State of Oklahoma

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

Final Report

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EXECUTIVE SUMMARY

One of the unexpected consequences of the 1996 federal welfare law has been the nationwide decline in participation in the Food Stamp Program 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 and for which they qualify.

Some states are experiencing less difficulty with enrollment and continued participation than others. Moreover, in many states, there are differences between the state’s enrollment and retention processes used for Medicaid and those used for the Food Stamp Program. As part of a multi-site project examining access to Medicaid, SCHIP, and food stamps under welfare reform, we chose Oklahoma for a case study of promising practices. The state had implemented a number of promising practices, particularly with respect to Medicaid outreach and simplified enrollment procedures for SoonerCare, the state’s Medicaid programs covering children and families.

The information for this report was collected primarily through a three-day visit to Oklahoma on February 13 – 15, 2001. The visit permitted two days in the Pottawatomie County Department of Human Services (DHS) office and one day in Oklahoma City meeting with state officials and representatives of community based organizations. The objective of the site visit was to gain information from a wide variety of perspectives on the policies and practices that may affect participation in the food stamp, Medicaid, and SCHIP programs. We gathered the information through meetings with administrators and staff of the state agencies administering the programs, with the leaders and staff in the local DHS, and with clients and the community-based organizations that serve clients.

We paid special attention to barriers that may have arisen from or assumed greater prominence as a consequence of welfare reform policies and the increased closure of Temporary Assistance to Needy Families (TANF) cases. We examined outreach policies and practices, simplification of enrollment, and use of automated systems to determine or continue eligibility. We paid considerable attention to the workflow and process involved in the application and retention process for food stamps and Medicaid for both TANF clients and non-TANF clients and, specifically, to the procedures followed to ensure that food stamp and Medicaid benefits continue when a family leaves TANF.

A. SEVERAL PROMISING PRACTICES ENSURE ACCESS TO FOOD STAMPS AND MEDICAID FOR OKLAHOMA FAMILIES

1. Specialized Outreach Workers for SoonerCare

Oklahoma implemented SCHIP by expanding Medicaid (SoonerCare) eligibility to all children under age 19 with family income less than 185 percent of the federal poverty line. In association with implementation of this SoonerCare SCHIP expansion in December 1997,
Oklahoma Department of Human Services (ODHS) and Oklahoma Health Care Authority (OHCA) created a partnership that added 47 specialized DHS outreach workers across the state. To fund these positions, OHCA used federal monies available for outreach, including the $500 million fund available nationally. The outreach workers are employees of ODHS and were hired out of county DHS offices; many were already local DHS employees and thus were familiar with policies and procedures. The job of the outreach workers is to get the word out about SoonerCare, to identify families and children potentially eligible for the program, and to enroll the children and families. Outreach workers also attempt to keep families enrolled in SoonerCare to maintain continuity of care.

Oklahoma’s model of creating new positions within the Oklahoma Department of Human Services dedicated to outreach is somewhat unique and appears thus far to be effective. Other states in this study have either added outreach to staff responsibilities or rely on community-based organizations to perform outreach either through memorandums of agreement or through contracts. However, by adding dedicated outreach positions to the ODHS roster, Oklahoma has expanded the role of outreach beyond education or assistance with paperwork to accomplishing community-based enrollment and retention.

Outreach workers we interviewed during the site visit attribute their success to their status as DHS employees. The availability of outreach workers in the community permits applicants to complete the application process without ever visiting a DHS office, thus eliminating the stigma associated with the request for assistance. Outreach workers also credit the simplified SoonerCare enrollment processes, particularly the self-declaration of income, as central to their success. One outreach worker stated, “It would be nearly impossible to do outreach without [self-declaration].” These approaches enable enrollment with a single contact.

The specialized outreach workers we interviewed during the site visit demonstrated an entrepreneurial approach to developing new outreach efforts and analyzing the effectiveness of these efforts. They hail the leaders of the agency and their supervisors for according them the flexibility to take necessary risks. The state also supports local outreach activities through advertising, providing another avenue for informing families about available benefits. Interviewees also attributed part of the success of the specialized outreach worker model to the strong relationship between OHCA and ODHS and the involvement of community-based agencies.

2. Simplified Application Process for SoonerCare

Oklahoma is a leader among the states in extending all the simplified enrollment policies it uses for enrollment of children in Medicaid/SCHIP to enrollment of families in Medicaid coverage under Section 1931. Thus, families can apply for Medicaid coverage for the entire family through the short and easy mail-in SoonerCare application. The benefits of the state’s approach are, however, somewhat offset by the state’s low cut-offs for income eligibility for family-based coverage.

