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**Hennepin County,  
Minnesota**

**Improving Food Stamp,  
Medicaid, and SCHIP  
Participation: Strategies  
and Challenges**

*Final Report*

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## EXECUTIVE SUMMARY

An unanticipated consequence of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) has been a nationwide decline in participation in the Food Stamp Program (FSP) and Medicaid among low-income families. Although large numbers of cash assistance recipients have moved off the welfare rolls and into work, research suggests that in some states many eligible, low-income families with children may not be receiving the food stamp and Medicaid benefits they need.

In response to these findings, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture commissioned Mathematica Policy Research, Inc. to conduct a research project to examine barriers and enhancements to initial and continuous participation in the FSP, Medicaid, and the State Children's Health Insurance Program (SCHIP). The study involves case studies on the implementation of these programs in selected states for the purpose of identifying innovative policies and practices that enhance low-income families' participation in these programs, as well as barriers that may discourage participation. As part of this project, Mathematica Policy Research conducted an in-depth case study of promising practices and lessons learned in Hennepin County, Minnesota.

Hennepin County, Minnesota, was chosen as a case study site because of its innovative outreach program for the FSP called Linking Health and Nutrition through Community Outreach. The project provides outreach and application assistance for food stamps through Medicaid outstation sites in greater Minneapolis. The project partners the local Economic Assistance Department (EAD) with the University of Minnesota Extension Service Simply Good Eating (SGE) program, which provides education on nutrition, food safety, meal planning and preparation, and food budgeting to low-income audiences in the community.

### **A. PROMOTING ENROLLMENT IN THE FOOD STAMP PROGRAM IN HENNEPIN COUNTY**

#### **1. Background**

As a result of achieving low error rates in the FSP, Minnesota received enhanced funding from the USDA. Most of these funds went to the counties to be used for anything that enhanced their food stamps or Minnesota Family Investment Program (MFIP, the state's TANF program), which combines a cash and food benefit. The state retained a portion of the funding and used some of these funds to support six outreach projects. These projects have no federal restrictions, and receive a 50 percent match from USDA. One of these programs is the pilot in Hennepin County, Linking Health and Nutrition through Community Outreach. The program was funded in November 2000 and began at pilot sites in January 2001; at the time of the site visit, in June 2001, the pilot had been operating for six months. The pilot was up for renewal in September 2001, and the state is expected to renew the outreach project for another year.

As of the site visit in June 2001, Linking Health and Nutrition provided outreach and application assistance through four sites that serve as Medicaid outstation sites (two medical clinics and two community-based social services organizations) and through SGE. Between

January 2001 and August 2001, Linking Health and Nutrition had taken 35 applications through the four outstation sites and SGE, 19 of which resulted in enrollment in food stamps. This relatively small number is not surprising given the short time in which the program was operating and the small number of outstation sites and workers. The program continues to add sites. Following the site visit, the Linking Health and Nutrition program added another site, which will perform screening and make referrals, but will not provide application assistance.

## **2. Application Process**

Outstation workers use a one-page screening form, developed for the pilot program, to identify families who are potentially eligible for food stamps. Outstation sites also make county FSP brochures available to clients. The sites display a poster, titled “Take a Bite Out of Your Food Budget,” which lists contact information for the program coordinator and for SGE.

Outstation workers at the Medicaid outstation sites provide interactive assistance in filling out the application to families who appear eligible after screening. Clients can apply for food stamps through the Medicaid outstation sites, using the combined application form (known as the CAF), which can also be used for Medicaid. The interview with an outstation worker counts as the required face-to-face interview for food stamps.

As with Medicaid applications, the outstation workers do not determine actual eligibility for food stamps. They help clients to complete the CAF and obtain needed verifications, and then send the applications and verifications to the Linking Health and Nutrition coordinator. The program coordinator makes sure the applications are complete, works with the client and/or the outstation worker to obtain verifications, and performs the actual eligibility determination.

The process for outreach through SGE is slightly different; SGE educators do not provide direct application assistance. Educators ask course participants to fill out the screening form, which has a check box to request more information on food stamps. Educators fill out a referral form for SGE clients who are interested and potentially eligible for food stamps. This referral is forwarded to the pilot coordinator, who contacts the client to complete the application.

## **3. Pilot Program Strengths and Challenges**

The county’s partnership with the Simply Good Eating program is an innovative approach to outreach for food stamps. Each partner—Hennepin County EAD and SGE—brings strengths to the outreach project. Hennepin County brings knowledge of the myths and realities of the FSP and knowledge about eligibility. In addition, a major support to the outreach project is the coordinator, who is extremely dedicated to helping clients complete the application process. The coordinator also provides feedback to the sites, as well as ongoing training. SGE brings education-focused experience and outreach and marketing. SGE helped in the development of the pilot’s screening tool, posters, and training module. SGE educators introduce the FSP in SGE classes in the context of nutrition and healthy eating, rather than a public assistance program. Program staff view having educators from the community as contributing to its success. Educators are mindful as to how they present the FSP as part of the course material.

Application assistance at the outstation sites aims to reduce barriers to participation in food stamps, by allowing applicants to apply at a convenient and comfortable location.

The screening tool developed specifically for the pilot provides a quick and easy way to determine potential eligibility for food stamps and avoids completing the 36-page CAF application (which was revised and reduced to 16 pages in August 2001) if the client will not be eligible. Despite these advantages, we encountered some challenges to effective implementation of the screening tool at pilot sites. First, there are no guidelines for using the screening tool by outstation staff at the Medicaid outstation sites. Second, outstation workers at the pilot sites do not have a “script” for discussing the FSP and the nutritional link as an introduction to the screening tool and for completing the tool.

Training outstation workers to fill out the CAF and obtain the needed documentation has been a formidable challenge in the pilot, and the learning curve has varied widely by site.

The program is attempting to increase its communications with local food banks (known as food shelves). Initial meetings with food shelf representatives left an impression that these organizations were not interested in participating as outstation sites in a pilot program. However, some food shelves allow the pilot program to hang its posters in the food shelves; as a result, by August 2001, the pilot coordinator had received three applications for food stamps (two were approved), from persons who had seen the program poster hanging in food shelves. In addition, the SGE program expressed interest in offering SGE courses at the food shelves. The food shelves might be a promising venue for food stamp outreach.

Informants reported two additional barriers to outreach and participation in food stamps: stigma and reporting requirements of undocumented non-citizens. For example, workers were hesitant to discuss food stamps with families because of concern over a state law requiring reporting of undocumented non-citizens.

## **B. POLICIES AND PRACTICES THAT PROMOTE OR HINDER ENROLLMENT OR RETENTION IN MEDICAID AND FOOD STAMPS**

Minnesota and Hennepin County have adopted policies and procedures that facilitate enrollment and retention in Medicaid and food stamps. At the same time, they have implemented policies and procedures that have compromised their ability to effectively promote participation in these programs. We discuss these issues across the eligibility spectrum, from initial application to leaving TANF.

### **1. Initial Application**

#### **a. Application Process**

Families in Hennepin County can apply for MFIP, Medicaid, and food stamps at the Century Plaza office downtown, or at one of 18 EAD enrollment sites. Medicaid applicants also may apply by mail or at one of the 30 community-based organizations (CBOs) taking Medicaid applications. These sites support enrollment in Medicaid. Additionally, families can apply for food stamps through four of the Medicaid outstation sites participating in the pilot program.

Most families apply for benefits downtown at the Century Plaza office. Families can see a worker and apply for benefits in one day, supporting enrollment in Medicaid and food stamps. However, focus group participants expressed frustration about having to visit the downtown welfare office and its time-consuming nature. Some focus group participants complained about not being able to make appointments for intake interviews and having to take the day off from work. Only a few focus group participants knew of enrollment sites other than Century Plaza.

Also, the length of the application, 36 pages, poses a barrier to enrollment in the FSP and TANF. While Medicaid applicants can mail in a four-page application (called a HCAPP), clients applying in the local office typically use the 36-page CAF. Numerous informants expressed discontent with the length of the CAF. Minnesota introduced a revised CAF in August 2001. The new version asks fewer questions, but mainly achieves its shorter length (16 pages) by condensing the information from the previous version.

## **b. Coordination with MinnesotaCare**

Minnesota's 1115 waiver program, MinnesotaCare, offers Medicaid coverage to families with incomes up to 275 percent of FPL. This program increases eligibility for Medicaid coverage in Minnesota significantly. Workers and clients view MinnesotaCare as separate from Medicaid. This is an intentional feature of the waiver program, to avoid the stigma normally associated with Medicaid by offering a program that looks more like private insurance.

Applicants complete a short four-page application by mail (the HCAPP) for both Medicaid and MinnesotaCare and can send it to the county or to the MinnesotaCare program. County EAD workers determine eligibility for Medicaid and the workers at MinnesotaCare headquarters in St. Paul determine eligibility for MinnesotaCare. The inability to determine eligibility for all Medicaid categories at once could present an enrollment barrier. Ensuring Medicaid enrollment depends on referral procedures in place between the county and MinnesotaCare.

The site visit identified a process for referring families who apply for Medicaid through the county, but who are found ineligible for Medicaid, to MinnesotaCare. The referral process from Medicaid to MinnesotaCare is done electronically: the worker sends the application and supporting verification documents to MinnesotaCare, and the family is sent a letter notifying them that the application has been referred. A MinnesotaCare worker will then contact the family. As long as the applicant has completed the application with the county, including verifications, MinnesotaCare accepts an application referred from Medicaid as complete, even if the family applied with the CAF application instead of the HCAPP. The county has also made sure that families are given retroactive coverage through MinnesotaCare if there is a gap in enrollment. While this referral process supports enrollment in Medicaid, there is some concern that families might lose Medicaid coverage during the referral process from the county to MinnesotaCare because of failure to meet procedural requirements or to pay the premium required by MinnesotaCare.

There is no equivalent referral process for referring families from MinnesotaCare to other Medicaid eligibility categories such as 1931 and children's coverage. Initial applications sent to MinnesotaCare that are found ineligible are only forwarded to the county if the applicant has checked a box on the last page of the application requesting consideration under other health care programs. Eligible families who sent their application to MinnesotaCare but who want to switch

to Medicaid must submit a new application to the county. The same is true for families who are terminated for failure to pay the MinnesotaCare premium. Requiring families to submit a new application presents a risk point for enrollment in Medicaid.

## **2. Eligibility Determination Process**

### **a. Automation of Eligibility Determination**

The MAXIS computer system provides automated eligibility determination for MFIP and food stamps, but does not support automated eligibility determination for Medicaid. After entering budget information for MFIP or food stamps, workers must re-enter budget information into MAXIS, determine eligibility manually, and approve or deny benefits. They must do this even for families found eligible for MFIP, who are automatically eligible for 1931 Medicaid (MFIP Medicaid). Since Medicaid eligibility is person-based, workers must enter budget information for each household member. Also, the system cannot determine eligibility for more than one eligibility group at a time; if an applicant is ineligible for one category, the worker must choose another and re-calculate eligibility. Thus, workers must have a complete understanding of the eligibility groups for which a family might be eligible.

This lack of automation could cause unequal access to and inappropriate denials to Medicaid. This manual process will pose a barrier to enrollment in Medicaid to the extent that workers make errors in re-entering resource information, and in choosing the appropriate eligibility categories. This is a training and workload issue for workers. At the time of the site visit, the state was developing an automated system in MAXIS for Medicaid. Implementation of the new system is planned for 2002. County staff are hopeful that this change would promote accuracy in eligibility determination as well as reduce the burden on workers.

### **b. Delayed Verification for Medicaid**

Minnesota implemented delayed verification for Medicaid applicants in February 2000. This policy promotes enrollment in Medicaid by granting immediate eligibility and giving families more time to submit verifications. If an applicant submits an application that reports income and countable assets of less than 90 percent of the eligibility limit, the worker can approve eligibility for that month using delayed verification. The worker grants the client 30 days of eligibility, and the applicant has 30 days to submit required verifications.

## **3. Reporting and Redeterminations**

### **a. Monthly Reporting**

Most clients with earned income on food stamps and MFIP are required to submit monthly three-page household reporting forms (HRF). Clients must report changes in address, household composition, earned and unearned income, childcare expenses, and court-ordered payments. Cases are automatically closed by the MAXIS system for failure to return the HRF, but eligibility is reinstated to clients who return the HRF in the month after it was due.

While submitting a monthly report places a burden on families and workers and presents more opportunities for the loss of FSP benefits, focus group participants did not report anything negative about the HRF. Workers are cognizant of the need to accurately complete the HRF and verify the information in the form. Minnesota has achieved low food stamp error rates in two of the past three years, and has not seriously considered changing the reporting schedule.

#### **b. DIAMOND System**

Hennepin County uses an online DIAMOND document imaging system for processing forms. DIAMOND supports retention in all programs. As clients submit documents to the county, they are scanned into the system by a central imaging unit. Workers receive on-line notices through the DIAMOND system when new documents arrive for a case. Workers can review documents on line, and can select and copy sections of documents in DIAMOND. The system also stores all forms, and will fill in the client information on forms.

This paperless system saves time for workers by reducing the amount of paper they must handle, and reduces the burden on clients by requiring them to submit documents only once.

#### **c. Recertification Streamlining—Telephone Interviews**

Hennepin County began a recertification streamlining process in May 2001 to reduce the number of face-to-face interviews required for food stamps and MFIP. This policy supports retention in these programs by reducing the burden on families to schedule appointments with their workers and appear in person to renew eligibility. Certain recipients of MFIP and food stamps can complete their annual recertification by mail. Eligibility is redetermined once the client has mailed the recertification form and required verifications.

### **4. Leaving 1931 Medicaid**

#### **a. Enrollment in TMA**

Families in Minnesota receive Transitional Medical Assistance (TMA) through one of the two 1931 programs in the state—cash-related MFIP Medicaid or 1931 Medicaid only—since Minnesota has not de-linked MFIP and Medicaid eligibility. Families on non-cash 1931 transition to TMA when their income exceeds 53 percent FPL, while families on cash-related 1931 do not transition to TMA until their income exceeds 120 percent FPL.

The site visit did not identify any barriers to enrollment in TMA among families leaving cash-related 1931 for increased income. Workers were aware that families should be assessed for TMA. Also, MAXIS prompts workers to give up to 12 months eligibility for extended Medicaid when a person leaves MFIP, and therefore MFIP Medicaid, for increased income. Workers who close the case without acting on the prompt are contacted by a MAXIS mentor, who reviews the closed cases. These procedures promote enrollment in TMA.

However, the site visit did identify barriers to enrollment in TMA for families leaving non-cash 1931 Medicaid. While MAXIS contains a prompt to workers to review TMA for families leaving Medicaid-only due to increased income, some workers in Hennepin County EAD were

unaware of the Medicaid-only category, and that families may qualify for TMA when leaving non-cash 1931. These workers mistakenly believed that to be eligible for TMA, families must be eligible for MFIP during three of the six previous months. This misperception could be due to workers having had no experience with the 1931-only group, since the eligibility limit is so low.

Having an MFIP 1931 category has kept in workers' minds the connection between cash and 1931 Medicaid and has exacerbated the effects of the two-tiered approach. Not only do non-cash families lose 1931 benefits more quickly, some workers do not understand that these families should get TMA. With the upcoming changes to Medicaid in 2002, which will create one 1931 category, it will become important for workers to understand this group's eligibility for TMA.

#### **b. Enrollment in MinnesotaCare**

Families no longer eligible for a Medicaid category such as 1931 should be assessed for eligibility in all other Medicaid categories. Hennepin County workers include all Medicaid eligibility categories (e.g., 1931, TMA, Medically Needy, SOBRA/SCHIP) in their review but cannot determine eligibility for MinnesotaCare. As a result, MinnesotaCare is not part of the *ex parte* review performed by county workers. Workers have five days after determining a family is no longer eligible for any Medicaid eligibility categories to transfer the case to MinnesotaCare. The county sends the most recent renewal form or application for Medicaid to MinnesotaCare when it transfers the case. This additional step of referring the case and having a new eligibility determination by MinnesotaCare introduces a potential barrier to retention of Medicaid coverage.

#### **5. Leaving TANF**

Families on MFIP and MFIP Medicaid who leave or are terminated from MFIP for reasons other than earnings lose eligibility to cash-related 1931. MFIP Medicaid is left open for 30 days after the MFIP case is closed; during this time, the worker must review the client for eligibility in other Medicaid eligibility categories. Workers are instructed to conduct an *ex parte* review before contacting clients for missing information. (MinnesotaCare is not included in this review.)

