



***Cabinet for Health and Family Services (CHFS)
Information Technology (IT) Policy***



CABINET FOR HEALTH
AND FAMILY SERVICES

***070.203 Security Exceptions and Exemptions to CHFS
OATS Policies and Security Controls Policy***

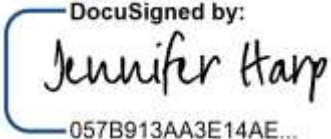

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Sign-Off

Sign-off Level	Date	Name	Signature
Executive Director (or designee)	8/29/2022	Jennifer L. Harp	 057B913AA3E14AE...
CHFS Chief Information Security Officer (or designee)	8/29/2022	Nicholas Tomlin	 55B6A12812DD403...

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1 Policy Definitions

- **Addition:** Defined by Enterprise Architecture and Standards as a request that is considered to be an addition, need to be added as new to the Enterprise Architectural Standards.
- **Application:** Defined by CHFS as a software program designed to perform a specific function (e.g., Partner Portal, Benefind, etc.).
- **Confidential Data:** Defined by the Commonwealth Office of Technology (COT) Standards Data of which the Commonwealth has a legal obligation not to disclose. This data requires the highest levels of restrictions, because of the risk or impact that will result from disclosure, modifications, breach, or destruction of that data. Examples would include, but are not limited to, data not releasable under the Kentucky State law (Kentucky Revised Statute 61.878); Protected Health Information, Federal Tax Information, and Social Security and Credit Card Numbers.
- **Contract Staff/Personnel:** Defined by CHFS as an employee hired through a state approved (i.e., System Design/Development Services {SDS} Vendor Agreement/Company) vendor who has a master agreement with the state.
- **Database (server or components):** Defined by CHFS as a Database Management System (DBMS) is a computer software application that interacts with the user, other applications, and the database itself to capture and analyze data. A general-purpose DBMS is designed to allow the definition, creation, querying, update, and administration of databases.
- **Electronic Protected Health Information (ePHI):** Defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule as individually identifiable health information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Identifiable protected health information items include many common identifiers (e.g., name, address, birth date, Social Security Number). The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.
- **Exception:** Defined by CHFS as a request considered a short-term solution to issues relating to Security Policies and Controls or Enterprise Architectural Standards that must be reviewed and/or reinitiated annually.
- **Exemption:** Defined by CHFS as a request that is considered to be a longer term solution to issues relating to Security Policies and Controls or Enterprise Architectural Standards that must be reviewed for accuracy and need at minimum on an annual basis.
- **Federal Tax Information (FTI):** Defined by Internal Revenue Service (IRS)

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Publication 1075 as federal tax returns and return information (and information derived from it) that is in the agency's possession or control which is covered by the confidentiality protections of the Internal Revenue Code (IRC) and subject to the IRC 6103(p) (4) safeguarding requirements including IRS oversight. FTI is categorized as Sensitive but Unclassified information and may contain personally identifiable information (PII). FTI includes return or return information received directly from the IRS or obtained through an authorized secondary source, such as Social Security Administration (SSA), Federal Office of Child Support Enforcement (OCSE), Bureau of the Fiscal Service (BFS), or Centers for Medicare and Medicaid Services (CMS), or another entity acting on behalf of the IRS pursuant to an IRC 6103(p) (2) (B) Agreement. FTI includes any information created by the recipient that is derived from federal return or return information received from the IRS or obtained through a secondary source.

- **Modification:** Defined by Enterprise Architecture and Standards as a request considered an update to any existing Enterprise Architectural Standards.
- **Network Components:** Defined by CHFS as the Hardware or software (virtualized) components that perform networking or communication functions, control access, manage incoming or outgoing network traffic, monitor for spam or malicious content (e.g., routers, firewalls, switches, Intrusion Detection System/Intrusion Protection System (IDS/IPS), web or email gateways, or vendor appliances).
- **Operating System:** Defined by CHFS as software that supports a computer's basic functions, such as scheduling tasks, executing applications, and controlling peripherals.
- **Personally Identifiable Information (PII):** Defined by Kentucky Revised Statute (KRS) Chapter 61.931-934 and in accordance with National Institute of Standards and Technology (NIST) 800-53 Revision 4 as information which can be used to distinguish or trace the identity of an individual; person's first name or first initial and last name, personal mark, or unique biometric or genetic print or image, in combination with one or more of the following data elements: account number, credit card number or debit card number that in combination with any required security code, access code or password would permit access to an account; social security number, taxpayer ID number, driver's license number, state ID number, passport number or other ID number issued by the United States government, or individually identifiable health information, except for education records covered by The Family Educational Rights and Privacy Act of 1974 (FERPA). In addition, HIPAA identifies an individual's full name, date of birth, street or email address, biometric data, and other common identifiers as direct PII, not requiring a combined additional field of information.
- **Sensitive Data:** Defined by COT standards as data that is not legally protected, but should not be considered public information and only be disclosed under limited circumstances. Only authorized users should be granted access to sensitive data. Examples include: all information identifiable to an individual including staff, employees, and contractors but not limited to dates of birth, driver's license numbers, employee ID numbers, license plate numbers, and compensation information. The

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Commonwealth’s proprietary information including but not limited to intellectual property, financial data and more.

