Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump
Making government work better

Official Audit Report – Issued September 9, 2019

Executive Office of Health and Human Services—Barriers to Access to Public Benefits

For the period July 1, 2015 through December 31, 2017

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September 9, 2019

Marylou Sudders, Secretary
Executive Office of Health and Human Services
1 Ashburton Place, 11th Floor
Boston, MA 02108

Dear Secretary Sudders:

I am pleased to provide this performance audit of the Executive Office of Health and Human Services. This report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2015 through December 31, 2017. My audit staff discussed the contents of this report with management of the agency, whose comments are reflected in this report.

I would also like to express my appreciation to the Executive Office of Health and Human Services for the cooperation and assistance provided to my staff during the audit.

Sincerely,

Suzanne M. Bump
Auditor of the Commonwealth

cc: Dr. Monica Bharel, Commissioner, Massachusetts Department of Public Health

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

BEACON	Benefit Eligibility and Control Online Network
DPH	Department of Public Health
DTA	Department of Transitional Assistance
EOHHS	Executive Office of Health and Human Services
IT	information technology
MMIS	Medicaid Management Information System
OSA	Office of the State Auditor
PII	personally identifiable information
SNAP	Supplemental Nutrition Assistance Program
TAFDC	Transitional Aid to Families with Dependent Children
USDA	US Department of Agriculture
VG	Virtual Gateway
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a performance audit of the Executive Office of Health and Human Services (EOHHS) for the period July 1, 2015 through December 31, 2017. This audit was initiated based on concerns brought to OSA's attention by various groups regarding how the Commonwealth's human-service agencies administer the application process for public benefits. This audit was designed to determine whether there are any barriers deterring or preventing people who are eligible to receive public benefits from accessing those benefits.

In 2004, EOHHS established an Internet portal called the Virtual Gateway (VG) that was designed to provide EOHHS agencies, state-contracted service providers and other community-based organizations, and the general public with online access to health and human-service information, including information about public benefits. The VG was also intended to streamline and standardize the application, eligibility determination, and referral processes for public benefits for consumers. At the time we began our audit work, one system within the VG, called Eos, was used to process applications for public benefits.[1] This system was used by the state's Department of Public Health (DPH) to enroll participants in the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Therefore, our audit work focused on DPH's administration of WIC and the identification of barriers inhibiting eligible persons from receiving WIC benefits.

The objectives of this audit were to determine whether there were any barriers affecting eligible persons' ability to access WIC benefits and whether various state agencies—including the Department of Transitional Assistance (DTA), the Office of Medicaid, and DPH—were sharing information to identify and notify people who were eligible but had not applied for WIC benefits.

Below is a summary of our findings and recommendations, with links to each page listed.

1. At the beginning of our audit work, the Department of Transitional Assistance was using a system within the VG, called Common Intake, to enroll consumers in multiple services, but that system was decommissioned in April 2018.

Finding 1 **Page 14**	DPH does not ensure that certain information about WIC is available to participants in their native languages.
Recommendations **Page 15**	1. DPH should assess the resources needed to provide translated versions of shoppers' lists to WIC participants, attempt to acquire these resources, and then provide the shoppers' lists in the appropriate languages. 2. DPH should continue to identify the languages that are most commonly spoken by WIC participants and publish the *Massachusetts WIC Approved Food Guide* in additional languages as needed.
Finding 2 **Page 16**	The Massachusetts WIC website does not list all WIC provider locations or identify all wheelchair-accessible provider locations.
Recommendations **Page 16**	1. DPH should update its WIC website to include all WIC provider locations and identify all provider locations that are wheelchair accessible. 2. DPH should develop policies and procedures to ensure that WIC provider information is updated on the website as it changes. 3. DPH should implement controls to ensure that the provider location information on the WIC website is periodically reviewed for accuracy.
Finding 3 **Page 17**	DPH's process for identifying and notifying people who may be eligible for WIC benefits is not effective.
Recommendations **Page 19**	1. DPH should modify its data-sharing process to include Transitional Aid to Families with Dependent Children recipients. 2. DPH should implement a process to analyze whether postcards are an effective method of contacting potential WIC enrollees compared with other possible options, such as emails or text messages. 3. DPH should adopt the revised data-matching method it found to improve the results of data matching.

OVERVIEW OF AUDITED ENTITY

The Executive Office of Health and Human Services (EOHHS) is authorized by Section 16 of Chapter 6A of the Massachusetts General Laws and operates under the supervision and control of the Secretary of Health and Human Services, who is appointed by the Governor. Through its 16 departments,[2] EOHHS is responsible for providing a variety of human and social services to eligible citizens in the Commonwealth. In addition to providing some of these services directly, EOHHS departments also purchase services through contracts with a large network of private, mostly not-for-profit organizations. As of December 31, 2017, there were approximately 22,000 employees at EOHHS. EOHHS received state appropriations of $20,311,611,000, $21,024,779,000, and $21,690,283,000 for fiscal years 2016, 2017, and 2018, respectively.

The Department of Public Health (DPH), a department within EOHHS, was established by Chapter 17 of the General Laws. DPH's day-to-day operations are overseen by a commissioner who is appointed by the Secretary of Health and Human Services with approval by the Governor. According to the DPH website,

> *DPH regulates, licenses and provides oversight of a wide range of healthcare-related professions and services. Additionally, the Department focuses on preventing disease and promoting wellness and health equity for all people.*

As of December 31, 2017, there were approximately 3,000 employees at DPH. DPH received state appropriations of $548,954,000, $595,978,000, and $609,029,000 for fiscal years 2016, 2017, and 2018, respectively. These figures represent a subset of the EOHHS figures previously stated.