The key features of the simplified SoonerCare application process for children and families include:
1. A short Medicaid-only application form: the state uses a two-page application for SoonerCare that covers children, families, and pregnant women

2. A mail-in application with no requirement for a face-to-face interview: while 40 states use a mail-in application for Medicaid coverage for children and SCHIP Oklahoma is one of few states that permit application by mail for family-based coverage as well

3. The acceptance of self-declaration of income and other information without any additional verification: only 10 states use self-declaration of income for children’s Medicaid coverage and SCHIP, and Oklahoma is one few states that allow self-declaration for family-based coverage

4. No limit on the assets that a family can own to qualify for SoonerCare: while 42 states have eliminated the asset test for Medicaid coverage for children and SCHIP, only 15 states have eliminated it for family-based coverage

Because of the combined simplified processes and, in particular, the self-declaration of income, outreach workers can sometimes certify a family immediately if they have the time to do so and access to a dedicated telephone line.

In significantly easing the processes for enrollment and retention in SoonerCare, Oklahoma has dramatically increased the enrollment of low-income children. Because Oklahoma has implemented the SCHIP program through a Medicaid expansion for children up to 185 percent of the poverty line, applicants do not face any delays or other problems arising from a need to determine whether a child should be enrolled in Medicaid or a separate state SCHIP program.

The short SoonerCare application is available on the Internet and can be printed out and submitted by mail. Because there is no required interview and verification, a family can enroll in SoonerCare by simply mailing the application. The state is pursuing other uses of technology to expand access, such as online submission of an application via the Internet and the use of e-mail, when an e-mail address is available, to notify the client of enrollment.

3. Commitment to Provide Food Stamps and Medicaid to Working Families

While Oklahoma has experienced a higher-than-average decline in its TANF caseload, the decline in its food stamp caseload has been somewhat less than average. In addition, it has substantially increased the number of children enrolled in SoonerCare. Much of the state’s success in ensuring that families do not lose food stamp and Medicaid benefits appears to arise from an agency commitment to help clients gain access to benefits. This commitment was evident at the level of state and local leaders as well as in each caseworker’s understanding of his or her responsibilities.

Indeed, the culture of ensuring access to work supports appeared to result in continued benefit receipt despite policies such as short food stamp certification periods that might otherwise impede access to benefits for working families. The commitment to access was also evident in the application process, which emphasizes the identification of applicants eligible for
expedited food stamps. In addition, caseworkers consistently considered food stamps and Medicaid in cases where the TANF application was denied.

4. Workflow Practices Regarding Renewal

Workflow practices, in addition to the culture of ensuring access to work supports, provide the underlying framework to case actions. In Oklahoma, some workflow practices applied to the renewal of program eligibility impacted the ability of clients to receive ongoing benefits.

- **SoonerCare.** Renewal of SoonerCare can be accomplished by mailing in a SoonerCare renewal form and does not require a visit to the DHS office. In addition, if a Medicaid renewal is due, the caseworker will typically update Medicaid when a family is in the office for a food stamp recertification interview. A caseworker must take action to close SoonerCare benefits if a review of eligibility has not been completed.

- **Food Stamps.** At the time of the site visit, Oklahoma was employing a three-month food stamp certification periods for most non-TANF families and generally requiring a face-to-face interview each time. However, Oklahoma is switching to 12-month certification periods with semi-annual reports, an approach which would better promote retention of food stamps.

- **TANF.** A key practice that supports retention of food stamps and Medicaid when TANF is closed is that the TANF caseworker keeps the case for a period after TANF closure. This allows the TANF caseworker to provide post-TANF support services and ensure that the case will receive the appropriate ongoing food stamps or Medicaid benefits.

4. Focus on Comprehensive Family Services and Support of Automated Systems

Under a recent Comprehensive Family Services (CFS) initiative, each family, including families not receiving TANF, have one worker who handles all support services, including child care, food stamps, and SoonerCare. Oklahoma’s shift to CFS reflects the state’s commitment to deliver services in a manner that best supports families receiving services. Under CFS, staff who formerly specialized in one program now handle food stamps, Medicaid, and child care. Providing a single caseworker for all support services under the one worker/one family approach gives the busy working parent a consistent point of contact and helps foster an ongoing relationship when applying for programs and maintaining eligibility. One administrator noted that it is difficult for the DHS caseworkers to learn the various procedures associated with all the programs but that “the purpose of the Department is not just to make life easier for DHS employees.” A related practice, under which the TANF caseworker continues to provide all support services and other benefits for a period of time after a family leaves cash TANF also can minimize the risk of losing benefits at the time of TANF case closure.

As part of implementing CFS, the state also implemented FACS, a case management automated system designed to collect information discussed with the client during intake and case review interviews. FACS supports the CFS approach by collecting information in one place.
for all programs and by storing in an online case file the case information previously collected on paper applications. The interactive interview supported by FACS allows the client to answer a question about a particular eligibility factor only once; the information is then available for all programs during the course of that interview as well as for the next review. The state is in the process of maximizing the automated support by using a combined six-month report/renewal form for child care, food stamps, and SoonerCare.

The automated systems also support ongoing access to work supports by continuing SoonerCare benefits when TANF is closed or at eligibility reviews unless a caseworker takes an action to close the case. A family that leaves TANF for work is automatically enrolled in up to 12 months of Transitional Medical Assistance.

