*Prepared for:*
The Administration for Children and Families (ACF)

National Human Services Interoperability Architecture

Eligibility White Paper

DRAFT Version D0.2

June 2012

Prepared by:
The Johns Hopkins University
Applied Physics Laboratory (JHU/APL)

APL
The Johns Hopkins University
APPLIED PHYSICS LABORATORY
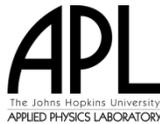
Draft Issue

It is important to note that this is a draft document. The document is incomplete and may contain sections that have not been completely reviewed internally. The material presented herein will undergo several iterations of review and comment before a baseline version is published.

This document is disseminated in the interest of information exchange. The Johns Hopkins University Applied Physics Laboratory (JHU/APL) assumes no liability for its contents or use thereof. This report does not constitute a standard, specification, or regulation. JHU/APL does not endorse products or manufacturers. Trade and manufacturer's names appear in this report only because they are considered essential to the object of this document.

Note: This document and other NHSIA-related documentation are available for review from the NHSIA SharePoint site. Updates and any additional documents will be published on that site. The URL for the site is https://partners.jhuapl.edu/sites/HSNIA. The version D0.1 and D0.2 documents may be viewed or downloaded from the document library named NHSIA_Drafts.

Review and comments to this document are welcome. To comment, either post your feedback in the NHSIA_Drafts_Comments library or send comments to NHSIAArchitectureTeam@jhuapl.edu.

Christine Salamacha
The Johns Hopkins University Applied Physics Laboratory
11100 Johns Hopkins Road
Laurel, MD 20723
Phone: 240-228-4976
E-Mail: christine.salamacha@jhuapl.edumailto:Chrsitine.S

Table of Contents

List of Figures

List of Tables

1. Introduction

1.1 Executive Summary

Eligibility determination is a key business process that has many common aspects across human services programs and also in health services. The purpose of this document is to provide insights into the architecture considerations for common eligibility determination to achieve objectives for cross program eligibility, client centric access via a "No Wrong Door" approach, improved delivery of services, and improved fraud detection and prevention.

Common eligibility determination can be achieved through the use of clearly defined common processes, standardized data, shared services, data sharing agreements that recognize the constraints and controls associated with privacy and security, and an understanding of how to leverage the common processes while allowing for differences in business rules.

States are currently being funded to develop Health Insurance Exchanges (HIX) under the Affordable Care Act (ACA), and the health community has identified important synergies between the healthcare eligibility process and the insurance enrollment process. One additional objective of this paper is to leverage the architecture and associated investments for the HIX to establish a foundation that will facilitate data sharing across interoperable health and human service systems in the eligibility determination process. This objective fits well with the NHSIA use of the Medicaid Information Technology Architecture (MITA) as guidance for the business viewpoint.

Section 2 of this paper describes the eligibility process in terms of example scenarios and presents it in the context of the National Human Services Interoperability Architecture (NHSIA) business and information viewpoints. Section 3 discusses the implications of the varying eligibility criteria in different programs and different jurisdictions. Section 4 examines some existing implementations and further discusses the implications across viewpoints within NHSIA. Section 5 explores program and policy impacts on eligibility and highlights the Health Information Exchange (HIX) effort.

1.2 NHSIA Context

The National Human Services Interoperability Architecture is being developed for the Administration for Children and Families (ACF) as a framework to support common eligibility and information sharing across programs and agencies, improved delivery of services, prevention of fraud, and better outcomes for children and families.

The primary objective of the project is to build a business and information technology architecture to improve the delivery of services funded and regulated by the ACF. The key features of this improvement include:

- Interoperability of business processes and systems across human services
- Improved program integrity via better information sharing, enabling improved identification, eligibility screening, and fraud detection
- "No Wrong Door" for clients
- Systems that support case workers and enable integrated case management

Through the NHSIA Project, ACF will build architectural models that describe how to translate these strategies into practice. These models will provide the basis for ACF management to make decisions which lead to the desired results. The architecture will also provide guidance to state, local, and tribal governments, security and technology managers, and program leaders to ensure that the components come together in an interoperable manner.

2 Eligibility Process

2.1 Scenarios

The eligibility process can best be introduced by means of examples, introduced through scenarios. The first scenario introduced is the Client in Need scenario for an at-risk family with small children presented as part of the NHSIA business viewpoint. This scenario illustrates the value of multi-program eligibility determination for a family with multiple needs that cut across programs. The second scenario describes the use case model from Health IT Electronic Eligibility and Enrollment. This scenario is included to highlight the synergies with the health services.

Both of these scenarios contain key common elements, including:
- Capture initial client information including demographics.
- Use probabilistic tools with available identifiers and demographic information to locate additional client information from other agencies.
- Query the located federal or regional systems to verify information or capture additional information.
- Use the verified information to perform a preliminary eligibility determination for multiple agencies and services based on the business rules of the participating agencies.
- Notify applicable agencies responsible for services based on preliminary eligibility determination. Individual agencies will make the formal eligibility determination, but this is facilitated by the information collection and verification that has already occurred.

These steps are supported by common data standards, privacy and security rules and controls, and formal agreements between stakeholders to insure adherence to the rules and policies.

2.1.1 NHSIA Eligibility Vignette

The NHSIA Business Viewpoint Client in Need Scenario looks at a specific example of a hypothetical family with multiple health and human service needs as detailed in Figure 2-1. This scenario is then exercised in a vignette that walks through the process steps to explore the business, information, service, infrastructure, and capabilities from NHSIA that support execution of the scenario.

