FSSA Disclosure of Information

| **Disclosure of Information** |
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| **ENTITIES** | **Information Requested** | **Can DFR Release information about FOOD STAMPS?** | **Can DFR Release information about TANF?** | **Can DFR Release information about MEDICAID?** |
| **Township Trustees (TT)** | **Confirmation (status update) that individual is an applicant** | **Yes –IC 12-20-7.** **TTs are required by law to have a signed authorization-to-release form on file. DFR has discretion on whether to ask for it.** However, information that is disclosed is limited to:(1) Information that will identify the types of public assistance that are being provided to the individual who signed the consent form and the individual's household.(2) Information that will identify the amount of public assistance that is being received by the individual who signed the consent form and the individual's household.(3) Information that will identify the number of individuals in the household of the individual who signed the consent form who are receiving public assistance.(4) Information regarding the income, resources, or assets of members of the individual's household receiving public assistance.*Any additional information will require a signed authorization-to-release form specifying the additional information requested.* | Same as FS | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1**Yes – for Medicaid Funeral Benefit info. |
| **Township Trustees (TT)** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | See above | Same as FS | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **AAA/IPMG** | **Confirmation (status update) that individual is an applicant** | **Yes** – **7 CFR 272.1(c)(1)(i)**  | **Yes** – **IC 12-14-1-7(b)(1).** | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **AAA/IPMG** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | **Yes –** benefit amounts and dates of eligibility. | **Yes** – **IC 12-14-1-7(b)(1).** | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **Housing** | **Confirmation (status update) that individual is an applicant** | ***Yes – if it is Section 8 type/Housing Choice type housing. But, it applies to information obtained from the Food Stamp applicant or recipient household only.* 7 CFR 272.1(c)(1)(i).****No** – for other housing agencies.  | Same as FS | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **Housing** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | **Yes** – benefit amounts and dates of eligibility.  | Same as FS | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **DMHA** | **Confirmation (status update) that individual is an applicant** | **No** – signed authorization-to-release form is required. **7 CFR 272.1(c).** | Same as FS | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **DMHA** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | **No** – signed authorization-to-release form is required. **7 CFR 272.1(c).** | Same as FS | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **DCS** | **Confirmation (status update) that individual is an applicant** | Yes – but ONLY if it relates to the CHILD SUPPORT PROGRAM. More specifically, *information can only be disclosed to persons directly connected with the administration of the Child Support Program under part D, title IV of the Social Security Act in order to assist in the administration of that program.* **7 CFR 272.1(c)(1)(iv). Any other requests for any other reason require a court order.**Yes – for information concerning a child that is a ward of DCS. | Yes – for Child support only and the establishment of paternity. **IC 12-14-1-7(b)(1).**Yes – for information concerning a child that is a ward of DCS. | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1**Yes – for information concerning a child that is a ward of DCS. |
| **DCS** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | Same as above | Same as above | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1**Yes – for information concerning a child that is a ward of DCS. |
| **Provider Agencies** | **Confirmation (status update) that individual is an applicant** | **No** – signed authorization-to-release form is required. **7 CFR 272.1(c).** | **No** – signed authorization-to-release form is required | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| **Provider Agencies** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | **No** – signed authorization-to-release form is required. **7 CFR 272.1(c).** | **No** – signed authorization-to-release form is required | **No** – A signed authorization-to-release form from the applicant or authorized representative is required.**45 CFR 164.508, IC 12-15-27-1** |
| L**aw enforcement (includes local, state, and federal)** | **Confirmation (status update) that individual is an applicant** | **Yes** – *IF* law enforcement is specifically investigating an alleged violation of the *Food Stamp Act or regulation*. And a written request is required that must state: the identity of the individual requesting the information and his authority to do so, violation being investigated, and the identity of the person on whom the information is requested. **7 CFR 272.1(c)(1)(vi).****Yes** – for the purpose of obtaining the address, social security number, and, if available, photograph of any household member, *if the member is fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime, that would be classified as a felony (or in the State of New Jersey, a high misdemeanor), or is violating a condition of probation.* **7 CFR 272.1(c)(1)(vii).****\*\*\***All of other requests from law enforcement *not relating to the investigation of a Food Stamp violation or fleeing felon* require a court order. | **Yes** – for the purpose of an investigation, prosecution, or civil/criminal proceeding conducted concerning the administration of the TANF program. **IC 12-14-1-7(2).** | ***Yes, but only under certain circumstances. Consult FSSA legal prior to releasing information.*** **45 CFR 164.512, 45 CFR 164.508,** **IC 12-15-27-1** |
| **Law enforcement (includes local, state, and federal)** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | Same as above.\* Our agency may keep this inquiry confidential. We are not required to inform the client of the request. | Same as above | ***Yes, but only under certain circumstances. Consult FSSA legal prior to releasing information.*** **45 CFR 164.512, 45 CFR 164.508,** **IC 12-15-27-1** |
| **Subpoena (3rd Party Request for Documents)** | **Confirmation (status update) that individual is an applicant** | **No –** requires a court order or signed authorization to release from the applicant/client. **7 CFR 272.1(c).**A subpoena is NOT a court order!Once a court order is received, we are to release only the information requested in the order or release form. | Same as FS | **No –** A court order or a signed authorization to release from the applicant or authorized representative is required.**45 CFR 164.512, 45 CFR 164.508,** **IC 12-15-27-1****A subpoena is NOT a court order!** |
| **Subpoena (3rd Party Request for Documents)** | **Info regarding benefits received (i.e. amounts, spend down; dates of eligibility; reason of approval, denial, or closure)** | **No –** requires a court order or signed authorization to release from the applicant/client. **7 CFR 272.1(c).**A subpoena is NOT a court order!Once a court order is received, we are to release only the information requested in the order or release form. | Same as FS | **No –** A court order or a signed authorization to release from the applicant or authorized representative is required.**45 CFR 164.512, 45 CFR 164.508,** **IC 12-15-27-1****A subpoena is NOT a court order!** |
| **Funeral Directors** |  | **No.** | **No.** | **Yes –** The agency may disclose information to funeral directors as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the agency may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death. **45 CFR § 164.512(g).** |
| **Other State Agencies administering certain other programs in the IEVS and those programs** |  | **Yes** - information about food stamp households' circumstances which may be of use in establishing or verifying eligibility or benefit amounts under the Food Stamp Program. **7 CFR 272.8(a)(2).** |  |  |