B. CONCLUSIONS AND FUTURE OPPORTUNITIES

The change to Comprehensive Family Services (CFS), the introduction of FACS, and the emphasis on SoonerCare outreach and enrollment have all contributed to a culture in ODHS of supporting working families. While welfare reform brought with it a message to decrease the TANF rolls, simultaneous emphasis on SoonerCare outreach and messages about comprehensive casework from central office staff promoted the importance of providing support for families. This culture was apparent during our visit with staff at various levels and clearly assisted in promoting broad access to Medicaid and, to a lesser extent, food stamps.

Oklahoma’s success in providing low-income families with access to food stamps and Medicaid reflects the state’s commitment to providing such benefits at all levels of the state human services and Medicaid agencies. Paramount to the state’s success is the message, consistently received by staff, that their job is to ensure that eligible families receive the available work supports. It is to the state’s credit that, despite some limitations in policy choices, families are generally able to access and retain benefits. With the new policy and procedure changes that are underway, Oklahoma is likely to enhance further its ability to serve low-income working families.
I. CONTEXT

A. INTRODUCTION

One of the unexpected consequences of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) is the nationwide decline in participation in the Food Stamp and Medicaid programs among low-income families. Although large numbers of former welfare recipients have moved into jobs, research suggests that in some states, many low-income families with children still eligible for food stamp and Medicaid benefits may not be receiving them.

To examine the barriers and enhancements to initial and continuous participation in the Food Stamp Program (FSP), in Medicaid, and in the new State Children’s Health Insurance Program (SCHIP), 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 the project, Oklahoma was chosen for an on-site examination of access to and participation in these three programs. An important goal of the case studies was to identify promising practices that could be implemented by other states seeking to improve participation in the FSP, Medicaid, and SCHIP.

Mathematica Policy Research selected Oklahoma for this study for several reasons. First, data indicate that Oklahoma’s Temporary Assistance for Needy Families (TANF) caseload has dropped by more than the national average has since 1994 (72 percent versus 56 percent). But by the same token, Oklahoma’s FSP caseload has dropped by less than that of the national average in the same period (30 percent versus 35 percent). In addition, Oklahoma has succeeded in enrolling a substantial percentage of eligible low-income children in its Medicaid/SCHIP program, which is called SoonerCare. (Oklahoma’s SCHIP program is an expansion of Medicaid eligibility for children.) While many states experienced a decrease in Medicaid enrollment in the first years of welfare reform, Oklahoma experienced a 25 percent increase. Indeed, leading experts in the health policy field have recognized Oklahoma for several innovative practices designed to facilitate the enrollment and retention of low-income children and their parents in Medicaid/SCHIP.

State officials selected the Pottawatomie County Department of Human Services, located in Shawnee, as the site for the case study. Pottawatomie County is a fairly large nonurban county with a well-functioning county office that provides a good model for implementation of promising practices. The information for this report was collected primarily during a three-day visit to Oklahoma on February 13–15, 2001, including two days in the DHS Pottawatomie County office and one day in Oklahoma City, where we met with state officials and community-based organizations. The objective of the site visit was to gain information from a wide variety of perspectives on the policies and practices that may affect participation in the food stamp and Medicaid/SCHIP programs. We gathered the information through meetings with administrators and program staff of the state agencies administering these programs; leaders and staff in the Pottawatomie County office; and clients and community-based organizations serving clients. The research team analyzed the general approach and identified the specific strategies currently in
use to improve enrollment and retention in the food stamp and Medicaid/SCHIP programs with the aim of documenting the state’s experiences and lessons learned.¹

This report describes Oklahoma’s state-level policies and procedures as well as the implementation practices and processes observed at the county office. We have paid special attention to barriers that may have arisen or that were magnified because of welfare reform policies, such as diversion and sanctions. Specific practices we examined include outreach, simplification of enrollment, and use of automated systems to determine or continue eligibility. In particular, we examined the workflow and processes involved in applying for food stamps and Medicaid/SCHIP and in retaining clients (both TANF and non-TANF recipients) in these programs. This effort included observing the procedures followed to ensure that food stamp and Medicaid/SCHIP benefits continue when a family leaves TANF.

The remainder of this introductory chapter presents an overview of state-level policies and procedures in Oklahoma’s TANF, Food Stamp, and Medicaid/SCHIP programs; also discussed is the structure of the Pottawatomie County Department of Human Services (DHS). Chapter II discusses the promising, innovative practices related specifically to the enrollment and retention of children and families in Medicaid/SCHIP. Chapter III discusses county-level DHS practices that may facilitate the enrollment and encourage the retention of families (including those seeking TANF assistance and those leaving TANF) in the FSP and in Medicaid/SCHIP. Chapter IV summarizes the promising practices and offers some conclusions and recommendations for improving access to Medicaid and the FSP.