> ➢ **42-year old with no extended family support**
> ➢ **Appears to be some domestic violence at home**
> ➢ **Has two children ages 2 and 6 – and is pregnant again**
> ➢ **2 year old needs child care, family can not afford it**
> ➢ **6 year old has special needs and housing is unstable**

Human Services offered to address these complex needs
a. **Public Health Clinic**
b. **Child Care Services, Child Foster Care**
c. **Maternity Services**
d. **Income Support Services**
e. **Domestic Violence Services**
f. **Adult Mental Health Services**
g. **Housing Stabilization Services**
h. **Education through Public School System**

Other benefits: Medicaid

Adapted from
"SAMHSA/DHHS Interoperability
Meeting" Brief, June 6, 2010
Montgomery County, MD Department
of Health and Human Services

Figure 2-1: At Risk Family with Small Children Scenario

In addition to the common eligibility steps identified above, the vignette highlights the prerequisites for common eligibility including establishment of a common framework for information sharing and information protection, and resources to reach and inform potential clients about potential benefits. The common processes do not prevent the agencies from maintaining their necessarily independent eligibility criteria and internal workflow. The NHSIA concept advocates eligibility services that can receive inputs to specify the rules, regulations, and policies that drive the criteria and the sources of data necessary to determine eligibility with respect to the criteria.

2.1.2 Health IT Electronic Eligibility and Enrollment

Section 1561 of the ACA required the Department of Health and Human Services (HHS) to develop interoperable and secure standards and protocols that facilitate electronic enrollment of individuals in federal and state health and human services programs. The recommendations, which were approved in August 2010, include initial standards and protocols that encourage adoption of modern electronic systems and processes that allow a consumer to seamlessly obtain and maintain the full range of available health coverage and other human services benefits. These recommendations, titled "Toward a More Efficient, Consumer-Mediated and Transparent Health And Human Services Enrollment Process", (http://healthit.hhs.gov/pdf/electronic-eligibility/aca-1561-recommendations-final2.pdf) included a use case model for consumer eligibility and enrollment within its Appendix B: "Core Data Analysis". (http://healthit.hhs.gov/pdf/electronic-eligibility/appendix-b.pdf) This use case (Figure 2-2) illustrates an eligibility process that converges well with the eligibility needs in Human Services, and further illustrates the link to the enrollment process, which identifies the relationship to the Health Insurance Exchanges (HIX).
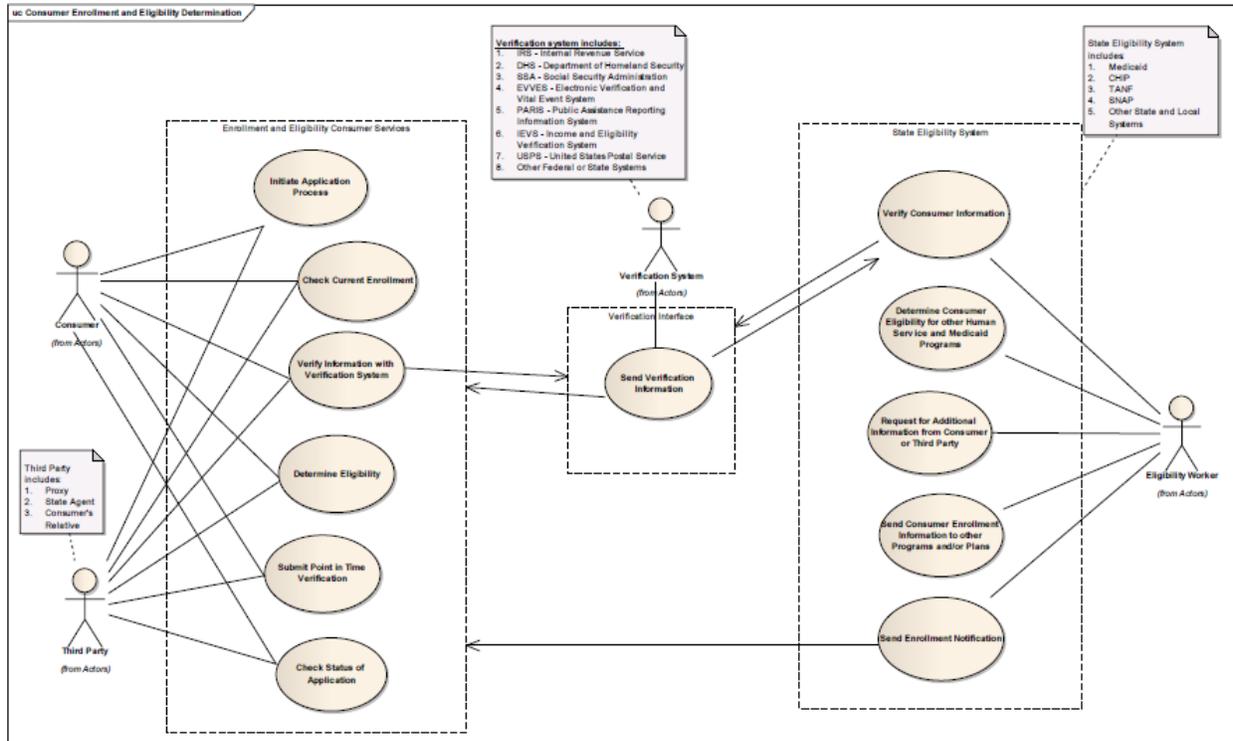
Figure 2-2: Consumer Eligibility and Enrollment Use Case Model from ACA Section 1561 Recommendations

Note that this scenario includes a process to accommodate change in a consumer's status using a "Point in Time Verification".