The closure of MFIP Medicaid prompted by the closure of MFIP can adversely affect a family's continued enrollment in 1931 Medicaid. If the family's income does not qualify for non-cash 1931 (77 percent FPL) they will lose 1931 eligibility. Since MFIP termination is not due to increased income, the family would not be considered for TMA. This problem is created by the two-tiered 1931 program, and will be addressed by the program changes in July 2002.

### **C. SUMMARY AND POTENTIAL OPPORTUNITIES FOR IMPROVEMENT**

#### **1. Linking Health and Nutrition Food Stamp Outreach Program**

Hennepin County has begun an innovative program, Linking Health and Nutrition through Community Outreach, that aims to increase knowledge of and enrollment in the FSP and to change the public perception of the FSP from a welfare program to a nutrition assistance program. Through the Linking Health and Nutrition program, Hennepin County is using established Medicaid outstation sites to screen for potential eligibility and provide application assistance for food stamps. Through the partnership with the Simply Good Eating nutrition

education program, the county is also attempting to alter the perception of the FSP from a welfare program to a nutrition-based program.

The site visit identified several promising aspects of this program. For example, the partnership of EAD with the Simply Good Eating program is an innovative outreach approach that has benefited both organizations. Allowing clients to apply for food stamps at the sites may reduce the stigma and hassle of applying at the county office, and eases the process by helping clients with the application and the needed documentation. The program uses a short, simple screening tool for potential food stamp eligibility. Finally, the program coordinator works extremely hard to help families complete the application process for food stamps and to work with outstation workers and provide additional training as needed.

The Linking Health and Nutrition program was very new at the time of the visit and a small number of applications had been translated into successful enrollment in the program through the outstation sites. This is not surprising, given that the outstation sites had just received training a few months before, there were a limited number of sites and workers, and the sites only process applications for food stamps, not for expedited food stamp benefits or for MFIP. There is also a fair amount of stigma in Minnesota regarding the FSP, especially since the MFIP program combines cash with a food stamps benefit.

There are a number of changes and activities that may address some of the issues with food stamp outreach observed during the site visit. First, the length and complexity of the 36-page application for food stamps was reported to be a major barrier for applicants and for outstation workers. While Minnesota recently shortened the combined application required for food stamp, it might also consider redesigning the CAF so that it includes a separate food stamps section.

Second, there appear to be missed opportunities to screen for food stamps using the short screening tool; most sites do not screen clients unless the client first expresses an interest. The program might consider developing guidelines for the sites to administer the screening tool, and might also develop a “script” for outstation workers to use when introducing the screening tool and the FSP. The program could also track and assess potential FSP eligibility for families who have received Medicaid but not food stamps through outstation sites.

Also, given the recent change in the laws requiring reporting of undocumented non-citizens, the program could provide more education to outstation workers about what the reporting requirements require. Finally, the county and SGE should continue to pursue opportunities for outreach at, and collaboration with, local food shelves.

## **2. Transition Points for Enrollment and Retention in Medicaid and the Food Stamp Program**

Our review of policies and procedures in Hennepin County indicates that families may risk losing Medicaid and food stamps at various points along the eligibility continuum. Our analysis suggests ways that Hennepin County could improve enrollment and retention in these programs.

**a. Visit to Local Office and Application Length May Pose Barriers to Enrollment in the FSP and Medicaid**

While clients are usually able to complete the eligibility process in one day, focus group participants expressed frustration at how long they had to spend in the local office and the inability to make appointments for eligibility interviews. Most focus group participants were unaware of the 18 neighborhood outreach sites at which families can apply for MFIP (TANF), food stamps, and Medicaid. The county may want to consider adding more extended hours or implementing an appointment system for clients who are not able to spend most of the day at the local office. The county may want to increase its marketing of the neighborhood sites, including increased distribution of the brochures it has already developed.

Clients and workers also reported that the length of the application for MFIP and food stamps was a deterrent to enrollment. Minnesota has recently shortened the CAF, although the new version mainly compresses the information, and clients are still required to complete the form before the interview. The state might consider further revisions to the application.

**b. A Number of Policies Promote Enrollment and Retention in Medicaid and the FSP**

Minnesota uses a delayed verification policy for Medicaid applicants, which promotes enrollment by granting immediate eligibility and postponing the burden on families of submitting verification documents. Hennepin County has also implemented a recertification streamlining process, which allows recertifications for food stamps and MFIP to be completed by telephone, rather than in an in-person interview. In addition, Hennepin County uses the DIAMOND paperless document system, which simplifies the processing of reporting and renewal forms and verifications. For example, DIAMOND simplifies the processing of monthly reports for food stamps and MFIP and reduces the likelihood of lost documents. These policies should be considered by other counties and states as strategies to increase participation in these programs.

**c. Most Significant Risk Points Are Associated with the Two-Tiered 1931 Medicaid Category**

Minnesota has not de-linked eligibility for family Medicaid (1931) from eligibility for cash assistance. This has created a two-tiered system in which families not on cash assistance face stricter eligibility limits for 1931 Medicaid than do families on MFIP (77 percent FPL versus 120 percent FPL). Families who are not on MFIP transition to TMA at a lower level of earnings than those on MFIP (53 percent FPL versus 120 percent FPL).

The site visit identified that a number of workers in Hennepin County were unaware of the non-cash 1931 category, and that these workers thought that the trigger for TMA was the receipt of MFIP for three of the previous six months. This lack of knowledge, combined with the lower eligibility limit for non-cash 1931, creates a significant barrier to 1931 and TMA among families not receiving cash assistance. In addition, families who are terminated from MFIP for procedural reasons also lose cash-related 1931 and will lose 1931 coverage unless the family's income is low enough to qualify for non-cash 1931. Further, these families are not considered for TMA since the reason for termination is not an increase earnings.

Based on recent state legislation, in July 2002 Minnesota will remove the two-tier system for 1931 by completely separating the eligibility requirements for MFIP and 1931 Medicaid. There will be only one 1931 Medicaid category with an income limit of 100 percent FPL. This change will make it easier for noncash families to qualify for 1931 Medicaid. It will also introduce situations where families with incomes between 100 and 120 percent FPL will transition from 1931 Medicaid to TMA before they lose eligibility for cash assistance. Given these changes, there is an increased need for worker education about the availability of 1931 to families who are not on cash assistance, and eligibility for TMA being dependent on 1931, not MFIP, eligibility.

**d. Coordination Between the County and Minnesotacare Is Important for Supporting Enrollment and Retention in Medicaid**

Hennepin County workers process Medicaid cases (e.g., 1931 Medicaid, TMA, Medically Needy, SOBRA/SCHIP) but do not process cases for the 1115 waiver program, MinnesotaCare. County workers who perform an *ex parte* review of Medicaid eligibility when families have become ineligible for a Medical Assistance category, such as 1931, cannot include MinnesotaCare in their review. Instead, there is a transfer process in place for referring families who apply for Medicaid through the county but who are ineligible, or who are no longer eligible, for Medicaid categories handled by the county, to MinnesotaCare. The county sends all documents electronically to MinnesotaCare, and families do not fill out a new application.

However, there is no such referral process for applications or cases to be transferred from MinnesotaCare to the county. Families who do not want to enroll in MinnesotaCare must re-apply to the county. This is troubling since MinnesotaCare charges premiums, and eligible families may prefer to receive Medicaid. This lack of coordination could pose barriers.

While retaining the separate “private insurance” feel of the MinnesotaCare program, Hennepin County could work to improve the coordination with MinnesotaCare. The county could follow up on families who were transferred from Medicaid, to insure that they enrolled in the 1115 waiver program. The county and state could also develop a referral system for cases transferred from MinnesotaCare to the county.

## I. INTRODUCTION

The 1996 federal welfare reform law, which sets time limits on benefits and requires increasing numbers of clients to participate in work-related activities, was designed to encourage families to leave cash assistance for work and thereby reduce the welfare rolls. Aware of the possibility that the new legislation might negatively affect access to Medicaid, policymakers enacted Section 1931 to de-link Medicaid from welfare. Nevertheless, Medicaid enrollment has declined at a rate higher than expected since 1996, leading federal and state policy makers to become concerned that enrollment has indeed been affected by changes in cash assistance programs. Similar concerns have been raised in regard to the dramatic drop in participation in the Food Stamp Program.

To examine the barriers and enhancements to initial and continuous participation in the Food Stamp Program (FSP), Medicaid, and the State Children's Health Insurance Program (SCHIP) following welfare reform, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture commissioned a research project involving case studies of the implementation of these programs at the state level. As part of this project, Mathematica Policy Research conducted an in-depth case study of promising practices and lessons learned in Hennepin County, Minnesota. The objective of the case study was to learn about and profile innovative policies and practices that enhance FSP and Medicaid enrollment and ongoing participation by low-income families receiving Temporary Aid to Needy Families (TANF), those who have left TANF, those diverted from TANF, and those who have had no contact with the cash assistance system.

Hennepin County, Minnesota, was chosen as a case study site because of its innovative outreach program for the FSP called Linking Health and Nutrition through Community Outreach. The project provides outreach and application assistance for food stamps through Medicaid outstation sites in greater Minneapolis. The project partners the local Economic Assistance Department (EAD) with the University of Minnesota Extension Service Simply Good Eating (SGE) program, which provides education on nutrition, food safety, meal planning and preparation, and food budgeting to low-income audiences in the community. The Linking Health and Nutrition program was funded in November 2000 and began at pilot sites in January 2001; at the time of the site visit, the pilot had been operating for six months.

The following two sections of this report describe the research methods and the context for our visit, including an overview of the state TANF, FSP, and Medicaid policy and the organization of the local county office. Findings are presented in two sections: Section IV discusses findings regarding the food stamp outreach program, and Section V presents an analysis of how policies and procedures at transition points in the management of cases might affect enrollment and retention in food stamps and Medicaid in Hennepin County. Section VI summarizes the findings and conclusions.

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## II. RESEARCH METHODS

The research team visited Hennepin County from June 13 to June 15, 2001. The objective of the site visit was to gather information and gain a wide variety of perspectives from state, county, and community officials as well as the views of clients and eligibility workers on policies and practices that may affect participation in Medicaid/SCHIP and the FSP. The research team worked to analyze the general approach and identify specific strategies currently in use to improve program enrollment and participation, with the aim of documenting the site's experiences and lessons learned in the implementation of these practices. Attention was given to barriers to participation that could have arisen or become magnified as a result of the implementation of welfare reform policies. Specific practices examined included those involved in outreach (with a special focus on the food stamp outreach program), the use of automated systems to determine or continue eligibility, and the work flow and processes involved in application and recertification/redetermination for food stamps and Medicaid for TANF and non-TANF clients.

During the visit, a number of types of interviews were conducted at the local EAD office to explore staff procedures and client interactions, work flow, supervisory structure, and general office environment. Data collection methods at the local office included:

- Interviews with local office directors
- Group interview with supervisors
- Group and individual interviews with caseworkers
- Interview with automated systems expert
- Case reviews with caseworkers
- Job shadowing caseworkers during interviews with clients
- Observation of the reception/front desk activities

To examine the food stamp outreach program in Hennepin County, the research team conducted:

- Interviews with the pilot program staff
- Interviews with directors and workers at outreach sites
- Interviews with other representatives in the outreach community

In addition to the information gathered at the local office and outreach sites, data were gathered from a variety of other sources:

- Interviews with state FSP and Medicaid officials regarding policies and operation goals
- Interviews with representatives from community advocate agencies
- A focus group with current and former program clients<sup>1</sup>

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<sup>1</sup> Focus group findings are presented in Appendix A of this report.

### III. CONTEXT

#### A. OVERVIEW OF STATE POLICY

Minnesota has state-supervised, county-administered human services programs. TANF, the FSP, and Medicaid are overseen at the state level by the Division of Families and Children in the state Department of Human Services, and administered at the local level in Hennepin County by the Economic Assistance Department. Table 1 summarizes the family and child eligibility categories in these programs:

##### 1. TANF Program

The TANF program in Minnesota is known as the Minnesota Family Investment Program (MFIP). The program is unique in that it combines a cash grant with a food benefit; that is, families receiving cash assistance automatically receive food stamps as part of their benefit. MFIP began as a demonstration program in seven counties in 1993, and became statewide in January 1998.<sup>2</sup> The state makes an effort to keep MFIP and federal FSP policies in line as much as possible. The statewide MFIP caseload was 42,170 in August 2000, down from 47,880 in December 1997.

TABLE 1  
OVERVIEW OF STATE PROGRAMS

Program	State Name	Brief Description
TANF	Minnesota Family Investment Program (MFIP)	State TANF program that uniquely combines cash benefit with a food benefit. All families on cash assistance receive food stamp benefits through MFIP.
FSP	“Stand-alone” FSP	Federal FSP for households not on cash assistance and/or receiving expedited FSP issuance.
Medicaid	Medical Assistance (MA)	MA encompasses 1931 (family) Medicaid, Medically Needy, and child Medicaid expansions. There are two 1931 programs: “MFIP MA” is used to describe cash-related 1931, while “MA-only” is used to describe non-cash-related MA.
	MinnesotaCare	1115 waiver program for children and adults
TANF Diversion	Diversionary Assistance (DA)	Formal TANF diversion program

<sup>2</sup> The authority for MFIP comes from a combination of waivers of federal Food Stamp Act statute and rules pursuant to state law.

## **a. Eligibility and Benefits**

The MFIP benefit is a flat grant based on household size. Families with no earned income are eligible to receive up to the “transitional standard,” which as of October 2001 for a single-parent family of three is \$831 per month; \$532 is the cash benefit and \$299 is the food benefit. Families with employment income have a different standard, the “family wage level”: \$914, with \$615 cash and \$299 food. As income rises, the cash portion of the benefit is reduced, and then the food portion.

There is no gross income test for MFIP. Applicants and recipients have different income and resource tests. To qualify, applicants must have countable income below the transitional standards given above. Applicants have an earned income disregard of 18 percent; a family of three can earn up to about \$1,115, or 91 percent of the federal poverty level (FPL), per month and qualify for MFIP. Recipients have a higher earnings disregard of 38 percent; recipients can earn up to about \$1,463, or 120 percent FPL. There are no shelter cost deductions in MFIP.<sup>3</sup> The asset test for applicants is \$2,000, and for recipients, \$5,000. A vehicle with a loan value of \$7,500 or less is excluded from countable resources.

MFIP has a 30-day state residency requirement. Applicants to MFIP must apply in person and fill out the combined application form (CAF), also used for the FSP, Medicaid, Emergency and Diversionary Assistance, and other state-funded programs.<sup>4</sup>

Recipients of MFIP automatically receive child care assistance, and families who leave MFIP can receive transitional child care for 12 months as long as they continue to work. MFIP recipients receive their benefits on an electronic benefits transfer (EBT) card, which has separate accounts for the cash and the food portion. The cash portion of the MFIP grant for all new enrollees is automatically vendor-paid to the landlord/mortgage company for the first six months of enrollment.

Although the MFIP benefit is composed of a cash and a food portion, recipients are allowed to “opt out” of the cash portion of their MFIP grant. Clients who opt out receive the food portion of the grant only, and keep receiving benefits related to MFIP, such as child care assistance, as long as they comply with the MFIP work requirements. Opting out stops the TANF time clock. Clients can opt out for as long as they like, but they cannot have been sanctioned at the time and must have been enrolled in MFIP for at least six months.<sup>5</sup>

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<sup>3</sup> However, the food portion of the benefit takes into account average shelter costs in the state.

<sup>4</sup> At the time of the site visit, the CAF was 36 pages; following the site visit the form was edited and compressed to 17 pages.

<sup>5</sup> Families with vendor payment are not allowed to opt out of cash.

## **b. Time Limits, Work Requirements, and Sanctions**

Minnesota imposes a 60-month time limit on receipt of MFIP.<sup>6</sup> Recipients will begin to reach time limits in July 2002; the state estimates that 5,600 families will reach the time limit between July 2002 and June 2003. In Minnesota, adults who are subject to work requirements must be referred to job search within four months of receiving MFIP and two-parent families must be referred immediately. About 10 percent of MFIP cases are in sanction in a given month.<sup>7</sup> Families that are out of compliance with their employment services plan first receive a 10 percent reduction in their total grant, which affects the cash portion first. The sanction period is a minimum of one month, and lasts until the family complies. A second occurrence of non-compliance results in a 30 percent reduction in the total grant and mandatory vendor payment of rent or mortgage for six months after the month in which the sanction occurred. Sanctions do not affect Medicaid benefits.