B. OVERVIEW OF STATE PROGRAMS AND POLICIES

In Oklahoma, responsibility for Medicaid and the FSP rests with two state agencies. The Oklahoma Department of Human Services (ODHS) determines eligibility for TANF, the FSP, and Medicaid through its Family Support Services (FSS) Division; this division also sets TANF and FSP policies. The Oklahoma Health Care Authority (OHCA) sets eligibility policy for Medicaid and administers the provision of and payment for Medicaid services. ODHS’s Division of Field Operations directs the operations of the local DHS offices in the counties.

1. The TANF Program

a. Eligibility and Benefits

To be eligible for TANF benefits, a family must include a child living with a parent or relative, and that child must be considered deprived of parental support due to the death, absence, incapacity, or unemployment of a parent. For a two-parent family to qualify on the basis of unemployment, the state retains the former AFDC “work history” test but does not apply the AFDC’s so-called 100-hour rule, which required that the parent work fewer than 100 hours per month to be considered “unemployed.” Under the work history test, the parent with the higher

¹ Appendix A provides a more detailed summary of the research methodology.
earnings in the past 24 months must demonstrate earnings of at least $50 in six calendar quarters in a recent 13-quarter period.

The maximum TANF benefit in Oklahoma is $292 for a family of three, or 24 percent of the 2001 federal poverty guidelines. In determining eligibility and computing monthly benefits, the state disregards the first $120 of earned income and then 50 percent of the remainder for applicants and recipients. Under these disregards, a family of three becomes ineligible for TANF cash assistance if it has earnings of $704 a month, or 58 percent of the 2001 federal poverty level. About one-quarter of the caseload is employed at any given time, generally on a part-time basis as those families with full-time earnings generally have worked their way off of TANF. For example, a family of three with one parent working 32 hours a week at minimum wage loses eligibility for TANF.

In measuring need, Oklahoma excludes up to $5,000 of equity in one vehicle. Any equity interest in the first vehicle over $5,000 or in any other vehicles counts toward the general $1,000 limit on assets.

Oklahoma provides support services, called FlexFunds, to TANF recipients and to those leaving TANF for 12 months after departure from the program as a result of earning increases. FlexFunds can be used for a range of support services, including automobile repair or purchase, utility bills, or assistance in obtaining or retaining housing. FlexFunds are also available for three months to assist families that have lost TANF because of sanction and therefore need time to come into compliance.

The state’s TANF caseloads have declined by about 72 percent since 1994. About half of the current caseload of 14,000 families consists of child-only cases in which no adult receives TANF benefits.

b. Time Limits

Oklahoma has adopted a 60-month time limit on the receipt of TANF cash assistance. Families will begin to reach the limit in October 2001. The state’s time clock runs on all families except child-only families in which no adult receives TANF benefits. While nearly 12 percent of the state’s population is Native American, the state does not include any reservations and therefore does not apply the “Indian country” exception to the federal TANF time limit.2 At the time of the visit, the state was considering what to do when families reach the time limits and whether it should adopt any policies on extensions for families reaching the limits.

c. Work Requirements

Oklahoma, like other states, takes a “work first” approach to TANF work requirements. Applicants are required to attend an orientation session before approval of their TANF

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2 Under this provision of federal law, the months of TANF assistance provided to a family living on an Indian reservation with high unemployment do not count toward the time limit.
participation. A job search is usually the initial work activity, but the state recognizes other work activities as well. Participation in postsecondary education is permissible only in conjunction with other work activities. The state also is focusing on improving basic skills (via the GED) and addressing substance abuse. Oklahoma makes no formal exemptions from work requirements except in the case of those caring for a child under three months of age.

d. Sanctions

Oklahoma terminates assistance to the entire family—often referred to as a full-family sanction—for any instance of noncompliance with TANF work activities. Despite the absence of categorical exemptions from the work requirements (except for care of an infant), a caseworker can revise the particular work or work preparation tasks required of a family or can determine that an adult has good cause for noncompliance. Oklahoma also imposes partial sanctions by reducing benefits by 35 percent for failure to comply with other required nonwork-related activities such as co-operation with child support enforcement, immunization requirements, and school attendance by children.

Oklahoma also has a unique version of a “family cap” policy under which children born to public assistance recipients who have been on TANF for 10 months or longer receive limited benefits. The state issues the child’s portion of the benefit as a voucher for infant and toddler needs until the child reaches age three; at that time, the child cannot receive further aid.

e. Cash Diversion

Oklahoma started a TANF diversion program in the summer of 2000. Eligible families may receive a cash sum equivalent to three months of benefits to address employment-related or crisis needs. Diversion assistance is available to families eligible for food stamps. Given that families can qualify for food stamps at higher income levels than for cash TANF benefits, some families qualify for diversion cash payments even if they do not qualify for ongoing cash TANF benefits. A family receiving a diversion payment must agree not to apply for TANF cash assistance for one year and never again to apply for diversion assistance. Families applying for diversion payments must participate in literacy and substance abuse screening. Diversion payment recipients can qualify for substance abuse treatment for up to three months. The lump-sum diversion payment is excluded in determining eligibility for food stamps and Medicaid and the amount of food stamp benefits. In the first six months of the program, over 1,600 families received diversion payments.

