DHS Data Sharing Framework
for Human Services Integration

February 18, 2013
Contents

Background ......................................................................................................................... 3
Business Need..................................................................................................................... 3
  Client Identity Management ......................................................................................... 4
  Ask Once, Enter Once ............................................................................................... 5
  Coordination of Services ........................................................................................... 5
Detailed Role Assessment ............................................................................................. 6
Legal Authorities and Restrictions ............................................................................... 7
Data Sharing Rules ........................................................................................................... 8
Roles and Access Rules ................................................................................................. 10
Appendix A: Job Roles and Access Rules ...................................................................... 11
Appendix B: SMI Roles and Data Elements .................................................................... 15
Appendix C: Reference Documents ............................................................................... 17
  Access to MMIS Health Care Data for WIC full analysis ........................................ 17
  Federal Law Governing Disclosure of Child Support Enforcement Private Data .... 17
  Legal Reference Information for Granting Access to the Shared Master Index (SMI) 17
  Data Access Workgroup Participants ........................................................................ 17
  Detailed Business Needs Identified by the Workgroup Without Considerations of
  Legal Restrictions ........................................................................................................ 17
  Data Access Legal Subgroup - 09/14/10 HIPAA Meeting Summary ......................... 17
Background

Human services in Minnesota are largely delivered through federal and state mandated and funded programs. A program orientation to service delivery has been an effective way to ensure compliance and accountability with state and federal requirements. However, from the perspective of people in need, a program focused delivery system can be complex, fragmented and siloed. DHS and Counties share the goal of providing more coordinated and integrated services to people in need.

In support of this goal, counties and DHS have developed technical capabilities which link and share client data across DHS and county programs to provide a more holistic view of services a family or individual may be receiving. This document is a framework for sharing data across program areas. Originally developed to provide clarity with regard to data shared through the DHS Shared Master Index (SMI) it is hoped that this framework can become a foundation for sharing data across programs using varying technologies.

The SMI has three goals:

1. Client identity management: linking common clients across programs
2. Ask once, enter once: reducing duplicate data entry for workers
3. Coordination of services: providing a holistic view of client participation across programs

SMI stores and accesses limited data from the major DHS systems to support these goals. It provides granular security roles in support of requirements to access “minimum necessary” information and has robust auditing of access activities.

Business Need

The three goals of the SMI are aligned with several business needs for sharing data across program areas as identified in the following chart.

<table>
<thead>
<tr>
<th>SMI Goal</th>
<th>Business Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client identity management</td>
<td>• Link client data across multiple programs</td>
</tr>
<tr>
<td></td>
<td>• Avoid duplication of services</td>
</tr>
<tr>
<td>Ask once – enter once</td>
<td>• Reduce administrative costs of duplicate entry</td>
</tr>
<tr>
<td></td>
<td>• Reduce asking client for information already known to agency</td>
</tr>
<tr>
<td>Coordination of services</td>
<td>Family Stability:</td>
</tr>
</tbody>
</table>
### SMI Goal

<table>
<thead>
<tr>
<th>Business Need</th>
</tr>
</thead>
</table>
| • Continuity of benefits; avoiding gaps in coverage
| • Gain access to health care
| • Assist clients in accessing appropriate services and making referrals to other program areas
| • Better coordinate case plans

### Improved Quality of Services:

<table>
<thead>
<tr>
<th>Business Need</th>
</tr>
</thead>
</table>
| • Improve communications between workers especially for clients with multiple services and workers
| • Multiple access points for services – “no wrong door”

---

#### Client Identity Management

Client identity management is focused on knowing who is served by DHS across programs and over time. To manage client identity, DHS created the Shared Master Index (SMI) which is a comprehensive database of all clients known to major DHS systems.

The SMI database contains limited client demographic data from MAXIS/MEC², MMIS, SSIS and PRISM that is used to match new client data with existing records, avoiding duplicate records for a client known to multiple DHS systems. SMI also provides access to data from these systems (not kept on the SMI database) when requested by a user to resolve potential duplicate records.¹

The following categories of data are available to SMI users for client identity management purposes. For a listing of the specific data elements, refer to the SMI Roles and Data Elements (Appendix B).

