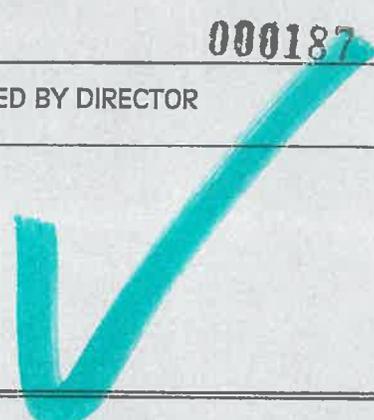


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Morrison</i>	DATE <i>2-18-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000187</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



SOCIAL SECURITY

February 12, 2015

RECEIVED

FEB 18 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Rhonda Morrison
Interim CIO
SC Department of Health And Human Services
1801 Main Street
5th Floor
Columbia, SC 29201

Dear Chief Morrison:

In accordance with the Information Exchange Agreement (IEA) between the Social Security Administration (SSA) and the South Carolina Department of Health And Human Services (DHHS) your agency has two important responsibilities. First, it must comply with our security requirements contained in the *Electronic Information Exchange Security Requirements and Procedures for State and Local Agencies Exchanging Electronic Information with the Social Security Administration*. Second, it must participate in our periodic security reviews to assess your agency's compliance to the aforementioned requirements.

On March ⁴~~28~~, 2015 at 9:00 AM, SSA will conduct a compliance review of your agency. Please accept this letter as our formal notice of engagement to you. Guy Fortson is my team lead for the review and the primary point of contact (POC) for your staff throughout the review. Your staff is fully aware of our impending review. They worked with us to develop an efficient review schedule and to ensure that we have the appropriate POCs from your staff, with authority and expertise, to assist us.

As a prelude to the review discussions, my team has provided to your staff our Compliance Review Questionnaire (CRQ) for completion. My review team will use the CRQ to do a preliminary assessment of your agency's compliance to our security requirements, and to support follow-on discussions with your staff during our visit.

Upon conclusion of the onsite review, at that time, my team will provide detailed feedback of their assessment. As needed, their discussion will identify findings and required or recommended actions by your agency to close them. Once the review is completed, I will provide to you a detailed formal written report. If appropriate, we will monitor to closure any open finding from our review. For your convenience, attached is a copy of the discussion agenda.

If your staff has any questions, they may contact Guy Fortson at Guy.Fortson@ssa.gov or by telephone at (410) 597-1103. If we need to confer, please contact me by telephone at (410) 965-0266 or by email at Michael.G.Johnson@ssa.gov. Thank you in advance for your support in this matter.

Respectfully,

A handwritten signature in black ink, appearing to read "for Michael G. Johnson". The signature is written in a cursive style with a large, stylized initial "M".

Michael G. Johnson

Director

Division of Compliance & Oversight

Office of Information Security

Office of Systems

cc:

Heather D. Dawkins
Data Exchange Coordinator
SSA Regional Office

Brooks Hansen
Data Exchange Coordinator
SSA Regional Office

Mr. Shannon Smith
Technical Lead
1801 Main Street
5th Floor
Columbia, SC 12345



SOCIAL SECURITY

Security Compliance Review
South Carolina Department of Health And Human Services
March 25, 2015 9:00 AM

AGENDA

- ❖ Opening Conference
 - Introductions
 - Goals & Objectives of the Compliance Review
 - Compliance Review Authority
 - Redisclosure

- ❖ Demonstration of client application

- ❖ Compliance Review Questionnaire Discussion
 - General System Security Design and Operating Environment
 - System Access Control
 - Automated Audit Trail System
 - Personally Identifiable Information
 - Monitoring & Anomaly Detection
 - Management Oversight & Quality Assurance
 - Data & Communications Security
 - Incident Reporting
 - Security Awareness and Employee Sanctions
 - Contractors of Electronic Information Exchange Partners

- ❖ Review Findings Discussion
 - Amended Compliance Review Questionnaire
 - Requirements
 - Recommendations
 - Documentation Request

- ❖ Closeout Process
 - SSA Compliance Review Report
 - Audit Sample Review
 - Plan of Action and Milestones (Short-Term Solution & Permanent Control Solution)
 - Time Frames

- ❖ Questions & Answers

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2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.
 Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
 Hand the package to any UPS driver in your area.
 Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

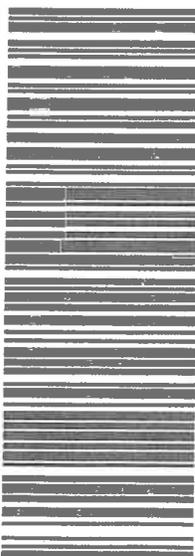
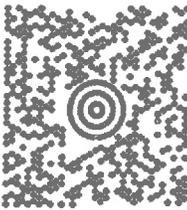
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FEB 18 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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GUY RORTSON 4105971103 SSA DCS OIS BALTIMORE 6401 SECURITY BLVD BALTIMORE MD 21235	1.0 LBS LTR 1 OF 1 SHIP TO: CHIEF RHONDA MORRISON 803-898-0430 SC DEPT OF HEALTH/HUMAN SERVICES 5TH FLOOR 1801 MAIN STREET COLUMBIA SC 29201-2409	SC 292 9-01 	UPS NEXT DAY AIR TRACKING #: 1Z 75W 51V 01 9580 2887 	    
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