2. The FSP

The FSP in Oklahoma is administered through ODHS. Federal rules governing eligibility for food stamps require recipients to have an income below 130 percent of the federal poverty level and to meet asset tests and other procedural requirements. In addition, PRWORA disqualified most legal immigrant adults who are not elderly or disabled, and it restricted benefits and mandated work activities for able-bodied adults without dependents (ABAWDs).
Oklahoma counts the full value of TANF benefits in computing a family’s FSP benefits even if the TANF benefits have been reduced or terminated due to noncompliance with program requirements. Oklahoma refers to the imputed income as “penalty” income. With one exception, Oklahoma has elected not to adopt optional food stamp sanctions for noncompliance with work or other behavioral requirements. The state is one of three that disqualifies a parent from food stamps if he or she is delinquent—at least one month late—in child support payments.

3. SoonerCare: the Medicaid Program for Children and Families

Medicaid is a federally matched medical assistance program that provides health insurance coverage for low-income children and families as well as for elderly and disabled persons. Medicaid for children and families in Oklahoma is generally referred to as SoonerCare. (“Sooner” is a slang term for an Oklahoman referring to those settlers who jumped ahead in the Oklahoma land rush and staked initial claims before the official land rush opening.) While SoonerCare was the original name of Oklahoma’s Medicaid managed care program, it is now commonly used to describe Medicaid coverage categories for low-income children and families.3

a. Children’s Medicaid Coverage

Oklahoma provides Medicaid coverage to pregnant women and children up to the age of 18 in families with incomes below 185 percent of the federal poverty line, which was $2,182 for a family of three at the time of the site visit. In December 1997, the state implemented the State Child Health Insurance Program (SCHIP) by expanding Medicaid eligibility for children rather than by establishing a separate state program. Oklahoma uses no asset test for SoonerCare and requires no premiums or co-payments.

b. Family-Based Medicaid Coverage Under Section 1931

The 1996 federal welfare law established a new Medicaid eligibility category for low-income families. The new category replaced an older category under which families receiving AFDC automatically qualified for Medicaid (and subsequently lost eligibility for Medicaid when losing eligibility for AFDC). The new low-income families category, established by adding a new Section 1931 to the Social Security Act, sets as a baseline for family-based Medicaid coverage certain AFDC policies of a state that were in effect on July 16, 1996. A state can adopt less restrictive methodologies for consideration of income and resources so that the state can expand family-based Medicaid eligibility beyond the July 16, 1996 floor.

Under Oklahoma’s Section 1931 policies, the state disregards $120 of earnings and budgets the remaining against the state’s Section 1931 eligibility standard (which is also the TANF need standard); the standard is $471 for a family of three. The result is that a family of three loses

3 This report uses the terms Medicaid and SoonerCare interchangeably when discussing the Medicaid programs for low-income children and families.
eligibility for Medicaid under Section 1931 with monthly earnings over $591. Oklahoma does not apply an asset test for Medicaid under Section 1931.  

Oklahoma’s Section 1931 program does not apply the so-called 100-hour rule, under which a needy two-parent family is excluded if a parent is working more than 100 hours per month. This means that two-parent families may continue to receive benefits if a parent is working more than 100 hours per month so long as the family is below the income cut-offs. In addition, the state has not adopted the federal option to sanction the Medicaid benefits of an adult who has received a sanction in the TANF program for noncompliance with a TANF work requirement. In other words, parents as well as children can continue to receive health coverage if TANF benefits are terminated due to sanction.

Many low-income families are more likely to qualify for Medicaid coverage through the state’s medically needy category (rather than through Section 1931) because families with an income above the medically needy income level can “spend down” their excess income. A family can qualify for medically needy coverage to the extent that medical costs exceed the amount by which the family’s income exceeds the medically needy income level. In Oklahoma, the medically needy level for a family of three is $417 after disregarding the first $120 in earnings.

Transitional medical assistance (TMA), known in Oklahoma as continuing medical benefits (CMB), is provided for up to 12 months to families that lose eligibility for TANF due to earnings and for 4 months to families that lose eligibility for TANF due to child support income.  A provision in state law authorizes up to 24 months of transitional Medicaid, but the state has not implemented this provision because it has not provided the funding to do so.

C. STRUCTURE AND ENVIRONMENT OF THE POTAWATOMIE COUNTY DEPARTMENT OF HUMAN SERVICES

In Oklahoma, clients visit the appropriate county DHS offices for eligibility determination and ongoing case management activities related to TANF, food stamps, Medicaid, child care, and child welfare. All of Oklahoma’s 77 counties have at least one local DHS office, and counties with large cities such as Oklahoma City and Tulsa operate several DHS sites. In

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4 Under Section 1931, Oklahoma also provides Medicaid to all families that receive cash TANF benefits. For these families, the TANF income and resource methodology, which differs somewhat from the Section 1931 methodology, controls eligibility. Families that receive TANF as well as Medicaid undergo yearly reviews of Medicaid eligibility. Oklahoma is revisiting this approach, and the issue is discussed further in Section IV: Summary and Conclusions.