Virtual Gateway

The Virtual Gateway (VG) is an Internet portal designed to provide EOHHS agencies, state-contracted service providers and other community-based organizations, and the general public with online access to health and human-service information, including information about public benefits. The VG was launched in 2004 by EOHHS to serve as a single portal connecting all EOHHS agencies and was intended to streamline and standardize the public benefit application, eligibility determination, and referral

2. The departments are the Department of Children and Families, the Department of Developmental Services, the Executive Office of Elder Affairs, the Department of Mental Health, the Department of Transitional Assistance, the Department of Public Health, the Department of Veterans' Services, the Department of Youth Services, the Massachusetts Commission for the Blind, the Massachusetts Commission for the Deaf and Hard of Hearing, the Massachusetts Rehabilitation Commission, the Office of Medicaid, the Office for Refugees and Immigrants, the Soldiers' Home in Chelsea, the Soldiers' Home in Holyoke, and the Board of Registration in Medicine.

processes for consumers. Although EOHHS could not provide us with the original contract for this system, the fact that it was intended to function as a single point of application for public benefits is supported by the "Request for Quotes for Consulting Services to Support the Intake, Eligibility and Referral Project," dated January 26, 2004, which states,

> *This is a multi-year effort that will have semi-annual releases with the first release being June of 2004. This release will include (1) a common electronic intake form. . . .*
>
> *Through this Request for Quotes, the Executive Office of Health & Human Services is procuring an IT consulting services firm to provide, on a fixed price basis: (1) the application development and implementation of (a) a common electronic intake form. . . . The programs that are targeted for the first release are: Mass Health, Children's Medical Security Plan, Healthy Start, [Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)], Food Stamps, Child Care, Women's Health, Substance Abuse Treatment and Free Care.*

Further, the "Statement of Work between the Commonwealth of Massachusetts and Deloitte Consulting LLP" for the project, dated March 16, 2004, states,

> *Deloitte will be responsible for delivering the business services with [an] interface for Pre-Screening, Common Intake, Consents and/or Authorizations, and Application Tracking. The functionality and interface definitions of the above mentioned services will initially be developed and configured to satisfy the [Intake, Eligibility and Referral Project] Release 1 implementation requirements.*

EOHHS officials told us that the VG provides access to a number of business systems primarily used for billing purposes by contractors responsible for providing services on behalf of the Commonwealth. Based on descriptions provided to us by EOHHS management, during our fieldwork we identified six main systems operating within the VG.

Systems Operating Within the VG

System	Purpose and Users
Eos	Used by DPH and state-contracted service providers to perform intake and provide benefits to WIC participants.
Minimum Data Set—Home Care	Used by health insurance companies to submit clinical assessments of elderly patients to the Office of Medicaid for reimbursement for those patients' participation in senior care organizations or the Program of All-Inclusive Care for the Elderly.

System	Purpose and Users
Money Follows the Person	A five-year demonstration that ended on December 31, 2016. It was funded by a federal grant from the Centers for Medicare & Medicaid Services and used by the Office of Medicaid to assist elderly people, and people with disabilities, as they transitioned from facility-based care to the community.
Turning 22	An application added to the VG in 2017 that allows EOHHS to perform the planning process for young adults with severe disabilities as they leave special education and transition into the adult service system.
Veterans' Annuity Program	Used by the Department of Veterans' Services as a repository for documentation submitted by disabled veterans or by the parents or spouses of deceased veterans to receive annuities paid twice a year in recognition of the veterans' service.
Women's Health Network	Used by DPH as a clinical data management system to track outreach performed to make women aware of the need for screenings for breast and cervical cancer; data collected is shared with the federal Centers for Disease Control and Prevention, which provide funding for the program.

During our review of the functionality of the six systems described in the table above, and our meetings with VG system administrators, we determined that only one system, Eos, is used to process applications for public benefits. Eos is used by DPH and WIC providers[3] to enroll WIC participants. WIC applicants cannot access Eos and must visit a WIC provider to apply for WIC benefits. Therefore, this part of our audit work focused on DPH's use of this system as it pertains to its administration of individuals' enrollment in WIC.

EOHHS officials are aware of the value of establishing a more integrated eligibility and enrollment system, as evidenced by the fact that on February 22, 2018, the agency issued a "Request for Quotes for an Integrated Eligibility and Enrollment Processes Consultant" to design an integrated eligibility and enrollment system:

> *Through this Request for Quotes (RFQ) EOHHS seeks a qualified vendor who will identify a solution that will provide an agency client [i.e., consumer] with an application experience for benefits at multiple agencies that feels like a single integrated process. Upon completion of this engagement (Phase 1) EOHHS may post a second [Request for Quotes] or [Request for Response] (Phase 2) to solicit a qualified vendor to implement the technology solution(s) identified in Phase 1. The vendor selected for Phase 1 shall be prohibited from bidding and participating in any way in Phase 2 RFQ.*

3. Although DPH is responsible for the overall administration of WIC, it establishes contractual business relationships with private entities operating out of freestanding offices (WIC providers) to execute the daily operations of the program, including processing applications, determining eligibility, and issuing WIC benefits to eligible people.