- Demographic Data (in the SMI database)
- Demographic Data (from other major DHS systems)
- Address Data Elements (from major DHS systems)

---

¹ SMI includes demographic data from SSIS in the SMI database. However, it does not provide access to additional SSIS data except a worker contact name.
• Household Members (from major DHS systems): For cases/persons that are pending, active or have closed within the last 12 months\(^2\).

The purpose of sharing this data is to determine whether a client or family applying for benefits is already known to a DHS system/program.

**Ask Once, Enter Once**

Providing access to client demographic, address and household information to workers across program areas is necessary for identity management. It also facilitates communications among workers and helps avoid asking clients for information they have already provided to one area of the agency. Electronic access to client information through the SMI enables counties and DHS to avoid duplicate data entry for workers by auto-filling names and addresses into forms, auto-indexing electronic documents and creating automated workflows, all with the goal of asking once and entering the data once, whenever possible.

**Coordination of Services**

Address and household information is also useful for coordinating services. Sharing address information across program areas helps prevent mailings from going to an incorrect address, avoiding unnecessary closures and loss of benefits which are costly for clients and for agencies.

Similarly, providing household information across program areas helps child protection social workers in permanency planning.

In addition to client demographic, address and household information, sharing information about program participation and current worker contact information helps facilitate better coordination and integration of services.

SMI makes available the following categories of data elements to assist workers in coordination of services. For a listing of the specific data elements, refer to the SMI Roles and Data Elements (Appendix B).

- Birth and Parentage Information (from major DHS systems)
- Program Information (from major DHS systems): For cases (or persons in MMIS) that are pending, active or have closed within the last 12 months.\(^3\)

\(^2\) Workers whose job it is to resolve duplicate SMI records need access to household member information older than one year.

\(^3\) Workers whose job it is to resolve duplicate SMI records need access to program information older than one year.
Worker Information (from major DHS systems): For cases/persons that are pending, active or have closed within the last 12 months

Access to cross-program data helps county workers provide more stable and continuous services to clients and it improves the quality of services through better coordination and communication.

**Detailed Role Assessment**

To assess the business need in more detail, the workgroup evaluated the information needed for each type of worker identified within the Hennepin County Human Services and Public Health Department. Due to Hennepin’s size and the breadth of programs included in the agency, the group determined it likely has the greatest degree of role specialization among Minnesota counties. Evaluating Hennepin’s roles would enable analysis at the most granular level. See [Reference Documents](#) for further detail regarding this assessment.

**Categories**

The workgroup identified two categories of workers with a business need to access data across major DHS systems through the SMI:

1. **Workers who administer** DHS programs;
   
   These are primarily users of the DHS major systems: MAXIS, MMIS, PRISM, SSIS

2. **Workers who administer** partner programs and functions within the county community services umbrella.
   
   These include: Veterans Services, Women, Infant, Children (WIC), Child & Teen Check Up, Public Health, Employment Counselors, Housing Assistance and Social Workers for Licensing.

**County Contracts**

Counties enter into contracts with a variety of vendors and providers. The workgroup determined that contractors who are engaged by counties to perform county administrative business (e.g. case management or child care eligibility) generally need the same access to data as the county workers performing parallel functions. However, contractors providing direct services (e.g. mental and chemical health services) don’t need to access cross program data through the SMI.

**Sharing Data Across Counties**

Minnesota Counties vary greatly in how they organize to administer human services. In some counties the human services umbrella includes only programs supervised by DHS. Other counties include public health, veterans, corrections and other support programs in their community services organization. The workgroup determined that for most
human services and related programs, there is a business need to share data across counties. The exception is social workers responsible for activities related to licensing. These workers do not need access to data across counties.

**Legal Authorities and Restrictions**

Several state and federal laws address the sharing of data across programs, both in terms of requiring and restricting the sharing of data. See Reference Documents for documentation of the legal references which guide the sharing of data for human services programs.

