may lead to civil and criminal penalties.
9. My breach of any provision of this agreement may subject me to disciplinary action or penalties as defined by Tribal Codes, other applicable law, and policies or other instruction.

I agree to the terms of this confidentiality agreement, and I must annually review and sign this statement I understand that I will be given a copy of this form and a copy will be kept on file.		
PRINT EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE
PRINT SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE

CONFIDENTIALITY STATEMENT - TRIBAL EMPLOYEE DSHS 09-989 (REV. 03/2013)

MANAGEMENT REVIEW and CONTROL FORM

DSHS – INDIAN NATION AGREEMENT X

DATE: Wednesday, May 07, 2014 **#14 – 05 - 049**

TO: 1. Ken Levinson, Family Services Director
2. Nadeen Jimmy, Social Services Director
3. Legal
4. Jeff Meyer, CFO
5. Abbie Smith, Tribal Treasurer.
6. Katherine Canete, General Manager

Name: State of Washington DSHS

Indian Nation Program Agreement, DATA Share Agreement ACES & SEMS WEB

Program Agreement Start Date: 05/01/2013 **End Date:** 04/30/2017

Tribal Programs: Family Services/Child Support and TANF

Purpose: The contract extends the contract currently in place. It allows TANF & Child Support (selected employees) to access important state data bases.

APPROVALS

YES, I have reviewed and approve for Signature. (Sign and Date)

1. Ken Levinson, Family Services Director — 5/12/14
2. Nadeen Jimmy, Social Services Director — 5/12/14
3. Legal — 5/14/14
4. Jeff Meyer, CFO — 5/14/14
5. Abbie Smith, Tribal Treasurer
6. Katherine Canete, General Manager — for KC 5/15/14

DENIALS

I have reviewed and Do Not Approve/Accept this Grant/Contract. (Sign and Date)

1. Ken Levinson, Family Services Director _____
2. Nadeen Jimmy, Social Services Director _____
3. Legal _____
4. Jeff Meyer, CFO _____
5. Abbie Smith, Tribal Treasurer _____
6. Katherine Canete, General Manager _____

Reason for Denial : _____

A copy can be provided upon request **PLEASE KEEP THIS SHEET WITH FOLDER OF DOCUMENTS**

Exhibit B - ASSURANCES & CERTIFICATIONS
Nooksack Tribe & State of Washington, Department of Social & Health Services

Indian Nation Program Agreement: 1462-12131

Data Share Agreement - ACES & SEMS Web

1. All Child Support and TANF program employees or contracted staff members comply with the data security provisions of the Data Share Agreement (DSA).
2. Our Tribe has policies in place to ensure confidentiality of ACES and SEMS (including, but not limited to Employment Security Department) data.
3. SEMS Access: All Child Support & TANF program employees or contracted staff members with access to SEMS (including, but not limited to ESD) records and information, whether direct or indirect, have annually signed the DSHS Form 9-989 (Confidentiality Statement – Tribal Employee) (Exhibit D), with a copy kept on file by the Tribe. Staff with direct access must also annually electronically acknowledge this agreement.
4. ACES Access: All Child Support & TANF program employees or contracted staff members with access to DSHS and/or ESD records & information, whether direct or indirect, have annually reviewed and signed the Washington State Department of Social and Health Services, Notice of Nondisclosure form (Exhibit C) with a copy kept on file by the Tribe.
5. Software Security Tokens (SST): Each of the SSTs provided by DSHS to the Tribe are assigned to only one (1) individual and access and use of the SSTs are not shared between program employees or contracted staff.

TANF Program

Please identify the two (2) individuals with direct access to the ACES, SEMS & ESD databases through use of the two (2) Software Security Tokens or fobs provided by DSHS to the TANF program.

1. Joal Galindo - Whatcom
2. Sativa Salazar - Skagit

Child Support Program

Please identify the five (5) individuals with direct access to the ACES, SEMS & ESD databases through use of the five (5) Software Security Tokens or fobs provided by DSHS to the Child Support program.

1. Juana Branson
2. Brian Kelly
3.
4.
5.

TANF PROGRAM	CHILD SUPPORT PROGRAM
[x] By checking this box, I agree as the Tribe's Security Monitor for the TANF Program, that the Tribe is in compliance with the certification contained herein.*	[x] By checking this box, I agree as the Tribe's Security Monitor for the Child Support Program, that the Tribe is in compliance with the certification contained herein.*
Nadeen Jimmy - Director	Elaine P. Zapata-Dilly, CS Program Mgr
Security Monitor Date 5/12/14	Security Monitor Date 5/12/14

*The Security Monitor for the TANF & Child Support programs may be the same person

ESA/DCS AFTER-THE-FACT JUSTIFICATION APPROVAL FORM

Contractor Name: Nooksack Tribe	
DSHS Contract Number: 1462-12131	**Contract Start Date:** 5/1/2014
Division & Program Name: DCS Tribal	**Date Contract Sent to Contractor:** 4/18/2014
Completed by Program Person: Saundra Cheek	**Date Submitted to DCS Contract Manager:** 5/29/2014

I. Contract Summary:

Provide a brief summary of the contract/amendment. Attach copy of signed contract/amendment. If this is an amendment, include a copy of the original contract and any previous amendments. If there are multiple contracts being submitted with the same service you may attach a list of the contracts (include contractor name, number, and service) along with a copy of the contract/amendment.

II. Reason for ATF: (Check all that apply)

- ☒ **Planning Oversight**
- ☒ **Contractor Delay**
- ☐ **Contract Negotiations**
- ☐ **Other** _____
- ☐ **Program Changes**
- ☐ **Fiscal Changes**
- ☐ **Budget Issues**

III. Explanation:

Explain in detail the circumstances for all the reasons checked above that prevented the contract from being executed on or before the effective start date. Include all pertinent dates and contact information with program staff, fiscal staff, contracts staff or the Contractor.

DCS contacted the Nooksack Tribe in order to assure return of the signed agreement before the end of April due to an impending staff change. The tribal contact assured the Program Administrator she could return the agreement by April 25th. The Tribe's General Manager (DCS Contact) had an emergency and did not return the agreement as expected. Tribal staff attempted to complete the contract in the General Manager's absence with the Tribal Attorney signature instead of the General Manager signature. DCS requested documentation that permits the Tribal Attorney to sign the agreement for the General Manager. In the interim, the General Manager returned to work and signed another copy of the agreement on 5/29/14.

IV. Prevention Plan:

What specific corrective actions are intended or have been taken to improve internal controls to prevent a recurrence by your program.

V. Signatures:

DCS Contract Manager Review & Comments:

Signature Date

DCS Division Director Review & Comments:

Signature Date