ENTERPRISE DATA STANDARDS

FOR

HUMAN SERVICES

MARCH 2010

APA

Auditor of Public Accounts

COMMONWEALTH OF VIRGINIA

EXECUTIVE SUMMARY

The intake process for human services, which includes health and social services, in the Commonwealth is inefficient. Agencies within the Health and Human Resources Secretariat are collecting the same demographic information on the same individuals multiple times and inconsistently verifying the information with outside sources.

This review inventoried the demographic data the Commonwealth collects to manage human services, determined how agencies share this data, and identified barriers for expanding the sharing and utilization of demographic data.

Our review found the agencies in the review are collecting and entering the same demographic data for the same individuals; inconsistently verifying data; have inconsistent data sharing agreements; and additionally there are no Commonwealth data standards for demographic data.

We recommend that the Secretaries of Health and Human Resources and Technology work with other Commonwealth agencies that collect demographic data to develop data standards for the Commonwealth. In addition, any future systems development efforts should consider the system's ability to share and communicate with other systems within the Commonwealth.

– T A B L E   O F   C O N T E N T S –

INTRODUCTION

The individuals that apply for human services in the Commonwealth have no one stop shop for applying for benefits. Different agencies manage the intake process for human services, resulting in the collection of the same basic demographic data multiple times. The eligibility determination process is the gateway to all payments paid to the individual or on behalf of the individual thereafter.

For fiscal year 2009, the Health and Human Resources agencies had expenses of $9.9 billion, with a bulk of these expenses depending on a determination of eligibility. These gatekeeper agencies play an essential role in ensuring that the right people are receiving the right amount of benefits. If the Commonwealth determines eligibility incorrectly in the beginning, then program managers and the Federal government consider all payments for benefits thereafter improper.

The current intake process is not only inefficient, but also highly subject to error as entering information numerous times increases the chances of mistakes. The current process is also inconvenient to applicants, sending them to different locations to apply for the different types of benefits and providing the same information multiple times.

AUDIT OBJECTIVE AND METHODOLOGY

The objective of this review is to inventory the demographic data collected by selected Health and Human Resources (HHR) agencies, determine how these agencies share this data, and identify the barriers to sharing this data. For the purpose of this report, we limited our review to the largest four HHR agencies, the Department of Medical Assistance Services (Medical Assistance Services), Department of Social Services (Social Services), the Department of Behavioral Health and Developmental Services (Behavioral Health), and the Department of Health (Health). We interviewed and surveyed management and reviewed data sharing agreements as well as other documents.

BACKGROUND

Why does Virginia need data standards?

Currently, Social Services, Behavioral Health, and Health employees enter all the same demographic data more than once when an individual is applying for multiple programs. For example, if an individual comes into the local social services office and applies for food assistance, energy assistance, and child care, the eligibility worker has to enter all of the standard demographic information (name, address, date of birth, income, etc.) into three different systems.

This same individual may already be receiving benefits from Health, which means all the same demographic data already exists in a state system, because of the data entry by a Health employee. Additionally, agencies are continuing to move more towards the web for communicating with individuals. Several programs allow individuals to apply for benefits online. However, in many cases, even though the individual is entering all of their information into a web form, the form does not interface with any of the eligibility systems.

This lack of interface therefore requires the eligibility worker to take the data from the web form and re-enter the same information into the eligibility systems. While this practice alleviates the need for the individual to provide their information multiple times, there are still inefficiencies caused by employee's entering the information multiple times, which is subject to human error.

Same Population

There are numerous programs offered across the Commonwealth to aid low income families. These programs have the same target population; therefore, there is significant overlap of individuals within the programs. These programs include Medicaid, Family Access to Medical Insurance Security (FAMIS), Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps, Temporary Assistance for Needy Families (TANF), Women Infants, and Children (WIC), and Energy Assistance, among others.

In addition, there is significant overlap with the population served by Behavioral Health and Medicaid, with over 50 percent of Behavioral Health's funding coming from Medicaid. See Appendix I for a discussion of the eligibility requirements for these programs.

All of the programs listed above have at least one thing in common, the consideration of income as a factor for determining eligibility. The programs provide assistance to low-income families at various stages of the federal poverty level. This fact alone proves that there are high levels of crossover eligibility among these various programs. The savings the Commonwealth could achieve by having one data entry point, or by even having better communication between agencies, could be significant.

The following chart demonstrates, potentially, how much duplication in data entry is occurring within just four programs, TANF, Medicaid, WIC, and SNAP. As mentioned above, there is overlap in the population of persons enrolled in the human service programs offered by the Commonwealth and trends show that the enrollment levels for these programs change in sync with one another.

For example, as enrollment in Medicaid increases, so does enrollment in TANF and SNAP or vice versa. Many times, the poverty level can be a sign of the trend. As poverty increases, more and more families turn to state and federal programs for assistance. While the Commonwealth has a process for coordinating the programs with the most overlap population by having the Medicaid Management Information System (MMIS) and the Application Benefit Delivery Automation Project (ADAPT) systems interface, which support Medicaid and TANF, respectively, there could still be improvement to the process by increasing the number of systems and programs that share data.

TANF Recipents that also receive other types of assistance

■ % of recipients that receive both types of assistance

Medicaid	99.6%
WIC	35.1%
SNAP	80.8%
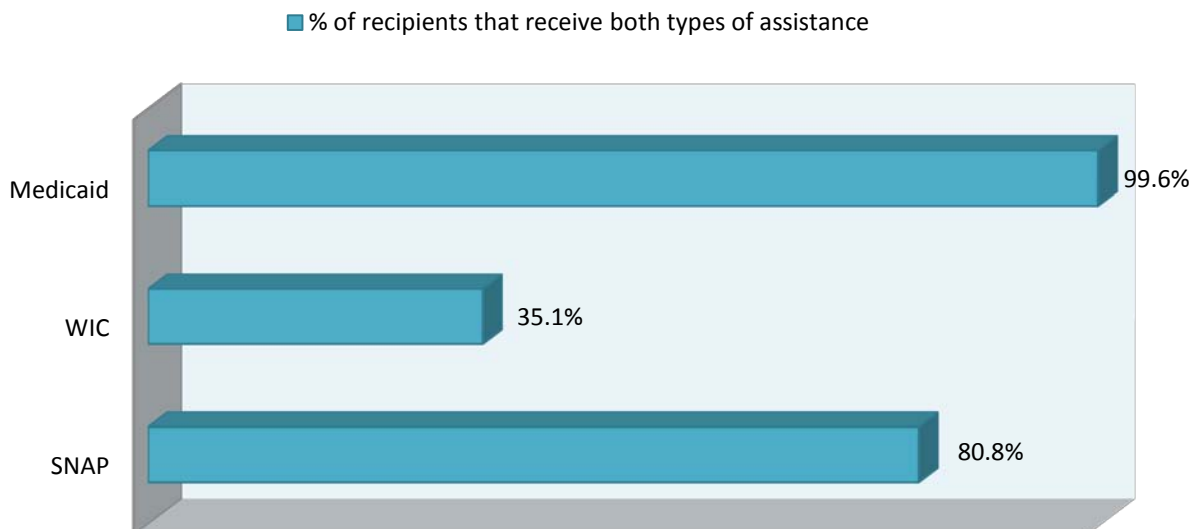
Source: "Table 15. Overview 1 Percent of Recipients in Programs within the Jurisdiction of the Committee on Ways and Means Receiving Assistance from Other Major Federal Programs, 2002," in *The Green Book* U.S. House of Representatives, Committee on Ways and Means, Washington, DC, 2004