- **State Staff/Personnel:** Defined by CHFS as an employee hired directly through the state within the CHFS with final approval and appointment by the Kentucky Personnel Cabinet.
- **Vendor Staff/Personnel:** Defined by CHFS as an employee contracted through an approved Master Business Associate Agreement, or other formal agreement, to provide temporary work for CHFS.
- **Web Server:** Defined by NIST 800-45 Revision 2 as a computer that provides World Wide Web (WWW) services on the Internet. It includes the hardware, operating system, Web server software, and Web site content (Web pages). If the Web server is used internally and not by the public, it may be known as an “intranet server.”

2 Policy Overview

2.1 Purpose

The Cabinet for Health and Family Services (CHFS) Office of Application Technology Services (OATS) must establish a comprehensive level of security controls through an exception/exemption policy. CHFS contract, state, and vendor staff/personnel are provided procedures, guidance and documentation required, via this policy, to submit exception and exemption requests.

2.2 Scope

The scope of this process applies to all internal CHFS state, contract, and vendor staff/personnel, temporary personnel, third party providers under contract with a CHFS agency, and other entities that interact with CHFS information related resources. This process covers the applicable computer hardware, software, application, configuration, business data, and data communication systems.

2.3 Management Commitment

OATS Division Directors, the CHFS Chief Technical Officer (CTO), Chief Information Security Officer (CISO), and IT Executive Advisor have reviewed and approved this policy. Senior Management supports the objective put into place by this policy. Violations of not abiding by this policy may result in disciplinary action, which may include suspension, restriction of access, or more severe penalties up to and including termination of employment. CHFS shall report illegal activities or theft(s) of CHFS property (physical or intellectual) to the appropriate authorities.

2.4 Coordination among Organizational Entities

OATS coordinates with organizations and/or agencies with the cabinet, which access applications, systems, and facilities. All organizational entities that interact with CHFS are subject to follow requirements outlined within this policy.

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2.5 Compliance

As the official guidance domain for this policy, CHFS agencies abide by the security and privacy requirements established in applicable state laws and regulations as well as federal guidelines outlined in the NIST. Applicable agencies additionally follow security and privacy frameworks outlined within CMS, the IRS, and SSA.

3 Roles and Responsibilities

3.1 Chief Information Security Officer (CISO)

An individual responsible for providing guidance and direction in assessment, planning, and implementation of all security standards, practices, and commitments required. This individual is responsible for adherence to this document.

3.2 Chief Privacy Officer (CPO)

An individual responsible for overseeing activities related to the development, implementation, maintenance of, and adherence to the Cabinet's and Commonwealth's information privacy and confidentiality policies and procedures in compliance with federal and state laws. This individual will conduct Health Insurance Portability and Accountability Act (HIPAA) risk assessments through coordination with the Information Security Agency Representative, the CISO, or CHFS OATS Information Security (IS) Team, and other CHFS agencies, and will ensure compliance with HIPAA notification and reporting requirements in the event of an identified breach. This position is responsible for adherence to this policy.

3.3 Security/Privacy Lead

Individual(s) designated by the division leadership to coordinate privacy and/or security issues and incidents with all appropriate staff/personnel. This individual(s) is responsible for providing privacy and security guidance and direction for the protection of the Payment Card Industry (PCI), PII, ePHI, FTI and other financially sensitive information to all CHFS staff/personnel. This role, along with the CHFS OATS IS Team, is responsible for adherence to this policy.

3.4 CHFS Contract, State, and Vendor Staff/Personnel

All CHFS contract, state, and vendor staff/personnel must adhere to this policy. All staff/personnel must comply with referenced documents, found in section 8 Policy References below that pertain to the agency's applications, application servers, appliances, operating systems, web servers, network components, and database (server or components) that reside on CHFS/OATS information system(s). CHFS OATS Requestor.

3.5 CHFS OATS Requestor

This role/user is responsible to provide the business justification; explanation of risk involved/being accepted, mitigation plan/controls in place to reduce the risk, etc. for the

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exception/exemption request. This contact will be ultimately responsible for following the request through the approval process. This individual will have the responsibility to review and resubmit an exception/exemption annually as deemed necessary.

3.6 CHFS OATS Branch Manager (BM)

This role/approver is responsible for reviewing and approving the initial accuracy and need of the data and risk(s) presented for the exception or exemption. This individual will be responsible to ensure the requestor reviews and resubmits an exception/exemption annually as deemed necessary.

3.7 CHFS OATS Information Security (IS) Team

The IS Team is responsible for acknowledging that the requested exception/exemption is justified by a business need, and recommends possible other solutions for which the requestor may not be aware. This role also ensures that the solution proposed contains detailed information, so that the approver is aware of the risks, and can make an informed accept/reject decision. In addition, the IS Team is responsible for ensuring that any security concerns to be communicated for consideration at the time of the request.