2.2 Eligibility Business Context across Health and Human Services

The NHSIA Business Viewpoint document provides a cross reference of business processes to the seven Human Services programs initially addressed by NHSIA, to Medicaid via MITA, and to Behavioral Health via the behavioral health extension to MITA (BH-MITA) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Determine Eligibility business process within the Eligibility and Enrollment business area is one of many business processes that apply across all nine areas. This makes it a good candidate for early interoperability across services and jurisdictions.

This page intentionally blank

3 Program-Specific Criteria and Implications for Data Exchange

3.1 TANF

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104-193), as amended, is the welfare reform law that established the Temporary Assistance for Needy Families (TANF) program. TANF is a block grant program designed to make dramatic reforms to the nation's welfare system by moving recipients into work and turning welfare into a program of temporary assistance.

On April 12, 1999, the Department of Health and Human Services issued the final TANF regulations. They include many provisions, some of which reflect significant changes from the proposed regulations, that affirm and enhance the flexibility of states to determine how best to use TANF funds to assist low-income families. The regulations provide strong support for states to re-visit their welfare reform approaches and include improvements targeted on both families receiving TANF who so far have not been able to work and on families that are working but continue to have low incomes.

The following discussion examines federal regulations pertaining to TANF and compares federal regulations to corresponding regulations for the Commonwealth of Virginia. This comparison is an example of how federal criteria are adapted and extended by states.

Data Elements Supporting TANF Eligibility Determination:

Based on federal regulations, the following data elements are involved in the TANF eligibility determination:
- Family make up
- Parent age
- Parent schooling
- Use of funds
- Time receiving funds
- Felonies
- Citizenship
- SSN
- Children ages
- Children student status
- Financial status (as specified by individual state)

Per the Virginia regulations, the following data is necessary to determine eligibility over and above the federal criteria:
- School attendance
- Deprivation of Parental support/care
- Living arrangements

- Relatives
- State residency

In Virginia, the threshold for financial need or income is set at 185% of standard of need. Other states may have similar or different needs for additional data.

TANF References:
http://www.dss.state.va.us/files/division/bp/tanf/manual/200.pdf
http://www.acf.hhs.gov/programs/ofa/law-reg/finalrule/exsumcl.htm
http://www.cbpp.org/cms/index.cfm?fa=view&id=1848#N_6_
http://www.hhs.gov/recovery/programs/tanf/tanf-overview.html

3.2 Adoption and Foster Care

Title IV of the Social Security Act, "Grants to States for Aid and Services to Needy Families with Children and for Child–Welfare Services", is administered by the Department of Health and Human Services. Sec. 438 [42 U.S.C. 629h] of Title IV, "Entitlement Funding for State Courts to Assess and Improve Handling of Proceedings Relating to Foster Care and Adoption," provides grants to the highest state courts to:

- Provide for the safety, well-being, and permanence of children in foster care, as set forth in the Adoption and Safe Families Act of 1997 (Public Law 105-89); and
- Ensure that the safety, permanence, and well-being needs of children are met in a timely and complete manner.

Each state with an approved plan will enter into adoption assistance agreements with adoptive parents of children with special needs. The state shall make payments of nonrecurring adoption expenses on behalf of parents in connection with the adoption of the child directly through the state. In addition, the child must meet specific criteria to be eligible for Title IV-E adoption assistance.

Data Elements Supporting Adoption and Foster Care Eligibility Determination:

There are three programs that fall under Adoption and Foster Care grant funding. These require the following elements for eligibility determination based on federal regulations:

Foster Care Maintenance Payments Program:
- Reason for removal
- Judicial determinations
- Placement responsibility
- Child placement
- AFDC Eligibility (age, deprivation, need)
- Time in placement

Adoption and Guardianship Assistance Program:
- Reason for removal
- Foster care maintenance eligibility

- Supplemental security income eligibility
- Relationship to child
- Special needs
- AFDC eligibility (age, deprivation and need)
- Previous eligibility
- Adoption history
- Age of parent
- Status of adoption
- Age of child
- Time in placement
- Status of sibling

Adoption Incentive Payments:
- Number of foster child adoptions in the state
- Base number of adoptions for the state for the fiscal Year
- Number of older child adoptions in the state during the fiscal year
- Base number of older child adoptions in fiscal year
- State's foster child adoption rate for fiscal year
- Highest ever foster child adoption rate
- Status of medical payments
- Determination of number of adoptions from AFCARS

Per the Virginia regulations, the following data is necessary to determine eligibility over and above the federal criteria:

Foster Care Maintenance Payments Program:
- Child's age
- Foster home provider (application, age, capacity, conflict of interest, marital status, citizenship, background check, physical home environment assessment, supporting documentation, pre-service and in-service training, family composition and history)
- Parent's age
- Parent's living situation

Adoption and Guardianship Assistance Program:
- Responsible agency
- Purpose of placement

Adoption Incentive Payments:
- Virginia-specific requirements are based on the same elements:
    o Incentive payments the same for every state ($4,000 times each additional child adopted over the foster child adoption baseline, $8,000 times each additional older child adopted over the older child adoption baseline.