5 At the time of our site visit, the state was not providing TMA/CMB benefits to families receiving Medicaid under Section 1931 (but not receiving TANF) and losing these Medicaid benefits due to earnings or child support. In other words, CMB was triggered only by loss of TANF eligibility and was available only for TANF families. The state is revisiting this issue in response to the recent HCFA review.
addition to applying for benefits at the local DHS office, clients can apply for SoonerCare through outreach workers or outstationed DHS staff.

1. Clientele and Physical Environment

a. Clientele

Pottawatomie County had a population of about 59,000 persons in 1990, 85 percent of whom were white and 12 percent Native American. In January 2001, the Pottawatomie County DHS counted 387 TANF cases, with 1,012 individuals receiving TANF (of whom 269 were adults). For the same month, the county reported 3,192 food stamp cases, with 8,082 individuals receiving food stamps. The average food stamp benefit was $192 per case and $75 per person. The county registered 5,923 Medicaid cases, with 9,835 individuals receiving Medicaid. Of these individuals, 6,119 were children age 17 or younger, 2,609 were adults age 18 to 64, and 1,108 were adults age 65 or over.

Pottawatomie County ranks ninth in the state in terms of population. About 14 percent of Pottawatomie County residents receive Medicaid, accounting for the state’s sixth-highest Medicaid caseload. Even with its high Medicaid caseload, Pottawatomie County ranks only 36th in terms of percentage of population receiving Medicaid, owing to its large population.

b. Physical Environment

The site visit team spent two days at the Pottawatomie County DHS in Shawnee. The office, situated in a one-story building with ample parking, is a new location that opened a little over a year ago; it operates from 7 a.m. to 5 p.m. The building is designed with separate entrances for public assistance and child welfare clients. The public assistance section of the building includes a reception area, private interview offices with computers where caseworkers conduct client interviews, and staff cubicles and offices.

The waiting room contains a play area for children. According to staff and clients, computers used to be available in the waiting room for client use but had recently been removed to provide space for processing disaster food stamps associated with the winter ice storm. The DHS plans to reinstall the computers, although staff noted that they require a fair amount of maintenance and do not contain much software or Internet access due to licensing agreements.

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2. Organization of Case Management Staff

For the past two years, ODHS has been moving toward a comprehensive family services (CFS) model, which is based on the concept of “one family/one worker”; that is, the family sees only one caseworker for all program planning, as opposed to seeing a caseworker for each program. The Pottawatomie County DHS introduced this model in October 2000. As explained below, the type of caseworker who handles program planning depends on whether a family is receiving TANF benefits.

- **CFS caseworkers** handle intake and ongoing case management for families that do not receive TANF but receive any combination of food stamps, SoonerCare, and child care. CFS caseworkers are sometimes referred to as non-public assistance (non–PA) caseworkers.

- **TANF caseworkers** handle intake and ongoing case management for all programs for families receiving TANF, including cash assistance, food stamps, SoonerCare, and child care. TANF caseworkers are sometimes referred to as PA caseworkers. The TANF caseworker continues to handle food stamps, Medicaid, child care, and supportive services for a period of time after the TANF case is closed before transferring the case to the CFS unit.

The new CFS structure has created teams of “superworkers” who perform both eligibility and ongoing case management activities for all services received by the family. Thus, the CFS caseworkers work with clients who are receiving any combination of food stamp, SoonerCare, and child care benefits. Oklahoma’s approach to case management ensures that clients stay with the same caseworker from intake through recertifications. TANF caseworkers’ jobs have essentially remained the same since the transition to CFS; the caseworkers were already performing case management activities for all services received by their TANF clients, including cash TANF benefits, food stamps, SoonerCare, and/or child care. Interviewees noted that while the new arrangement has necessitated some adjustments for staff, particularly those who had to learn new program rules, it also has required staff to become more knowledgeable about the various available programs and the integration of case management practices.

TANF caseworkers carry a smaller caseload than CFS caseworkers because their work in assisting clients with employment and supportive services is considered more time-intensive. TANF caseloads in Pottawatomie County totaled about 70 to 80 cases versus about 200 to 220 cases for a CFS caseload. To develop a more accurate representation of case activity, ODHS has recently instituted a new way of determining caseload size by counting each program in the case as a case section. ODHS monitors the case sections carried by each caseworker to assess caseload distribution.
3. Automated Systems: PS2 and FACS

Oklahoma relies on two main automated systems to support casework. PS2 is the state’s mainframe system of record for public assistance that was introduced in 1991–1992. In addition, in 1998, the state implemented a case management system called the Family Assistance and Client Services system (FACS).