3.8 CHFS OATS Technical Architect (TA) Group

This role/reviewing unit is responsible for the acknowledgement that no major technical or operational concerns are present at the time of exception/exemption request. This reviewing unit does not approve any risks accepted by the business, rather acknowledges that the technical and operational information provided a clear understanding of the risk(s) the approvers will be accepting and approving. This reviewing unit also identifies if there are technical solutions that may be available which removes the need to request an exception or exemption.

3.9 CHFS OATS Division Director (DD)

This role/approver is responsible for reviewing and approving the accuracy of the need, data, and risk(s) presented for the exception/exemption.

3.10 CHFS OATS Executive/Deputy Executive Director/System Owner

This approver is ultimately responsible for reviewing, approving, and accepting the risk(s) presented for the exception/exemption, if the request deals only with the system.

3.11 CHFS Business Approval Unit/Data Owner

This approver(s) is ultimately responsible for reviewing, approving, and accepting the risk(s) presented for the exception/exemption, if the request relates or involves agency data.

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4 Policy Requirements

4.1 General

CHFS OATS management and OATS IS Team must review, acknowledge, and/or approve any deviations from CHFS OATS Policies and Security Controls.

Requests for exceptions or exemptions to OATS Policies and Security Controls must be completed using the [CHFS Security Exception and Exemption Request SharePoint](#). Help with how to complete a security exception/exemption on the SharePoint can be found within the [CHFS Security Exception and Exemption Requests Process](#).

Once a requestor completes a request in SharePoint, it is sent via a workflow for management and security review and approval. At a minimum, each request shall have the following information completed by the requestor:

- Agency for whom the exception is being requested
- Date required by
- Request type (i.e., Exception, Exemption, Addition, Modification)
- Applicable NIST Security Control Families
- Explanation of the Request
- Business Justification/Reason
- Explanation of Risk to be Accepted
- Risk Mitigation Plan/Explanation of Mechanisms for Compliance (or Risk Analysis/Assessment)

Through the SharePoint workflow, the request is reviewed and approved by the applicable CHFS OATS Branch Manager. Following the branch manager approval, the CHFS OATS IS Team, Chief Information Security Officer (CISO), and CHFS OATS Technical Architect (TA) Group/Chief Technical Officer (CTO) shall acknowledge the exception or exemption request. Then, the CHFS OATS Division Director and the CHFS OATS Executive/Deputy Executive Director shall review and provide final approval for the request.

OATS IS team recommends submitting requests for exceptions or exemptions to the CHFS/OATS Policies and Security Controls at least one (1) business week prior to the request needs. This is to ensure approvers have adequate time to research and review the request for approval.

Exceptions and/or exemptions will be applicable for a maximum of one (1) year. Exceptions must be reviewed and a new exception resubmitted for approval annually; while exemptions must be reviewed for accuracy and need at a minimum annually as deemed necessary. The [CHFS Security Exception and Exemption Request SharePoint](#) will be the repository for all exceptions requested and granted.

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Any exception, addition, or modification request related to the Enterprise Architecture and Kentucky Information Technology Standards (KITS) Library, requires approval from the Information Technology Standards Committee (ITSC). If a request is required, it must be submitted by a CHFS Authorized Agency's IT Services Contact, using either the Exception Request Form, COT-F027 paper form, or via the COT ITSC Exception/Addition/Modification Request SharePoint site. To view documents on links listed above, must be connected to the state network, either via VPN or onsite.

Requests that require ITSC approval must be submitted with at least two (2) business weeks to allow adequate time for consideration, and to obtain the required signatures.

5 Policy Maintenance Responsibility

The OATS IS Team is responsible for the maintenance of this policy.

6 Policy Exceptions

There are no exceptions to this policy.

7 Policy Review Cycle

This policy is reviewed at least once annually and revised on an as needed basis.

8 Policy References

- [Centers for Medicare and Medicaid Services \(CMS\) MARS-E 2.0](#)
- [CHFS Authorized Agency's IT Services Contact](#)
- [CHFS OATS Policies List](#)
- [CHFS OATS Standards List](#)
- [CHFS OATS Process: CHFS Security Exception and Exemption Requests Process](#)
- [CHFS OATS Exception/Exemption SharePoint Roles](#)
- [CHFS Security Exception and Exemption Request SharePoint](#)
- [COT ITSC Exception/Addition/Modification Request SharePoint](#)
- [Enterprise IT Policies](#)
- [Enterprise Architecture and Kentucky Information Technology Standards \(KITS\) Library](#)
- [Enterprise IT Form: Exception Request Form, COT-F027](#)
- [Enterprise IT Form: Enterprise Security Exemption Request, COT-F085](#)
- [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\):](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\) Security Rule:](#)

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45CFR164.308(a)(1)(ii)(A)

- Internal Revenue Services (IRS) Publications 1075
- Kentucky Revised Statute (KRS) Chapter 61.878 Certain public records exempted from inspection except on order of court – Restriction of state employees to inspect personnel files prohibited
- National institute of Standards and Technology (NIST) Special Publication 800-53 Rev. 4, Security and Privacy Controls for Federal Information Systems and Organizations
- NIST Moderate Security Control Family Descriptions
- Social Security Administration (SSA) Security Information