Adoption and Foster Care References:
http://www.ssa.gov/OP_Home/ssact/title04/0400.htm
http://www.dss.virginia.gov/files/division/dfs/iv_e/state_plans/2010.pdf
http://www.dss.virginia.gov/files/division/dfs/iv_e/manuals/title_iv-
e_manual_1_foster_care_jan_26_2012.pdf

3.3 Child Care

The Child Care and Development Fund (CCDF) is the primary federal program specifically
devoted to child care services and quality. It enables low-income parents and parents receiving
Temporary Assistance for Needy Families (TANF) to work or to participate in the educational or
training programs they need in order to work. Funds may also be used to serve children in
protective services. In addition, a portion of CCDF funds must be used to enhance child care
quality and availability.

CCDF provides block grant funds to states and territories, a portion of which must be matched
with state funds. Funds are awarded to the lead agency identified by the state or territory. Most
commonly, states and territories have chosen to house child care within human services or social
services although a few states have chosen alternative agencies (e.g. workforce development,
education).

Data Elements Supporting Child Care Development Fund Eligibility Determination:

Based on federal regulations, the following data elements are involved in the Child Care
Development Fund eligibility determination:
- Age
- Physical/mental disability
- Living situation
- Job of caretaker
- Protective services status of caretaker
- Child resides with a family whose income does not exceed 85% of state's median income
  for a family of the same size

Per the Virginia regulations, the following data is necessary to determine eligibility over and
above the federal criteria:
- Need
- Parent job status
- Cause for need (employment, education, etc.)
- Residence
- Citizenship
- Public school eligibility
- Public school timing

Child Care Development Fund References:

http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+22VAC40-661-20
http://ccdf.acf.hhs.gov/cgi-bin/ccdf.cfg/php/enduser/std_adp.php?p_faqid=1530&p_created=1090407201
http://cfr.vlex.com/vid/98-20-child-eligibility-care-19932926

3.4 Child Support Enforcement

The Child Support Enforcement (CSE) Program is a federal/state/local partnership to collect child support. The program goals are to ensure that children have the financial support of both their parents, to foster responsible behavior towards children, to emphasize that children need to have both parents involved in their lives, and to reduce welfare costs.

The Federal CSE Program was established in 1975 as Title IV-D of the Social Security Act. It functions in all states and territories, through the state/county social services department, attorney general's office, or department of revenue. Most states work with prosecuting attorneys, other law enforcement agencies, and officials of family or domestic relations courts to carry out the program at the local level.

State child support programs locate noncustodial parents, establish paternity, establish and enforce support orders, modify orders when appropriate, and collect and distribute child support payments. While programs vary from state to state, their services are available to all parents who need them.

Data Elements Supporting Child Support Enforcement Eligibility Determination:

Based on federal regulations, the following data elements are involved in eligibility determination for Child Support Enforcement:
- Temporary Assistance for Needy Families (TANF), Medicaid, and federally assisted foster care program status
- Assignment of support rights
- Identification as parent or legal guardian

Per the Virginia regulations, the following data is necessary to determine eligibility over and above the federal criteria:
- Support order status
- Application status
- Age of child
- Custody status
- Schedule of Monthly Basic Child Support Obligations
- Caretaker's salary
- Child support payer's salary

Child Support Enforcement References:

http://www.acf.hhs.gov/programs/cse/pubs/2005/handbook_on_cse.pdf
http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+20-108.2

3.5 Child Welfare – Child Abuse & Neglect

Child protective services (CPS), a division within state and local social service agencies, is at the center of every community's child protection efforts. In most jurisdictions, CPS is the agency mandated by law to conduct an initial assessment or investigation of reports of child abuse or neglect. Often, services are provided by multidisciplinary teams or through a collaborative approach by public and private service providers. When children have been harmed or are at risk of harm, staff may seek court involvement to compel families' participation in services.

Data Implications for Child Abuse & Neglect

Child protective services agencies are legally required to respond to concerns about child abuse and neglect. Intake involves receiving and screening reports of possible harm to determine if intervention is necessary. Investigations are conducted to determine if children have been harmed or are at risk of being harmed. Assessments determine the level of risk and safety for children and evaluate families' strengths and needs regarding the care of their children.

Data supporting the decision to provide intervention will result from reports of abuse or neglect plus results from the initial assessment and follow on investigations. Inputs may be required from a variety of sources including:
- Law enforcement officers
- Health care providers
- Mental health professionals
- Educators
- Legal and court system personnel
- Substitute care providers

Child Abuse & Neglect References:

http://www.childwelfare.gov/#childabuse

3.6 LIHEAP

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program that helps low-income households pay their home heating and cooling bills. It operates in every state and the District of Columbia, as well as on most tribal reservations and U.S. territories.

Data Elements Supporting LIHEAP Eligibility Determination:

Based on federal regulations, the following data elements are involved in LIHEAP eligibility determination:

- TANF status
- SSI status
- Food Stamps status
- Veteran Benefits status
- Income (as % poverty level for each state)
- Optional: Assets test
- State of housing (subsidized, nonsubsidized)
- Status of utility connection

While application of eligibility criteria may vary by state, Virginia's eligibility criteria do not require additional data for eligibility determination.