Until 1996, state data entry staff processed case information. During a reorganization in 1996, the data entry positions were reallocated to the county offices, and caseworkers began using PS2 to perform their casework. PS2 is referred to as a financial assistance management model and is used by all caseworkers in local offices to record client information about TANF, food stamps, and Medicaid. The caseworkers make the ultimate decision regarding program eligibility; however, PS2 supports eligibility determination with in-place edits and safeguards to assist the caseworker. For example, the caseworker decides that a family may be eligible for food stamps and therefore starts a case in PS2 that includes the relevant information; however, if the household’s income is too high, PS2 provides an edit.

FACS was designed to provide an interactive interview session with the client. It functions both as a front end to record the eligibility information required for PS2 and as an automated tool to collect the client information that was formerly required on a 22-page paper application. Even though all case processing is still conducted in PS2, FACS is able to produce additional forms because of the additional case information collected. For example, caseworkers record information directly in FACS as they conduct their client interviews, thereby enabling them to print out a completed application form for the client’s signature.

4. Workflow at the Pottawatomie County DHS Office

This section summarizes the workflow we observed during our February 2001 site visit to the Pottawatomie County DHS. Appendix B provides a more detailed description of the workflow, a table of transition point processes, and a graphic depiction of the workflow.

a. Application and Interview Processes

When new applicants visit DHS, their first contact is the receptionist at the front desk, who acts as a gatekeeper to the application process. The receptionist gives applicants a one-page screening form on which they check the programs in which they are participating and those for which they want to apply. If an individual is seeking assistance such as TANF, food stamps, and Medicaid, he or she must also complete a one-page (front and back) combined application form to initiate the application process. This shortened form, which takes the place of a longer form previously used, asks about the client’s name, address, “how we can help you,” and information

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8 The system is called PS2 because the division now called Family Support Systems in ODHS, which administers public assistance programs, used to be called Payment Support Systems (PS2).
on individuals in the household. Generally, the applicant is scheduled for an intake interview at which time the rest of the eligibility information is collected online in the FACS system. The applicant receives either in person or by mail an appointment letter that also includes a form filled out by the caseworker instructing the client on what documentation to bring to the interview.

If the client is applying for food stamps, he or she also completes the back of the form that contains questions to determine whether he or she may be eligible for expedited food stamps, referred to as Emergency Order Food Stamps in Oklahoma. If the family appears to qualify for expedited food stamps as the case is screened, DHS interviews the family immediately and authorizes food stamps; expedited food stamps are not delayed pending the TANF interview. If the client is applying only for SoonerCare, the front desk staff may give the applicant the SoonerCare application instead of the shortened combined application. The application process for SoonerCare requires the client to submit only the SoonerCare application; no interview or verification is necessary.

When an applicant is seeking TANF benefits, he or she must attend a TANF orientation session, which is held once a week, before the TANF interview takes place. At the orientation session, clients learn about Medicaid and other available services and participate in job development discussions. The TANF intake interviews are typically scheduled a day or two thereafter. If at or after the TANF interview it appears that the family does not qualify for TANF, the caseworker proceeds to authorize any food stamps or SoonerCare for which the family is eligible.

b. Maintaining Eligibility

Families Receiving or Leaving TANF. Families receiving TANF also receive family-based Medicaid under Section 1931 and usually food stamps as well. All benefits are approved for an 18-month period with an annual review. If the family does not appear for the annual review, all benefits generally are terminated because, without the review, the agency would not have current information. While no interview is required for SoonerCare renewal, the worker generally will close SoonerCare if DHS does not have current information. The termination of SoonerCare is not automatic, however, and action on the part of the caseworker is needed to terminate SoonerCare benefits.

Medicaid. Medicaid benefits continue if a family’s TANF benefits are terminated for a reason other than not completing an eligibility review. If TANF benefits are terminated because of increased earnings, the closure code automatically extends Medicaid coverage through TMA (called CMB) for 12 months. If the TANF case is closed because of a full-family sanction, Medicaid continues, typically for 3 months. At the end of that period, ongoing eligibility is reviewed.

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9 Information collected for each household member includes name, sex, date of birth, social security number, citizenship status, whether disabled, and marital status.
Food Stamps. Food stamp reviews for families not receiving TANF are scheduled every three months. Thus, when a family’s TANF benefits are closed and the caseworker has income information, the TANF unit caseworker generally adjusts the food stamp benefit amount as well as the certification period. If DHS needs additional information from the family, the caseworker keeps food stamps open, generally for one month, and requires the household to apply for recertification. Although caseworkers referred to this practice as extending food stamps, the practice essentially shortens the certification period from the one previously established for the TANF family. If a family loses TANF benefits owing to a full-family sanction, the caseworker generally extends the food stamps for a three-month period, calculating the food stamp amount by including the value of the TANF no longer received.