As the chart depicts, almost 100 percent of households that receive TANF benefits also receive Medicaid and 81 percent receive SNAP. This shows the strong commonality among these programs. Additionally, 35 percent of TANF households receive WIC and the WICNet system does not interface with ADAPT. There were approximately 72,000 individuals in Virginia receiving TANF benefits in fiscal year 2009. By applying the percentages above, this would mean that approximately 25,000 individuals are in both programs and have their demographic information collected, keyed, and validated by two different agencies. There are also commonalities not depicted in the chart above. For example, some individuals who receive SNAP are automatically eligible for LIHEAP. Although Social Services administers' both programs, because the programs started at different times, each program has a separate automated system that does not interface. Therefore, caseworkers must manually enter demographic information separately in two systems even though the recipients are automatically eligible for both programs.

Same Data

As illustrated in the table below, the largest four HHR agencies collect a vast array of demographic and financial information about each applicant. In some cases, the duplicative data collection occurs within the same agency. While, for the purpose of this report we limited the detailed review to these agencies, it is likely that there are other HHR agencies, as well as other Commonwealth agencies such as Virginia Employment Commission (VEC), Department of Taxation, and Department of Education, among others, that are collecting, keying, and validating the same demographic data.

| Agency	DSS		DMAS	VDH	DBHDS
Data Entry System	**Energy Assistance**	**ADAPT**	**MMIS**	**WICNet**	**AVATAR**
Programs **Required Data Fields**	**Energy Assistance**	**SNAP, TANF & Medicaid**	**Medicaid**	**WIC**	**Various Programs**
Last Name	X	X	X	X	X
First Name	X	X	X	X	X
Address	X	X	X	X	X
Zip code - 9 digit	X	X	X	X	X
City	X	X	X	X	X
State	X	X	X	X	X
Phone				X	X
SSN		X	X		X
Date of Birth		X	X	X	X
Sex	X	X	X	X	X
Ethnic Group	X		X	X	X
Living Arrangement	X		X		X
Citizenship/Alien	X	X	X	X	X
Number in household	X	X	X		X
Income	X	X	X	X	X
Income types	X	X			X
F/S match / ADAPT case number	X	X			
Medicaid Number		X	X		
Disabled/Disability	X	X	X	X	X
Marital Status		X	X	X	X
Employment Status			X		X

Duplicative Demographic Data Collection

Source: Survey completed by agencies' management

This table is not all inclusive, as there are many other fields needed to manage these programs, but this does show the general areas of demographic data that these programs are collecting. Caseworkers must enter all of this information into each system at least once. If there was one point of entry and more interfaces between the systems, caseworkers would need to enter this information only once to update the other systems. Appendix IV has the other data elements used in managing these programs.

Different Systems

With the exception of Social Services and Medical Assistance Services, no two agencies use the same system for entering data about an individual. Other agencies have designed systems primarily for each human service program individually. Another reason programs have different data systems is their source of funding, which is typically federal grants.

U.S. Department of Health and Human Services funds the Medicaid, TANF, and LIHEAP programs, while WIC and SNAP receive funding through the U.S. Department of Agriculture. Additionally, the Commonwealth implemented these systems at different times with their own specifications for meeting the requirements of each program and no Commonwealth data standards for commonly collected data. The following illustrates how inefficient the current process is of having multiple entry points for the same demographic information.
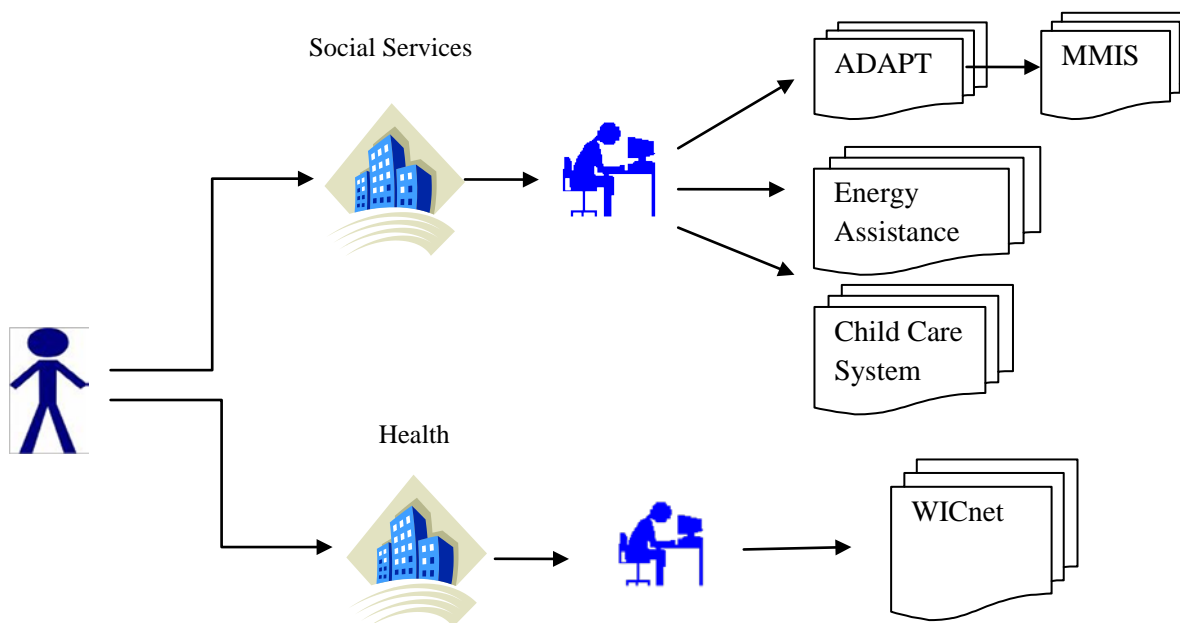
This illustration uses a hypothetical situation of a low income pregnant mother with a young child. This individual would likely be eligible for TANF, SNAP, Medicaid, Energy Assistance, Child Care, and WIC. In this situation, the pregnant mother would have to go to a Social Services location and the Social Services employee would have to enter the individual's demographic information into three different systems. ADAPT would electronically transfer the information to MMIS for the Medicaid case management. The pregnant mother would then have to go to a Health location and the Health employee would have to enter the same information into WICNet to

determine eligibility for WIC services. See Appendix II for more detail on these and other systems the state uses for managing eligibility.