The deadline for submitting quotes was March 30, 2018, and on June 28, 2018, EOHHS executed a $1.35 million contract with KPMG LLP for the design of an integrated eligibility and enrollment system.

WIC

WIC is a supplemental food program funded by the US Department of Agriculture (USDA) and administered by DPH. WIC provides supplemental food, healthcare referrals, and nutrition education to eligible women, infants, and children who are found to be nutritionally at risk. Eligible consumers are presented with a WIC electronic benefit transfer card at the end of the certification process. This card is loaded with the family's approved benefits and can be used at specified grocery stores. Some categories of benefits specify the size of item that can be purchased but do not specify any particular brand, as with milk, cheese, eggs, and peanut butter. Other categories, such as whole-grain bread, pasta, or infant food, specify the brand and size that can be purchased. As a prerequisite for receiving federal funds for this program, DPH must submit a state plan to the USDA Food and Nutrition Service annually that details how DPH will administer WIC in accordance with federal regulations. The state plan must include program goals and objectives, budgeted administration and food costs, estimates of the number of participants, and details regarding participant eligibility.

To be eligible for WIC benefits through DPH, an applicant must be a Massachusetts resident, have a household income at or below 185% of the federal poverty level,[4] and belong to at least one of the following qualifying categories:

- pregnant women (up to six weeks after the pregnancy ends)
- breastfeeding women (up to the infant's first birthday)
- non-breastfeeding postpartum women (up to six months after the pregnancy ends)
- infants (up to their first birthday)
- children (up to their fifth birthday)

4. The US Department of Health and Human Services annually publishes federal poverty guidelines based on family size and income that are used by various state and federal agencies to determine income eligibility for benefits. For example, for 2017 the federal poverty level was $16,240 for a family of two and $24,600 for a family of four.

Participants are automatically considered income-eligible for WIC benefits if they receive Supplemental Nutrition Assistance Program[5] (SNAP), Transitional Aid to Families with Dependent Children,[6] or MassHealth[7] benefits. To apply for WIC benefits, a consumer can visit a local WIC provider or initiate the application process online, at the DPH/WIC website; those who begin the application online must visit a WIC provider in person to complete the process. As of June 2018, there were 31 WIC providers managing 120 locations. WIC benefits are issued quarterly.

The average annual numbers of WIC participants during federal fiscal years[8] 2016, 2017, and 2018 were 114,419, 112,763, and 108,593, respectively.

Data Sharing

EOHHS management explained to us that the VG is a portal designed to provide information hosting and management, but according to EOHHS legal counsel, EOHHS agencies cannot share applicant data with one another because each EOHHS agency has its own set of privacy rules and there are federal restrictions that prevent the agencies from sharing applicant information.

However, management at the state's Department of Transitional Assistance (DTA), which administers SNAP, explained that DTA shares data with DPH, which performs matching to identify women and children who, based on their participation in SNAP and other demographic information, are eligible for, but not enrolled in, WIC. Management at DPH indicated that the Office of Medicaid shares data with DPH for people who are enrolled in MassHealth and meet the additional eligibility requirements of WIC. Each quarter, DTA and the Office of Medicaid provide DPH with a list of children (anyone under age five) and pregnant women who were enrolled in SNAP or MassHealth during the quarter being reported. DPH performs data matching[9] by comparing the list of SNAP beneficiaries extracted from DTA's Benefit Eligibility and Control Online Network information system, known as BEACON, to the WIC beneficiaries in Eos. DPH also compares the MassHealth beneficiaries extracted from the state's Medicaid Management Information System to the WIC beneficiaries in DPH's information system.

5. This program (formerly the Food Stamps Program) is administered by the Department of Transitional Assistance and provides nutritional benefits to eligible low-income people and families.
6. This program is administered by the Department of Transitional Assistance and provides nutritional benefits to eligible low-income families with dependent children.
7. The Commonwealth's Medicaid program, known as MassHealth, is administered by EOHHS through the Office of Medicaid.
8. The federal fiscal year runs from October 1 through September 30.
9. The records from each information system are compared using date of birth and last name first. The two records are then considered matched if any four of the following six data fields are the same: first name, middle initial, address line 1, address line 2, city, and ZIP code. The two records are considered unmatched if fewer than four of the six data fields are the same.

The data-matching process generates four reports: (1) a matched report listing women who were enrolled for SNAP benefits during the quarter and were also receiving WIC benefits, (2) a matched report listing children who were enrolled for SNAP benefits during the quarter and were also receiving WIC benefits, (3) an unmatched report listing women who were enrolled for SNAP benefits during the quarter but were not receiving WIC benefits, and (4) an unmatched report listing children who were enrolled for SNAP benefits during the quarter but were not receiving WIC benefits. The same matched and unmatched reports are generated as a result of the comparison between the reports of MassHealth and WIC beneficiaries. According to DPH officials, people who appear to be eligible for WIC benefits through the data-matching process are notified via mailed postcards.

WIC Provider Interviews

We conducted interviews at a sample of WIC provider locations to gather information related to Eos and to get WIC providers' perspectives regarding any barriers to access to WIC benefits that may exist. During these interviews, WIC provider program directors, nutritionists, and administrative staff members discussed what they believed to be barriers; their responses are discussed in detail in the "Other Matters" section of this report.