## **c. Reporting and Redetermination**

MFIP recipients are subject to monthly reporting requirements. Families submit a three-page household report form (HRF) each month. Families with no income are not subject to the monthly reporting requirement; these families report every 6 months. MFIP recipients are recertified every 12 months and it is a county option to require a face-to-face interview.

## **d. Welfare Diversion Program**

Minnesota operates a formal TANF lump sum diversion program, known as Diversionary Assistance (DA). The income limit for DA is 200 percent of FPL and the asset test varies by county. Families can receive DA benefits not to exceed four times the MFIP transitional standard, which is paid entirely as a cash benefit through vendor payments. Families who receive a DA payment are not eligible to receive MFIP or Emergency Assistance for the months they receive a DA payment, but can receive Medicaid and stand-alone food stamps. DA payments do not count against the time limits for MFIP. In Hennepin County, 144 families were receiving DA between June 2000 and May 2001. DA uses the same application as MFIP.

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<sup>6</sup> There are exemptions for those who are disabled or caring for an ill or incapacitated family member; those who are hard to employ; and those who are working but not earning enough to support a family.

<sup>7</sup> <http://www.dhs.state.mn.us/ecs/welfare/ms-1807.pdf>.

## **2. Food Stamp Program**

Due to the state's unique TANF program, families in Minnesota can receive food assistance through two programs: MFIP and the federal FSP, referred to as "stand-alone" food stamps in the state. Unlike the TANF program, which is funded through a federal block grant to the states, permitting considerable state flexibility, the FSP is a federal entitlement program allowing few state options. This section focuses on the stand-alone FSP, but also describes key differences between the FSP and the food benefit in MFIP.

### **a. Eligibility**

Federal rules governing eligibility for the FSP require that recipients have gross incomes below 130 percent of FPL (\$1,585 per month for a family of three), have assets no greater than \$2,000<sup>8</sup>, and meet other procedural requirements. In Minnesota, families in which at least one member is eligible to receive transitional child care, basic sliding-fee child care, or MFIP employment services, and Supplemental Security Income (SSI) households are categorically eligible for stand-alone food stamps. In June 2001, the state adopted the federal option excluding any vehicle with an equity value of \$1,500 or less from countable assets. Families who qualify for expedited issuance receive benefits through the stand-alone FSP.

Applicants for food stamps must apply in person and complete the CAF. The first part of the application is also used to screen applicants for expedited food stamps. Benefits to most clients are provided through an EBT card that is automatically recharged each month with benefits; some clients receive benefits in cash (if all members of the household are either elderly or disabled). Stand-alone food stamps uses the same reporting requirements as MFIP monthly reporting and annual recertifications. Clients with no earned income must file reports every six months.

### **b. Work Requirements and Sanctions**

New recipients of stand-alone FSP are subject to work requirements under Food Stamp Employment and Training (FSET) requirements. The FSP in Minnesota has a three-tiered sanction policy. The first sanction results in a loss of benefits for one month or until compliance, the second results in a loss of benefits for three months or until compliance, and the third and subsequent sanctions result in a loss for six months or until compliance. If the offending individual is the principal wage earner, the sanction applies to the entire household; otherwise, the sanction applies only to the offending individual.

Since families can receive food stamp benefits through two programs, MFIP and the stand-alone FSP, Table 2 presents the food benefits in the two programs.

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<sup>8</sup> \$3,000 if the household has a member over age 65.

TABLE 2

## FOOD STAMPS IN MINNESOTA

Characteristic	Stand-Alone Food FSP	MFIP Food Benefit
Full Benefit (family of 3)	\$356 (federal maximum allotment)	\$299
Earnings Limit (% FPL) <sup>a</sup>	\$1,585 (130%)	\$1,115 for applicants (91%); \$1,463 for recipients (120%)
Deductions/Disregards from Income	20% earnings deduction; \$134 standard deduction; and all other federal FSP deductions	18% earnings disregard for applicants; 38% earnings disregard for recipients
Asset Test	Federal limit of \$2,000 (\$3,000 if household member over 65)	\$2,000 for applicants; \$5,000 for recipients
Vehicle Exclusions	Equity value less than \$1,500, and other federal rules	Loan value less than \$7,500
Reporting	Monthly reporting (6 months if no earned income); 12 month recertification	Monthly reporting (6 months if no earned income); 12 month recertification

<sup>a</sup> Describes how much clients can earn per month, after any income disregards.

### 3. Medicaid Program

In Minnesota, the Medical Assistance (MA) program covers 1931 Medicaid, Medically Needy, SSI/elderly, poverty-related groups, and a small SCHIP expansion. In addition to MA, the state operates a 1115 waiver program known as MinnesotaCare. The Medicaid caseload in Minnesota declined by 5 percent from June 1996 to June 1998, but increased by almost 16 percent from June 1998 to December 1999. In June 2001, there were 380,756 individuals enrolled in MA and 136,532 enrolled in MinnesotaCare.

This section focuses on family-related Medicaid coverage in June 2001. Recent changes to the Medicaid program (effective July 2002) are discussed at the end of the section. Table 3 summarizes the basic program features for family Medicaid in Minnesota in 2001.

TABLE 3  
MEDICAID IN MINNESOTA

Characteristic	Medical Assistance (MA)				Minnesota Care
	MFIP MA (1931)	MA-Only (1931)	Medically Needy	SOBRA/CHIP Expansions	1115 Waiver
Earnings Limit for a Family of 3 (% FPL) <sup>a</sup>	\$1,115 (91%) applicants; \$1,463 (120%) recipients	\$942 (77%) for 4 months; \$652 (53%) after 4 months <sup>b</sup>	\$1,193 (98%) for 4 months; \$828 (68%) after 4 months <sup>c</sup>	\$5,296 age 0-2; \$2,578 age 3-5; \$1,968 age 6-16; \$1,322 age 17-18 for 4 months <sup>d</sup>	\$3,353 (275%)
Earned Income Disregards	18% applicants; 38% recipients	\$120 + 1/3; \$120 after 4 months	\$120 + 1/3; \$120 after 4 months	\$120 + 1/3; \$120 after 4 months	None
Assets	\$6,200	\$6,200	\$6,200	\$6,200	None
Transitional Medical Assistance (TMA)	12 months	12 months	n/a	n/a	n/a
Renewals	12 months; in person	12 months; by mail	12 months; by mail	12 months; by mail	12 months; by mail
Premiums	No	No	No	No	Yes, sliding-scale

<sup>a</sup> Describes how much clients can earn per month, after income disregards.

<sup>b</sup> Net income limit is 100% of the 1996 AFDC need standard, or \$532 for a family of three.

<sup>c</sup> Net income limit is 133% of the 1996 AFDC need standard, or \$708 for a family of three.

<sup>d</sup> Net income limit is 133% FPL for children 0 to 5, 100% ages 6-16, 65% ages 17-18, and 280% ages 0-2 (SCHIP).

### a. Medical Assistance (MA)

There are effectively two 1931 Medicaid programs in Minnesota. Families on MFIP automatically receive Medicaid under section 1931, referred to as MFIP MA; MFIP eligibility is discussed in Section 1 above. Families who are not on cash benefits can receive 1931 Medicaid, referred to as MA-only. MA-only has more stringent income eligibility rules than those described above for MFIP. Families on MA-only 1931 can earn up to \$942 per month, or about 77 percent FPL. The earnings disregard is time-limited and after four months families must earn under \$652 per month (about 53 percent FPL) to qualify. The state has eliminated the rule limiting two-parent families to working less than 100 hours. The asset test for 1931 is \$6,200, the same as for MFIP. MA disregards the value of the first car.

Families can also qualify for Medicaid under the Medically Needy category. A family of three can earn up to about \$1,193 per month for the first four months, and can earn up to \$828 per month thereafter. Children are covered by MA under poverty-level Sixth Omnibus Reconciliation Act (SOBRA) expansions and under a SCHIP Medicaid expansion. MA covers children with countable incomes up to 133 percent FPL for children ages 2 to 5, up to 100

percent for children ages 6 to 16, and up to 65 percent FPL for children ages 17 to 18. At the time of our visit, the state had a very limited Medicaid expansion SCHIP program that covered children aged 0 to 2 with countable income from 275 percent of FPL to 280 percent of FPL.<sup>9</sup>

All of these MA eligibility categories use a four-page mail-in health care combined application (HCAPP). Applicants can also use the CAF if applying for other programs. The state uses delayed verification for families that have reported income of 90 percent of the income limit. Eligibility for MA is redetermined annually and can be completed by mail using a four-page renewal form.

**Transitional Medical Assistance (TMA).** Families leaving 1931 Medicaid (MFIP MA and MA-only) for increased income should receive transitional Medicaid, known as Extended MA in Minnesota, for up to 12 months, with a six-month review. The two 1931 Medicaid categories, MFIP MA and MA-only, introduce a two-tiered trigger for TMA for families on and off of cash assistance. Families who do not receive cash assistance transition to TMA at lower incomes than families on MFIP do. For example, families on MFIP MA will transition to TMA at 120 percent FPL (\$1,463) but families on MA-only will transition to TMA at 53 percent FPL (\$652).

#### **b. MinnesotaCare**

The other component of Medicaid in Minnesota, MinnesotaCare, is a 1115 waiver program that covers children and families with gross income up to 275 percent of the FPL. There is no earnings disregard or asset test. MinnesotaCare requires premium payments from all families; premiums rise with income and begin at \$1 per month. MinnesotaCare applicants use the same four-page mail-in combined health-care application used for MA, and can receive delayed verification. Renewals are performed by mail every 12 months, using the four-page combined health care renewal form.

#### **c. Upcoming Changes to Medicaid**

During the summer 2001 legislative session, the state passed many changes to Medicaid, which will be implemented in July 2002. First, there will no longer be two categories of 1931 Medicaid and the eligibility determination for all 1931 Medicaid will be separate from MFIP. Families on MFIP will no longer automatically get MA. Families will qualify for 1931 Medicaid only if their net income is less than 100 percent FPL, and all families will transition to TMA at the same income limit, regardless of MFIP enrollment. There will be an earned income disregard of 17 percent for parents, relative caretakers, and children ages 19 and 20. Disregards will continue to be time-limited to four months. The asset limit will be set at \$30,000 for a household of two or more persons, or \$15,000 for a single person. Children's Medicaid coverage

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<sup>9</sup> The state was not able to use SCHIP funds for children who met the MinnesotaCare eligibility limits. However, in June 2001, the state was given a waiver to use SCHIP funds to cover children currently covered by the 1115 waiver program, and to cover parents and caretakers under SCHIP with incomes between 100 and 200 percent FPL.

will also change. The income limit will become 170 percent of FPL for children ages 2 to 5, with a 21 percent time-limited (four month) earned-income disregard. The asset limit for children will be \$30,000 for a household of two or more persons or \$15,000 for a single person. Finally, MinnesotaCare will implement an asset test, at the same level as MA. Children on MinnesotaCare who do not qualify for MA but who have income below 217 percent FPL will have the option of paying a premium or a \$5 co-payment for some nonpreventive services.

## **B. STRUCTURE AND ENVIRONMENT OF THE HENNEPIN COUNTY ECONOMIC ASSISTANCE DEPARTMENT**

This section provides an overview of the organization of the local office, case workers, and the computer systems in Hennepin County. Appendix B of this report also contains a detailed description of how cases are processed at the local office in Hennepin County.

### **1. Office Environment and Clientele**

Human services programs in Minnesota are county-administered. In Hennepin County, the Economic Assistance Department (EAD) administers the MFIP, FSP, Medicaid, DA, Emergency Assistance and Child Support, and a number of state-funded programs such as Refugee Cash Assistance (RCA), General Assistance (GA), and General Assistance Medical Assistance (GAMA). There are three divisions within EAD which deliver cash, medical, and food stamp benefits: the Family Assistance Division (FAD), the Adults Assistance Division (AAD), and the Elderly and Disabled Assistance Division (EDAD). This project focused exclusively on the Family Assistance Division.

Most clients in Hennepin County apply for benefits in one main building in downtown Minneapolis, known as Century Plaza. Century Plaza is centrally located in downtown Minneapolis, convenient to the highway and public transportation. The building is very large and has separate waiting areas and intake areas for the FAD and the AAD; the application process for FAD families is conducted on the first and second floors. The office environment in Century Plaza is very businesslike. The building is clean and freshly painted, but the décor is industrial, with metal benches for the clients to use while waiting. There is a day care drop-off on the first floor.

There are also 18 neighborhood outreach sites around Minneapolis; the neighborhood sites have county workers on site who take applications for all EAD programs and client types. Currently, the outreach sites only process applications for expedited food stamps, Emergency Assistance, and Emergency General Assistance cases; applications for other programs are sent to the county for processing. Additionally, there are 30 Medicaid outstation sites in the county, where workers have been trained to take Medicaid applications.

In Hennepin County, the MFIP case load declined from just under 18,000 in January of 1996 to under 13,000 in April of 2001, a decline of 27 percent. Stand-alone food stamp cases in the Family Assistance Division in Hennepin County declined from a little over 290 in January 1996 to a little under 200 in April 2001; these figures exclude SSI and elderly FSP cases. The number of MA cases in Hennepin County increased from approximately 7,000 in January of 1996 to almost 12,000 in April 2001.

In April 2001, FAD processed about 1,150 Medicaid (MA) applications, 850 MFIP applications, and just over 400 stand-alone food stamp applications. From January to June 2001, the 18 outreach sites processed 144 MFIP applications, 50 Medicaid and FSP applications, 50 Medicaid-only applications, and 19 expedited FSP applications. Some counties in the state (35 of 88) process applications for MinnesotaCare in local county offices; however, after a trial period from October 1998 to June 1999, Hennepin County chose not to process MinnesotaCare applications in the local offices.

## **2. Organization of Case Management Staff**

All caseworkers in Hennepin County Economic Assistance Department process MFIP, FSP, and Medicaid cases. However, separate types of workers in Hennepin County handle intake and ongoing case management.<sup>10</sup> Intake is performed by principal financial workers (PFWs), who are the most experienced workers. Financial workers (FWs) and senior financial workers (SFWs) perform ongoing case management.<sup>11</sup> Workers are organized into units within each division in EAD; units have a combination of different types of workers.

There are about 80 PFWs at Century Plaza assigned to intake. On average, Hennepin County intake workers process 34 cases per worker per month; however, the average in May 2001 was 59 cases per worker. PFWs might have 20 to 35 pending cases at any given point. Eight workers (one part-time) are assigned to do outreach and applications at the 18 neighborhood sites.

New workers receive a minimum of three months of training. Workers are trained by both the state and the county. Training consists of classroom training and shadowing lead workers, and is organized in program components.

## **3. Computer Systems**

### **a. MAXIS**

Minnesota uses the MAXIS mainframe system to determine eligibility for its assistance programs, including TANF, FSP, DA, and the Medical Assistance programs of Medicaid. The state has used the MAXIS system since the early 1990s. The state maintains the system, and is responsible for implementing policy changes.

MAXIS determines eligibility automatically for the MFIP and the FSP based on eligibility information the worker enters into the system. However, the system only provides eligibility results for those programs the worker initially specifies. Workers must approve final eligibility

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<sup>10</sup> At the time of our site visit, the county was planning to change this organization of workers; there will no longer be an intake vs. field worker designation. Until 1999, there was a distinction between workers who handled cash vs. non-cash programs; workers were cross-trained in 1999.

<sup>11</sup> There is no difference in job duties between FWs and SFWs, just in seniority.

for all programs, and workers can override (or “fiat”) all system results. The system uses background processing—when workers enter new information or changes to a case, the system goes to the background and automatically reruns eligibility for MFIP and/or food stamps.