LIHEAP References:

http://www.acf.hhs.gov/programs/ocs/liheap/guidance/eligibility.html
http://www.liheap.ncat.org/tables/FY2007/autoelig.htm#VA
http://edocket.access.gpo.gov/2011/pdf/2011-1237.pdf

3.7 SNAP

As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program. The new name reflects the changes made to meet the needs of clients, including a focus on nutrition and an increase in benefit amounts. SNAP is the federal name for the program. State programs may have different names.

Data Elements Supporting SNAP Eligibility Determination:

Based on federal regulations, the following data elements are involved in SNAP eligibility determination:

- TANF status
- SSI status
- Number of dependents
- Recipient age
- Household size
- Age of household members
- Disability status
- Recipient work status

Per the Virginia regulations, the following data is necessary to determine eligibility over and above the federal criteria:

- Time on SNAP
- Pregnancy status
- Presence of medical condition

- Reason for work exemption Residence
- Education status
- Citizenship
- Monthly income
- Net income

SNAP References:

https://jupiter.dss.state.va.us/FoodStampManual/mainpage.jsp
http://www.fns.usda.gov/snap/applicant_recipients/eligibility.htm
http://law.onecle.com/virginia/welfare-social-services/63.2-801.html
http://www.dss.virginia.gov/benefit/foodstamp.cgi

3.8 Assessment Across Programs

The identification of frequently used information types is useful for supporting discussions about common data sharing and associated standards. This information can be considered when defining Information Exchanges under the National Information Exchange Model (NIEM). Table 3–1: Common Eligibility Information lists the common types of information based on a review of the eligibility criteria for the seven programs above. The table also lists the applicable NHSIA information terms.

Table 3–1: Common Eligibility Information

Description of Information Required	Associated NHSIA Information Terms
Age of individual and related/associated people	Person Demographics, Person family and references
Residency and citizenship	Person Demographics
Eligibility and/or status in other programs. TANF and SSI status are most relevant.	Eligibility status, Enrollment status
Education and student status	Person education
Income, assets, finances, employment	Person finances, Person employment
Family makeup and household	Person family and references
Current and past program support information	Case portfolio
Living arrangement / status of housing	Housing
Health, particularly with respect to disabilities	Person health
Court and background check information	Person legal/court history

Details about the specific data needed to support eligibility determination can be used to define the specific contents of information exchanges. Some of these details are reflected in the NHSIA Information Viewpoint Conceptual Data Model (CDM). Details that are needed only for single programs can be accommodated in the individual information exchanges without necessarily being included in a formal NIEM model.

4   Implementation Considerations

4.1   Existing Example Implementations

Example eligibility implementation capabilities are summarized in the following sections. These initiatives pre-date the Health Insurance Exchange (HIX) efforts associated with health care reform and the Affordable Care Act.   In states pursuing HIX implementation, existing capabilities may be integrated with HIX capabilities.

4.1.1 Alabama's Camellia Project

In 2007, the state of Alabama commissioned a study by Microsoft and Systems Engineering, Inc., to suggest a solution to improve the efficiency of Alabama's Health and Human Services agencies. Alabama wanted a solution that did not involve a major financial investment, a discontinuation of IT projects already under way, or drastic changes in its various agencies' business processes. The resulting recommendation, "The Camellia Project—A Connected Health and Human Services Network," was authorized by Gov. Bob Riley in late 2007. The Governor's two primary expectations—and Camellia's ultimate goals—were to:
- Establish a "no wrong door" approach to improve service access; and
- Establish a "lead case manager" function to improve case coordination.

Described primarily as "an interoperability project", the Camellia Project plans to connect five separate state agencies and six distinct programs, including Food Stamps, Temporary Assistance for Needy Families (TANF), Medicaid, public health insurance for children, mental health services, and rehabilitation services. With respect to eligibility, the Camellia Project objectives included:
- Automated sharing of eligibility information across agencies, and
- Ability for clients to access eligibility information from any site with Internet access.

Due primarily to a lack of funding at the state level, Project Camellia has not been fully implemented. At this point, the project provides only an eligibility screening questionnaire that takes users through a series of questions and then presents a list of services for which they may be eligible.

4.1.2 Wisconsin ACCESS/CARES
Wisconsin provides a single self-service portal for clients to check for eligibility for several kinds of services, apply for benefits, and manage information about themselves.

The ACCESS portal is integrated with the state's eligibility and case management system (CARES – Client Assistance for Re-Employment and Economic Support) and the state's Medicaid Management Information System (interChange). ACCESS components allow:
- New clients to check for eligibility and apply for benefits,
- Existing clients to check their benefits, report changes and renew benefits, and
- Partners and providers to determine temporary eligibility.

As an example of integration between eligibility and health care enrollment, the system supports health care enrollment in BadgerCare Plus, Wisconsin's health insurance program for children.

CARES and ACCESS share technology solutions in a service-oriented architecture. The success of the ACCESS portal is emphasized by its transfer to New York, Georgia, Colorado, New Mexico, and Michigan.