WIC Participant Satisfaction Surveys Conducted by DPH

DPH solicits WIC participant feedback by conducting an annual participant satisfaction survey. We received and reviewed the results of the 2016 survey. DPH indicated that participant complaints from the survey were shared with local program management and discussed with them at annual budget negotiations. DPH also indicated that it takes the survey results very seriously and has worked to address customer-service issues to improve the WIC experience. Overall, the survey indicated that WIC participants are generally pleased with WIC.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a performance audit of certain activities of the Executive Office of Health and Human Services (EOHHS) for the period July 1, 2015 through December 31, 2017.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer, the conclusion we reached regarding each objective, and where each objective is discussed in the audit findings.

Objective	Conclusion
1. Are there barriers preventing eligible people from receiving benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) administered by the Department of Public Health (DPH)?	**Yes; see Finding 1, Finding 2, and Other Matters**
2. Do the Department of Transitional Assistance (DTA) and the Office of Medicaid share applicant information with DPH to identify and notify people who are eligible to receive WIC benefits?	**Not efficiently or effectively; see Finding 3**

Audit Constraints

Our audit was initiated to assess whether there were barriers preventing or deterring eligible people from applying for and receiving WIC benefits, as well as how effectively state agencies shared information that would allow them to identify and notify people who might be eligible for WIC benefits but were not receiving them. However, DPH did not provide access to the information we needed to perform our audit work in a timely manner.

Section 7.11 of Chapter 7 of the 2011 edition of the US Government Accountability Office's *Government Auditing Standards* states,

Auditors should . . . report any significant constraints imposed on the audit approach by information limitations or scope impairments, including denials or excessive delays of access to certain records or individuals.

During our audit, the following constraints were imposed on the audit process:

- We requested interviews and system demonstrations from the administrators of the six systems operating within EOHHS's Virtual Gateway (VG) Internet portal during our audit period. However, EOHHS did not comply with this request for approximately one month because of EOHHS management concerns regarding the security of personally identifiable information (PII) maintained in these systems.

- To assess the effectiveness of EOHHS agencies' data-matching process, we requested that EOHHS provide us with a file that included information on all people who received MassHealth, Supplemental Nutrition Assistance Program (SNAP), Transitional Aid to Families with Dependent Children, or WIC benefits during the audit period. However, this information was never provided. EOHHS instead agreed to generate reports for us that would include SNAP and MassHealth participants who met all eligibility requirements for WIC during the audit period, as well as reports that would identify people who received WIC benefits during that period. EOHHS said we could observe the generation of these reports, but they were not generated until more than two months after we requested them. Moreover, without access to the data that supported these reports, OSA could not assess the data's accuracy and completeness.

- We intended to interview WIC participants; however, DPH management objected, citing concerns that auditors' presence would create anxiety for participants that would cause them to drop out of the program. As an alternative to conducting WIC participant interviews, we suggested that we send a survey to solicit comments anonymously. DPH management objected to this approach as well, indicating that it would probably decrease participation in DPH's own annual WIC participant satisfaction survey, which it planned to distribute soon.

- As an alternative to OSA conducting its own WIC participant satisfaction survey, DPH officials offered to provide us with the responses to DPH's 2015 and 2016 annual surveys. We did not receive the information until a month later because of DPH management concerns regarding the confidentiality of PII.

Despite these constraints, OSA was ultimately able to perform auditing procedures to meet the audit objectives sufficiently.

To achieve our audit objectives, we gained an understanding of the internal control environment we determined to be relevant to our audit objectives by reviewing the *EOHHS Information Systems Internal Control Plan* and applicable laws, regulations, and agency policies and procedures, as well as conducting interviews with EOHHS, DPH, DTA, and Office of Medicaid staff members and managers.

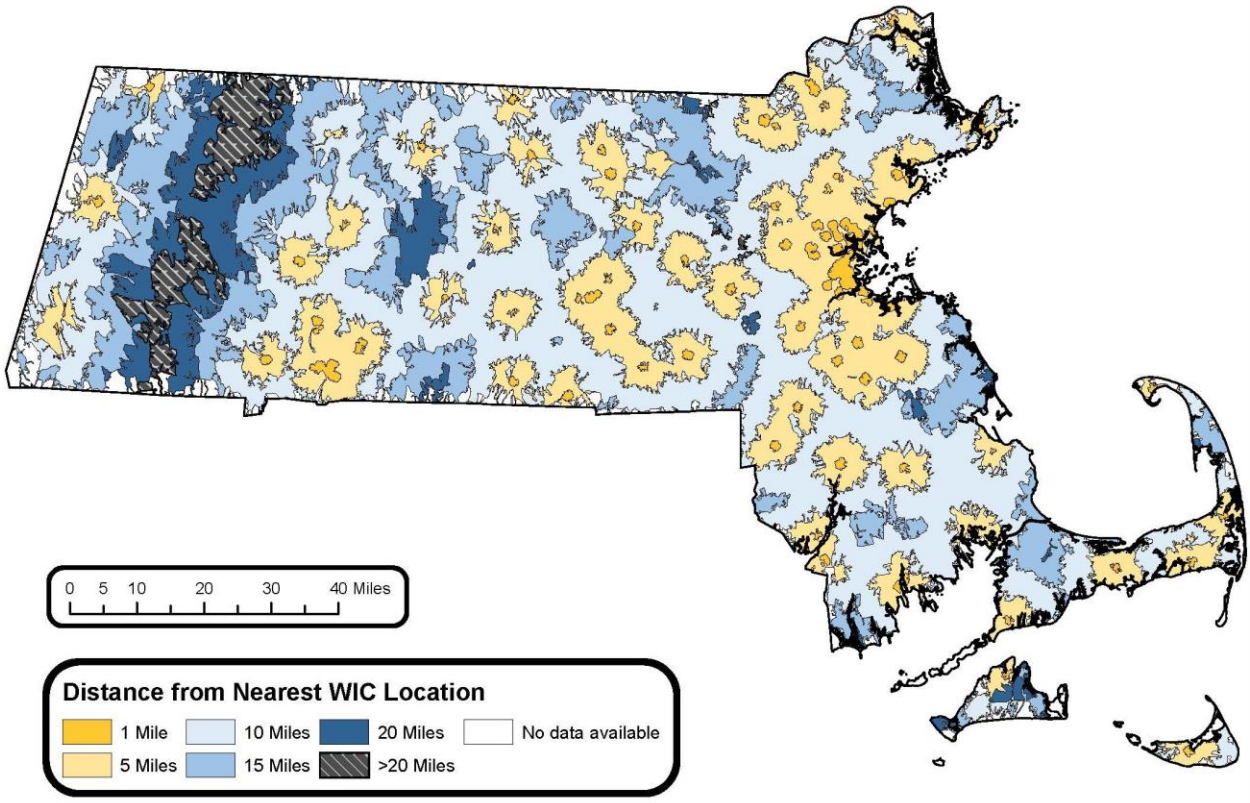
Additionally, we performed the following procedures.