Eligibility for Medicaid in MAXIS is not automated as it is for MFIP and FSP.<sup>12</sup> Eligibility for MA is performed in a sub-system (function) of MAXIS, separately from MFIP and food stamps.<sup>13</sup> Workers assessing eligibility for Medicaid must re-enter all data, except for basic case information, such as address, household members and case number, into a separate part of the system than is used for MFIP and FSP. Workers specify the MA eligibility category (e.g. MA-only) and the appropriate income eligibility limit for that category. After workers enter all the income and disregards, MAXIS computes net income, to which workers compare the eligibility standard and make a final eligibility decision. Once they have approved eligibility for MA in MAXIS, workers also must enter the results into the Minnesota Medicaid Management Information System (MMIS) system, used for Medicaid claims payment and to alert providers of patients’ Medicaid eligibility status.

Workers maintain detailed case notes in MAXIS. Workers are supported by a “MAXIS mentor,” who answers questions regarding the system and eligibility policy. The MAXIS system has online help for each screen, and also notifies workers if they have not completed information needed for eligibility.

## **b. DIAMOND**

Workers in Hennepin County are also supported by the DIAMOND online document and imaging case management system. The system was piloted in the county in 1998, and was fully implemented in FAD by 1999. DIAMOND is a desktop program that allows workers to view, and print all client documents (such as birth certificates and Social Security cards), which are scanned into the system. Workers can also edit and print forms from the DIAMOND system such as residency verifications, renewal notices, and other notices to clients. The system automatically fills in the client’s name, case number, and address, as well as the worker’s name and number. When clients mail or fax documents to the county, or bring them to their eligibility interview, the documents are scanned into the system by a document intake unit. Workers then receive a notice in their DIAMOND in box that there is new documentation on the case waiting for them. Workers review documents online; they do not keep paper files with client information.

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<sup>12</sup> The state is in the process of automating eligibility for Medicaid in MAXIS; the changes are expected sometime in 2002.

<sup>13</sup> MAXIS is not used to determine eligibility for MinnesotaCare; eligibility for MinnesotaCare, the 1115 waiver, is performed in a central state office.

## **IV. FINDINGS: PROMOTING ENROLLMENT IN THE FOOD STAMP PROGRAM IN HENNEPIN COUNTY**

### **A. BACKGROUND**

As a result of achieving low error rates in the Food Stamp Program in 1998, Minnesota received \$4.7 million in enhanced funding from USDA in 1999. By state law, 75 percent of these funds went to the counties to be used for anything that enhanced their stand-alone food stamp or MFIP programs. The state retained 25 percent, or \$1.4 million, about half of which was used to fund six outreach projects to increase enrollment in the FSP. These projects have no federal restrictions, and receive a 50 percent match from USDA. One of these programs is the pilot program in Hennepin County, Linking Health and Nutrition through Community Outreach. The state did not receive enhanced funding in 2000 but expects to receive \$6.6 million in 2001. The state hopes to use these funds to maintain, and potentially expand, the outreach projects.

The six state-funded food stamp outreach projects began in November 2000. Three of the projects are in rural counties and focus on senior citizens and immigrant populations. The remaining three projects are in more urban areas. One of these is a suburban Community Action Program (CAP) in Scott, Carver, and Dakota counties. The program focuses on senior citizens and ethnic populations in those areas. The second is a project through the Center for Asian and Pacific Islanders (CAPI), which provides direct services to the Southeast Asian community and also to the East African community.<sup>14</sup> Finally, Hennepin County applied to the state for funds to expand outreach in greater Minneapolis at Medicaid outstation sites to include the stand-alone FSP. The pilot was up for renewal in September 2001, and the state is expected to renew the outreach project for another year.

The goals of the Linking Health and Nutrition program, as stated in the grant proposal, are: (1) increase enrollment in the Food Stamp Program by providing FSP information to low income households in Hennepin County; (2) decrease the stigma associated with food stamps by linking the FSP to nutrition instead of “welfare”; and (3) increase the number of low-income households enrolling in the FSP by reducing and removing barriers to participation. The program is partnered with the Simply Good Eating (SGE) program at the University of Minnesota Extension Service, which conducts classes for low-income families on nutrition, meal preparation, food safety, and food budgeting.

Under the program, four community-based organizations that were participating as Medicaid outstation sites agreed to distribute information, screen for eligibility, and provide assistance with stand-alone food stamp applications. In addition, SGE conducts classes in the community and at the pilot sites that include education on the FSP, but not application assistance.

The Hennepin County EAD outreach supervisor oversees the pilot program. There is one full-time coordinator (a PFW) who is responsible for the training of outstation workers,

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<sup>14</sup> CAPI is also an outstation site for MinnesotaCare, the 1115 waiver program; however, its MinnesotaCare contract will not be renewed for 2002.

developing protocols, following up on verifications and applications, processing applications and determining eligibility, and providing ongoing assistance and training to the outstation sites and to SGE educators.<sup>15</sup> The county pays each site \$20 per stand-alone FSP application (the CAF) or medical application (the HCAPP) they submit, regardless of whether the applicant is found eligible. Sites receive payment from the county quarterly.

Three outstation sites and the Simply Good Eating program received training in January 2001; a fourth site received training in May 2001. In the first eight months of operation from January to August 2001, the three original outstation sites and Simply Good Eating had taken 35 applications, 19 of which resulted in enrollment in the FSP.

## **1. Outreach Providers**

As of the site visit in June 2001, Linking Health and Nutrition provided outreach and application assistance through four sites that serve as Medicaid outstation sites (two medical clinics and two community-based social services organizations) and through SGE. Medicaid outstation sites assist applicants with the Medicaid application, but do not process eligibility on-site. Each of the sites wrote a letter of support for the Linking Health and Nutrition grant. Three sites, the Andersen Family Resource Center, the University of Minnesota North Memorial Clinic, and the Simply Good Eating program were visited during the site visit, and are the focus of this report. This section provides background on the outstation sites.

### **a. Simply Good Eating Program**

The Linking Health and Nutrition Program partners the Hennepin County Economic Assistance Department with the SGE Program at the University of Minnesota Extension Services. SGE is unique in that it works with low-income clients in the areas of food safety, food budgeting, meal planning, and food preparation.<sup>16</sup> SGE courses consist of eight one-hour sessions and teach participants not just general nutrition, but some of the skills related to putting healthy food on the table. To qualify for SGE, a family must be receiving one or more of certain programs (e.g., food stamps, reduced lunch), or the program works with families through programs that they know are serving a low-income audience (e.g., Head Start, urban halfway house, transitional housing for homeless). The program hires and trains peer educators from the community, called Nutritional Education Assistants (NEAs). The program has 16 NEAs and 2 program coordinators.

The county approached the SGE program because they wanted food stamps to be seen as not just an assistance program, but as a nutrition program. SGE provides outreach through its own courses, conducts classes at the other pilot sites, and works with the county in developing

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<sup>15</sup> Hennepin County refers to the community partner sites as outstation sites, and workers at these sites as outstation workers, although the workers do not process eligibility onsite.

<sup>16</sup> The primary funding source for SGE is federal, from the Expanded Food and Nutrition Education Program (EFNEP).

outreach tools such as a screening form, brochures, and posters. The program does not provide application assistance, but refers interested clients to the Linking Health and Nutrition Program. Between January and August 2001, SGE made about 40 referrals to the pilot coordinator, 4 of which resulted in applications for stand-alone food stamps, and 2 of which resulted in enrollment.

**b. Andersen Family Resource Center**

The Andersen Family Resource Center is located in the Andersen Elementary School in south-central Minneapolis.<sup>17</sup> Children at the Andersen school come from the Phillips neighborhood, a culturally, linguistically, and ethnically diverse area. It is a vibrant neighborhood with many community organizations. However, many families are struggling economically; most of the children in the area are eligible for free or reduced lunch. The Resource Center uses “peer parents” from the local community to provide outreach and application assistance for Medicaid and food stamps. There are 12 peer parents; 2 of the peer parents have been trained to provide outreach assistance for food stamps.<sup>18</sup> Many of the peer parents are bilingual. The Resource Center has been assisting clients with the HCAPP for Medicaid for two years; the center takes approximately 25 HCAPPs per quarter. The center took nine FSP applications between January and August 2001, four of which resulted in enrollment in the stand-alone FSP.

**c. University of Minnesota North Memorial Clinic**

The North Memorial Clinic is located in a north Minneapolis shopping center. The clinic is a residency program in the university and has been serving the north Minneapolis community for 27 years.<sup>19</sup> The clinic has two missions: to educate residents and to provide patient care to the community. The clinic’s patient population is about 40 percent African American, 40 percent white, and 20 percent Hmong, Somali, Southeast Asian, and American Indian. The patients tend to be socio-economically depressed. About 20 percent have private insurance through an employer, but 75 to 80 percent have Medicaid through MA and MinnesotaCare. Additionally, the Medicaid clients served by the clinic tend to go on and off of Medicaid.

North Memorial Clinic has been a Medicaid outstation site for two years. There is one patient advocate at the center who provides outreach and assistance for Medicaid and food stamps. The clinic processes, on average, 20 to 25 Medicaid applications per month. It

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<sup>17</sup> The center is part of a collaborative known as Minneapolis Redesign, involving schools, families, the county, and community agencies, with the goal of promoting school success for all children in Minneapolis by bringing resources into school settings where children spend much of their day and families have natural connections.

<sup>18</sup> The pilot coordinator planned to train seven peer parents in September 2001.

<sup>19</sup> While not federally funded, the clinic is in a federally designated physician shortage area.

completed seven applications for stand-alone food stamps between January and August 2001; five of the applicants were eligible and enrolled.

#### **d. Seton Services and Abbot Northwestern Clinic**

The remaining two Medicaid outstation sites participating in the pilot program were not included in the site visit. Seton Services is operated by Catholic Charities, and offers services primarily to pregnant women and young people, such as pregnancy classes, child care, adoption, infant foster care, and support to women on TANF. There are four different locations and four employees, who are either social workers or licensed social workers. Seton Services had submitted 12 applications to the coordinator between January and August 2001, 6 of which had been enrolled in stand-alone food stamps.

Abbot Northwestern is the newest outstation site for Linking Health and Nutrition. The clinic mainly serves an elderly population – more than 50 percent are over age 65. The program coordinator trained a social worker to do outreach at this site. The clinic received training in May 2001, five months after the other sites. Between May and August 2001, Abbot Northwestern had submitted three applications to the coordinator, two of which resulted in enrollment.

## **2. Outreach Process**

Outstation workers use a one-page screening form, developed for the pilot program, to identify families who are potentially eligible for food stamps. (The tool is presented as Appendix C.) Outstation sites also make county FSP brochures available to clients. The sites display a program poster, titled “Take a Bite Out of Your Food Budget,” which lists contact information for the program coordinator and for SGE.

Outstation workers at the Medicaid outstation sites provide interactive assistance in filling out the application to families who appear eligible after screening. Clients can apply for stand-alone food stamps through the Medicaid outstation sites, using the CAF, which can also be used for Medicaid. The meeting with an outstation worker counts as the required face-to-face interview for food stamps. Although MFIP uses the same application as stand-alone food stamps, if applicants also wish to apply for MFIP, they are referred downtown to the Century Plaza EAD office, or to one of the 18 neighborhood EAD outreach offices. Families in need of expedited food stamp benefits are also referred to a county office. Applicants who decide to only apply for Medicaid through the outstation sites can use the shorter four-page health-care combined application.

As with Medicaid applications, the outstation workers do not determine actual eligibility for food stamps. They help clients to complete the CAF and obtain needed verifications, and then send the applications and verifications to the Linking Health and Nutrition coordinator. The program coordinator makes sure the applications are complete, works with the client and/or the outstation worker to obtain verifications, and performs the actual eligibility determination and approval on MAXIS, the eligibility system. Once a family is enrolled, the case is transferred to a financial worker in Century Plaza for ongoing case management, such as reporting and recertification.

The process for outreach through SGE is slightly different; SGE educators do not provide direct application assistance. Educators ask course participants to fill out the screening form, which has a check box to request more information on food stamps. Educators fill out a referral form for SGE clients who are interested and potentially eligible for food stamps. This referral is forwarded to the pilot coordinator, who contacts the client to complete the application.

## **B. REDEFINING THE FOOD STAMP PROGRAM—PARTNERSHIP WITH SIMPLY GOOD EATING PROGRAM**

The county's partnership with the Simply Good Eating program is an innovative approach to outreach for food stamps. SGE educators introduce the FSP in SGE classes in the context of nutrition and healthy eating, rather than in the context of a public assistance program. The classes are learner driven; educators do an assessment of what participants are interested in learning about and what they might need to learn about. Program staff view having educators from the community as contributing to the success of SGE; the educators have an appreciation for what the community will like and understand. Educators are mindful as to how they present the FSP as part of the course material. Participants who indicate an interest in the FSP through the screening form, or through communication with the educator following the course, are discretely referred to the pilot program coordinator, who follows up with an application.

Hennepin County EAD and SGE each bring relative strengths to the outreach project. First, the county brings knowledge of the myths and realities of the FSP and knowledge about eligibility. SGE staff reported that there was a lack of knowledge about food stamps among SGE educators, until the Linking Health and Nutrition coordinator provided them with training. For example, SGE workers learned that family members can have a job and still receive food stamps. Second, SGE brings education-focused experience and outreach and marketing; for example, how to teach a topic and how to make it simple and straightforward. SGE helped in the development of the pilot's screening tool. The form became more "user friendly" and less like a county form. Program posters in pilot sites were also jointly developed by EAD and SGE, and SGE assisted the pilot coordinator in developing the program's training module.

Hennepin County EAD and SGE continue to develop their relationship. As part of the partnership between the county and SGE, outstation sites are also supposed to provide information to clients about the SGE program, by distributing the SGE brochure to families interested in food stamps. The screening tool also includes a check box for the client of the outstation sites to request information on SGE. However, SGE staff reported that they do not receive many referrals from the pilot sites. Indeed, at one outstation site, staff reported that outstation workers knew little about SGE. To increase knowledge and communications, SGE and Hennepin County staff and pilot site outstation workers are planning a cook-off so that SGE "comes alive" for workers at the other outstation sites. Staff from SGE and the other food stamp outstation staff are also getting together for a mid-year report. The two organizations are also working together to develop a food stamp brochure to complement the county's brochure.

## **C. SCREENING TOOL FOR FOOD STAMP ELIGIBILITY**

Pilot staff and SGE educators developed a one-page screening tool for outstation workers to use to determine potential eligibility for stand-alone food stamps. This screening tool is attached

as Appendix C. The screening tool asks about receipt of public programs (including FSP), and asks basic income and asset questions. It provides a guideline for gross income limits by family size, and contains check boxes (for those not filling it out interactively) to request more information on the FSP and on SGE.

The screening tool provides a quick and easy way to determine potential eligibility for food stamps and avoids completing the long CAF application if the client will not be eligible. Outstation workers liked the screening tool and felt it was easy to fill out with the client. SGE staff reported that the screening tool has been helpful in motivating people to think that it might be worthwhile to apply for food stamps.

There are a number of challenges, however, with implementing the screening tool at pilot sites. First, there are no guidelines for using the screening tool by outstation staff at the Medicaid outstation sites. Nor do outstation workers at these sites have a “script” for discussing the FSP and the nutritional link as an introduction to the screening tool. It did not appear that there was any systematic way at the Medicaid outstation sites to have clients fill out the tool.

At all sites, clients fill out a screening tool only if they express an interest in applying for food stamps to an outstation worker. For example, at the North Memorial Clinic, patients who already have Medicaid will only speak with the advocate about food stamps if a provider who senses a problem with nutrition and having enough food refers them, or if they contact the advocate themselves after seeing the program poster in the lobby or the FSP brochure. Clients without Medicaid coverage will also see the advocate, but may or may not be screened for food stamps.

Also, some SGE educators were initially reluctant to give out the screening tool to class participants, for fear of alienating course participants due to stigma associated with the FSP. After realizing that potentially eligible clients were not being screened, the program now requires educators to have participants complete the form. Educators distribute the screening form to all participants, to avoid embarrassing anyone.<sup>20</sup> Additionally, the program is tracking the number of participants who do not report food stamp benefits, and will compare this against the number of referral forms. An additional challenge at the SGE program has been that many referrals have come from teen parents who were not identified as still living with their parents, and who cannot apply for food stamps on their own. Because of this issue, the program is planning to edit the screening tool to identify whether the interested party is able to apply for benefits on his or her own.

#### **D. COMPLETING THE FOOD STAMP APPLICATION**

Application assistance provided by the outstation sites aims to reduce barriers to participation in food stamps. It allows applicants to apply at a location in which they are comfortable. Families also receive interactive assistance with the application; at the downtown office, applicants are required to fill out the long application themselves prior to their interview.