4.1.3 State of Utah electronic Resource & Eligibility Product (eREP)

Utah's Electronic Resource and Eligibility Product (eREP) system determines eligibility and issues benefits for over 60 federal and state programs—the largest being Medicaid, Supplemental Nutritional Assistance Program, TANF and Child Care. The eREP system was fully deployed in Utah in early 2010 after several years of development and iterative releases. System functionality includes a resource and referral web product, electronic policy, online application, high level customer directory (integrating six state systems), and the eligibility system. Development of eREP was managed by Utah's Department of Workforce Services (DWS), with close coordination with the Department of Human Services, Department of Health and the State Department of Technology Services. Utah chose Curam Software's Social Enterprise Management modules as the solution for the eREP system, leveraging its policy rules engine as the system core. In 2008, the DWS caseload was 122 thousand, and the annual operational costs were $80 Million. With eREP, the operational costs were reduced to $69 Million despite an increase in workload to 172 thousand.

4.1.4   PSTG TAC "Enroll 11" Prototype

The Private Sector Technology Group (PSTG) Technical Architecture Committee (TAC) represents Medicaid technology industry leaders and has as its purpose to provide recommendations on establishing technical architecture standards relating to MITA.

One activity of the TAC is to prepare prototypes for the following purposes:
- Provide proof of concept for MITA
- Provide lessons learned for implementation
- Demonstrate use of specific standards
- Make recommendations back to CMS

The "Enroll 11" prototype integrates health insurance eligibility and enrollment with HIX. The prototype, as presented at the 2011 Medicaid Management Information System conference in Austin, TX, is illustrated in Figure 4-1: PSTG-TAC "Enroll 11" Prototype as Presented at MMIS 2011.
(http://mmisconference.org/MMIS2011_Presentations/Wednesday/Wednesday_Enroll_11_TAC.pdf)
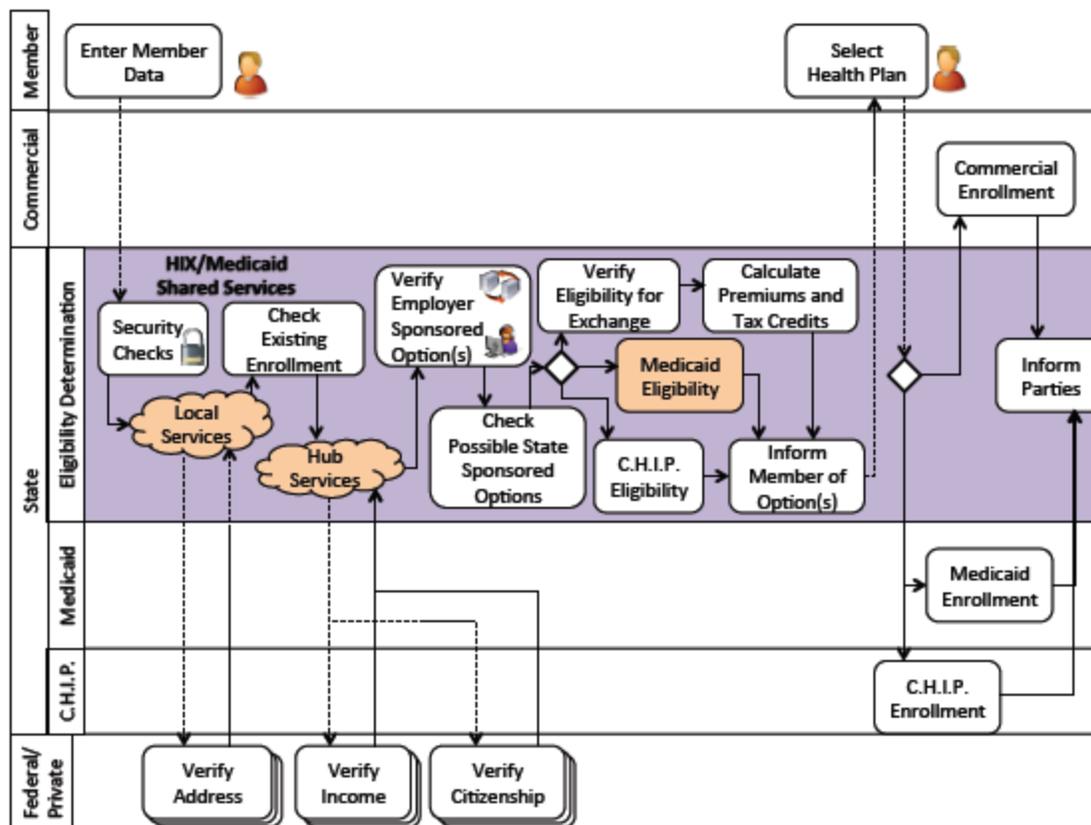
Figure 4-1: PSTG-TAC "Enroll 11" Prototype as Presented at MMIS 2011

Key elements of this implementation that relate to interoperable eligibility for human services include:
- Data security checks
- Data matching to support client lookup
- Verification of data through local and federal resources
  - "Hub Services" are being developed as a federal resource
- Verification of eligibility based on data and business rules
- Interface to return eligibility decision to the client

This prototype was developed in a Service Oriented Architecture (SOA) environment with code built using Business Process Model and Notation (BPMN).

4.2 Applicable Products and Resources

4.2.1 One-e-App
One-e-App is a Web-based system that lets families and individuals apply for multiple health, social service and other support programs from one location. It is developed and managed by Social Interest Solutions (SIS). The system allows individuals to apply for a range of programs

such as Medicaid, CHIP, Food Stamps (SNAP), Earned Income Tax Credit, Child Tax Credit, utility assistance, local health insurance expansion programs and more. One-e-App uses Mashup (web application hybrid) technology to integrate with county, state, and other systems to permit electronic submission of applications, supporting documents and signatures. It is currently used in many counties within three states, Arizona, California, and Maryland. One-e-App technology is built on a service-oriented architecture (SOA).