Inefficiencies Caused by Not Having Standards

When we questioned management as to why they did not share more demographic data amongst state agencies, responses varied; however, most responded that their systems were outdated or do not communicate with other systems. Additionally, management responded that each system has its own protocol for storing data. This means that, for example, one system may only allow eight characters for last name and another allows 15. Even if the systems could electronically transfer data between each other, the inconsistencies in storing data results in the agencies having difficulties identifying the same individual across multiple systems. The chart below shows how the same hypothetical individual could have their name stored differently in different systems making it difficult to correctly share data.

| John Smith |
| John T. Smith |
| Jonathan Smith |
| Jonathan T. Smith |

If the Commonwealth agencies' systems had more interoperability, this could significantly lessen the administrative task of entering information in multiple systems. This would also decrease the risk of data entry errors associated with manual data entry, thus lowering the number of individuals receiving or not receiving benefits incorrectly.

Some agencies have advanced to allowing clients to apply for benefits online. However, in the case of Social Services, once the application is in the online form, then a Social Services' employee has to enter the data into eligibility systems. The online form and eligibility systems do not transfer data to or from each other.

FRAMEWORK FOR IMPROVEMENTS

Laying the foundation

What are Data Standards?

Data Standards are documented agreements on representations, formats, and definitions of common data. Data standards improve the quality and share-ability of data by:

- Increasing data compatibility
- Improving the consistency and efficiency of data collection
- Reducing data redundancy

Data standards provide a common vocabulary for citizens, local governments, states, tribes, federal agencies, and private sector organizations to communicate about environmental data.

Current Standards

There is currently no complete set of Commonwealth demographic data standards for agencies to follow. Questions posed to the four largest HHR agencies revealed that there are also no specific agency wide data standards for demographic information; however, there are unique data standards set for each eligibility system within the agencies.

At the time of our review, the Information Technology Investment Board (ITIB) was providing oversight to technology investments across the Commonwealth. The board appointed the Chief Information Officer (CIO) of the Virginia Information and Technologies Agency (VITA). The board members had responsibility for approving or disapproving the development of all major information technology projects statewide, approving strategies, standards, and priorities for state agencies as recommended by the VITA CIO.

The Appropriations Act (Act), Chapter 879 contained language requiring data standards for specific areas necessary for the Commonwealth to conduct business. The specific areas noted in the Act include vendor tables, receiving and invoice information, and chart of accounts, for example, but did not include the type of demographic data required by HHR agencies for managing their programs or for determining eligibility.

VITA and the Department of Motor Vehicles (DMV) began a project to define standards for citizen data in connection with the development of a new system for DMV. However, DMV has halted its new system, which stopped this project. VITA has since been working with DMV and some other agencies to create a white paper on addresses and in the future, plans to draft a white paper on names and phone numbers. These white papers will serve as guidance for the Commonwealth and could potentially be the starting point for developing standards in these areas.

Movement in Data Sharing

Virginia

Several agencies within the Commonwealth are collaborating to create the No Wrong Door system for individuals in need of long-term care, which are mostly aged and/or disabled individuals. This system includes intake and referral, the Uniform Assessment Instrument, case management and reporting tools. With written permission from the individual, these tools allow multiple agencies the capacity to exchange information. The goal of the No Wrong Door is to minimize confusion, enhance individual choice, and support informed decision-making. Currently however, No Wrong Door tools do not integrate with the various agencies' systems therefore agencies must re-enter client data into each of their respective eligibility systems.

Social Services is working on an application that would allow them to have a central repository for demographic data. This project would allow one-time only data entry with the repository sharing information with all systems managed by Social Services. They plan to achieve

this by creating a common client identifier among their systems. Additionally, their plans include adding an interface between the online form and the central repository so that employees do not need to re-enter information. Management refers to this as a client self-service model that it believes will be efficient and effective and provide a client friendly experience.

In the future, management envisions that individuals will file applications for services or benefits through an online application process, report changes, and manage their benefit "accounts" online. Whenever possible, the system would capture information through a web-based service for verification of required information electronically. Employees and/or automated processes would review applications and send additional questions or request additional documentation electronically or by print to communicate with clients. As a result, workers would be spending more time providing service, case management, and accurate determination of eligibility.

From a Social Services perspective, having the ability to electronically share information across its legacy systems may be cost effective and reduce administrative time and potential errors; however, this plan does not consider the needs of other agencies or the ability to share data with them.

National Movement

The Centers for Medicare and Medicaid Services has an initiative known as the Medicaid IT Architecture (MITA) intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program. The goals of this initiative include: common standards with, but not limited to, Medicare, interoperability between state Medicaid organizations within and across states, as well as with other agencies involved in healthcare; web based access and integration, and software reusability. MITA has the following objectives that support these goals:

- Adopt data and industry standards
- Promote reusable components
- Promote efficient and effective data sharing to meet stakeholder needs
- Promote secure data exchange
- Break down artificial boundaries between systems, geography, and funding

The federal government currently has data standards for race and ethnicity but does not have data standards for all other demographic data. The Internal Revenue Service (IRS), one of the largest users of demographic data, does not have any standards for this data. The IRS has been working on an Enterprise E-strategy project to modernize and one objective of this project is to develop web and data infrastructure to support e-services. In its 2009 Annual Report to Congress, the Electronic Tax Administration Advisory Committee (the Committee) made recommendations to Congress and the IRS to help the IRS make progress with the Modernization Program. Part of this program, data strategy, establishes a comprehensive plan for data collection, consolidation, storage, and distribution. The Committee recommended that the IRS "should establish and oversee, in consultation with the states and other outside stakeholders, a formal process to develop and publish national definitions for tax-related data." The Committee pointed out that developing and

maintaining a common language and rule-set for the use, exchange and management of tax-related data is vital to the future of tax administration.

Barriers to Data Sharing

One of the main barriers to agencies being able to share data is the outdated systems that house information on individuals. Most agencies developed their current systems many years ago and their data formats are incompatible with each other. When these older systems were developed, they were designed to meet the needs of the program(s) they were managing; most likely, this is the result of guidance from the federal agency that funded the system implementation.

Another barrier is the lack of consistency in agency data sharing agreements. During our review, we reviewed data sharing agreements between HHR agencies. While some agreements are very specific and indicated the data fields agencies will share and how they will protect the data, other agreements are very vague in terms of what information is being shared, the method for sharing information, or how the agencies will protect the data. This makes it difficult to determine if agencies are sharing data outside of the agreements or if they appropriately handled the information. Due to the lack of detail in various agreements, some agencies are reluctant to "trust" other agencies with sensitive data. If agency agreements were more thorough, agencies would likely be more willing to share data and could have a basis for which to hold each other accountable.

State and Federal privacy laws could also be a potential barrier to data sharing. Agencies would need to explore intricacies of these laws and ways to overcome them such as having the client sign agreements to have their information shared as is currently done with the No Wrong Door Project.

RECOMMENDATION

Commonwealth agencies should establish or modify existing data sharing agreements and make them more consistent. Agreements should also include detailed responsibilities of each agency to establish how data should be stored, accessed, and maintained once received. With this added level of detail, agency agreements should maintain a level of accountability for each agency to handle shared data. By not having adequate data sharing agreements or sharing data outside of the existing agreements, agencies risk disclosing protected health information and could be subject to federal penalties.