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| **ENTITIES** | **Information Requested** | **Can DFR Release information about FOOD STAMPS?** | **Can DFR Release information about TANF?** | **Can DFR Release information about MEDICAID?** |
| **Out of State Agency similar to DFR** |  | **YES –** Persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, other Federal assistance programs, federally-assisted State programs providing assistance on a means-tested basis to low income individuals, or general assistance programs which are subject to the joint processing requirements in 273.2(j)(2)**7 CFR 272.1(c), 7 CFR 272.1(c)(i)** | Same as SNAP | **Yes –** A covered entity that is a government agency administering a government program providing public benefits may disclose protected health information relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of protected health information is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs. **45 CFR 164.512(k)(6)(ii)** |
| **DDRS** | **Confirmation (status update) that individual is an applicant** | **No** – signed authorization-to-release form is required. **7 CFR 272.1(c).** | Same as FS | **Yes –** 42 CFR 431.301 states that use or disclosure of Medicaid information is restricted to purposes directly connected with the plan administration. 42 CFR 431.302(c) states that purposes directly related to plan administration include providing services for beneficiaries.  |
| **DDRS** | **Infor regarding benefits received (i.e. amounts, spend down; dates fo eligibility; reason of approval, denial, or closure)** | **No** – signed authorization-to-release form is required. **7 CFR 272.1(c).** | Same as FS | **Yes –** 42 CFR 431.301 and 431.302(c). See above.  |

**AUDIO RECORDINGS**

 An audio recording of a phone conversation from the 1-800 number is a public record just as a document is.

IC 5-14-3-2(o) defines Public Record - "Public record" means any writing, paper, report, study, map, photograph, book, card, tape recording, or other material that is created, received, retained, maintained, or filed by or with a public agency and which is generated on paper, paper substitutes, photographic media, chemically based media, magnetic or machine readable media, electronically stored data, or any other material, regardless of form or characteristics.

Before providing/disclosing a recording, we will have to go through the same analysis using the above grid as we would any other document ( Is this a Medicaid/SNAP/TANF record? Is this the client requesting the recording? Is this an AR? Is there a signed authorization to disclose? Etc.).

A copy of the recording is defined in IC 5-14-3-2(b), which states - "Copy" includes transcribing by handwriting, photocopying, xerography, duplicating machine, duplicating electronically stored data onto a disk, tape, drum, or any other medium of electronic data storage, and reproducing by any other means.

We can provide the recording by email or disk at the client’s cost.  This would be a quick turnaround and relatively low cost to the client.  If they insist on a transcript, it needs to be explained to the client that we can do this (Hearings and Appeals create transcripts), however, it will be a greater cost and they will have to pay the cost.  Further, there will be a delay in providing the transcript because of the time it takes to prepare and the amount of work hearings and appeals has.  They also have the option of taking the disk and having it transcribed themselves.