

### **III. INFORMATION SYSTEM (IS)**

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):**

- |                                     |                  |                          |                      |
|-------------------------------------|------------------|--------------------------|----------------------|
| <input type="checkbox"/>            | Title IVa (TANF) | <input type="checkbox"/> | Title XIX (Medicaid) |
| <input type="checkbox"/>            | Title V (MCH)    | <input type="checkbox"/> | Food Stamp Program   |
| <input checked="" type="checkbox"/> | No               | <input type="checkbox"/> | Other (specify):     |

**If no, the WIC State agency has its own plan for ADP utilization**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

**b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

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

**2. System Documentation**

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

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | USDA/FNS Computer Security Policy Handbook No. 701                                 |
| <input type="checkbox"/>            | USDA/FNS ADP Security Guide  |
| <input checked="" type="checkbox"/> | Other (specify): DSHS Automated Data Standards in place when system was developed. |

**b. The State agency's overall ADP system documentation includes (check all that apply):**

- |                                     |  |                          |                    |
|-------------------------------------|--|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | a general design   | <input type="checkbox"/> | a detailed design  |
| <input checked="" type="checkbox"/> | user's manual  | <input type="checkbox"/> | maintenance manual |
| <input type="checkbox"/>            | method for updating documentation for system changes/modifications |                          |                    |

**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/local agency staff or are contracted to an outside firm:**

<u>Function</u>	<u>Performed SA/LA Staff</u>	<u>Contracted to Outside Firm (specify co. name):</u>
Data entry	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Food instrument production	<input type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Management reports	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	_____
Feasibility study	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
APD development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
ADP system hardware operation	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Custom software development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Custom software maintenance	<input checked="" type="checkbox"/> / <input type="checkbox"/>	_____
Printing forms/FIs	<input type="checkbox"/> / <input type="checkbox"/>	<u>NCR</u>
Backup computer facility	<input type="checkbox"/> / <input type="checkbox"/>	<u>N/A</u>
Other (specify): _____	<input type="checkbox"/> / <input type="checkbox"/>	_____
	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	

**b. The State agency has a blanket purchase agreement in effect for April in even numbered years (check all that apply):**

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**

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:

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

**4. System Security/Data Confidentiality**

### III. INFORMATION SYSTEM (IS)

#### A. System Planning and Operation

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

- there is a separate organizational area/individual to control access to tapes, diskpacks, etc.
- access to WIC Program data files is controlled through password access or similar control
- operational personnel are limited to only those jobs for which they are responsible
- passwords are protected
- passwords are changed periodically
- the system access procedures are audited at least once a year
- procedures are implemented for removing passwords, ID's etc. when personnel leave
- Biennial security reviews are performed by DIR at their discretion
- Periodic risk assessments are performed by
- Other (specify):

b. **To ensure that file storage and backup hardware procedures are sufficient to allow the system to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):**

- backup copies of files and program are stored off-site in a secure location
- backup copies are kept up-to-date
- there is an agreement with another processing unit with compatible hardware to provide services in an emergency
- a contingency plan is in place in the event of service interruption
- a recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility
- other (specify):

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

5. **Description of IS changes that occurred in the past year: Completed the development for migration to Windows from DOS for fielded clinic system. This has not been implemented in the field. Conversion of all applications to Visual Basic from MS Access for state office system. State office database migration to a newer hardware platform. Changes to the Racial Ethnicity values captured in the fielded clinic system. (Continued support of EBT El Paso pilot.)**

6. **Description of IS changes planned for the upcoming year. Migration of old servers to newer hardware platforms. Revisit the high risk vendor report based on the program's requirements. (Continued support for EBT pilot expansion and eventual statewide rollout.)**

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics

##### Minimum Data Set

**The Participant Characteristics (PC) Minimum Data Set (MDS) 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.**

#### **REQUIRED:**

##### **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.)

General Instructions: Participant or Case IDs for each participant should continue to maintain individual privacy at the national level. States are requested to generate these IDs in the same manner that was applied for previous years in PC reporting to allow longitudinal tracking of participant characteristics. This task can be accomplished by applying the PC1992 (or later) algorithm to construction of future participant IDs.

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

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics

##### Minimum Data Set

##### State Agency IS Collects:

- 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 as of April of even-numbered years. Month, day, and year should be reported in MMDDYYYY format.
- Sex. For infants and children, male or female.
- Priority Level. Participant priority level for WIC Program certification at the time of the most recent WIC Program certification as of April of even-numbered years.
- Participation in TANF, Food Stamps, Medicaid. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification as of April of even-numbered years.
- 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, Food Stamp Program, 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 instream migrant farmworker applicants).

##### State Agency IS Collects:

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics

##### Minimum Data Set

- 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 as of April of even-numbered years.

FNS will convert income expressed in different measures (weekly, monthly, yearly, etc.) to annual amounts.

