III. INFORMATION SYSTEM (IS)

(Please indicate) **State Agency:** **Utah** for **FY** **2016**

This section, Information System (IS), involves the planning, documentation, security/confidentiality and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

A. System Planning and Operation – 246.4(a)(12): Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

B. Participant Characteristics Minimum Data Set (MDS) – 246.4(a)(11)(i): All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

C. WIC Systems Functional Requirements Checklist – 246.4(a)(8); (9); (11); (12); (13); (14); (15); and (18): Describe those functions which are currently incorporated into the IS or which are planned to be incorporated in the future.

III. INFORMATION SYSTEM (IS)
A. System Planning and Operation

1. ADP System Planning

a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):

- ☐ Title IVa (TANF)
- ☐ Title V (MCH)
- ☐ Title XIX (Medicaid)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Other (specify): _____
- ☒ No

If no, please provide a copy of the WIC State agency's ADP utilization plan.

☒ Yes ☐ No

b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services. If yes, please provide a copy of written procedures.

☒ Yes ☐ No

ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):

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2. System Documentation

a. The State system is fully documented in accordance with (check all that apply):

- ☒ USDA/FNS Advance Planning Document Handbook No. 901
- ☒ USDA/FNS ADP Security Guide
- ☐ Other (specify): _____

b. The State agency maintains overall system documentation (check all that apply):

- ☒ A general design
- ☒ User's manual
- ☒ Method for updating documentation for system changes/modifications
- ☒ A detailed design
- ☒ Maintenance manual

Note: These documents are NOT required for FNS review or submission with the State plans, but should be available if requested.

ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):

III. INFORMATION SYSTEM (IS)
A. System Planning and Operation

3. Automated Data Processing Services

a. Indicate below whether the following ADP functions, if applicable, are performed by State agency staff or are contracted to an outside firm.

Function	Performed SA Staff	Performed LA Staff	Contracted to Outside Firm (specify company name):
Data entry	☐	☒	
Food instrument production	☐	☒	
Management reports	☒	☒	
Feasibility study	☐	☐	Burger Carroll & Associates
ADP development	☐	☐	Ciber Inc
ADP system hardware operation	☒	☐	State Depertment of Technology Services (DTS)
Custom software development	☒	☐	Ciber Inc./ DTS
Custom software maintenance	☒	☐	Ciber Inc./ DTS
Printing forms/FIs	☐	☒	
Backup computer facility	☒	☐	DTS
Other (specify):			
	☐	☐	
	☐	☐	
	☐	☐	

b. The State agency has a blanket purchase agreement in effect (check all that apply). Please provide a copy of agreement.

☐ Equipment ☒ Services ☐ Software

c. The State agency has methods in place for ensuring that the cost of equipment or services used by WIC and other programs are equitably prorated among funding sources. Please provide policy of method used.

☐ Yes ☐ No

d. The State agency periodically reviews system costs billing.

☒ Yes ☐ No

e. The State agency acquires banking services through:

☐ Competitive bids among banks within the State

☒ Competitive bids among in-State and out-of-State banks

☐ Use of State agency designated bank

☐ Other: _____

f. The State agency acquires EBT services through:

☒ Competitive bids among EBT processors

☐ State agency IT services

☐ State hosted EBT services

☐ Other: _____

ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):

_____

III. INFORMATION SYSTEM (IS)
A. System Planning and Operation

4. System Security/Data Confidentiality

a. To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):

- [x] There is a separate organizational area/individual to control access to tapes, diskpacks other electronic storage media.
- [x] Access to WIC Program data files is controlled through password access or similar control.
- [x] Operational personnel are limited to only those jobs for which they are responsible.
- [x] Passwords are protected.
- [x] Passwords are changed periodically.
- [ ] The system access procedures are audited at least once a year. Please provide a copy of access procedures.
- [x] Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.
- [x] Biennial security reviews are performed by _____ Please provide a written summary of the most current Biennial security review.
- [x] Periodic risk assessments are performed by Utah Dept of Health (DOH) Security Staff
- [ ] Other (specify): _____

b. To ensure that disaster contingency plans (e.g., file storage, backup hardware, and software procedures) are sufficient to allow the management information and benefit delivery systems to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):

- [x] Backup copies of files and program are stored off-site in a secure location. Please provide address of location.
  _____
- [x] Backup copies are kept up-to-date.
- [ ] There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.
- [x] A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.
- [ ] A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.
- [ ] Other (specify): _____

ADDITIONAL DETAIL: Information System Appendix and/or Procedure Manual (cite):

_____

5. Description of IS changes that occurred in the past year:

III. INFORMATION SYSTEM (IS)
A. System Planning and Operation

6. Description of IS changes planned for the upcoming year. The Participant Characteristics (PC) Minimum Data Set (MFDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.

III. INFORMATION SYSTEM (IS)
B. Participant Characteristics Minimum Data Set

State Agency IS Collects:

☒ **State Agency ID**. A unique number that permits linkage to the WIC State agency where the participant was certified.

☒ **Local Agency ID**. A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

or

☒ **Service Site ID**. A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.