The Minnesota law most pertinent to sharing data through the SMI is MS 13.46, Subd 2 (a), which allows the sharing of data without a client’s consent:

- (5) to personnel of the welfare system who require the data to verify an individual's identity; determine eligibility, amount of assistance, and the need to provide services to an individual or family across programs; evaluate the effectiveness of programs; assess parental contribution amounts; and investigate suspected fraud

This law has been interpreted by DHS to authorize sharing data through technologies such as the SMI. However, there are two program areas where federal law places more restrictions on the sharing of data: Child Support Enforcement and Health Care.

**Child Support Data**

Current federal child support regulations prohibit the sharing of IV-D private data unless there is an exception to the nondisclosure in federal law and regulations. There are exceptions in federal law and regulations authorizing disclosure to the following programs: Title IV-A (TANF/MFIP), XIX (Medicaid/MA, MinnesotaCare, and XXI (SCHIP/Medical Assistance). These exceptions allow for limited types of PRISM data to be shared with workers funded by these programs when applicable federal requirements are met.

Effective 12/31/10, during the time the workgroup met, federal regulations were issued that authorize the sharing of data with two new program areas, IV-B (Child Welfare Services) and IV-E (Child Foster Care and Adoption Assistance). See Reference Documents for a summary of the federal regulations regarding the sharing of Child Support data for child protection and IV-E foster care workers. The new regulations enable the sharing of child support data through technologies such as the SMI to meet much of the defined business needs.

**Health Care Data**
HIPAA regulations authorize sharing “minimum necessary” health care data for “treatment, payment or health care operations.” Health care operations include accessing, establishing and retaining eligibility for health care programs. See Reference Documents for a summary of the meeting and recommendations from the Workgroup’s, legal subgroup.

Sharing data is allowed under HIPAA for accessing, establishing and retaining eligibility. In providing holistic services to clients, the responsibility to gain and maintain eligibility for health care is not restricted to those whose primary jobs are to support health care operations. Responsibility for some aspects of health care operations has been distributed across program areas in order to better integrate and coordinate services. Staff whose work is primarily focused in non-health care program areas are assigned by their management responsibility in the operation of health care programs and therefore are considered authorized to access health care data for these purposes.

The Women, Infant and Children (WIC) program is administered by the MN Department of Health (MDH). In assessing the legal authority to share data health care data with WIC workers requires looking not only at the HIPAA regulations but also at other state and federal laws that authorize the sharing of HC program information to support WIC eligibility determinations. See Reference Documents for a legal analysis supporting the granting of this access.

Data Sharing Rules

Based on legal authorization, the workgroup developed the following business rules to guide the sharing of data across program areas.

Note: These rules represent the workgroup’s understanding of the business needs and legal authorities that exist today. They expect the rules to evolve with emerging business needs and changes in legislation.

General Business Rules:

**Rule 1.** Sharing household, program and worker information is only allowed for pending person/cases, active persons/cases, or inactive persons/cases that have closed within the last 12 months

Exception: Workers with responsibility to resolve duplicates need access to program information on cases/persons cases closed more than 12 months ago.

**Rule 2.** A user must be working in or funded under the Human Services umbrella as defined by the county/agency or meet one of the following partner exceptions.

Exception: Women, Infants, and Children (WIC) Program
Rule 3. User has a documented business need to access information to carry out assigned job duties and disclosure is limited to that which is reasonably necessary for the user to carry out those assigned job duties.

Rule 4. Contractors who are engaged by counties to do program administration functions parallel with county administrative function are allowed the same access as their county employees at the discretion of the counties.

Rule 5. Contractors who are engaged by counties to provide direct services (e.g. mental and chemical health service providers) are not allowed access to DHS data.

Program Specific Business Rules (applied after the general rules are met):

Rule 6. To access cash assistance data,
The user’s purpose is directly connected with the administration of the state plan under:

- title IV-A, IV-B, IV-D, IV-E, or IV-F or under title I, X, XIV, XVI (AABD), XIX, XX, or the Supplemental Security Income (SSI) program established by title XVI
  OR
- The child care assistance program or Refugee Cash Assistance program
  Purposes include establishing eligibility, determining the amount of assistance, and providing services for applicants and recipients.