Benefits to Data Sharing

Sharing data among the various agencies would allow the Commonwealth the ability to present a comprehensive view of the individuals receiving services across all programs. This would enhance the Commonwealth's ability to do cross-matching of data with other databases to ensure individuals are eligible and allow for data mining to identify potential cases of fraud and abuse. The Commonwealth could also monitor an individual's progress over time to determine if services are helping them.

Additionally, there exists the opportunity for either potential cost savings or cost avoidance from reducing data entry, verifying data once, and having more current data. For example, if the agencies shared data, an individual would only need to go to one agency and change their address or income information; that agency could update information in all program applications thus improving communication between the individual and the Commonwealth and reducing potential improper payments if the new information changes their eligibility status in more than one program. Additional cost savings or cost avoidance could also occur if the online application forms linked to the eligibility system to avoid employees re-entering the individual's data.

RECOMMENDATION

The Secretary of Health and Human Resources should work with VITA, DMV and other agencies that house citizen data to develop demographic data standards. Once the work team develops these standards, they should present them to the Secretary of Technology and the Commonwealth's Chief Information Officer (CIO) for adoption.

After adopting the data standards, new systems development projects should use those standards. Before granting approval for Commonwealth agencies to develop or purchase a new system, the Secretary of Technology and the CIO should consider the systems' operability with systems in place or systems other agencies may be working on to determine if those systems can communicate or share information. The Secretary of Technology and the CIO should also ensure the system is using the Commonwealth's demographic data standards.

Currently, Social Services, the Virginia Employment Commission, and Health are in the process of getting new systems for which they will house some of the same demographic data for the same individuals, but there has been no coordination amongst these agencies during the system development process. This is just one example of systems projects currently under development where there has been no collaboration amongst agencies.

As budget shortfalls drive each agency to develop new ways of doing business more efficiently, the state will eventually have to move towards web-based services that incorporate programs from multiple agencies. Setting data standards later rather than sooner will result in additional costs to all agencies to reprogram or modify their systems to provide interoperability. The Commonwealth will have to spend significant resources to reprogram and modify these new systems later to communicate across agencies instead of setting the standards now as the systems are in development.

What Can Improve?

Data Verification

Many of the state agencies have agreements in place with other state or federal agencies to verify or compare information received from applicants. For example, in order to verify income reported on an application for SNAP, Social Services has an agreement with the Internal Revenue Service (IRS) and the Virginia Employment Commission (VEC) to verify the income reported from individuals is accurate.

IRS data matches include verification of out of state income, pension income, military, self-employment earnings, and any other federal earnings. Social Services receives a quarterly report to verify this information, and monthly receives other IRS data for matches. Reports received monthly help Social Services to verify unearned income, which includes dividends, interest, winnings, including lottery and gambling winnings, and any royalties or savings bonds owned.

The matching process is both automated and manual in nature. Eligibility workers automatically receive notification of the reports available, and when there is a match. However, the worker must manually update the cases and manually enter the information in the eligibility system.

Behavioral Health uses Social Security Administration systems to verify Medicare and Disability eligibility information. Other sources used for verification or comparison of information are: DMV, VEC, Health-Division of Vital Records, employers, fiduciaries, liable relatives, City and/or County circuit Court Clerks, Commissioners of Revenue, client's medical record, social workers, and treatment teams. Since applicants can be adjunctively eligible for WIC based on their Medicaid enrollment, Health verifies applicants' Medicaid enrollment with Medical Assistance Services.

RECOMMENDATION

Commonwealth agencies are conducting a patchwork of verification activities with overlaps and gaps. Agencies are verifying the same information with the same source as other Commonwealth agencies; therefore, improving verification could occur with either of the following changes.

1) Agencies verify demographic data before sharing with other agencies so the receiving agency would not have to revalidate what they are given.

2) One agency has responsibility to verify all information before sharing the information with other agencies.

The Secretary of Health and Human Resources should explore the possibility of having agencies providing assurance on the information they are sharing or have one agency designated as a clearinghouse for data.

Under both scenarios, the agency collecting client data would be responsible for validating information such as income, employment, and social security number, and sharing that vetted data with other agencies to determine eligibility for specific programs. This process would be more efficient in that information is being collected and validated only once.

CONCLUSION

There is no complete set of demographic data standards in the Commonwealth for agencies to use, and although the majority of Health and Human Resources agencies have the same clients, there is limited capacity to share client data due to the lack of data standards. The process of client intake is inefficient in the Commonwealth, with numerous agencies entering the same clients' data into multiple systems, sometimes even within the same agency.

In addition to numerous agencies collecting the same data, many agencies are also duplicating the efforts to verify the same data. For those agencies that do manage to share demographic data, the agreements between those agencies are vague and inconsistent.

In order for the Commonwealth to move in the right direction of making the program eligibility process more efficient, there are a few things that need to happen. The first step is to create standards for citizen data. The Secretaries of Health and Human Resources and Technology should work with VITA and other agencies that collect citizen data to develop citizen data standards. After adopting standards, those standards should be a requirement for any new systems development projects in the Commonwealth.

Secondly, instead of every agency verifying the same clients' data, the Secretary of Health and Human Resources should explore having one agency responsible for collecting and verifying intake information. After validating the information, the verifying agency could share the information with other agencies to determine eligibility for specific programs.

Finally, agency data sharing agreements should be more specific about the data that is being shared, the method of sharing, and the security and storage of the data by the receiving agency. Other agencies within and outside the Commonwealth have begun work on establishing data standards in one form or another. The Secretary of Health and Human Resources should use any available resources to assist in the process of creating citizen data standards for the Commonwealth.

March 30, 2010

The Honorable Robert F. McDonnell   The Honorable M. Kirkland Cox
Governor of Virginia   Chairman, Joint Legislative Audit
                                             and Review Commission

We have reviewed data sharing practices within the Secretariat Health and Human Resources and are pleased to submit our report entitled **Enterprise Data Standards for Human Services**. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Audit Objectives

The objective of this review was to inventory the information collected by Health and Human Resources agencies, determine the information that is being shared among agencies, and to identify the barriers there are to sharing demographic data.

Audit Scope and Methodology

We limited the detailed review to the largest four Health and Human Resources agencies, the Department of Medical Assistance Services, Department of Social Services, the Department of Behavioral Health and Developmental Services, and the Department of Health. We interviewed and surveyed management and reviewed data sharing agreements as well as other documents to gather information for this report.

Exit Conference and Report Distribution

We provided a draft copy of this report to the Secretary of Health and Human Resources and the Secretary of Technology on April 12, 2010 and notified them that they had the option of providing formal responses for inclusion in the report. The Secretaries elected not to provide a response to the report.

This report is intended for the information and use of the Governor and General Assembly, management, and the citizens of the Commonwealth of Virginia and is a public record.

