

Napa County Agreement No. 170587B A1

**AMENDMENT TO THE
MEDI-CAL PRIVACY AND SECURITY AGREEMENT (Agreement)
BETWEEN**

the California Department of Health Care Services (DHCS) and the

County of _____,
Department/Agency of _____;
parties to the Agreement #19-____, effective on September 1, 2019.

This Amendment entered into by and between the
County of _____,
Department/Agency of _____,
(County Department/Agency) and DHCS, extends the termination date of the
Agreement to allow ongoing transmissions of Medi-Cal PII while the renewal of the
Agreement is negotiated and finalized between DHCS and the County
Departments/Agencies.

AGREEMENTS

DHCS and County Department/Agency mutually agree to modify the following parts of
the Agreement as set forth below:

XVIII. TERMINATION

- A. The Agreement shall terminate on either March 1, 2024 or upon execution of a successor 2022 PSA, whichever occurs first. The parties can agree in writing to extend the term of the Agreement. County Department/Agency requests for an extension shall be approved by DHCS and limited to no more than a six (6) month extension.
- B. **Survival:** All provisions of the Agreement that provide restrictions on disclosures of Medi-Cal PII and that provide administrative, technical, and physical safeguards for the Medi-Cal PII in the County Department/Agency’s possession shall continue in effect beyond the termination or expiration of the Agreement, and shall continue until the Medi-Cal PII is destroyed or returned to DHCS.

Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the Agreement, the terms of this Amendment will prevail.

SIGNATORIES

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Amendment.

The authorized officials whose signature appears below have bound their respective agencies to the terms of the Agreement, as modified by this Amendment.

For the County of _____,

Department/Agency of _____,

(Signature)

(Date)

(Name)

(Title)

For the Department of Health Care Services,

(Signature)

(Date)

(Name)

(Title)

Approved as to form:
Napa County Counsel
Dated: 1/23/2023

/S/ Rachel L. Ross
Rachel L. Ross, Deputy County Counsel