Rule 7. To access Child Support PRISM data, including data related to paternity (Birth certificate or Recognition of Parentage data),

a. the user’s job must be funded by:

- Child Support (IV-D) or TANF (IV-A) (Minnesota Family Investment Program) or Medicaid (Title XIX and XXI--Medical Assistance, MinnesotaCare, SCHIP)
  OR
- [(IV-B (Child Welfare Services) or IV-E (Foster Care and Adoption Assistance)
  AND
  S/he is establishing parentage or parental rights which may be for child permanency]
  AND

b. Access is needed to carry out the agency’s business

Rule 8. Data specific to the following programs will not be shared outside of the program areas that directly administer these programs:

- HIV/AIDS
Mental Health
Chemical Health
Family Planning

Rule 9. To Access Health Care Data (MMIS and MAXIS), the following business rules must be met:

- Comply with 45 CFR §164.512(k)(6)(ii)
  - Must be a government program providing public benefits
  - Needs to be a covered entity unless an exception is met
  - Program must have the same or similar populations
  - Data must be necessary to coordinate covered functions to improve program administration and management
- The sharing of data benefits the Medicaid program. See 42 CFR §431.201 and §431.302.
- Purpose is directly related to State Plan administration:
  - Establish eligibility
  - Determine the amount of medical assistance
  - Provide services for recipients
  - Conduct or assist in an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan

Roles and Access Rules

The Roles and Access rule table in Appendix A aligns the business need for sharing data with the legal authorities and restrictions. It is offered as a guide for granting access across program areas and identifies the types of workers, authorized purpose and the specific security roles allowed.

Note: For purposes of this document, the content of the chart is generalized. Actual access to Child Support PRISM data will need to be guided by federal regulations.
# Appendix A: Job Roles and Access Rules

## Data Sharing Framework: Job Roles and Access Rules

<table>
<thead>
<tr>
<th>Category</th>
<th>Sharing Across Counties</th>
<th>Job Role</th>
<th>Authorized Purpose</th>
<th>MAXIS¹</th>
<th>MMIS²</th>
<th>SSIS³</th>
<th>PRISM⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>Yes, There is a business need to share data across counties to coordinate services</td>
<td>Financial Worker Child Care Worker Child Support Worker Social Worker for: Initial Contact/Intake Child Protection Adoptions Foster Care Out-Of-Home Corrections Placements Children’s Mental Health Children’s Dev Disabilities and Waivered Services Call Center / Admin Support / Case Aid / Case Mgmt Asst for same programs</td>
<td>Client Identity Management</td>
<td>Demographics Address Household Members</td>
<td>Demographics Address</td>
<td>Demographics Address</td>
<td>Demographic Address Case Members Case Composition</td>
</tr>
<tr>
<td>DHS</td>
<td>Yes, There is a business need to share data across counties to coordinate services</td>
<td>Social Worker for: Adult Mental Health Adult/Child Chemical Health Adult</td>
<td>Client Identity Management</td>
<td>Demographics Address Household Members</td>
<td>Demographics Address</td>
<td>Demographics Address</td>
<td>Access Not Allowed</td>
</tr>
</tbody>
</table>

1. MAXIS
2. MMIS
3. SSIS
4. PRISM
5. Birth/Parentage
<table>
<thead>
<tr>
<th>Category</th>
<th>Sharing Across Counties</th>
<th>Job Role</th>
<th>Authorized Purpose</th>
<th>MAXIS¹</th>
<th>MMIS²</th>
<th>SSIS³</th>
<th>PRISM⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Protection Worker for:</td>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Early Childhood Services</td>
<td>Household Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adult Dev Disabilities, Aging and Waivered Services</td>
<td>Programs Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call Center / Admin Support / Case Aid / Case Mgmt Asst for same programs Ombudspersons</td>
<td>Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner Programs &amp; Functions</td>
<td>Yes, There is a business need to share data across counties to coordinate services</td>
<td>Veteran’s Services Worker Child &amp; Teen Check Up Public Health Nurse for Developmental Disabilities and Waivered Services Housing Assistance Employment Counselor Case Aid for same programs</td>
<td>Client Identity Management Demographics Address Household Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cross Program Administration</td>
<td>Address Household Members Program Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partner</td>
<td>Women, Infant, To determine Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Last Saved: 3/1/2013   By: Johnson, Linda Lou
### Data Sharing Framework: Job Roles and Access Rules