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 Risks Present at Certification. The three highest priority nutritional risks present at the WIC Program certification current in April of even-numbered years. Uniform coding is now required in submissions from all States, according to WIC Policy Memorandum 98-9. Expansion of the MDS reporting format is planned to allow reporting of up to 10 nutritional risks for PC2006. This change in format will be accomplished as part of adjustments to the MDS data submission file format which incorporate OMB standards for racial/ethnic reporting in PC2006.
- Hemoglobin or Hematocrit. That value for the measure of iron status that applies to the WIC Program certification current in April of even-numbered years. 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 in MMDDYYYY format. MDS and SDS file data submission formats are planned to be revised in 2005 for use in PC2006.
- 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 period as of April of even-numbered years in MMDDYYYY format.

### **III. INFORMATION SYSTEM (IS)**

#### **B. Participant Characteristics**

##### **Minimum Data Set**

- Currently Breastfed. Information is needed for all infant participants ages six through thirteen months as of April in even years, whether or not the infant is currently receiving breastmilk.
- Ever Breastfed. Information is needed for all infant participants ages six through thirteen months as of April in even years, whether or not the infant was ever breastfed.
- Length of Time Breastfed. For infants ages six through thirteen months as of April in even years, the number of weeks the infant received breastmilk.
- Date Breastfeeding Data Collected. For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- Food Packages. The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics Supplemental Data Set

#### OPTIONAL: Supplemental Data Set

State Agency IS:  
Collects      Plans to  
                    Collect

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | 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.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | 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.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Number in Family/Household on WIC: The number of people in the participant's family/household receiving WIC benefits.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Source of Prenatal Care: <u>This item has been deleted due to recommendation of State WIC Agencies.</u> These fields are expected to appear blank. Reporting formats for file submissions for PC2004 will continue to hold these traditional data fields in place. A major revision of the reporting format is planned to coincide with implementation of OMB Racial/Ethnic reporting for PC2006.       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Date When Prenatal Care Began: <u>This item has been deleted due to recommendation of State WIC Agencies.</u> These fields are expected to appear blank. Reporting formats for file submissions for PC2004 will continue to hold these traditional data fields in place. A major revision of the reporting format is planned to coincide with implementation of OMB Racial/Ethnic reporting for PC2006. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Date Previous Pregnancy Ended: For pregnant women, the date previous pregnancy ended in MMDDYYYY format.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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.   |

State Agency IS:

### III. INFORMATION SYSTEM (IS)

#### B. Participant Characteristics

##### Supplemental Data Set

<u>Collects</u>	<u>Plans to Collect</u>
-----------------	-------------------------

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> 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.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> 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.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> 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.  |
| <input type="checkbox"/>            | <input type="checkbox"/> Date of Last Routine Check-up or Immunization: <u>This item has been deleted due to recommendation of State WIC Agencies.</u> These fields are expected to appear blank. Reporting formats for file submissions for PC2004 will continue to hold these traditional data fields in place. A major revision of the reporting format is planned to coincide with implementation of OMB Racial/Ethnic reporting for PC2006. |
| <input type="checkbox"/>            | <input type="checkbox"/> Length of Time Mother on WIC During Pregnancy: <u>This item has been deleted due to recommendation of State WIC Agencies.</u> These fields are expected to appear blank. Reporting formats for file submissions for PC2004 will continue to hold these traditional data fields in place. A major revision of the reporting format is planned to coincide with implementation of OMB Racial/Ethnic reporting for PC2006. |
| <input type="checkbox"/>            | <input type="checkbox"/> Erythrocyte Protoporphyrin. <u>This has been deleted from PC data collection due to very limited use as recommended by WIC State Agencies.</u>  |
| <input type="checkbox"/>            | <input type="checkbox"/> Participation in the Food Distribution Program on Indian Reservations. The participant's reported participation in this program at the time of the most recent WIC Program certification as of April of even-numbered years.  |

### III. INFORMATION SYSTEM (IS)

#### C. WIC Systems Functional Requirements Checklist

The following checklists were taken from the WIC Functional Requirements Document (FRED) which was 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.

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

### III. INFORMATION SYSTEM (IS)

#### C. WIC Systems Functional Requirements Checklist

<b>State Agency System Performs</b>	<b>State Agency System Planned</b>	<b>Automated Core Function/Capabilities</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Produces Participant Characteristics Datasets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Captures basic transaction data by vendor.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Flags high-risk vendors through peer group analysis of redemption data.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18a. Identifies vendors with high average food instrument redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18b. Identifies vendors with a narrow variation in redemptions.
<input type="checkbox"/>	<input type="checkbox"/>	19. Assigns a maximum value for each food instrument type.
<input type="checkbox"/>	<input type="checkbox"/>	19a. Checks redeemed price against maximum and rejects any food instruments exceeding the maximum amount.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Captures source of income.
<input type="checkbox"/>	<input type="checkbox"/>	21. Performs automated dietary assessment.
<input type="checkbox"/>	<input type="checkbox"/>	22. Has automated growth charts.
<input type="checkbox"/>	<input type="checkbox"/>	23. Has point of certification data entry, i.e., a personal computer at each “station” within the clinic.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Allows for ad hoc reporting.