AUDITOR OF PUBLIC ACCOUNTS

JDE/clj

FAMIS

In Virginia, Children's Health Insurance includes Medicaid and FAMIS and is available through a single application. Medicaid will cover children if the family's income meets the Medicaid income requirements. Children who are not eligible for Medicaid, but meet the FAMIS eligibility requirements receive coverage under FAMIS. To be eligible for FAMIS children must live in the state of Virginia; be under the age of 19; not have an existing health insurance plans for the previous four months; not eligible for FAMIS Plus or any Virginia state employee health insurance plan; and meet income guidelines. Family size will determine income limits. For example, a family of four's gross income cannot exceed $44,100 a year.

LIHEAP

The Low Income Home Energy Assistance Program (LIHEAP) assists low-income households with costs to heat their home during the winter and cool their home during extreme heat periods. The LIHEAP also assists individuals with energy efficiency and provides crisis assistance when other resources do not meet their particular needs. To be eligible for this program, applicants' household income must be at or below 130 percent of the federal poverty level.

Medicaid

The Medical Assistance program, Medicaid, provides medical care for public assistance recipients and medically needy persons (i.e. persons of low income who can meet their maintenance needs but have insufficient income to provide the cost of medical care). The program funding is a joint effort of the state and federal government. Individuals eligible for the program must meet financial as well as non-financial requirements. Individuals must have limited income and in one of the groups covered by Medicaid such as pregnant women, children, people with disabilities, and people age 65 and older. The income requirements vary depending on the category applicants fall in. For example, pregnant women's income must be at or below 200 percent of the poverty level, while children's family income must be at or below 133 percent of the poverty level.

SNAP

SNAP accounts for over 50 percent of federal expenses in fiscal 2009 at Social Services. SNAP helps low income people and families buy the food they need for good health. To be eligible for SNAP, households have to meet income requirements as well as some non-financial criteria. The household's gross monthly income must be at or below 130 percent of the federal poverty level and net monthly income below 100 percent of poverty level. Applicants who receive TANF or supplemental security income are automatically eligible for SNAP.

TANF

Another program offered through Social Services is TANF. TANF helps needy families achieve self-sufficiency by providing monthly cash payments to meet basic needs and work opportunities, including job skills training, child care assistance, transportation and other work related expenses. An applicant must be 18 or under and attending school; living with a parent or relative; a resident of Virginia; citizen of the United States or eligible alien; and the family must be in need of financial assistance. Once the family is determined to have a need for financial assistance, the eligibility system calculates the TANF payments using the family's income and need.

WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. The program provides nutrition education, breast feeding, and support, supplemental nutritious foods, counseling at WIC clinics, and referrals for other social services. As with the programs already discussed, WIC has both financial and non-financial requirements for eligibility. To be eligible for WIC applicants must be pregnant, breastfeeding or have a child under five years of age, have nutritional needs (as determined by the local WIC clinic) and have income at or below 185 percent of the federal poverty level.

APPENDIX II – Description of Systems

ADAPT

ADAPT is used by Social Services to determine eligibility for SNAP, TANF and Medicaid. The ADAPT system interfaces with MMIS to ensure all Medicaid applicants information that are entered into ADAPT are uploaded nightly to MMIS.

AVATAR

AVATAR is the billing system used by Behavioral Health that accounts for every resident who receives services from the agency. AVATAR houses resident data such as demographic data; and billing information. Although the majority of Behavioral Health's residents receive Medicaid, the AVATAR system and MMIS do not interface. Staff must verify the resident's Medicaid eligibility by separately accessing the MMIS system. It would greatly increase the efficiency of the intake process if the MMIS and AVATAR system interfaced.

CHAMPS

CHAMPS is the eligibility system used by the state's FAMIS eligibility contractor. CHAMPS is a rules based system that screens the data for potential FAMIS eligibility. The CHAMPS system also allows tracking of all customer contacts and case documentation for each applicant. Since CHAMPS does not interface with MMIS, data entry staff must update MMIS daily using reports generated from CHAMPS, to ensure all FAMIS cases are in the federal MMIS system.

EAS

The Energy Assistance System (EAS) collects data necessary to provide energy assistance to eligible clients. EAS automatically generates authorization documents; monitors payments entered for households; ensures payments are not entered in excess of the previously approved benefit amount; and does edit checks to ensure payment information matches the case data. Some individuals who receive SNAP are automatically eligible for energy assistance however there is no interface with the system that houses SNAP applicant's information.

MMIS

MMIS is a federally approved system used to record Medicaid provider claims, analyze claims for accurate provider reimbursement, and process payments. MMIS also tracks, analyzes, and reports extensive statistical data for the administrative monitoring of the program. Medical Assistance Services owns MMIS, but has a contract with First Health to act as fiscal agent and operate the system. Based on an interagency agreement between Medical Assistance Services and Social Services, some Social Services staff have access to MMIS to update or enter client data when needed.

WICNet

WICNet is the eligibility system used by Health to administer the WIC program. Caseworkers enter potential applicant's demographic information into WICNet and an automatic check is done throughout the WICNet system to ensure the person is not already receiving WIC services. Health uses an Excel file received bi-weekly from Medical Assistance Services to verify Medicaid eligibility. There are no system interfaces to verify any programs' participation, although applicants are considered adjunctively eligible for WIC if they already receive SNAP, TANF, or Medicaid.

APPENDIX III – List of Acronyms used in the Report

ITIB – Information Technology Investment Board
EAS - Energy Assistance System
FAMIS – Family Access to Medical Insurance Security
HHR – Health and Human Resources
IRS – Internal Revenue Service
LIHEAP – Low Income Home Energy Assistance Program
MMIS – Medicaid Management Information System
SNAP – Supplemental Nutrition Assistance Program
TANF – Temporary Assistance for Needy Families
WIC – Women Infants and Children
VEC – Virginia Employment Commission
VITA – Virginia Information Technologies Agency

APPENDIX IV - List of Data Fields

<u>AVATAR Additional Demographic Data Fields</u>
Employment Status
Employer
Referral Source
Maiden Name
Alias/Short Name
Work Phone
Education
Client Race
Ethnic Origin
Occupation
Place of Birth
Primary Language/Languages
Religion
Country of Origin
Responsible Party - Annual Income
Household Gross Annual Income
Income Validation
Receiving SSI Benefits
Receiving SSDI Benefits
Receiving AFDC Benefits
Receiving Food Stamp Benefits
Cash Benefits Social Security
Receiving Military V/A Benefits
Other Benefits
Medicare Number
Number of Dependents
Value of Allowable Assets
Annual Valid Expenses
Medical record number
Homeless Indicator
Current Resident Code
School Record Requested
Immunization Records Requested
Veteran
Military Related Disability
Military Branch of Service
Military Services dates (from and to)
Handicap
Medications
Criminal Justice Involvement
Guarantor name
Guarantor number
Guarantor address

Guarantor phone
Subscriber
Relationship to Subscriber
subscriber name
subscriber number
subscriber address
subscriber phone
Subscriber SSN
Subscriber Sex
Subscriber's Employment Status
Subscriber's Birth Date
Subscriber's Employee ID #
Subscriber's Employer Name
Subscriber's Employer ID Number
Subscriber's Work Phone
Subscriber's Group Name
Subscriber's Group #
Subscriber's Policy #
Subscriber's Medicare #
Subscriber's Medicaid #
Subscriber Branch / Service-
Subscriber Military Status-

MMIS Additional Required Data Fields

Caseworker
FIPS
Review Date
Case ID
Enrollee ID
Same as Case Address
Same as Case FIPS
Relationship to Case Head
Race
Cit Stat
Country
US Entry Date

ADAPT Data Fields

(Note – This is a small sample of the data fields contained in ADAPT taken from record types that relate to demographic information presented here to show the volume of data that is collected within the system.)