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<sup>20</sup> SGE plans to add a box to the screening tool for clients who may already be on food stamps, so that they do not have to fill out the whole form.

The pilot coordinator developed a three-hour training module designed to familiarize outstation workers with the FSP and with the application so that they can confidently take a food stamp application (the CAF) themselves.

However, according to outstation workers, one of the biggest challenges with the food stamp application process through the outstation sites is the application itself. While the Medicaid outstation sites had been trained to complete the four-page combined health-care application, the 36-page CAF is new to workers at these sites. All outstation workers and advocates had negative things to say about the 36-page CAF. One worker commented, “I think the CAF is just the most inefficient application I’ve seen.” The time it takes to fill out the application is a barrier to food stamp outreach at the sites. For example, at North Memorial Clinic, clients are often seen minutes before a medical appointment, which does not leave enough time to fill out the CAF. While the advocate will try to schedule time for the patient to come back in, it is sometimes easier for the outstation worker to just fill out the short four-page combined health care application for Medicaid. Another issue that was raised by outstation workers at the Andersen Center is that applications translated into Spanish are not as current as English versions. Advocates must reconcile different versions when they translate for clients, because they often use both forms when translating.

Following the site visit, in August 2001 the state introduced a new version of the CAF.<sup>21</sup> The revised application appears to have reduced the number of questions slightly, but has mainly condensed the information from the previous version into 17 pages. It remains to be seen if this new version will be more accepted and easier for applicants and outstation workers to use. Some respondents thought it would be useful if the state developed a CAF with a section just for food stamp eligibility.

Outstation workers at the pilot sites can also provide valuable help in collecting the needed verifications for the CAF. Since outstation workers are often more familiar with the client, they may have an easier time collecting financial and other private documents than would a county worker. However, another challenge in completing the food stamp application reported by outstation workers is collecting the needed verifications. Some workers commented that it is often hard to get clients to return the needed verifications, and given their other responsibilities, they have limited time to track down verifications.

Outstation workers also reported that once the clients learn about the application process, they sometimes feel that the small benefit is not worth their time. When applications are filled out at outstation sites, they are sent by mail to the pilot coordinator; the coordinator must then check to see if the application is complete and collect any missing verifications. One outstation worker commented that some food stamp applicants might be better off applying directly to the county because it would be quicker.<sup>22</sup>

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<sup>21</sup> Available at: <http://www.dhs.state.mn.us/forms>.

<sup>22</sup> Applicants who appear eligible for expedited processing FSP are referred to Century Plaza or to a neighborhood center.

Training outstation workers to fill out the CAF and obtain the needed documentation has been one of the biggest challenges so far in the program, and the learning curve has varied widely by site. Some sites have required a fair amount of ongoing training. At the Andersen Family Resource Center, where the clients served by the center may need more assistance than most and workers must often use a translated version of the CAF, the pilot coordinator developed a checklist for workers to use to make sure food stamp applications are complete.

A major support to the outreach project is the coordinator, who is extremely dedicated to helping clients complete the application process. The coordinator also provides positive feedback and suggestions to the sites, as well as ongoing training. All pilot site staff members who were interviewed commented on the good job the coordinator is doing. If a client completes a screening tool but does not follow through and apply, the outstation workers send the screening tools to the pilot coordinator, who follows up. Further, for clients who are referred through SGE, the coordinator contacts the client to set up an interview, and processes the entire application. It has been a challenge to follow-up with the referrals, since the coordinator must schedule an in-person interview with potential applicants.

## **E. ADDITIONAL BARRIERS TO FOOD STAMP OUTREACH**

Two additional issues were identified in our analysis of promoting the FSP through the Linking Health and Nutrition program: stigma and reporting requirements of undocumented non-citizens. While these issues are not particular to Minnesota, they are discussed here because they are issues that were raised often in our meetings with outstation workers and clients in Hennepin County.

First, outstation workers identified stigma as a major obstacle to food stamp outreach. There may be a relatively high level of stigma associated with the FSP in Minnesota because food stamps and TANF are so closely related through the MFIP combined cash and food benefit. Clients in the focus group conducted during the site visit reported stigma with using their food stamp benefits, even through the EBT card system. (Focus group findings are summarized in Appendix A) Andersen Family Resource Center staff reported that clients have less interest in food stamps than in medical assistance, primarily due to welfare stigma. And stigma, even among the educators, is a challenge for SGE in promoting the FSP. Some of the educators, who may have received food stamps in the past, have had to get past their negative experiences with the program.

Also, a number outstation workers reported that their outreach efforts were limited by requirements to report undocumented non-citizens to the Immigration and Naturalization Service that were scheduled to take place in July 2001. At the time of the site visit, Minnesota was preparing to implement a law that required: (1) the use of the Systematic Alien Verification for Entitlements (SAVE) system for verifying the status of non-citizen applicants, as required by federal law; and (2) reporting undocumented applicants to INS if that information was obtained by self-admission or through the application verification process. This second requirement went

beyond federal requirements and was repealed in the summer 2001 legislative session following the site visit.<sup>23</sup>

A number of outstation workers, especially those at sites with many non-citizen clients, reported that the requirements that were planned to become effective in July 2001 would discourage their promotion of public programs, especially for food stamps, since eligibility for the program is household based. SGE staff worried that if a family were deported due to an application through SGE, the peer educator could never work again in that community. While Andersen Family Resource Center staff recognized that there was a small chance of actually being identified and deported through an application to the FSP, they still have hesitations; said one outstation worker: "The risk is too great for a small food stamp benefit."

Workers also reported reluctance among the public to apply because of the reporting requirements. For example, workers reported that many families who use the Andersen Family Resource Center are not interested in even discussing the FSP because of the fear of being reported. While the requirements actually implemented in July 2001 were less stringent than thought at the time of the site visit, it is not clear that the revisions to the law will ease the concerns of outstation workers and families, without further clarifications and education.

## **F. PROGRAM DEVELOPMENTS**

Between its beginning in January 2001 and August 2001, Linking Health and Nutrition had taken 35 applications through the four outstation sites and SGE, 19 of which resulted in enrollment in food stamps. This relatively small number (compared to an average 400 stand-alone FSP applications per month at Century Plaza FAD) is not surprising given the short time in which the program was operating and the small number of outstation sites and workers. The program continues to add sites. Following the site visit in June 2001, the Linking Health and Nutrition program added another site, the Hennepin Care North Clinic. Like SGE, this site will perform screening and make referrals, but will not provide application assistance.

Since food stamp outreach may not result in an immediate application to the program, the program coordinator plans to track persons in the computer system who were referred to the program but did not complete the application. For example, a few of the SGE course participants for whom a referral was completed but an application was not completed enrolled in food stamps at a later date by going to the local welfare office. Also, families who need emergency benefits, or who decide they might benefit from cash assistance as well as food stamps, would have to apply at an EAD office and would not be reflected in the pilot program numbers.

The program is also trying to increase its communications with local food banks (known as food shelves in Minnesota). The program coordinator initially met with food shelf representatives, and did not feel these organizations were interested in participating as outstation sites in a county-run program. However, the program was able to hang some of its posters in the food shelves, and by August 2001 had received three applications for stand-alone food stamps

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<sup>23</sup> Only federal requirements will be required; the existing federal requirements are summarized in the Minnesota MDHS Combined Manual Section 0011.03.27.03.

(two were approved), from persons who had seen the program poster hanging in food shelves. In addition, the SGE program was discussing offering SGE courses at the food shelves.

The food shelves might be a promising venue for food stamp outreach. A survey conducted by Hunger Solutions Minnesota of food shelf and on-site meal clients found that statewide, 37 percent of food shelf clients were receiving food stamps, but 89 percent appeared income eligible.<sup>24</sup> Among those who were not participating in food stamps, top reasons given for not applying to the program were: not thinking they were eligible (20 percent) and not wanting to be on welfare (11 percent). Some food shelves do use a short intake form that screens for income, and if visitors appear to be income eligible for food stamps, food shelf staff gives them a pamphlet and refers them to the county. However, the staff does not give out applications and these referrals are not an official policy and they vary by site. There has traditionally been very little communication between these organizations and the county, and there are negative perceptions regarding public benefits among staff, as well as among clients. Further, as most staff members are volunteers, the food shelves do not have the resources to do more outreach. Collaboration with the Linking Health and Nutrition program and SGE might increase their ability and willingness to promote food stamps.

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<sup>24</sup> Toal, M., “Working, but Still Hungry: A Survey of Food Shelves and On-Site Meals Programs in Minnesota.” Arden Hills, MN: Hunger Solutions Minnesota, July 2001.

## **V. FINDINGS: TRANSITION POINTS IN ENROLLMENT AND RETENTION IN MEDICAID AND THE FOOD STAMP PROGRAM**

This section describes findings from an analysis of the transition points in applying for and maintaining Medicaid and food stamp benefits in the local DHS office in Hennepin County. The analysis assesses whether and how local and state policies and procedures promote or hinder enrollment and retention in these programs at transition points in the management of cases. Five transition points are examined: (1) the initial application; (2) the eligibility determination process; (3) reporting and redeterminations; (4) leaving 1931 Medicaid; and (5) leaving TANF.

### **A. INITIAL APPLICATION**

#### **1. Application Process**

Families in Hennepin County can apply for MFIP, Medicaid, and food stamps at the Century Plaza office downtown, or at one of 18 EAD enrollment sites. Medicaid applicants may also apply by mail or at one of the 30 community-based organizations taking Medicaid applications. This was viewed by the advocate community as supporting enrollment in Medicaid. And as discussed in the previous section, families can apply for food stamps through 4 of the Medicaid outpost sites participating in the outreach program.

Most families, especially those applying for MFIP or the FSP, apply downtown at the Century Plaza office. The fact that families can see a worker and apply for benefits in one day, rather than have to wait for an appointment, supports enrollment in Medicaid and food stamps. However, in the focus group conducted as part of the site visit, participants (former and current DHS clients) expressed frustration about having to visit the downtown welfare office and the time-consuming nature of the visit. The application process can be a very long day and some clients complained about not being able to make appointments for intake interviews and having to take the entire day off from work. Further, only a few focus group participants were aware that they could apply for benefits (especially MFIP and FSP) any place other than at Century Plaza. Lack of knowledge of the 18 neighborhood enrollment sites is consistent with the small number of applications processed at these sites (an average of eight Medicaid and FSP applications, eight Medicaid-only applications, and three expedited FSP applications per month in the first half of 2001).

Also, the length of the application, 36 pages, poses a barrier to enrollment in the FSP and TANF. While applicants can mail in a combined Medicaid application (HCAPP) that is only 4 pages long, clients applying in the local office typically use the 36-page CAF. Focus group participants as well as many workers and advocates expressed their discontent with the length of the CAF. Applicants are asked to fill out the CAF themselves, before they have their eligibility interview; some of the focus group participants commented that some families, especially those who do not speak English, have trouble filling it out. As discussed above, Minnesota introduced a revised CAF in August 2001. The new version asks fewer questions, but mainly achieves its shorter length (16 pages) by condensing the information from the previous version.

## **2. Coordination with the MinnesotaCare 1115 Waiver Program**

Minnesota's 1115 waiver program, MinnesotaCare, offers Medicaid coverage to families with incomes up to 275 percent of FPL. This program increases eligibility for Medicaid coverage in Minnesota significantly. The program is viewed by workers and clients as being separate from Medicaid. This is an intentional feature of the waiver program, to avoid the stigma normally associated with traditional Medicaid (MA) by offering a program that looks more like private insurance. For example, if MA-eligible families wish to enroll in MinnesotaCare, even though the program requires a sliding-scale premium, they can do so.

Applicants can make a short four-page application by mail (the HCAPP) for both MA and MinnesotaCare and can send it to the county or to the MinnesotaCare program. EAD workers at the county determine eligibility for MA and the workers at MinnesotaCare headquarters in St. Paul determine eligibility (and process cases) for MinnesotaCare. The fact that workers cannot determine eligibility for all Medicaid categories at once could present a barrier to enrollment in Medicaid. Ensuring enrollment in Medicaid depends on the referral procedures in place between the county and MinnesotaCare.

The site visit identified an established process for referring families who apply for Medicaid through the county, but who are found ineligible for MA, to MinnesotaCare. The referral process from MA to MinnesotaCare is done electronically—the worker sends the application and any supporting verification documents through the DIAMOND document system to MinnesotaCare, and the family is sent a letter notifying them that the application has been referred. A MinnesotaCare worker will then contact the family. As long as the applicant has completed the application with the county, including verifications, MinnesotaCare accepts an application referred from MA as complete, even if the family applied with the CAF application instead of the HICAPP. The county has also made sure that families are given retroactive coverage through MinnesotaCare if there is a gap in enrollment. While this established referral process supports enrollment in Medicaid, there is still some concern that families might lose Medicaid coverage during the referral process from the county to MinnesotaCare because of failure to meet procedural requirements or to pay the premium required by MinnesotaCare.

There is no equivalent referral process for referring families from MinnesotaCare to other Medicaid eligibility categories such as 1931 and children's coverage. Initial applications sent to MinnesotaCare that are found ineligible are only forwarded to the county if the applicant has checked a box on the last page of the application requesting consideration under other health care programs. Eligible families who sent their application to MinnesotaCare but who want to switch to MA must submit a new application to the county. The same is true for families who are terminated for failure to pay the MinnesotaCare premium. Requiring families to submit a new application presents a risk point for enrollment in Medicaid.

## **B. ELIGIBILITY DETERMINATION**

### **1. Automation of Eligibility Determination**

The MAXIS computer system provides automated eligibility determination for MFIP and stand-alone food stamps, but does not support automated eligibility determination for MA. After entering budget information for MFIP or food stamps, workers must: re-enter budget information

into a Medicaid sub-system in MAXIS; determine eligibility manually; and approve or deny benefits.<sup>25</sup> They must do this even for families who are found eligible for MFIP, and therefore are automatically eligible for 1931 Medicaid (MFIP MA). Since Medicaid eligibility is person-based, workers must enter budget information for each household member. Also, the system cannot determine eligibility for more than one eligibility group at a time; if an applicant is not eligible for one category, the worker must choose another one and re-calculate eligibility. This requires that workers have a complete understanding of the eligibility groups for which a family might be eligible.

This lack of automation could cause unequal access to and inappropriate denials to Medicaid. This manual process will pose a barrier to enrollment in Medicaid to the extent that workers make errors in re-entering resource information, and in choosing the appropriate eligibility categories. This is a training and workload issue for workers. At the time of the site visit, the state was developing an automated system in MAXIS for Medicaid. This system was in the process of being tested and implementation was planned for 2002. County staff were hopeful that this change would promote accuracy in eligibility determination as well as reduce the burden on workers.

## **2. Delayed Verification for Medicaid**

Minnesota implemented delayed verification for Medicaid applicants (except for long-term care) in February 2000. This policy promotes enrollment in Medicaid by granting immediate eligibility. Families have more time to submit verifications, the timely submission of which often poses a barrier to enrollment. If an applicant submits an application that reports income and countable assets of less than 90 percent of the eligibility limit, the worker can approve eligibility for that month using delayed verification for proof of: countable income, pregnancy, assets<sup>26</sup>, immigration status, application for a Social Security number, and child-support forms. The worker gives the client 30 days of eligibility from the date of the approval, with no retroactive coverage, and the applicant has 30 days to submit the verifications. After 30 days, if the verifications have not been submitted, the worker will send a 10-day notice to the client to terminate him.

The delayed verification provisions do not apply to families applying for cash assistance as well as Medicaid. However, workers are instructed to approve MA eligibility immediately if the family submits the verifications needed for Medicaid, even if they are missing verifications needed for MFIP. Where appropriate, workers approve eligibility in a Medicaid category other than MFIP MA, until MFIP eligibility is finalized.

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<sup>25</sup> For those eligible, they also have to re-enter the case into the Medicaid Management Information System (MMIS), used for claims payment to Medicaid providers.

<sup>26</sup> The applicant only needs to verify assets if they are within \$300 of the limit.

## **C. REPORTING AND REDETERMINATIONS**

Reporting and redeterminations are two transition points at which policies and procedures can support or hinder retention in Medicaid and food stamps. Monthly reporting requirements for food stamps and MFIP in Minnesota could adversely affect retention in these programs due to the frequent procedural requirements placed on families. However, our site visit did not identify any specific barriers to retention posed by monthly reporting. In addition, two policies, a paperless imaging system and telephone recertification for food stamps and MFIP, improve retention in Medicaid and food stamps by reducing the burden on families in the application and recertification and reporting process. These three findings are discussed below.

