



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

February 19, 2024

_____ County DSS Director, _____, by signing this
(county name) (Director Name)

letter, you are certifying/affirming that the county DSS office is/will not utilize a contractor for the purpose of shredding Federal Tax Information (FTI), defined as Financial Resource Report (FRR) and Beneficiary Earnings Exchange Report (BEER), and will safeguard FTI in accordance with IRS Publication 1075 and Medicaid policy MA 3560/2930. If the county DSS does not currently have a paper shredder that meets the requirements below, you will ensure FTI is safeguarded until the agency has capacity to destroy by burning or shredding.

IRS Publication 1075 requirements:

Shredding: To make the reconstruction difficult: destroy paper using crosscut shredders which produce particles that are 1 mm x 5 mm (0.04 in. x 0.2 in) in size or smaller or pulverize/disintegrate paper materials using disintegrator devices equipped with a 3/32 in. (2.4 mm) security screen.

Director Signature

Director printed name

Director Phone & email address

Date

Director Designee Signature

Designee Printed name

Director Designee Phone & email

Date

Has your county DSS used a contractor to shred FTI? Yes or No .

Does your county DSS have access to a shredder that meets the requirements above? Yes or No . If no please identify the date your county will be in compliance with IRS Publication 1075 shredder capacity requirements? Date: _____

NC MEDICAID
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

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