4.3 Application of NHSIA Concepts and Viewpoints

Figure 4-2 illustrates the flow of the NHSIA Multi-Program Eligibility Determination Vignette, and identifies some of the key architectural considerations from the NHSIA Viewpoints.
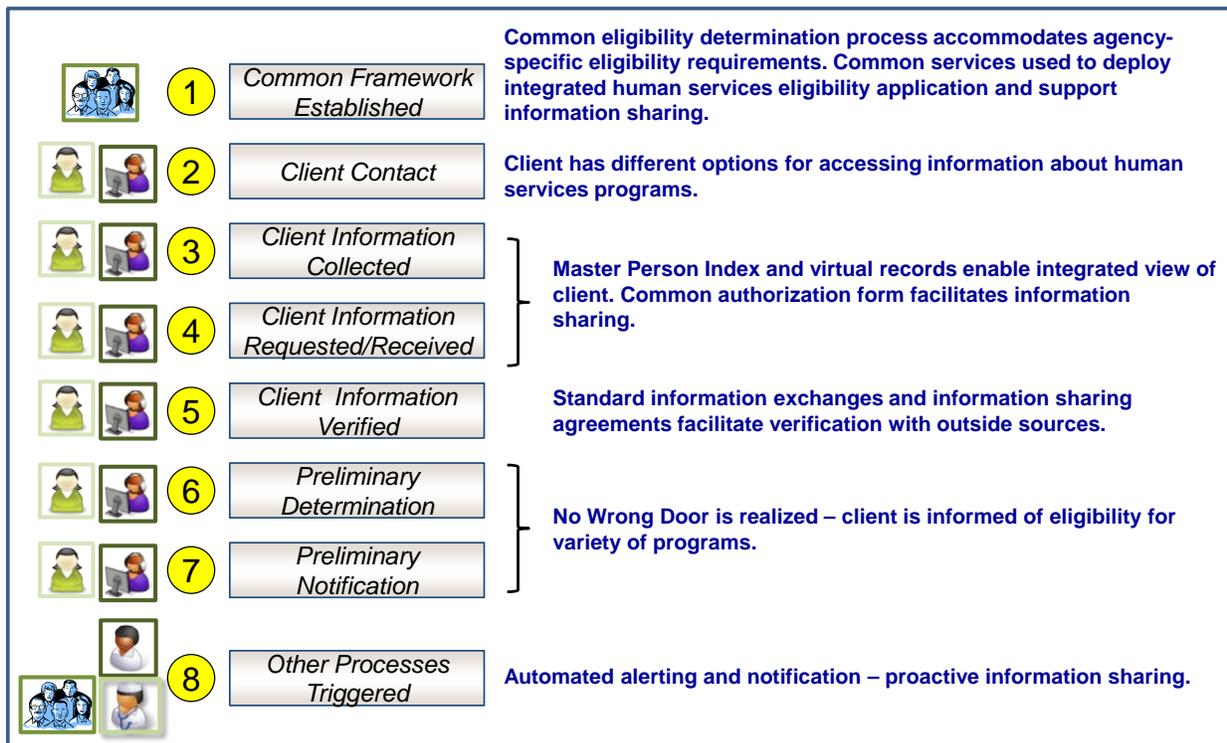
Figure 4-2: NHSIA Architecture Considerations for Eligibility Vignette

5   Program and Policy Implications

5.1   Relevant Policies and Regulations

Policies and regulations relevant to health and human service eligibility include:

- Food, Conservation, and Energy Act of 2008
- American Recovery and Reinvestment Act of 2009
- Affordable Care Act of 2010
- Proposed rule 42 CFR Part 433: Federal Funding for Medicaid Eligibility Determination and Enrollment Activities

5.2   Leveraging Investments in Health Insurance Exchanges

States are required to develop Health Insurance Exchanges (HIX) under the Affordable Care Act (ACA). State action as of April 13, 2012 is depicted in Figure 5.2-1[1]. Due to the many synergies between health insurance eligibility and enrollment activities and the eligibility and enrollment processes for other human services, this provides an excellent opportunity for states to make cross-cutting information technology investments to improve cost effectiveness and efficiencies in development, maintenance, and operations, and to achieve client-centric operations. In the past, shared information technology investments have been hampered by funding restrictions under OMB Circular A-87 (Section C.3). The Tri-Agency Letter on Cost Allocation of Information Technology Systems dated August 10, 2011[2] provides an exception to these restrictions specifically to allow human services programs to leverage systems developed for health coverage programs.

Figure 5-1. State Action toward Creating Health Insurance Exchanges (as of April 13, 2012)

The core eligibility and enrollment functions highlighted in the scenarios in Section 2.1 and in the Enroll 11 prototype described in Section 4.1.4 can be developed within state HIX systems with the intention to also support human service eligibility and enrollment. The common functions are listed below with notes relating to the implementation considerations:

---

[1] http://healthreform.kff.org/the-states.aspx
[2] http://cciio.cms.gov/resources/files/final_tri_agency_Letter_081011.pdf.pdf

- Capture initial client information including demographics
  - The security foundation required for HIX will support other services.
  - The Self Service Decomposition Pattern described in the NHSIA Infrastructure Viewpoint leverages a Service Oriented Architecture (SOA) and web portal to provide an initial point of entry to capture client information and orchestrate the single sign-up process.