☒ **Case ID.** A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's IS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.

☒ **Client Date of Birth**. Month, day and year of participant's birth reported in MMDDYYYY format.

☒ **Client Race/Ethnicity**. The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.

☒ **Certification Category**. The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

☒ **Expected Date of Delivery or Weeks Gestation.** For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

☒ **Date of Certification**. The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.

III. INFORMATION SYSTEM (IS)
B. Participant Characteristics Minimum Data Set

- ☒ **Sex**. For infants and children, male or female.

- ☒ **Priority Level**. Participant priority level for WIC Program certification.

- ☒ **Participation in TANF, SNAP, Medicaid**. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.

- ☒ **Migrant Status**. Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).

- ☒ **Number in Family/Household or Economic Unit.** The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).

- ☒ **Family/Household or Economic Unit Income**. For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process**,** the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

- ☒ **Nutrition Risk(s) Present at Certification.** Up to 10 highest priority nutritional risks present at the WIC Program certification

- ☒ **Hemoglobin or Hematocrit**. That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.

- ☒ **Date of Blood Measurement**. The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.

- ☒ **Weight.** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.

- ☒ **Height.** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.

- ☒ **Date of Height and Weight Measure**. The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.

- ☒ **Currently Breastfed**. Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.

- ☒ **Ever Breastfed**. Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.

III. INFORMATION SYSTEM (IS)
B. Participant Characteristics Minimum Data Set

- [x] **Length of Time Breastfed**. For infants ages six through thirteen months, the number of weeks the infant received breastmilk.
- [x] **Date Breastfeeding Data Collected**. For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- [x] **Food Packages**. The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

OPTIONAL:
Supplemental Data Set

State Agency IS Collects	State Agency IS Plans to Collect	
☒	☐	**Date of First WIC Certification**. Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies.
☒	☐	**Educational Level.** For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.
☒	☐	**Number in Family/Household on WIC.** The number of people in the participant's family/household receiving WIC benefits.
☒	☐	**Date Previous Pregnancy Ended**. For pregnant women, the date previous pregnancy ended in MMDDYYYY format.
☒	☐	**Total Number of Pregnancies**. For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.
☒	☐	**Total Number of Live Births**. For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.
☒	☐	**Pre-pregnancy Weight**. For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.
☒	☐	**Participant's Weight Gain During Pregnancy**. For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams.
☒	☐	**Birth Weight**. For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds or ounces, or in grams.
☒	☐	**Birth Length**. For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.
☒	☐	**Participation in the Food Distribution Program on Indian Reservations**. The participant's reported participation in this program **.**

III. INFORMATION SYSTEM (IS)
C. WIC Systems Functional Requirements Checklist

The following checklists were taken from the WIC Functional Requirements Document (FRED) which is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
☒	☐	1. Calculates the date certification is due to expire.
☒	☐	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
☐	☐	2a. Assigns one risk code.
☐	☐	2b. Assigns up to 3 risk codes.
☐	☐	2c. Assigns up to 6 risk codes.
☒	☐	2d. Assigns more than 6 risk codes.
☒	☐	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
☒	☐	3a. Converts incremental income (weekly, monthly) to an annual figure.
☒	☐	4. Associates family members.
☒	☐	5. Statewide data is maintained to facilitate families transferring within the State.
☒	☐	6. Transfers certification data to the central computer facility electronically either in real time or batch mode.
☒	☐	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
☒	☐	8. Uses table-driven food packages.
☒	☐	8a. Uses standard pre-defined food packages.
☒	☐	8b. Enables easy food package tailoring.
☒	☐	8c. Performs edits to prevent over-issuance during food package creation.
☒	☐	9. Enables food instruments to be printed when the participant is present for pick-up, i.e., on-demand.
☒	☐	10. Captures or documents the name of the programs to which the participant was referred.
☒	☐	11. Performs food instrument reconciliation.
☒	☐	12. Produces standard Dual Participation Report.
☒	☐	13. Produces standard Integrity Profile (TIP) Report.
☒	☐	14. Produces standard Rebate Billing Report.
☒	☐	15. Produces standard Participation Report.
☒	☐	16. Produces Participant Characteristics Datasets.
☒	☐	17. Captures basic transaction data by vendor.

III. INFORMATION SYSTEM (IS)

C. WIC Systems Functional Requirements Checklist

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
☒	☐	18. Flags high-risk vendors through peer group analysis of redemption data.
☒	☐	18a. Identifies vendors with high average food instrument redemptions.
☒	☐	18b. Identifies vendors with a narrow variation in redemptions.
☒	☐	19. Assigns a maximum value for each food instrument type.
☒	☐	19a. Checks redeemed price against maximum and rejects any food instruments exceeding the maximum amount.
☒	☐	20. Captures source of income.
☒	☐	21. Has the capability of annualizing household income occurring at more than one frequency.
☒	☐	22. Performs automated dietary assessment.
☒	☐	23. Has automated growth charts.
☒	☐	24. Has point of certification data entry, i.e., a personal computer at each “station” within the clinic.
☒	☐	25. Allows for ad hoc reporting.