<table>
<thead>
<tr>
<th>Category</th>
<th>Sharing Across Counties</th>
<th>Job Role</th>
<th>Authorized Purpose</th>
<th>MAXIS(^1)</th>
<th>MMIS(^2)</th>
<th>SSIS(^3)</th>
<th>PRISM(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs &amp; Functions</td>
<td>business need to share data across counties to coordinate services</td>
<td>Children (WIC)</td>
<td>WIC Eligibility</td>
<td>Household Members Program Worker</td>
<td>Programs Worker</td>
<td>Case Members Programs Worker</td>
<td>Allowed</td>
</tr>
<tr>
<td>Partner Programs &amp; Functions</td>
<td>Yes, There is a business need to share data across counties to coordinate services</td>
<td>Public Health Call Center / Admin Support / Case Aid / Case Mgmt Asst for same programs</td>
<td>Client Identity Management</td>
<td>Demographics Address Household Members</td>
<td>Demographics Address</td>
<td>Access Not Allowed</td>
<td>Access Not Allowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cross Program Administration</td>
<td>Address Household Members Program Worker</td>
<td>Address Programs Worker</td>
<td>Access Not Allowed</td>
<td>Access Not Allowed</td>
</tr>
<tr>
<td>Partner Programs &amp; Functions</td>
<td>No, There is not a business need to share data across counties to coordinate services</td>
<td>Social Worker - Licensing Case Aid for same programs</td>
<td>Client Identity Management</td>
<td>Demographics Address Household Members</td>
<td>Access Not Allowed</td>
<td>Demographics Address Case Members</td>
<td>Access Not Allowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Licensing</td>
<td>Demographics Address</td>
<td>Access Not Allowed</td>
<td>Address Case Members</td>
<td>Access Not Allowed</td>
</tr>
</tbody>
</table>
## Data Sharing Framework: Job Roles and Access Rules

<table>
<thead>
<tr>
<th>Category</th>
<th>Sharing Across Counties</th>
<th>Job Role</th>
<th>Authorized Purpose</th>
<th>MAXIS¹</th>
<th>MMIS²</th>
<th>SSIS³</th>
<th>PRISM⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Staff must be assigned by their management an aspect of health care operations as part of their assigned duties to have access to health care program information in MAXIS.

2. Staff must be assigned by their management an aspect of health care operations as part of their assigned duties to have access to health care program information in MMIS.

3. SMI does not provide access to SSIS information beyond “county contact” information. It is included here as a guideline for counties that have developed direct access to local SSIS databases.

4. To access PRISM information, user’s position must be funded by IV-D (child support), IV-A (MFIP), Title XIX, XXI (MA, MinnesotaCare, SCHIP), IV-B (Child Welfare Services) or IV-E (Foster Care Adoption Assistance) and engaged in authorized activity. See complete business rule.

---

[1] Staff must be assigned by their management an aspect of health care operations as part of their assigned duties to have access to health care program information in MAXIS.

[2] Staff must be assigned by their management an aspect of health care operations as part of their assigned duties to have access to health care program information in MMIS.

[3] SMI does not provide access to SSIS information beyond “county contact” information. It is included here as a guideline for counties that have developed direct access to local SSIS databases.