### **1. Monthly Reporting**

Most clients with earned income on food stamps and MFIP are required to submit a three-page HRF each month. Clients must report changes in address, household composition, earned and unearned income, child care expenses, and court-ordered payments. Cases are automatically closed by the MAXIS system for failure to return the HRF, but eligibility is reinstated to clients who return the HRF in the month after it was due. (See Section E below for further discussion of MFIP closures.)

While submitting a report each month places a burden on families and workers and presents more opportunities for the loss of FSP benefits, participants in the focus group did not have anything negative to say about the report form. Workers at Century Plaza are cognizant of the need to accurately complete the HRF and verify the information in the form. Minnesota has achieved low error rates in two of the past three years, and has not seriously considered changing the reporting schedule for MFIP and food stamps.<sup>27</sup>

### **2. DIAMOND System**

Hennepin County uses an online DIAMOND document imaging system for processing all forms and documents that supports retention in all programs. As clients submit documents to the county, they are scanned into the system by a central imaging unit. Workers receive notices on line through the DIAMOND system when they have new documents waiting for a case. They can review the documents on line, and can select and copy sections of documents in DIAMOND. The system also stores all forms, and will fill in the client's name, address, case number, and the worker's number on the form.

This paperless system saves time for workers by reducing the amount of paper they must handle and reduces the burden on clients by only requiring them to submit documents once. It also reduces the problem of lost documents. For example, the DIAMOND system simplifies the processing of the monthly reports for food stamps or MFIP. Workers reported they were quite happy with DIAMOND.

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<sup>27</sup> Because the state attempts to align FSP and MFIP policies, if Minnesota were to adopt a different reporting period under food stamps, it would also have to change this policy under MFIP.

### **3. Recertification Streamlining—Telephone Interviews**

The Family Assistance Division in Hennepin County began a recertification streamlining process in May 2001 to reduce the number of face-to-face interviews required for food stamps and MFIP. This policy supports retention in these programs by reducing the burden on families to schedule appointments with their workers and go downtown or to an MFIP enrollment site to renew eligibility. Certain recipients of MFIP and food stamps can complete their annual recertification by mail: (1) clients with stable income (four months with the same employer for at least 30 hours per week, or 40 hours for two-parent households) and who are not in sanction; (2) heads of household who receive Retirement Survivors and Disability Income (RSDI) or SSI benefits for themselves; and (3) relative caretakers receiving benefits for their children. The process allows these clients to speak with their worker by phone, rather than come in for an office interview. Eligibility is redetermined once the client has mailed the recertification form and required verifications.

## **D. LEAVING 1931 MEDICAID**

### **1. Enrollment in TMA**

Families in Minnesota receive Transitional Medical Assistance (TMA), known as Extended MA, through one of the two 1931 programs in the state—cash-related MFIP MA or MA-only—since the state has not completely de-linked MFIP and Medicaid eligibility. Families on non-cash 1931 transition to TMA when their income increases above 53 percent FPL, while families on cash-related 1931 do not transition to TMA until 120 percent FPL.

The site visit did not identify any barriers to enrollment in TMA among families leaving cash-related 1931 for increased income in Hennepin County. Workers were aware that families in this situation should be assessed for TMA. Also, MAXIS prompts workers to give up to 12 months eligibility for extended MA when a person leaves MFIP, and therefore MFIP MA, for increased income. Workers who close the case without acting on this prompt are contacted by a MAXIS mentor, who reviews the closed cases. These procedures promote enrollment in TMA for families leaving cash-related 1931.

However, the site visit did identify barriers to enrollment in TMA for families leaving non-cash 1931 Medicaid (MA-only). While MAXIS also contains a prompt to workers to review TMA for families leaving MA-only due to increased income, some workers in Hennepin County FAD were unaware of the MA-only category, and that families may qualify for TMA when leaving non-cash 1931. These workers believed that to be eligible for TMA, families must be eligible for MFIP (and therefore MFIP MA) during three of the six previous months. This misperception could be due to the fact that workers have had no experience with the non-cash 1931 group, since the eligibility limits are so low.

Having an MFIP 1931 category has kept in workers' minds the connection between cash and family Medicaid (1931) and has exacerbated the effects of the two-tiered approach. Not only do families who are not on cash assistance lose 1931 benefits more quickly, some workers do not understand that these families should get TMA. With the upcoming changes to 1931 Medicaid in 2002, which create one 1931 category with one set of eligibility rules for all families, it will become more important for workers to understand this group's eligibility for TMA.

## **2. Enrollment in MinnesotaCare**

Families no longer eligible for an MA category such as 1931 should be assessed for eligibility in all other Medicaid categories. Hennepin County workers include all MA eligibility categories (e.g., 1931, TMA, Medically Needy, SOBRA/SCHIP) in their review but cannot determine eligibility for MinnesotaCare. As a result, MinnesotaCare is not part of the *ex parte* review performed by county workers. Workers have five days after determining a family is no longer eligible for any MA eligibility categories to transfer the case to MinnesotaCare. The county sends the most recent renewal form or application for MA to MinnesotaCare when it transfers the case. This additional step of referring the case and having a new eligibility determination by MinnesotaCare introduces a potential barrier to retention of Medicaid coverage.

### **E. LEAVING MFIP (TANF)**

Families on MFIP and MFIP MA who leave or are terminated from MFIP for reasons other than earnings, such as failure to return their monthly HRF, lose eligibility to cash-related 1931 along with MFIP. MFIP MA is left open for 30 days after the MFIP case is closed; during this time, the worker must review the client for eligibility in other MA eligibility categories, including non-cash 1931 (MA-only), children's SOBRA, and SCHIP. Workers are instructed to conduct an *ex parte* review before contacting clients for missing information. (MinnesotaCare is not included in this review, as discussed above.)

The closure of MFIP MA prompted by the closure of MFIP (for a reason not relevant to Medicaid such as the HRF) can adversely affect a family's continued enrollment in 1931. If the family's income is not low enough to qualify for non-cash 1931 (77 percent FPL) they will lose 1931 eligibility. Since the reason for MFIP termination is not due to increased income, the family would not be considered for TMA. This problem is introduced by the two-tiered 1931 program, and will be addressed by the Medicaid program changes in July 2002, which will sever the tie between MFIP and 1931 Medicaid eligibility.

## **VI. SUMMARY AND OPPORTUNITIES**

This section summarizes our findings on the Food Stamp Outreach Pilot Project and how policies and procedures at key transition points affect enrollment and retention in to food stamps and Medicaid in Hennepin County.

### **A. LINKING HEALTH AND NUTRITION FOOD STAMP OUTREACH PROGRAM**

Hennepin County has begun an innovative program, Linking Health and Nutrition through Community Outreach, that aims to increase knowledge of and enrollment in the FSP and to change the public perception of the FSP from a welfare program to a nutrition assistance program. Through the Linking Health and Nutrition program, Hennepin County is using established Medicaid outstation sites to screen for potential eligibility and provide application assistance for food stamps. And through the partnership with the Simply Good Eating nutrition education program, the county is also trying to alter the perception of the FSP from a welfare program to a nutrition-based program.

The site visit identified several promising aspects of this program. For example, the partnership of EAD with the Simply Good Eating program is an innovative outreach approach that has benefited both organizations. And allowing clients to apply for food stamps at the sites may reduce the stigma and hassle of applying at the county office, and eases the process by helping clients with the application and the needed documentation. The program uses a short, simple screening tool for potential food stamp eligibility. Finally, the program coordinator works extremely hard to help families complete the application process for food stamps and to work with outstation workers and provide additional training as needed.

The Linking Health and Nutrition program was very new at the time of the visit and a small number of applications had been translated into successful enrollment in the program through the outstation sites. This is not surprising, given that: the outstation sites had just received training months before; there were a limited number of sites and workers; and the sites only process applications for stand-alone food stamps, not for expedited food stamp benefits or for MFIP. There is also a fair amount of stigma in Minnesota regarding the FSP, especially since the MFIP program combines cash with a food stamps benefit.

There are a number of changes and activities that may address some of the issues with food stamp outreach observed during the site visit. First, the length and complexity of the 36-page application for food stamps was reported to be a major barrier for applicants and for outstation workers. One change at the state level, which may help the outreach program, is that the state recently shortened the combined application form required for food stamps; one other option might be to redesign the CAF so that it includes a separate section just for families applying for food stamps.

Second, there appear to be missed opportunities to screen for food stamps using the short screening tool; most sites do not screen clients unless the client first expresses an interest. The program might consider developing guidelines for the outstation sites to administer the screening tool, and might also develop a “script” for outstation workers to use when introducing the

screening tool and the FSP. The program could also track and assess potential FSP eligibility for families who have received Medicaid but not food stamps through outstation sites, in order to get a sense of missed opportunities.

Also, given the recent change in the laws requiring reporting of undocumented non-citizens, the program could provide more education to outstation workers about what the reporting requirements do and do not require; for example, they could ensure that workers know that immigrants can choose not to provide Social Security numbers and immigration status information for persons in their households who do not want benefits. This may help reduce concerns of outstation workers about promoting the FSP. Finally, the county and SGE should continue to pursue opportunities for outreach at, and collaboration with, local food shelves.

## **B. TRANSITION POINTS FOR ENROLLMENT AND RETENTION IN MEDICAID AND THE FOOD STAMP PROGRAM**

This section summarizes key findings from our analysis of points in the case flow process at which state- and county-level policies and procedures can affect enrollment and retention in Medicaid and food stamps. Specifically, the analysis focused on five transition points: (1) the initial application; (2) the eligibility determination process; (3) reporting and redeterminations; (4) leaving 1931 Medicaid; and (5) leaving TANF (MFIP).

**Visit to Local Office and Application Length May Pose Barriers to Enrollment in the FSP and Medicaid.** While clients are usually able to complete the eligibility process (aside from verifications follow-up) in the downtown office in one day, clients in the focus group expressed frustration at how long they had to spend in the local office and wished that they could make appointments for eligibility interviews. Most focus group participants were unaware of the 18 neighborhood outreach sites at which families can apply for MFIP (TANF), food stamps, and Medicaid. The county may want to consider adding more extended hours or implementing an appointment system for clients who are not able to spend most of the day at the local office. The county may want to increase its marketing of the neighborhood sites, including increased distribution of the brochures it has already developed.

Clients and workers also felt that the length of the application for MFIP and food stamps was a deterrent to enrollment in these programs. The state has recently shortened the CAF, although the new version mainly compresses the information in the current version and clients will still be required to fill out the form prior to the interview. The state might consider further revisions to the application.

**A Number of Policies Promote Enrollment and Retention in Medicaid and the FSP.** The state uses a delayed verification policy for Medicaid applicants, which promotes enrollment by granting immediate eligibility and postponing the burden on families of submitting verification documents. Hennepin County has also implemented a recertification streamlining process, which allows recertifications for food stamps and MFIP to be completed over the telephone, rather than in an in-person interview at the local office. In addition, Hennepin County uses the DIAMOND paperless document system, which simplifies the processing of reporting and renewal forms and verifications. For example, DIAMOND simplifies the processing of monthly reports for food stamps and MFIP and reduces the likelihood of lost documents. These

are policies that should be considered by other counties and states as strategies to increase access to Medicaid and food stamps.

**Most Significant Risk Points Are Associated with the Two-Tiered 1931 Medicaid Category.** Minnesota has not de-linked eligibility for family Medicaid (1931) from eligibility for cash assistance. This has created a two-tiered system in which families not on cash assistance face stricter eligibility limits for 1931 Medicaid than do families on MFIP (77 percent FPL versus 120 percent FPL). Families who are not on MFIP transition to TMA at a lower level of earnings than those on MFIP (53 percent FPL vs. 120 percent FPL).

The site visit identified that a number of workers in Hennepin County were unaware of the non-cash 1931 category, and that these workers thought that the trigger for TMA was the receipt of MFIP for three of six months. This lack of knowledge, combined with the lower eligibility limit for non-cash 1931, creates a significant barrier to 1931 and TMA among families not receiving cash assistance. In addition, families who are terminated from MFIP for procedural reasons also lose cash-related 1931 and will lose 1931 coverage unless the family's income is low enough to qualify for non-cash 1931. Further, these families are not considered for TMA since the reason for termination is not an increase earnings.

Based on legislation passed in summer 2001, in July 2002 Minnesota will be removing this two-tier system for 1931 by completely separating the eligibility requirements for MFIP and 1931 Medicaid. There will be only one 1931 Medicaid category with an income limit of 100 percent FPL. This change will make it easier for families not on cash assistance to qualify for 1931. It will also introduce situations where families with incomes between 100 and 120 percent FPL will transition from 1931 to TMA before they lose eligibility for cash assistance. Given these changes, there is an increased need for worker education about (1) the availability of 1931 to families who are not on cash assistance, and (2) eligibility for TMA being dependent on 1931, not MFIP, eligibility.

**Coordination Between the County and Minnesotacare Is Important for Supporting Enrollment and Retention in Medicaid.** Hennepin County workers process Medical Assistance Medicaid cases (e.g., 1931 Medicaid, TMA, Medically Needy, SOBRA/SCHIP) but do not process cases for the 1115 Waiver program, MinnesotaCare. County workers who perform an ex parte review of Medicaid eligibility when families have become ineligible for a Medical Assistance category, such as 1931, cannot include MinnesotaCare in their review. Instead, there is a transfer process in place for referring families who apply for Medicaid through the county but who are ineligible, or who are no longer eligible, for Medicaid categories handled by the county, to MinnesotaCare. The county sends all documents electronically to MinnesotaCare, and families do not need to fill out a new application for MinnesotaCare.

However, there is no such referral process in place for applications or cases to be transferred from MinnesotaCare to the county. Families who do not want to enroll in MinnesotaCare must re-apply to the county on their own. This is particularly troubling since MinnesotaCare charges premiums, and eligible families may prefer to receive MA. This lack of coordination could pose barriers to enrollment and retention in Medicaid.

While retaining the separate "private insurance" feel of the MinnesotaCare program, Hennepin County could work to improve the coordination with MinnesotaCare. The county could follow up on families who were transferred from MA, to insure that they enrolled in the

1115 waiver program. The county and MinnesotaCare could also develop a referral system for cases transferred from MinnesotaCare to the county, similar to what is in place for referrals from the county to MinnesotaCare.

## **APPENDIX A: CLIENT FOCUS GROUP IN HENNEPIN COUNTY**

**Organization:** Andersen Family Resource Center

**Date:** 6/13/01, 5:30-7 p.m.

### **A. BACKGROUND**

This focus group was held at the Andersen Family Resource Center, one of the Linking Health and Nutrition program sites in Hennepin County that also provides Medicaid application assistance. The center is housed in a school and the focus group was held in the faculty lunchroom. Staff of the Family Assistance Division in the Economics Assistance Department helped to recruit participants for the group. There were six participants in the focus group—five women and one man, who accompanied his wife. All of the participants had had some experience with public benefits:

- A woman with three children (ages 8, 6, and 1); receiving MA and food stamps (formerly on cash)
- A pregnant woman (7 months); receiving MA (but trying to get other programs)
- A woman with two children (ages 13 and 12); on food stamps only (formerly on cash)
- A woman with five children (ages 15, 13, 10, 6, 2); on M A and food stamps (formerly on cash)
- A couple with one child (age 17 months); applying for all programs, only receiving expedited food stamps (meeting 30-day residency requirement for cash.)<sup>28</sup>

### **B. PROGRAM KNOWLEDGE**

The discussion started with what the participants knew of, and thought of, the FSP. The participants were generally knowledgeable about food stamps. They knew that benefits were based on family size and income. They knew that you use a card, similar to a credit card, to purchase food, and, for families receiving MFIP (TANF), that the EBT card held two accounts, one for cash and one for food. They knew that reporting periods varied by whether or not you were working, although one client was unclear on how long her reporting period was when she was not working.

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<sup>28</sup> This couple had just moved to the county, had “just begun” the application process, and were very quiet. Although they said they had applied for expedited food stamps, they did not discuss the application process much.