Barriers to Accessing WIC Benefits

To determine whether there were barriers preventing eligible people from receiving WIC benefits, we performed the following procedures.

We conducted interviews at a sample of WIC provider locations to gather information related to Eos and to obtain providers' perspectives regarding barriers that might be inhibiting people's access to WIC benefits. There are 31 WIC providers that administer 120 locations throughout Massachusetts. The WIC provider locations are indicated below.

Coverage of WIC Providers in Massachusetts



We selected a judgmental sample of 20 locations, representing 16 of the 31 providers and covering all six regions: Boston (6), Cape Cod and the Islands (1), central Massachusetts (3), North Shore (4), South Shore (3), and western Massachusetts (3).

We conducted interviews with DPH personnel and were made aware that the agency performs an annual survey of WIC participants. We received the survey DPH conducted in 2016. We performed completeness and accuracy testing on the electronic spreadsheet containing the survey results before analyzing them.

Data Sharing among DTA, the Office of Medicaid, and DPH

To determine whether DTA and the Office of Medicaid shared data with DPH, we performed the following procedures.

We conducted interviews with EOHHS, DTA, the Office of Medicaid, and DPH to gather information about data sharing that might occur among the agencies. From these interviews, we learned that DPH has data-sharing agreements with both DTA and the Office of Medicaid and that the data are shared quarterly with DPH. We requested, received, and reviewed these agreements. We conducted a follow-up interview with DPH and learned that it shared data in order to identify, and perform outreach to, SNAP and MassHealth consumers who are automatically income-eligible to receive WIC benefits. We observed the quarterly data-matching process at DPH's offices and received a sample of the postcards that are mailed to the people identified as a result of the data matching. Although DPH was able to demonstrate the data-matching process, DPH does not maintain records of the postcards mailed and therefore could not provide evidence that it had mailed any during the audit period.

We met with DTA's data analyst to observe the queries he performed to extract data from DTA's Benefit Eligibility and Control Online Network (BEACON) information system. We reviewed the data properties to verify that the queries extracted the appropriate data for the entirety of the audit period. We also observed the results of the queries that DTA sent to DPH via a secure server.

We met with an Office of Medicaid data analyst to observe the queries he performed to extract data from the state's Medicaid Management Information System (MMIS). We reviewed the data properties to verify that the queries extracted the appropriate data for the entirety of the audit period. We also

ensured the completeness and accuracy of the queries used, and we observed the results of the queries that the Office of Medicaid sent to DPH via a secure server.

We met with DPH to observe its data matching using the data that DTA and the Office of Medicaid had uploaded to DPH's secure server. We received a file containing the records of unmatched women and children from BEACON and of unmatched women and children from MMIS. DPH's information technology (IT) specialist proposed an alternative data-matching method that could reduce the number of unmatched records by matching on four specific fields that are likely to be entered consistently in the DPH, DTA, and Office of Medicaid information systems. We accepted her proposal and returned at a later date to receive the results of the data matching using the alternative method.

Data Reliability Assessments

Before observing the process of matching WIC participant data within Eos, we observed the extraction of SNAP participant data from BEACON, and MassHealth participant data from MMIS, to confirm that all data fell within the required date range (July 1, 2015 through December 31, 2017). At DPH's office, we performed completeness and accuracy testing of the results of DPH's 2016 annual participant survey to ensure that the data were sufficiently reliable. We also performed a limited review of IT general controls for system access, program changes, and security settings. Based on our audit objectives, we determined that the data from these systems were sufficiently reliable for the purpose of our audit.

Whenever sampling was used, we applied a nonstatistical sampling approach, and as a result, we could not project our results to the entire population.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Department of Public Health does not ensure that certain information about the Special Supplemental Nutrition Program for Women, Infants, and Children is available to participants in their native languages.

The Department of Public Health (DPH) provides only English-language versions of the personalized, printed shopper's list generated from Eos for participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), even when English is not their native language. (Each time benefits are issued, reissued, or updated, Eos generates a shopper's list that is designed specifically for the participant and/or their family. For example, baby formula can appear on the shopper's list for a participant with an infant, and a family with older children may be authorized to purchase fat-free or 1% milk.)