[4] To access PRISM information, user’s position must be funded by IV-D (child support), IV-A (MFIP), Title XIX, XXI (MA, MinnesotaCare, SCHIP), IV-B (Child Welfare Services) or IV-E (Foster Care Adoption Assistance) and engaged in authorized activity. See complete business rule.
# Appendix B: SMI Roles and Data Elements

## Data Sharing framework: SMI Roles and Data Elements

<table>
<thead>
<tr>
<th></th>
<th>MAXIS</th>
<th>MMIS</th>
<th>SSIS</th>
<th>PRISM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demographics</td>
<td></td>
<td></td>
<td>Demographics</td>
</tr>
<tr>
<td></td>
<td>• Name</td>
<td>• Name</td>
<td>• Name</td>
<td>• Name</td>
</tr>
<tr>
<td></td>
<td>• SSN and SSN verif</td>
<td>• SSN and SSN verif</td>
<td>• SSIS contact name</td>
<td>• SSN and SSN verif</td>
</tr>
<tr>
<td></td>
<td>• DOB and DOB verif</td>
<td>• DOB and DOB verif</td>
<td>• Phone number</td>
<td>• DOB</td>
</tr>
<tr>
<td></td>
<td>• DOD</td>
<td>• DOD and DOD verif</td>
<td></td>
<td>• DOD</td>
</tr>
<tr>
<td></td>
<td>• Gender</td>
<td>• DOD and verif</td>
<td></td>
<td>• Gender</td>
</tr>
<tr>
<td></td>
<td>• Relationship</td>
<td>• Gender</td>
<td></td>
<td>• Relationship</td>
</tr>
<tr>
<td></td>
<td>• Marital status</td>
<td>• Marital Status</td>
<td></td>
<td>• Marital status</td>
</tr>
<tr>
<td></td>
<td>• Citizenship</td>
<td>• Immigration status</td>
<td></td>
<td>• Citizenship</td>
</tr>
<tr>
<td></td>
<td>• Race &amp; Ethnicity</td>
<td>• Immigration number</td>
<td></td>
<td>• Race &amp; Ethnicity</td>
</tr>
<tr>
<td></td>
<td>• Language Written/spoken</td>
<td>• Immigration entry date</td>
<td></td>
<td>• Language</td>
</tr>
<tr>
<td></td>
<td>• Interpreter needed</td>
<td>• Race &amp; Ethnicity</td>
<td></td>
<td>• Interpreter needed</td>
</tr>
<tr>
<td></td>
<td>• Alien Number</td>
<td>• Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Alien status</td>
<td>• Interpreter needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Entry date</td>
<td>• Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Alias name</td>
<td>• Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Alias SSN</td>
<td>• Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address</td>
<td>• Address History</td>
<td></td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td>• Phone</td>
<td>• Phone</td>
<td></td>
<td>• Address – adults only</td>
</tr>
<tr>
<td></td>
<td>• Effective dates</td>
<td>• Effective dates</td>
<td></td>
<td>• Address begin/end dates</td>
</tr>
<tr>
<td></td>
<td>• Address type</td>
<td>• Service location</td>
<td></td>
<td>• Co</td>
</tr>
<tr>
<td></td>
<td>• County</td>
<td>• Phone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Household Members</td>
<td>Programs</td>
<td></td>
<td>Case Comp</td>
</tr>
<tr>
<td></td>
<td>• Name</td>
<td>• Program type</td>
<td></td>
<td>• Case number</td>
</tr>
<tr>
<td></td>
<td>• SMI</td>
<td>• Program begin/end date</td>
<td></td>
<td>• Name-CP/NCP/Child</td>
</tr>
<tr>
<td></td>
<td>• PMI</td>
<td>• Waiver type</td>
<td></td>
<td>• Case status</td>
</tr>
<tr>
<td></td>
<td>• DOB</td>
<td>• Waiver begin/end date</td>
<td></td>
<td>• Co</td>
</tr>
<tr>
<td></td>
<td>• SSN</td>
<td>• PPHP name</td>
<td></td>
<td>• Open/Close date</td>
</tr>
<tr>
<td></td>
<td>• Relationship</td>
<td>• PPHP contract number</td>
<td></td>
<td>• SMI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NPI number</td>
<td></td>
<td>• MCI</td>
</tr>
<tr>
<td></td>
<td>Worked</td>
<td>• Status</td>
<td></td>
<td>• DOB</td>
</tr>
<tr>
<td></td>
<td>• Name</td>
<td>• Worker Name</td>
<td></td>
<td>• Relationship to CP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active/Inactive Dates</td>
<td></td>
<td>• Relationship to NCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Data Access by Hennepin County Directly from Local SSIS Database:
- Case #
- Programs and Status
- Assigned Workers
- Case Members
- Addresses