Two clients in the group knew of neighborhood enrollment centers in Hennepin County (Creekside and one in north Minneapolis), even though all had applied at Century Plaza. None of the clients was aware that they could apply for food stamps at the Andersen Family Resource Center (where focus group was held), or at the other three pilot outstation sites.

Clients knew the Medicaid program only by the state name, Medical Assistance (MA). Participants were aware that there were no time limits for MA, but that you had to be recertified every year. A few clients were knowledgeable about “cost-effective” health insurance, and knew that MA would pay for their employer premiums. However, there was some confusion about the relationship between the MA program and managed care.

Clients spoke of MinnesotaCare, the 1115 Medicaid waiver, as a separate program from Medicaid, although one participant on MA seemed confused about the program names. She had identified herself as being on MA, and had a county worker assigned to her case, but at one point referred to her HMO as the plan she had for “MinnesotaCare.”

None of the participants was currently receiving MFIP (two had applied, one was rejected, and three others had left voluntarily). However, they had a lot to say about MFIP and about how it compared with Aid to Families with Dependent Children (a number of them had been on both programs):

“It’s totally different. AFDC, they didn’t make you do all these classes.”

“It’s getting you to work. It’s mainly to get you off to work. I think before it didn’t matter if you worked or not.”

Clients had learned of the program from friends, or just knew about it. The clients understood that they could continue to receive Medicaid and food stamps (if still eligible) when no longer receiving cash subsidies. Participants also seemed to understand about sanctions. However, none of the clients had ever heard of diversionary assistance.

### **C. STIGMA**

Participants did not report stigma with using Medicaid benefits; however they reported a fair amount of stigma associated with using food stamp benefits. Although participants seemed to be happy with how the EBT card worked (easy to use and convenient), and felt EBT was less embarrassing than receiving paper stamps, they still talked a great deal about stigma. Even though recipients swipe the card as they would a credit card, most participants said that the other people in line still know what you’re using, because the card looks different (says Minnesota on it) and grocery store clerks still ask clients if the card is food stamps or cash. Participants talked about a particular store where they felt the clerks would say “food stamps” very loudly.

### **D. APPLICATION PROCESS**

Participants expressed the most frustration with the application process for MFIP, food stamps, and Medicaid. In particular, they talked about the hassle of going to Century Plaza, the time it took to complete the process, and the way they were treated during the process by

workers. While participants thought stigma was an issue, “the hassles that they take you through ... they take you through a lot when applying” are a bigger issue.

All of the focus group participants had applied for benefits at Century Plaza. It was not too difficult for clients to get to Century Plaza, since it is right off the freeway, but some thought there should be other locations: “I think there should be one in every neighborhood instead of going way downtown. What if you ain’t got no car?” (Two of the six knew about the 18 neighborhood enrollment centers.) Another said, “Maybe if they had more buildings everybody would be taken care of.”

Participants felt that the office hours were not sufficient. The clients did not think Century Plaza had evening hours—they stated that the hours were 8 to 4 or 4:30. One client complained about only being able to call during her lunch hour at work and thought it made her look as if she was slacking off at her job.

The average time participants reported having to wait was four hours. One client reported getting to Century Plaza at 7:40 (before doors were unlocked) and finding many people waiting. It took her three hours just to get to the window and give them her paperwork. Many clients had spent all day at Century Plaza:

“It was a long day. Because you have to go to one part of the building, and then, you have to fill these papers out, and then when you do that, you have to go somewhere else.”

“It seems like nobody around there gives a crap about your day.”

There was no one to help in the waiting area—those who had a question had to wait in line. The participants said that they could fill out paperwork fine, but saw recent immigrants having troubles. They saw applicants get skipped over because they were having trouble with their application.

Another client expressed frustration with the verification process and with having to submit all her documents for Medicaid more than once. One couple, who had just moved to the county, said that it had taken them a week and a half to get expedited food stamps. They were fulfilling the 30-day residency requirement for cash.

Clients did stress that applicants needed to be truthful in the application process. When one participant commented that the county wouldn’t find out that both she and her husband were working unless she told them, the group immediately responded: “You have to tell ‘em ... They’ll find out ... all they have to do is put your Social Security number in. They’ll get you for fraud. You have to tell them.”

## **E. ELIGIBILITY AND BENEFITS**

One pregnant working client was extremely frustrated that she did not qualify for cash or food stamps. She felt the program did not value people who were working, as opposed to people who did not work. Commenting on a friend who she believes cheats the system and does not work at all: “It’s almost like they’re encouraging you to screw yourself.”

When asked if workers made them feel that MA and food stamps were supports, the participants answered no. But even with the problems/frustrations participants discussed about the programs, there was appreciation for the benefits:

“It’s extremely valuable to me to be able to have the medical.”

“It’s very helpful to me, having a large family, a lot of food, so even though I don’t get very much because of the income coming in, it’s helpful. And the medical is very helpful. I think we’re healthier for it, because of it.”

When asked about how large a food stamp benefit clients would need to get to make the program worth it, most clients had not attached a dollar amount to benefits, but some had: “I guess it would have to be at least enough to shop with. If it’s like \$20, I probably even wouldn’t even take the time.”

For one client, the 12-month certification period seemed to make a difference:

“I guess the hassle of going downtown and dealing with stuff and reapplying and doing all those things once a year. Once a year is fine, but if it was once every three months I would be like ‘I guess I’ve got enough to buy my groceries’ [without food stamps].”

## **F. ONGOING RECEIPT OF BENEFITS**

The participants told us that the application comes through the mail for recertification. One client, who had been on for a long time, thought the renewal process was easy. There was a lot of discussion about how difficult it was to reach workers, about how workers treated clients, and about how some workers were more helpful than others. One client said she had no problems reaching her worker, but most participants expressed frustration with the ability to reach workers:

“It’s been extremely hard to reach anyone ... they never answer their phone.”

“In order to talk to anyone, you have to leave a message, and don’t expect a phone call for a week.”

Experiences with workers varied. One client reported having two good workers in three years, but a number of clients thought that their worker did not treat them well:

“They need to be more people friendly.”

“They’re not helpful is the bottom line. You’re really just a name.”

“You’re not even a name, you’re a case number.”

A few participants had experienced trouble with benefits through one of the Medicaid HMOs. One participant, who had employer insurance, expressed frustration with being billed directly for services for laboratory tests. Her Medicaid HMO (Medica) told her to call the

laboratory and the laboratory told her that they would not bill a secondary insurer, and that she would have to bill Medica directly and then pay the laboratory. Another client, who also used Medica, received an extremely large bill from the hospital for her baby's neo-natal intensive care. MA finally covered this bill after the infant was properly added to the case. (Despite these issues, Medica was seen as the best HMO to be in by these clients, because there are many clinics to use.)

## **G. MFIP**

A few of the clients were formerly on MFIP, but had chosen to leave. Some of their thoughts on the program were:

“They preach to you when you go through these meetings with MFIP, that when you get a job that you're still going to be eligible to get money and food stamps, and it's not true, because they're going to have to pro-rate it, you know, and it's going to be cut back big time.”

“I'm trying to get off because they be all in my business. They want to know too much.”

Although MFIP clients are eligible for child care, one client said she had had some trouble with child care benefits while on MFIP (she did not elaborate): “You can't get child care assistance if you're on MFIP and that doesn't make any sense to me.”

## **H. SUGGESTIONS FOR IMPROVEMENT**

When asked for the biggest reasons people do not apply for food stamps and Medicaid, clients reiterated feelings about stigma and the difficult application process. “The hassle that you go through in order to get it in the first place, and then the embarrassment that you feel when people see that you're using it.”

Most of the participants' suggestions for improvement referred to the application process. For example, the county should pay more attention to individuals' needs when they first apply. The participants expressed that they would like more information on other programs available to them. Suggestions included:

“Have more places to apply.”

“If you could make an appointment and not be there for more than two hours, that would be great.”

“They should have people available to speak with you in a timely fashion, one-on-one, see what you need, and then have you come back later, maybe within a day or so, with all the information that you needed to complete your forms. It shouldn't take so long.”

“I’m lucky we have these programs, I’m sure we all feel like that, but if they could make it more convenient, that would be nice.”

## **APPENDIX B: CASE FLOW IN THE HENNEPIN COUNTY FAMILY ASSISTANCE DIVISION**

This appendix provides an overview of how clients apply for, receive, and maintain benefits in the local Hennepin County Family Assistance Division (FAD) office (see also Figures B.1-B.3 at the end of the appendix). Most families in Hennepin County apply for public benefits downtown at Century Plaza in the Family Assistance Division, whose work flow we discuss here. Intake workers most commonly see families applying for MFIP and Medicaid. Workers said that it was rare to see stand-alone food stamp applications only. They also do not conduct many intake interviews for Medical Assistance-only applicants, since no interview is required and these are mostly done by mail, or applications are sent over by outstation sites.

### **A. RECEPTION, SCREENING, AND DIVERSION**

Applicants first check in at the FAD reception desk on the first floor of Century Plaza. Applicants fill out the CAF I (two pages, which screen for emergency/expedited FSP), child support forms, if applicable, and residency forms, and return to the worker at the reception desk. The reception worker assesses what programs client is applying for and what his process should be. If clients arrive before 2:45 pm, they will be “Day 1” applicants, and will be processed that day; if they arrive after 2:45 but qualify for expedited FSP processing, they will be “Day 1” applicants. Applicants are seen as a “Day 1” if they are homeless, if a utility has been shut off, if they need food, or have another reason (e.g., took off work to come here today and cannot come back or only had a ride for that day). Clients who arrive after about 2:45 p.m. and do not qualify for expedited FSP will be given the CAF I and told to return the next morning, when they will complete the eligibility process.

New applicants with income are sent to a screener by the reception desk. The reception worker may also refer a client to a Diversionary Assistance worker (described below). For applicants with income, the screener explains MFIP rules such as time limits and employment/training requirements, and checks to see if the applicant needs expedited food stamps or emergency assistance. Screeners may also refer applicants to see a DA eligibility worker if they feel that DA can meet the applicant’s needs for obtaining or maintaining employment. The DA worker is located on the first floor. DA also uses the CAF application, but intake for DA is separate from the intake process for TANF/food stamp/Medicaid applicants. Clients who see a DA worker and who wish to apply for food stamps and Medicaid are sent directly to the second floor to have eligibility for these programs processed.

The support staff at the registration window gives the client the CAF II application to fill out, and an orientation schedule. While the client fills out the CAF II, the support staff inputs the CAF I into the MAXIS system, registering the case. (In Maxis, this process is called APPL.) After the client has filled out the CAF, he is sent to orientation. TANF (MFIP) applicants attend a 1 to 1.5 hour orientation session on the first floor. MA applicants who are also applying for MFIP or FSP also attend a one-hour managed health care orientation; MA applicants who apply by mail do not need to attend a managed care orientation.

## **B. ELIGIBILITY DETERMINATION**

Once applicants have completed the CAF and the necessary orientations, they are assigned to a PFW worker for intake. Workers are assigned by unit on a rotating basis. The eligibility interview is conducted in a cubical outside the reception area. It is at the discretion of the workers whether or not they enter the information into MAXIS during the interview, or later at their desk. If the applicant appears eligible for expedited benefits, or if they have time, workers will process the entire case in MAXIS during the interview. Clients who are eligible for expedited food stamps are sent downstairs after the interview to the accounting department service desk to receive their EBT card. The EBT card will be available that day if benefits are approved by about 3 p.m. Minnesota uses delayed verification for Medicaid. Families who appear eligible and meet the delayed verification guidelines are granted initial eligibility at the time of the interview, pending the return of income verification documentation.

Clients who do not have all the needed verifications at the eligibility interview are given a list of needed documents at the end of their interview; workers can use the DIAMOND system to print out blank forms. If the applicant does not return the documents in 10 to 15 days, workers send another notice. After another 10 days, workers call the applicant as well as send another notice. If applicants have not returned the needed verifications within 30 days for TANF and food stamps, and within 45 days for Medicaid, the application (or initial eligibility for Medicaid through delayed verification) is denied.

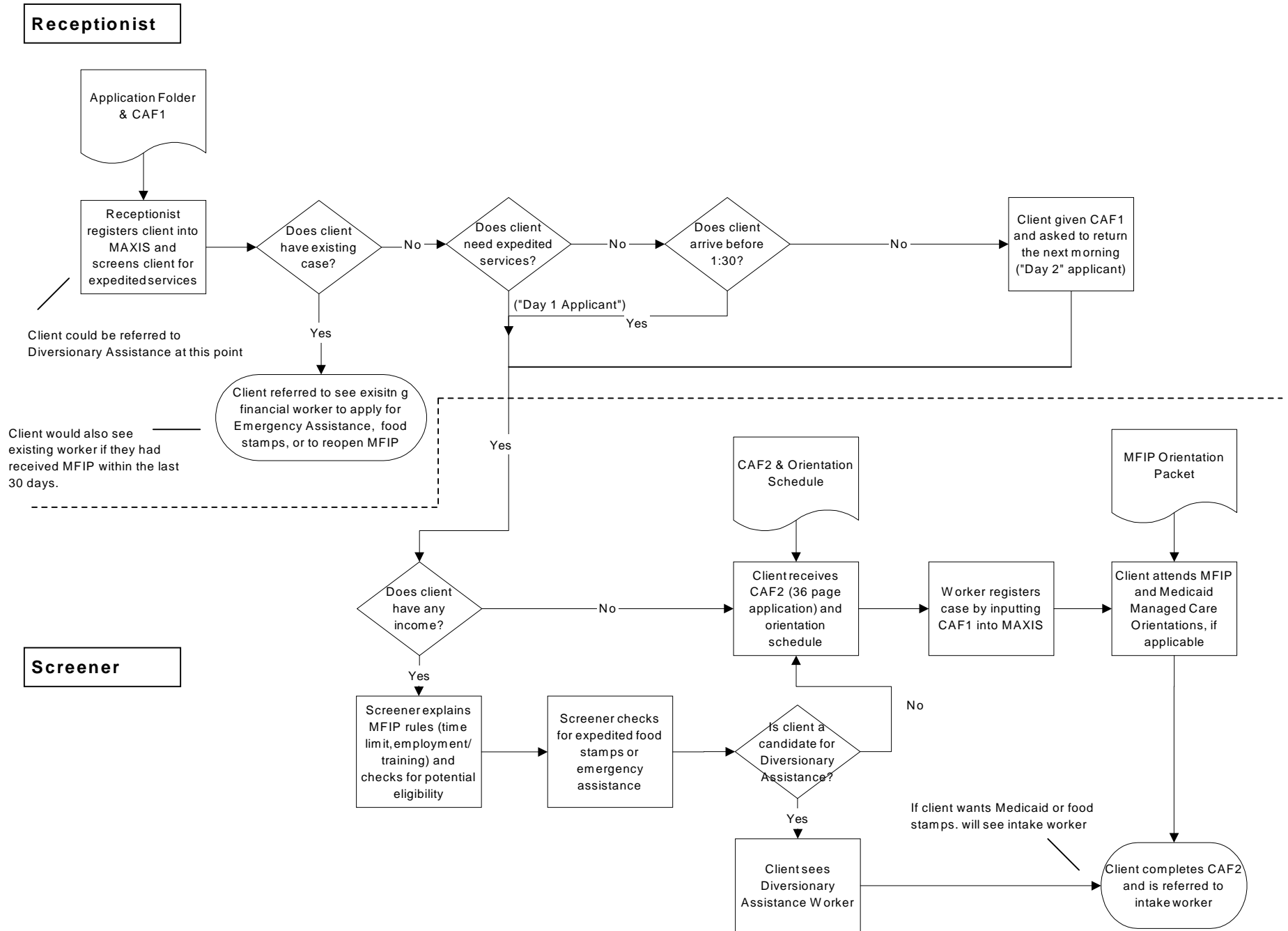
Medicaid applicants who are denied eligibility for MA but who may be eligible for MinnesotaCare are transferred to the MinnesotaCare central office in St. Paul. Electronic versions of the application and any supporting documentation are sent from DIAMOND to MinnesotaCare and the family receives a notice in the mail informing them of the transfer. It is the applicant's responsibility to follow through on the MinnesotaCare application process and submit any further documentation that may be needed.