Additionally, DPH only provides the *Massachusetts WIC Approved Food Guide*, which contains photographs and descriptions of food that program participants are allowed to purchase using their WIC benefits, in English and Spanish. During the audit period, text-only versions of this guide were available only in Chinese and Portuguese. According to DPH officials, the text-only version has recently been made available in Arabic, French, Khmer, and Vietnamese.

As a result of the above issues, many program participants who are not fluent in English may not be able to use the available information to effectively identify WIC-approved foods. For example, according to data available from the US Census Bureau's 2017 American Community Survey, French and Russian are among the 10 most widely spoken languages in Massachusetts, but shoppers' lists and the food guide are not available in those languages.

Authoritative Guidance

According to the *Massachusetts State Agency Plan of Program Operation and Administration for the WIC Program for Federal Fiscal Year 2017*, WIC participants whose English is not sufficient to obtain access to services must be served in their native language. Additionally, the plan instructs Massachusetts's WIC to "translate materials into the languages used by . . . participants."

Reasons for Issue

DPH indicated that it did not have the technology to translate the shoppers' lists. Additionally, the agency said that building the functionality into the Eos system to provide for such translations would be cost-prohibitive.

DPH management said that they encouraged WIC participants to use a smartphone application called WICShopper, which was designed by a third party and is currently available for use in more than 25 states. The application allows participants to track their benefit balances and provides pictures of their authorized food items to assist them in shopping in approved locations. According to DPH officials, the application is only available in Arabic, Burmese, English, Nepali, Somali, and Spanish.

Recommendations

1. DPH should assess the resources needed to provide translated versions of shoppers' lists to WIC participants, attempt to acquire these resources, and then provide the shoppers' lists in the appropriate languages.
2. DPH should continue to identify the languages that are most commonly spoken by WIC participants and publish the *Massachusetts WIC Approved Food Guide* in additional languages as needed.

Auditee's Response

DPH disagrees with the finding that "DPH does not ensure certain information about the Special Supplemental Nutrition Program for Women, Infants and Children is available to participants in their native languages." DPH has utilized its resources to make materials available in the languages most commonly spoken by non-English speaking Women, Infant and Children (WIC) participants. Although Russian is one of the 10 most widely spoken languages in Massachusetts it is not common among WIC participants. Of current WIC enrollees only .2% of households report Russian as their preferred written language. DPH is committed to working with all participants and utilizes interpreters to communicate when needed by participants.

Auditor's Reply

As noted above, during our audit period DPH did not ensure that certain information about the WIC program was available to participants in their native languages. It only provided English-language versions of the personalized, printed shoppers' lists; only provided the *Massachusetts WIC Approved Food Guide* in English and Spanish; and had text-only versions of this guide in only Chinese and Portuguese. In their response, DPH officials indicated that the text-only version of the *Massachusetts WIC Approved Food Guide* has recently been made available in Arabic, French, Khmer, and Vietnamese. Although we acknowledge that DPH continues to make efforts to provide this guide in other languages,

in the Office of the State Auditor's (OSA's) opinion, DPH needs to fully comply with the *Massachusetts State Agency Plan of Program Operation and Administration for the WIC Program* and develop the ability to serve all program participants in their native languages, regardless of the percentage of program participants who may speak a certain language. For example, DPH has not made non-English versions of the personalized, printed shopper's list generated from Eos available to non-English-speaking WIC participants. Further, although DPH may make interpreters available to assist non-English-speaking participants during the application process, these interpreters are not available to WIC participants when they may need them during their participation in the program.

2. The Massachusetts WIC website does not list all WIC provider locations or identify all wheelchair-accessible provider locations.

DPH's WIC website lists only 80 of the 120 WIC provider locations. In addition, although the website indicates that 30 of those 80 locations are wheelchair accessible, during our site visits we identified 11 more locations that were wheelchair accessible even though they were not listed that way online. By not making sure this information is accurate and complete, DPH may be inhibiting people from applying for WIC benefits.

Authoritative Guidance

DPH is charged with administering WIC benefits to all eligible Massachusetts residents, some of whom might have physical disabilities. It cannot effectively deliver this service to all those who need it if it does not make them aware of all service locations, including those that are accessible.

Reasons for Website Inaccuracies

DPH officials acknowledged that the WIC website is not up to date but said that this situation was being corrected. Officials at the Executive Office of Health and Human Services (EOHHS) and DPH said that the information was lost in 2017, when the Massachusetts government began transferring all of its websites to a new system to optimize them for viewing on tablets or smartphones as well as desktop computers. DPH lacks policies and procedures that require the information on its website to be periodically reviewed and updated as necessary to ensure that it is complete and accurate.

Recommendations

1. DPH should update its WIC website to include all WIC provider locations and identify all provider locations that are wheelchair accessible.

2. DPH should develop policies and procedures to ensure that WIC provider information is updated on the website as it changes.

3. DPH should implement controls to ensure that the provider location information on the WIC website is periodically reviewed for accuracy.

Auditee's Response

DPH acknowledges that at the time of the audit, the Massachusetts WIC website did not list all WIC provider locations or identify all wheelchair accessible provider locations. The website has since been updated and all 116 sites are represented. The web support staff corrected the site profiles so that all of the handicapped icons are now visible. DPH has a health communication policy and website controls. This summer, additional training will be provided to program staff including WIC. DPH is committed to ensuring our website is accurate and up to date.