### Data Access by Stearns County Directly from Local SSIS Database:
- Status
- Worker Name
- Active/Inactive Dates
- Address
- Phone

### Birth/Parentage
- Birth Certificate
  - Child Name
**Data Sharing framework: SMI Roles and Data Elements**

<table>
<thead>
<tr>
<th>MAXIS</th>
<th>MMIS</th>
<th>SSIS</th>
<th>PRISM</th>
</tr>
</thead>
</table>
| • Case status  
• Case begin/end dates  
• Case service entity | • Phone |  | o Child DOB  
o Mother Name  
o Mother DOB  
o Mother SSN  
o Father Name  
o Father DOB  
o Father SSN  
o Date of Filing  
o Marital Status Indicator  
• Recognition of Parentage  
  o Child Name  
o Mother Name  
o Mother signed date  
o Mother over 18 ind.  
o Father Name  
o Father signed date  
o Father over 18 ind.  
o Husband Name  
o Husband Non-Paternity signed indicator  
o Vacate Date  
o Revoke Date  
o ROP signed date  
o Location completed code  
o State ROP signed |
| Programs  
• Case Id  
• Begin/end dates  
• Status  
• Servicing co  
• AREP name  
• AREP address  
• AREP phone |  |  |  |
| Worker  
• Worker name & ID  
• Worker Co  
• Worker phone  
• Supervisor |  |  |  |
|  |  |  | Worker  
• Name and ID  
• Worker phone  
• Supervisor name  
• Supervisor phone |
Appendix C: Reference Documents

Access to MMIS Health Care Data for WIC full analysis

Prepared by Sarina Turner: “This analysis is a response to the ongoing discussion of whether DHS may share health care information with WIC employees. After more research and contemplating about this issue, I have come up with a new analysis that supports this disclosure. I am first providing a brief background of this issue to ensure that everyone is on the same page. I will then detail how this disclosure is authorized under Medicaid regulations, federal and state law, and DHS’ Minnesota Health Care Program (‘MHCP’) application. Following this analysis is the legal appendix of citations used in my analysis.”

Federal Law Governing Disclosure of Child Support Enforcement Private Data

Describes the federal rules for disclosure of child support data outside of the IV-D program. The document defines who is authorized to see data, for what purpose(s), specific data that may be shared, and any restrictions on data sharing.

Legal Reference Information for Granting Access to the Shared Master Index (SMI)

Several state and federal laws address the sharing of data across programs, both in terms of requiring and restricting the sharing of data. This document provides a reference to legal references which guide the sharing of data for human services programs.

Data Access Workgroup Participants

A list of all State (DHS) and county staff who participated in the workgroup.

Detailed Business Needs Identified by the Workgroup Without Considerations of Legal Restrictions

To assess the business need in more detail, the workgroup evaluated the information needed for each type of worker identified within the Hennepin County Human Services and Public Health Department. Due to Hennepin’s size and the breadth of programs included in the agency, the group determined it likely has the greatest degree of role specialization among Minnesota counties. Evaluating Hennepin’s roles would enable analysis at the most granular level. This document provides the detail of this assessment.

Data Access Legal Subgroup - 09/14/10 HIPAA Meeting Summary

Meeting notes documenting the discussion of approaches to resolving the SMI / MMIS access issue along with the agreed upon solution/approach.

In addition, electronic versions of these documents may be requested from:

DIANE E. SMITH | INTEGRATED SERVICE DELIVERY SYSTEMS, TECHNICAL SUPERVISOR
MN.IT SERVICES @ DHS 651-431-4645 (w) | 651-373-5604 (m)