INDIV_PIN_NUMBER	INDIV_SEQUENCE_NUMBERS	INDIV_MULTIPLE_REC_SEQ_NUMBER
INDIV_RECORD_SEQUENCE_NUMBER	EFF_BEGIN_DATE	EFF_END_DATE
CITIZENSHIP_CODE	CITIZENSHIP_VER_CODE	STATE_BORN_CODE
DOB_VER_CODE	SSN_VER_CODE	SSI_REC_CD
SSI_RECIPIENT_VER_CODE	MARITAL_STATUS_CODE	CITIZENSHIP_DOC_LEVEL
ID_VERIFICATION_CODE	FELON_PAROLE_VIOLAT	FELONY_DRUG_CONV
VETERAN_FLAG	HIGH_SCHOOL_GRAD	REFUSED_WORK_TRAINING
ROOMER_FLAG	BOARDER_FLAG	MEDICAID_HIPP_STATUS
HOMELESS_FLAG	IN_SSP_RECIPIENT	OTHER_BENEFIT
LAST_GRADE	CR_HEALTH_INS	MEDICAL_FLAG
HEALTH_INS_FLAG	OTHER_BENEFIT_FLAG	FOSTER_CARE_FLAG
ADOPTION_FLAG	FORMER_FLAG	MC_AFFIDIVATE
MC_ID_VERIFICATION	SYS_UPD_STAMP	SYS_UPD_DATE
SYS_UPD_TIME	SYS_UPD_USER	CASE_NUMBER
CASE_CABINET	CASE_DRAWER	CASE_REPORT
CASE_BEGIN_DATE	FIPS_CODE	LEGACY_NUMBER
CASE_STATUS	RENEWAL_CERT_DATE	RENEWAL_REQUEST_DATE
INTERIM_REPORT_FLAG	UMBRELLA_CASE_CASELOAD_NUMBER	RENEWAL_DATE_DISPLAY_FLAG
LAST_RENEWAL_DATE	APPLICATION_NUMBER	APPLICATION_DATE
FLAG_501	MEDICAID_RENEWAL_DATE	MEDICAID_RENEWAL_DATE_FLAG
KATRINA_EVAC_STATE	VIEW_TRANSITION_PAY_FLAG	SYS_UPD_DATE
SYS_UPD_TIME	SYS_UPD_USER	CASE_NUMBER
EFF_BEGIN_DATE	EFF_END_DATE	INDIV_PIN_NUMBER
INDIV_PERSON_NUMBER	PRIMARY_DEPRIVATION_CD	SECONDARY_DEPRIVATION_CD
PURCHASE_PREPARE_FIELD	VIRGINIA_RESIDENCE	VA_RESIDENT_VERIFICATION
TEMPORARY_AWAY_CD	RETURN_DATE	LIVING_ARRANGEMENT_CD
SIBLING_GROUP	LEFT_DATE	REPORTED_TIMELY_FLAG
NF_AFDC_STATUS_CODE	AGREEMENT_SIGNED_DATE	NF_FS_STATUS_CODE
NF_FS_REVIEW_DATE	FC_INPUT_AID_CODE	MC_INPUT_AID_CODE_1
STATUS_DATE	CASE_RELN_PARENT_PER_NUM_1	CASE_RELN_PARENT_PER_NUM_2
CASE_RELN_SPOUSE_PER_NUMBER	RELATIONSHIP_CD	NF_IN_THE_HOME
NF_UNDER_PARENTAL_CONTRL	RELATIONSHIP_VERIFY	IN_THE_HOME_VERIFY
AFDC_INPUT_AID_CODE	PARTICIPATION_STAT_CODE	FS_INPUT_AID_CODE
NF_FS_PARTICIP_ST_CODE	STATUS_CODE	NF_MC_PARTCPTN_ST_CODE_1
FC_PARTCIPATION_CODE	CASE_DIS_AF_ACTION_TYPE_CODE	CASE_DIS_AF_REASON_CODE
CASE_DIS_AF_EFFECTIVE_DATE	CASE_DIS_FS_ACTION_TYPE_CODE	CASE_DIS_FS_REASON_CODE
CASE_DIS_FS_EFFECTIVE_DATE	CASE_DIS_MC_ACTION_TYPE_CODE	CASE_DIS_MC_REASON_CODE
CASE_DIS_MC_EFFECTIVE_DATE	CASE_DIS_FC_ACTION_TYPE_CODE	CASE_DIS_FC_REASON_CODE
CASE_DIS_FC_EFFECTIVE_DATE	APPLIC_RETRO_MEDICAL	CASE_DISCONT_REASON_CODE