## **C. ONGOING CASE MANAGEMENT**

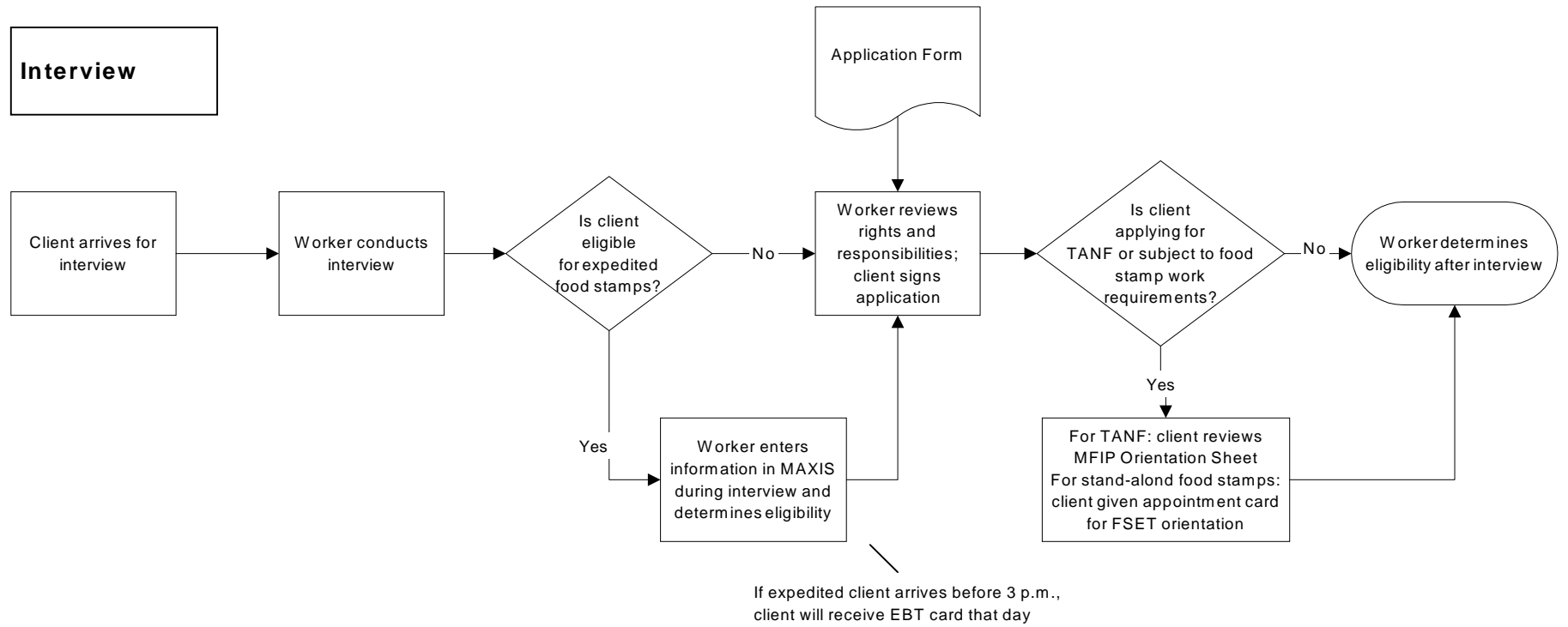
Once the eligibility process is complete, the PFW transfers the case in MAXIS to a financial worker (FW or SFW) who is responsible for ongoing case management. Financial workers are usually assigned randomly, but are sometimes assigned by language needs. Clients on MFIP or stand-alone FSP who have earned income are required to submit a three-page HRF monthly; they must report any changes in address, household composition, earned and unearned income, child care expenses, and court-ordered payments. Workers process the HRF by reviewing it on line in DIAMOND. If there are changes reported, workers will enter the changes in MAXIS and review eligibility. MA also has six-month reporting requirements.

Eligibility for MFIP, the stand-alone FSP, and Medicaid is reassessed annually; this is referred to as recertification for MFIP and food stamps and as renewal for Medicaid. Most recertifications for TANF and stand-alone food stamps require the client to visit the office. However, Hennepin County began a recertification streamlining process in 2001, allowing workers to conduct MFIP and stand-alone FSP recertifications for families by phone, rather than through an in-person interview. Yearly renewals for MA and for MinnesotaCare can be done by mail, using a combined form.

**FIGURE B.1. HENNEPIN COUNTY WORK FLOW: APPLICATION PROCESS**



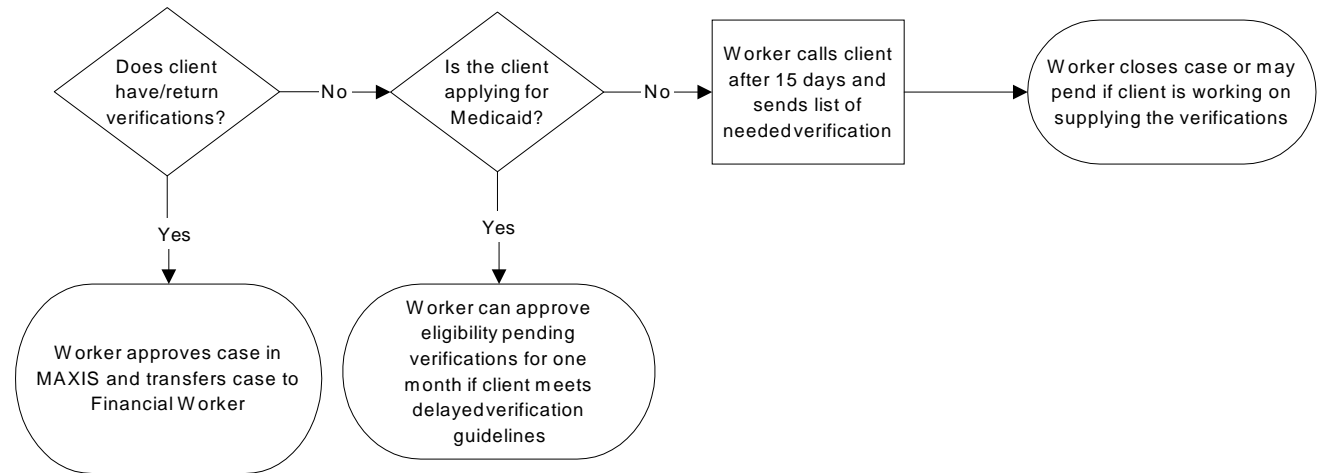
**FIGURE B.2. HENNEPIN COUNTY WORK FLOW: ELIGIBILITY INTERVIEW**



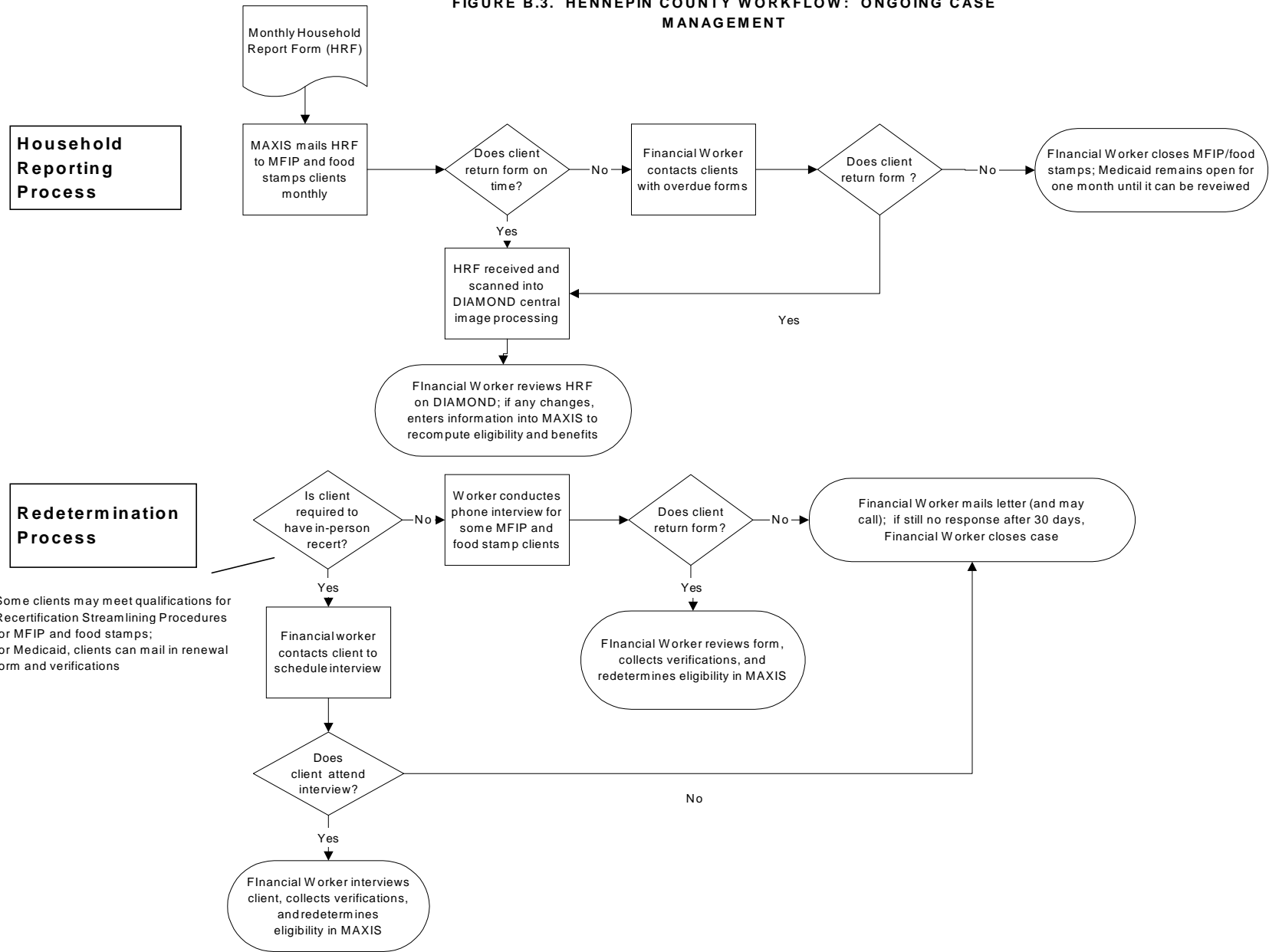
44

**Verifications Process \***

\*The verifications process can happen during or after an interview



**FIGURE B.3. HENNEPIN COUNTY WORKFLOW: ONGOING CASE MANAGEMENT**



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**APPENDIX C**

**LINKING HEALTH AND NUTRITION  
FOOD STAMP SCREENING FORM**



# ADULT SURVEY

(People under 60 years of age)



NAME: \_\_\_\_\_

1. Do you now receive food stamps?
2. Do you and everyone who lives with you get Supplemental Security Income (SSI)?  
 Yes       No
3. Do you currently receive or are you on a waiting list for either transitional childcare or subsidized childcare assistance programs?  
 Yes       No
4. Do you now get help from an MFIP employment service provider (ESP)?  
 Yes       No

*If you answered "Yes" to Questions 2-4, you may be eligible for food stamps.  
 If you answered "No" to one or more questions, then go on to Questions 5-8.*

5. Do you have any cash on-hand, or money in the bank, or an Individual Retirement Account?  
 Yes       No      If "Yes", how much is it?      5.      \$ \_\_\_\_\_
6. What is your income per month before taxes?      6a. **—** \$ \_\_\_\_\_  
 (Enter the amount on Line 6a).  
*Subtract Line 6a from Line 5.*      6b. **→** \$ \_\_\_\_\_
7. Is 6b less than \$2000?       Yes       No
8. Use the income you entered in Question 6. When counting the people who live with you, count only you, your spouse, and/or children. Does your income fall below the income amounts listed below?       Yes       No

Number of People In Household	Gross Income Per Month
1	\$ 931
2	\$ 1,258
3	\$ 1,585
4	\$ 1,913
5	\$ 2,240
6	\$ 2,567
7	\$ 2,894
8	\$ 3,221

If you answered "Yes" to Questions 7 **AND** 8, you may be eligible for food stamps.

- I would like more information about the **Simply Good Eating Program**.
- I would like more information about food stamps.

**APPENDIX D**

**TRANSITION POINTS FOR ENROLLMENT AND RETENTION  
IN THE FOOD STAMP PROGRAM AND MEDICAID IN HENNEPIN COUNTY**

Transition Point	Support	Challenge/Risk
<b>Innovative Food Stamp Program Outreach</b>		
Outreach	<p>The Linking Health and Nutrition through Community Outreach program provides FSP outreach and application assistance at Medicaid outstation sites. The pilot partners Hennepin County with University of Minnesota Extension Service's Simply Good Eating (SGE), a peer education nutrition program, and is a promising model for food stamp outreach.</p> <p>Outreach sites use a short screening tool to identify potential applicants.</p> <p>The pilot's coordinator is extremely dedicated and makes every effort to follow up with applicants and immediately process applications.</p>	<p>The FSP application is long (36 pages), and outreach workers report that it is a barrier to outreach. Some sites have required ongoing training for completing the application and collecting verifications.</p> <p>There are missed opportunities at sites to screen for food stamp eligibility. Sites do not follow specific guidelines for using the screening tool or introducing the FSP.</p> <p>There is a fair amount of food stamp stigma in Minnesota, especially since the MFIP (TANF) program combines a food benefit with the cash benefit.</p> <p>The state's law augmenting federal reporting requirements of undocumented noncitizens to INS was reported by outreach workers to be a barrier to promoting the FSP.</p>
<b>Policies and Procedures for Promoting Access to Food Stamps and Medicaid</b>		
Initial Application	<p>Minnesota uses a short mail-in application for all Medicaid programs.</p> <p>Clients can complete the application process for FSP and Medicaid at the local office in 1 visit; they can receive expedited FSP benefits in 1 day.</p> <p>There are 18 Economic Assistance neighborhood sites in Hennepin County, where clients can apply for TANF (MFIP), Medicaid, and the FSP.</p> <p>There are an additional 30 CBOs conducting Medicaid application assistance in Hennepin County.</p> <p>The MinnesotaCare 1115 waiver program extends Medicaid eligibility to 275% of poverty. When clients are found ineligible for 1931, TMA, or children's Medicaid, their applications are sent electronically to MinnesotaCare.</p>	<p>Clients must complete the 36-page combined TANF/FSP/Medicaid before seeing worker.</p> <p>Some clients complained about the application process taking an entire day and not being able to make appointments. The local office has limited evening hours.</p> <p>Only a few of the focus group participants were aware of the 18 neighborhood-based application sites for TANF, food stamps, and Medicaid.</p> <p>Families that apply through MinnesotaCare (1115 waiver) but who are eligible for Medical Assistance (e.g. 1931, SOBRA) have to reapply to the county; there is no process for transferring cases from MinnesotaCare to the county.</p>

Transition Point	Support	Challenge/Risk
Eligibility Determination	<p>The eligibility system (MAXIS) provides automated eligibility for the FSP and for MFIP.</p> <p>Minnesota uses delayed verification for Medicaid.</p>	<p>The eligibility system (MAXIS) does not support automated eligibility for Medicaid.</p>
Reporting and Redeterminations	<p>Hennepin County uses the DIAMOND document imaging system, which reduces the amount of paper for workers and allows clients to submit documents only once.</p> <p>Hennepin County has implemented a “redetermination streamlining” process in which certain clients can complete the recertification for MFIP and food stamps by telephone.</p>	<p>The state requires monthly reports from MFIP (TANF) and FSP clients.</p>
Leaving 1931 Medicaid	<p>Computer system prompts and case review promote enrollment in TMA for families leaving cash-related 1931 Medicaid because of an increase in income.</p>	<p>Many workers were unaware that clients who did not receive MFIP (TANF) could receive 1931 Medicaid and incorrectly believed that the trigger for TMA was the loss of MFIP eligibility, not 1931.</p> <p>Eligibility for MinnesotaCare (1115 waiver) is not handled by Hennepin County workers and is not part of the <i>ex parte</i> review for 1931 or other Medicaid categories.</p>
Leaving TANF	<p>1931 Medicaid is left open for 30 days after an MFIP (TANF) case is closed so that other eligibility categories can be assessed; workers conduct an <i>ex parte</i> review.</p>	<p>Families who lose MFIP for procedural reasons (even those unrelated to Medicaid) also lose cash-related 1931 and are reassessed for Medicaid eligibility categories other than cash-related 1931; if their income is not low enough to qualify for noncash 1931 (which has a lower limit than for MFIP), they lose access to 1931 and to TMA.</p>