- Use probabilistic tools with available identifiers and demographic information to locate additional client information from other agencies
  - The NHSIA Master Person Index (MPI) Services white paper describes implementation options.

- Query the located federal or regional systems to verify information or capture additional information
  - An MPI provides the identifiers necessary to verify and access information.
  - State and federal hubs should provide shared resources for key information.
  - States should leverage data standards and data sharing agreements in accordance with NIEM.

- Use the verified information to perform a preliminary eligibility determination for multiple agencies and services based on the business rules of the participating agencies.
  - A common standard for defining business rules is adopted by federal programs.
  - The Self Service Decomposition Pattern discussed in the Infrastructure VP includes a Rules Engine under the Enterprise Service Bus.
  - Rules defined for federal programs are stored in a common rules repository. See the NHSIA Business Rules D0.2 paper for further guidance pertaining to business rule, rules engines and rules repositories.

- Notify applicable agencies responsible for services based on preliminary eligibility determination. Individual agencies will make the formal eligibility determination facilitated by the information collection and verification that has already occurred.
  - Facilitated by NIEM data sharing standards and agreements
  - Automation is supported by the Self Service Decomposition Pattern.
  - Use the single sign-up user interface to return the eligibility decisions to the client and permit client selection of services.

Figure 5-2 depicts a possible process flow for a state Health Insurance Exchange (HIX). The option for a federal HIX is noted but the emphasis in this diagram in on the state HIX, verification data services hosted at the federal hub and enterprise services provided by the Medicaid program. This model could be applied to human services programs to implement an integrated eligibility capability.
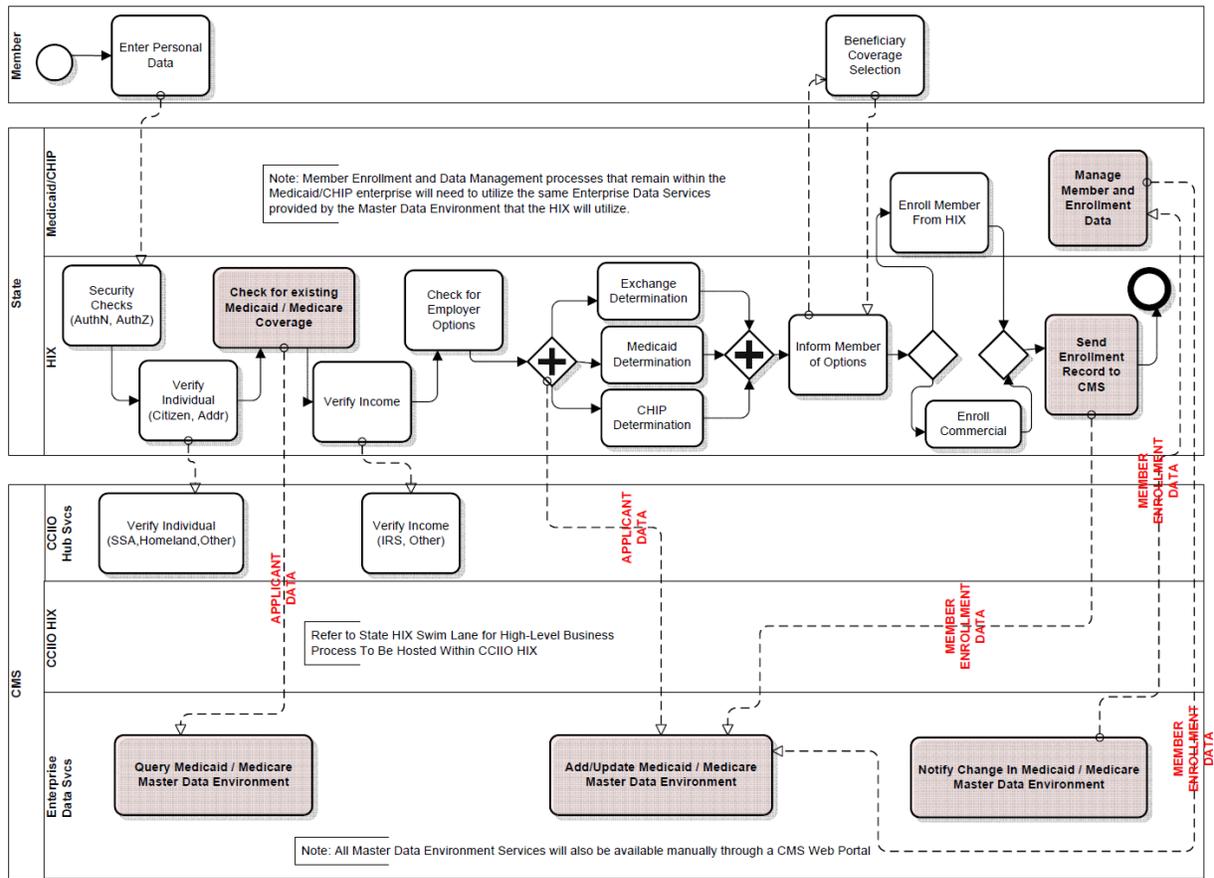
Figure 5-2. MITA/CCIIO Concept for Implementation of Federal and State HIXs[3]

---

[3] MITA-TAC-E12-MDM.v3a.pdf : Source - CCIIO

This page intentionally blank