PROFILE_AEDEP1_SW	MORE_SWITCH_FIELDS	PROFILE_AEDECP_SW
GROUP_AEEMP_FLAGS	AECOMP_INTERNAL_FIELD	CS_RELATION_SPECIFIC_DEGREE
SYS_UPD_DATE	SYS_UPD_TIME	SYS_UPD_USER
AEEMP3_JOB_QUIT_LOSS_QUEUE	AEEMPW_UP_WORK_HISTR_QUEUE	UPD_DATE_STAMP
CASE_NUMBER	EFF_BEGIN_DATE	EFF_END_DATE
NO_NIGHT_RES_FL	SEASONAL_FARM_WORK_CD	TANF_PENALTY
SHELTER	TEMP_IN_OTHER_HOME	SLEEP_BAD_FL_VAGRANT
INCOME_SOURCE_STOPPED	NEW_INC_10_DAYS	NEW_INC_AMT
CASE_NF_COHAB	CASE_NF_GOOD_CAUSE	CASE_NF_EMERGENCY_MEDICAL
CASE_NF_ON_AFDC	CASE_NF_ASSISTANCE_PLAN	CASE_NF_PURSUE_SPOUSE
SYS_UPD_STAMP	SYS_UPD_DATE	SYS_UPD_TIME
SYS_UPD_USER	CASE_NUMBER	FORM_BGN_DTE
SSNLST4	DOB	BATCH_TIME
AUTH_EBT_CARD	PRMY_RECP_AUTH_REP	AUTH_VLTEBT_CARD
VLT_CARD_RSN	AUTH_CARD_REPLACEMENT	AUTH_REASON
ADMIN_ERROR	AUTH_DEBIT_ACCT_AMOUNT	REACTIVE_DORMAT_EBT_CARD
REPAY_FS_CLAIM	REPAY_FS_CLAIM_AMOUNT	REPAY_FS_CLAIM_ACTIVE
REPAY_FS_CLAIM_DORMANT	CARD_ISS_MANUAL_ACCOUNT	CASE_NAME_SUFFIX
CASE_AUTH_NAME	CASE_AUTH_NAME_LAST	CASE_AUTH_NAME_FIRST
CASE_AUTH_NAME_MID	CASE_AUTH_ADDRESS	CASE_SECONDARY_ADDRESS
CASE_ADDR_NUM	CASE_ADDR_DIR_1	CASE_ADDR_ST_NAME
CASE_ADDR_SUFFIX	CASE_ADDR_DIR_2	CASE_ADDR_APT
CASE_ADDR_CITY	CASE_ADDR_STATE	CASE_ADDR_ZIP
ELIG_WORKER	SUPERVISOR	CASE_PHONE_NUMBER
SYS_UPD_STAMP	SYS_UPD_DATE	SYS_UPD_TIME
SYS_UPD_USER	CASE_NUMBER	PROCESSING_MONTH
CATEGORY_CODE	NF_ELIGIBILITY_STATUS	RS_ELIGIBILITY_STATUS
INELIGIBILITY_STATUS	AUTHORIZATION	TRANSFER_FIPS_FOR_AFDC
FS_165_ELIGIBILITY_STATUS	FS_165_GROUP_SIZE	FS_165_GROSS_MONTHLY_INC
FS_165_GROSS_INC_LIMIT	TOTAL_COUNTABLE_RESOURCES	ALLOWABLE_RESOURCE_LIMIT
NOA_BEING_COMPLETED_FLAG	PROGRAM_FLAG	SFU_STATUS_CODE
REAPPLICATION_FLAG_FOR_NOAS	WITH_WITHOUT_FLAG	AFDC_CHECK_DATE
CASE_LEVEL_NF_REASON_CODES	CASE_LEVEL_NF_REASON_CODE_1	CASE_LEVEL_NF_REASON_CODE_2
CASE_LEVEL_NF_REASON_CODE_3	CASE_LEVEL_NF_REASON_CODE_4	CASE_LEVEL_NF_REASON_CODE_5
CASE_LEVEL_NF_REASON_CODE_6	CASE_LEVEL_RS_REASON_CODES	CASE_LEVEL_RS_REASON_CODE_1
CASE_LEVEL_RS_REASON_CODE_2	CASE_LEVEL_RS_REASON_CODE_3	CASE_LEVEL_IN_REASON_CODES
CASE_LEVEL_IN_REASON_CODE_1	CASE_LEVEL_IN_REASON_CODE_2	CASE LEVEL_IN_REASON_CODE_3
SYSTEM_UPDATE_TIME_STAMP	SYS_UPD_DATE	SYS_UPD_TIME
SYS_UPD_USER	CASE_NUMBER	PAYMENT_MONTH
FS_EARNED_INCOME	FS_ALLOWABLE_LOSSES	FS_EARNED_INC_DISREGARD
FS_UNEARNED_INCOME	FS_COUNTABLE_INCOME	FS_TOTAL_MEDICAL_COSTS
FS_MEDICAL_DEDUCTION	FS_EXCESS_MEDICAL_COSTS	FS_DEPENDENT_CARE_DEDUCTION
FS_SUPPORT_PAYMENT_DEDUCTION	FS_HOUSING_COSTS	FS_UTILITIES
FS_UTILITY-STANDARD	FS_HOMELESS_SHELTER_EST	FS_SHELTER_COSTS
FS_ADJUSTED_INCOME	FS_EXCESS_SHELTER_COST	FS_SHELTER_MAXIMUM

FS_SHELTER_DEDUCTION	FS_NUMBER_IN_ASSISTANCE	FS_STANDARD_DEDUCTION
FS_NET_INCOME	FS_NET_INCOME_W_PENDING	FS_MONTHLY_COUPON_AMOUNT
FS_PRORATED_AMOUNT	FS_NET_INCOME_LIMIT	FS_AFDC_WITH_WITHOUT_FLAG
FS_EXPEDITED_FLAG	AF_STANDARD_OF_ASSISTANCE	AF_COUNTABLE_INCOME
AF_LUMP_SUM	AF_DEFICIT_AMOUNT	AF_MAXIMUM_REIMBURSABLE
AF_ENTITLEMENT_AMOUNT	AF_PRORATED_AMOUNT	AF_NUMBER_IN_ASSISTANCE
AF_SUPPORT_LESS_DISREGARD	AF_PROGRAM_REQUEST_DATE	AF_LOCAL_AMOUNT
AF_NR_OF_UP_CHECKS_RECEIVED	AF_MEDICAID_CATEGORY_CODE	AF_90_OR_100_PERCENT_LOCALITY
AF_IMMUNIZATION_REDUCTION	AF_DCSE_PENALTY_AMOUNT	AF_PRORATED_LOCAL_AMOUNT
AF_TANF_MATCH_PAYMENT	AF_TANF_FEP_SWITCH	AF_TANF_FEP_SWITCH_PER
FC_PLACEMENT_DATE	FC_PLACEMENT_NAME	FC_MONTHLY_RATE
FC_CNT_EARNED_RECVD_DIRECT	FC_INDV_REQUIREMENT_ITEMS	FC_AUTHORIZED_MONTHLY_BENEF
FC_AUTHORIZED_PRORATE_BENEF	NF_ELIGIBILITY_STATUS	RS_ELIGIBILITY_STATUS
IN_ELIGIBILITY_STATUS	FS_TRANSITIONAL_FLAG	FS_VA_COMBINED_APPL_FLAG
CASE_NUMBER	PAYMENT_MONTH	FS_NET_SELF_EMP_EARNINGS
FS_OTHER_EARNED_INCOME	FS_NET_FINANCIAL_AID	FS_AFDC_AMOUNT_RECEIVED
FS_OTHER_UNEARNED_INCOME	FS_DEEMED_INCOME	FS_FARM_FISHING_LOSS
FS_COUNTABLE_GROSS_INCOME	FS_NUMBER_IN_ASSIST_UNIT	FS_GROSS_INCOME_LIMIT
FS_GROSS_MESSAGE	FS_GROSS_UNVERIFIED_INCOME_SW	FS_AFDC_WITH_WITHOUT_FLAG
AF_GROSS_EARNED_INCOME_185_90	AF_NET_SELF_EMPLOYMENT_185_90	AF_DEEMED_INCOME_185_90
AF_PRORATED_INCOME_185_90	AF_OTHER_UNEARNED_INC_185	AF_SPONSOR_CONTR_185_90
AF_TOTAL_EARNED_INCOME_90	AF_STUDENT_EARNED_INC_90	AF_STANDARD_DEDUCTION_90
AF_EARNED_INCOME_DISREGARD_90	AF_30_DISREGARD_90	AF_DEPENDENT_CARE_DIS_90
AF_CHILD_SPOUSAL_SUPPORT_90	AF_TOTAL_COUNTABLE_INCOME_90	AF_STANDARD-90
AF_CHILD_SPOUSAL_SUPPORT_185	AF_STUDENT_EARNED_INCOME_185	AF_TOTAL_EARNED_INCOME_185
AF_TOTAL_COUNTABLE_INCOME_185	AF_STANDARD_185	AF_NUMBER_IN_ASSIST_UNIT
AF_185_FAILURE_FLAG	AF_90_UNEARNED_AMOUNT	FC_INDIVIDUAL_NUMBER
FC_MULTIPLE_REC_SEQ_NUM	FC_GROSS_EARNED_INCOME	FC_NET_SELF_EMPLOYMENT
FC_STUDENT_EARNED_INC_DIS	FC_CHILD_SPOUSAL_SUPPORT	FC_OTHER_UNEARNED_INC
FC_TOTAL_EARNED_INCOME	FC_TOTAL_NET_COUNTABLE_INC	FC_AGE_OF_CHILD
FC_PLACEMENT_NAME_FLAG	FC_INDV_STD_NEED_FOR_PLACMNT	FC_TOTL_STD_CHILD_NEED_PLACMN
FC_STANDARD_WORK_DED	FC_30_ONETHIRD_DISREGARD	FC_30_DISREGARD
FC_DEPENDENT_CARE_DIS	FC_RUN_NAME_FLAG	FC_FACILITY_NAME
FC_PLACEMENT_DATE	FC_IND_MNTH_PLCMT_RAT_AEFCBS	FC_TOT_MNTH_PLCMT_RAT_AEFCBS
FC_IND_REQ_ITM_PROVID_AEFCBS	FC_AUTH_MONTH_BENEFIT_AEFCBS	FC_CNTBL_EARN_INC_REC_AEFCBS
CASE_NUMBER	PAYMENT_MONTH	MONTH_RECEIVED
LUMP_SUM	EXPENSES_DISTRIBUTIONS	COUNTABLE_INCOME_RECEIVED
TOTAL_INCOME	PERSONS_AFFECTED_BY_LUMP_SUM	STANDARD_OF_NEED_OF_100PER
PERIOD_OF_INELIGIBILITY_BEGIN	PERIOD_OF_INELIGIBILITY_END	REMAINDER_AMOUNT
INCOME_TYPE	NET_LUMP_SUM	INDIVIDUAL_NUMBER
FC_RECORD_SEQUENCE_NUMBER	FC_FACILITY_NAME	FC_FACILITY_RATE
FC_FACILITY_PERCENT	CASE_NUMBER	INDIV_NUMBER_PROC_MONTH
PROCESSING_MONTH	INDIVIDUAL_NUMBER	PARTICIPATION_STATUS
EXCLUSION_CODE	CATEGORY_CODE	NF_INDV_ELIGIBILITY_ST
RS_INDV_ELIGIBILITY_ST	IN_INDV_ELIGIBILITY_ST	CREDITABLE_HEALTH_INSUR

