

Attachment 1

**HIPAA Transaction Rule County Business Associate Compliance Plan for Home
and Community Based Waiver Programs**
REVISED PLAN FORMAT

County Agency:

County Compliance Contact (name, title, phone number, email address):

General Approach:

Check approach(es) planned:

- Modify in-house software Vendor software being modified
 Acquire new software Commercial Clearinghouse
 Use DHFS Clearinghouse Service Third Party Administrator
 Commit to DHFS Clearinghouse Service

Narrative:

Testing:

Certification:

Milestones:

| Milestone | Internal Testing | Partner Testing | Implementation |
|-------------------|-------------------------|------------------------|-----------------------|
| Start Date | | | |
| End Date | | | |

NOTE: The minimum acceptable approach is to *commit to* the DHFS Clearinghouse Service. This approach may be checked only if no providers intend to conduct electronic transactions with the county in the Waiver programs. Check the “Use DHFS Clearinghouse Service” if the county plans to *enroll in* the service and set up one or more specific providers to receive claims.