3. DPH's process for identifying and notifying people who may be eligible for WIC benefits is not effective.

The process DPH uses to identify and notify people who may be eligible for, but are not receiving, WIC benefits is not effective. First, DPH does not include recipients of the Department of Transitional Assistance's (DTA's) Transitional Aid to Families with Dependent Children (TAFDC) benefits—who are automatically income-eligible for WIC—in the data-matching process,[10] even though DPH already has data-sharing agreements with DTA and the Office of Medicaid that enable it to identify potential WIC enrollees from the Supplemental Nutrition Assistance Program (SNAP) and MassHealth. Because TAFDC recipients are not included in that process, some of these WIC-eligible candidates are not identified for outreach efforts.

Second, DPH officials told us that based on the data matching they conduct, they send postcards to notify people who are identified as potentially eligible to receive WIC benefits. However, none of the 6,740 WIC participants who responded to DPH's 2016 WIC participant satisfaction survey indicated that they first heard about WIC by receiving a postcard from DPH, and only four participants indicated that they first heard about WIC via unspecified mailings. Also, we visited 20 of the 120 WIC provider locations and asked each provider's staff if their applicants ever cited the WIC postcards as a reason for applying for WIC benefits. None of the staff members to whom we spoke could recall an applicant mentioning a

10. The records from each information system are compared using date of birth and last name first. The two records are then considered matched if any four of the following six data fields are the same: first name, middle initial, address line 1, address line 2, city, and ZIP code. The two records are considered unmatched if fewer than four of the six data fields are the same.

WIC postcard. Thus there is no indication that postcards are an effective method of notifying potential WIC enrollees that they might be eligible to participate.

Third, DPH's data-matching process requires that four of six data fields match in order for DPH to identify a person as possibly eligible for WIC benefits and attempt to notify the person. This may be too many fields, resulting in unnecessary notifications being sent to people already receiving WIC benefits. During our fieldwork, a DPH employee found that matching on fewer data fields would probably eliminate many instances of matches not being identified because of issues like slight differences in addresses. In fact, the DPH employee who performed the data matching for us using the original method offered to perform a one-time data matching using the alternative method. Using that method, DPH demonstrated improved efficiency by reducing the number of unmatched women from the Medicaid Management Information System by 55.9% and the number of unmatched children by 40.2%. It also reduced the percentage of unmatched women from DTA's Benefit Eligibility and Control Online Network information system by 80.0% and the percentage of unmatched children by 47.2%.

Authoritative Guidance

DPH has data-sharing agreements with the Office of Medicaid and DTA. The purpose of the data-sharing agreements, as stated therein, is to provide targeted outreach to families who receive MassHealth or SNAP benefits and who are eligible, but not enrolled, for WIC benefits. To this end, DPH should ensure that it uses the most efficient and effective data-matching process and outreach methods, which should include information on TAFDC recipients.

Reasons for Ineffectiveness and Inefficiency

DPH does not request the data for TAFDC recipients from DTA because, according to EOHHS, most SNAP recipients also receive TAFDC benefits and therefore the current data-matching process covers most WIC-eligible consumers. However, in OSA's opinion, because the populations of SNAP recipients and TAFDC recipients are not the same, some recipients of TAFDC who are income eligible to receive WIC benefits may not be getting notified about their eligibility status.

In addition, DPH does not have a process for analyzing whether postcards are an effective method of contacting potential WIC participants compared with other possible options, such as emails or text messages.

Finally, the data-sharing agreement between DPH and the Office of Medicaid was executed in 2006, and the agreement between DPH and DTA was executed in 2008. The original data-matching processes defined in the data-sharing agreements established that the data matching should be done on six variables, and the agreements have never been updated to allow for a more effective process. Neither agreement has been reviewed since it was executed.

Recommendations

1. DPH should modify its data-sharing process to include TAFDC recipients.
2. DPH should implement a process to analyze whether postcards are an effective method of contacting potential WIC enrollees compared with other possible options, such as emails or text messages.
3. DPH should adopt the revised data-matching method it found to improve the results of data matching.

Auditee's Response

DPH disagrees that WIC's process for identifying and notifying people who may be eligible for WIC benefits is not effective. DPH is committed to ensuring all women and infants who are eligible receive services. While we acknowledge that there is always room for improvement, we are using effective methods including postcards and one on one outreach in locations frequented by low income women. DPH is currently engaged in a pilot project that will evaluate the effectiveness of conducting outreach to MassHealth members via text. Should the pilot yield positive results, this method will also be implemented. . . .

[The] assessment of the accuracy of the original match methodology isn't valid. What DPH was being asked to do was to consume a file that was ten times larger than typically received and that file contained multiple duplicate records which caused the unmatched count to appear much higher than it was when using the original method. Prior to conducting the alternative record match, the file was de-duplicated. The de-duplicated file showed different results.