SHORT_NAME	MARITAL_CODE	UNDER_AGE_1_FLAG
HIGH_SCHOOL_GRAD_FLAG	REPORTED_TIMELY	ROOMER_FLAG
FELONY_DRUG_CONVICTION	BOARDER_FLAG	FELON_PAROLE_VIOLATION
TEMPORARILY_AWAY_FLAG	UNDER_AGE_18	RETURN_DATE
FAMILY_CAP_FLAG	OTHER_BENEFITS_FLAG	AGREEMENT_DATE_SIGNED_FL
LAST_GRADE	VIEW_SANCTION_SWITCH	JOB_QUIT
HEALTH_INSURANCE_FLAG	ACCIDENT_TYPE	VIRGINIA_RESIDENT
IN_HOME_FLAG	MINOR_CARETAKER_FLAG	RELATIONSHIP_TO_PARENT1
RELATIONSHIP_TO_PARENT2	SPOUSE_PERSON_NUMBER	RELATIONSHIP_CODE_DESC
DISABILITY_TYPE	PREGNANCY_FLAG	PURCHASE_PREPARE_CD
PRIMARY_DEPRIVATION_CD	SECONDARY_DEPRIVATION	ENROLLED_IN_SCHOOL
WORK_HISTORY_FLAG	ON_STRIKE	ADOPTION_ASSIST_FL
FOSTER_CARE_FLAG	AFDC_SSI_GR_RC_CODE	SANCTION_FLAG
US_CITIZENSHIP_CODE	DATE_OF_BIRTH	SSN_CODE
MEDICARE_FLAG	LIVING_ARRANGEMENT_CD	PRIOR_ASSISTANCE
FORMER_SSI_AG_FLAG	AFDC_ESP_STATUS_CODE	FSET_STATUS
BEGIN_DATE_OF_AID	BEGIN_DATE_OF_AID_YEAR	BEGIN_DATE_OF_AID_MMDD
SPECIFIED_DEGREE	ABAWDS_STATUS	ALIEN_EMERCY_SERVICES_FL
FOODSTAMPS_AGE	MC_NO_CHANGE_SWITCH	FS_DISABILITY_SWITCH
SIBLING_GROUP	MC_AID_CATEGORY	MC_COVER_END_DATE_YEAR
MC_COVER_END_DATE_MMDD	DEPRIVATION_CHANGED_FIELD	MC_COVER_END_DATE
DATE_LEFT	PIN_NUMBER	IND_FAILURE_REASONS
IND_FAILURE_REAS_01	IND_FAILURE_REAS_02	IND_FAILURE_REAS_03
IND_FAILURE_REAS_04	IND_FAILURE_REAS_05	IND_FAILURE_REAS_06
IND_FAILURE_REAS_07	IND_FAILURE_REAS_08	MMIS_INDIV_REJECT_CDS
MC_CNNMP_RS_INDV_ELIG_ST	MC_NO_CHANGE_FLAG	MC_MN_RS_INDV_ELIG_STATUS
GRADUATE_19_FLAG	COUNTRY_OF_ORIGIN	CITIZENSHIP_FLAG_MMIS
ALIEN_ENTRY_DATE	MC_HIPP_STATUS	EXPECTED_DELIVERY_DATE
DISABILITY_CODE	DISABILITY_ONSET_DATE	OLD_BENEFIT_STAT
DISABILITY_END_DATE	NEW_BENEFIT_STAT	MMIS_REJECTION_CODE
FPL_STATUS_INDICATOR	MC_ID_VERIF	MC_CITIZEN_DOC_LEVEL
PAYMENT_MONTH	INDIVIDUAL_NUMBER	INCOME_TYPE
INCOME_GROSSAMT_VERI	INCOME_GROSS_AMOUNT	INCOME_COUNTABLE_AMOUNT
INCOME_TYPE_SWITCH	INCOME_TYPE_DESCRIPT	SHORT_NAME
LIFC_INCOME_AMOUNT	FREE	EXCLUSION_CODE
DISREGARD_STATUS_FL	SSI_FLAG	INDIVIDUAL_IV_STATUS
REASON_CODE	NO_SHOW_INDT	