Auditor's Reply

Although we do not dispute DPH's assertion that it is committed to ensuring that all women and infants who are eligible receive services, our audit identified a number of issues with the process DPH uses to identify and notify people who may be eligible for WIC benefits, which in OSA's opinion raises concerns about the effectiveness of this process. For example, not including TAFDC recipients in the identification process may result in WIC-eligible candidates not being identified and notified of their eligibility for those benefits. Further, DPH says it sends postcards to people it has determined might be eligible for WIC benefits but does not assess what effect, if any, these postcard notifications have on program

enrollment. As noted above, our audit found that the postcard notification process may have a very limited effect on WIC enrollment, since none of the 6,740 WIC participants who responded to DPH's 2016 WIC participant satisfaction survey indicated that they first heard about WIC by receiving a postcard from DPH, and only four participants indicated that they first heard about WIC via unspecified mailings. Also, during OSA's visit to 20 WIC provider locations, none of the staff members to whom we spoke could recall an applicant mentioning a WIC postcard. Thus there is no indication that postcards are an effective method of notifying potential WIC enrollees that they might be eligible to participate.

To assess the effectiveness of EOHHS agencies' data-matching process, we requested the data for all people who received MassHealth, SNAP, TAFDC, or WIC benefits during the audit period. However, this information was never provided (see the "Audit Constraints" section of this report). Instead of providing OSA with the requested data, EOHHS proposed and defined a data-matching method to be conducted by DPH and observed by OSA. The data-matching analysis presented is the result of this data-matching method agreed upon by EOHHS, DPH, and OSA.

Based on its comments, DPH is taking some measures to improve its WIC eligibility notification process, but we urge DPH to fully implement our recommendations.

OTHER MATTERS

Interviews with providers in the Special Supplemental Nutrition Program for Women, Infants, and Children indicate that other barriers to accessing program benefits may exist.

Transportation

According to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) providers we interviewed, the largest barrier to benefit access that participants face is transportation. For participants who drive, parking is usually an issue, especially when they are visiting providers in urban areas. Other participants must rely on friends or family for rides or use public transportation. For those in rural areas, such as some locations in central and western Massachusetts, public transportation is generally less convenient; for example, parents and children may have to change buses several times or experience long wait times based on limited bus routes or schedules. Regardless of location, public transportation can be challenging for parents with young children in tow.

The Office of the State Auditor acknowledges that the Department of Public Health (DPH) has limited ability to resolve these issues, but some steps have been taken. In an effort to address transportation-related issues, some WIC providers have requested and received DPH's permission to set up temporary (mobile) sites to use as WIC service centers as needed. One of these sites was placed in a hospital, which gave mothers with newborns better access to WIC services. Another provider set up a site in a women's homeless shelter to give this population better access to those services.

Immigration (Public Charge)

Several providers stated that potential consumers may be apprehensive about participating in WIC because of the current political environment and a rule proposed by the US Department of Homeland Security that would add Medicaid and the Supplemental Nutrition Assistance Program (SNAP) to the list of programs that the government could consider when determining whether someone is likely to become a public charge. The website of US Citizenship and Immigration Services defines "public charge" as follows:

> *An individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.*

Additionally, some providers indicated that consumers are advised by lawyers or advocacy groups to refrain from using public benefits, including WIC benefits, to avoid becoming public charges. According to WIC providers, some participants say they choose not to purchase the groceries that have already been loaded onto their WIC electronic benefit transfer cards because they fear becoming public charges. WIC providers said that they tried to explain to participants that WIC was not part of the proposed rule and that participation in the program would not result in a beneficiary being considered a public charge. Despite providers' best efforts, many applicants and participants remain concerned about how the proposed changes might negatively affect their immigration status. Since the purpose of the outreach program is to find and inform MassHealth and SNAP users when they are also eligible for WIC, some providers said they feared that the program would reach fewer people if MassHealth and SNAP membership decline. This would cause WIC enrollment to drop as well.

We recognize that DPH's ability to quell these concerns is limited. However, according to a WIC provider in Lawrence, that city has not seen a noticeable decrease in program participation within the immigrant population as a result of the public-charge issue. The provider attributed this phenomenon to the city's efforts to educate its population about what a public charge is and reassure them that participation in WIC will not affect a person's immigration status.

APPENDIX

Data Matching: MassHealth (Medicaid Management Information System, or MMIS) to Department of Public Health (Eos) Records

	Women	Children
Number of Records		
Records before Data Matching (MMIS)	233,529	716,331
Records before Data Matching (Eos)	189,193	433,286
Unmatched Records Remaining by Original Method	69,530	212,607
Unmatched Records Remaining by Alternative Method	30,687	127,217
Records Matched by Alternative Method That Were Not Matched by Original Method	38,843	85,390
Data-Matching Percentages		
Percentage Unmatched by Original Method	29.8%	29.7%
Percentage Unmatched by Alternative Method	13.1%	17.8%
Percentage Difference between Methods	16.6%*	11.9%
Percentage by Which Alternative Method Reduced Unmatched Records	55.9%	40.2%

* Discrepancies in totals are due to rounding.

Data Matching: Department of Transitional Assistance (Benefit Eligibility and Control Online Network, or BEACON) to Department of Public Health (Eos) Records

	Women	Children
Number of Records		
Records before Data Matching (BEACON)	25,329	156,270
Records before Data Matching (Eos)	189,193	433,286
Unmatched Records Remaining by Original Method	20,543	95,442
Unmatched Records Remaining by Alternative Method	4,116	50,377
Records Matched by Alternative Method That Were Not Matched by Original Method	16,427	45,065
Data-Matching Percentages		
Percentage Unmatched by Original Method	81.1%	61.1%
Percentage Unmatched by Alternative Method	16.3%	32.2%
Percentage Difference between Methods	64.9%*	28.8%*
Percentage by Which Alternative Method Reduced Unmatched Records	80.0%	47.2%

* Discrepancies in totals are due to rounding.