Non-TANF Families Receiving Medicaid. SoonerCare is approved for six-month periods for children and families not receiving cash TANF benefits. Renewal of SoonerCare enrollment is similar to the process for initial enrollment. No face-to-face interview or verification is required; therefore, renewal can be completed through the mail by completing a short review form. In February 1999, DHS reprogrammed the automated system so that SoonerCare benefits do not close automatically if the agency does not receive or process a review form; thus, SoonerCare benefits close only after a caseworker makes a determination that each individual no longer qualifies.

Non-TANF Families Receiving Food Stamps. Employed families not receiving cash TANF typically are approved for food stamps for a three-month certification period. A family with fixed income or annualized salaries may have a longer certification period of six or 12 months. Between reviews, food stamp recipients must report changes within 10 days, except for changes in earnings that are less than $100. At the end of the certification period, a family must reapply for benefits and participate in a face-to-face interview (unless waived on an individual basis due to hardship). If a client does not complete the recertification process, food stamps are closed.
II. FINDINGS: PROMISING PRACTICES RELEVANT TO EXPANDING SOONERCARE ENROLLMENT

A. SOONERCARE SPECIALIZED OUTREACH WORKERS

In association with implementation of the SoonerCare SCHIP expansion in December 1997, ODHS and OHCA created a partnership that added 47 specialized DHS outreach workers across the state. To fund these positions, OHCA used federal monies available for outreach, including the $500 million fund available nationally at an enhanced federal matching rate of 90 percent. OHCA pays the state share of the match. When the state started the program, officials were not sure how long the funding would be available as the $500 million fund was originally scheduled to sunset after 12 quarters of TANF implementation. Since that time, the federal government has lifted the sunset and extended the funding until states spend their allocations. State officials also noted that they have been able to stretch outreach dollars further by using SCHIP outreach funds, which are available, though capped, at a higher match rate than regular Medicaid administrative dollars.

The outreach workers were deployed statewide in accordance with an analysis of census data. They are employees of ODHS and were hired out of county DHS offices; many were already local DHS employees and thus were familiar with policies and procedures. Some outreach workers are responsible for a number of counties while several outreach workers serve urban counties.

The job of the outreach workers is to get the word out about SoonerCare and to try to identify families and children potentially eligible for the program. According to the OHCA FY2000 Annual Report, the outreach workers help achieve the agency’s objective “to ensure that beneficiaries and providers are aware of the services of the Medicaid program.” To support this objective, outreach workers are directed to “identify, enroll, and retain children in health care coverage under Oklahoma’s managed care program—SoonerCare.”

The outreach workers are accorded significant flexibility to perform their work. Their activities range from education and enrollment to assisting with redeterminations and answering questions on other programs received by the families. They see their work as an essential link between DHS and the community.

The following are examples of activities conducted by the outreach workers:

- Making regularly scheduled visits to health clinics, Head Start programs, WIC (Special Supplemental Feeding Program for Women, Infants, and Children) clinics, and community agencies to enroll families to complete an enrollment, the outreach worker needs access to a dedicated telephone line)

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• Providing information and distributing applications at events such as state fairs, health fairs, school enrollment days, parent nights at schools, and WalMarts

• Engaging in door-to-door outreach with community providers (such as Head Start) and small businesses, including talking to staff and clients and distributing applications and marketing materials

• Coordinating mailings with school districts to target materials to all enrolled students or to families that note an interest in health insurance on the school lunch program application\textsuperscript{11}

• Delivering educational presentations to community groups, service providers, school staff, and professionals

Beginning this year, outreach workers initiated efforts within the small business community to reach low-wage workers who may not have health insurance through work (or who may have coverage for themselves but cannot afford health coverage premiums for their dependents).

Outreach workers credit their success to the fact that they are able to enroll clients without requiring the clients to visit the DHS office. As a result, workers have developed creative approaches for reaching families that otherwise may not have any interaction with DHS, thereby eliminating the stigma associated with public assistance (as does calling Oklahoma’s Medicaid program SoonerCare). They believe they could not do the work they do if application procedures were any more stringent. Moreover, allowing self-declaration of income is essential to the outreach workers’ ability to help families apply. In fact, workers often find themselves taking applications in places where no copy machine is available and even certifying families on the spot. Finally, the outreach workers believe that their DHS affiliation brings credibility to the enrollment process.

Given that their work is so varied and requires so much interaction with the community, the outreach workers feel that much of their success is attributable to their flexible work hours and the continued support of their supervisors to try new, creative approaches to outreach.

While the primary responsibility of the outreach workers is to reach children, there has been some spillover in terms of performing outreach with adults, as the same application can be used for adults (both pregnant and nonpregnant). However, the outreach workers we interviewed on site noted that, due to the low-income eligibility threshold for Section 1931 in Oklahoma, they did not encounter many adults who would otherwise be eligible for Medicaid but were not

\textsuperscript{11}Some interviewees pointed out that mailings to the school lunch program were not particularly effective, as many of the children receiving free or reduced-price lunches are already enrolled in Medicaid. One school lunch mailing of about 300 to 400 letters resulted in about 25 to 30 applications. At another school, the information was sent to all children enrolled instead of to enrollees in the school lunch program. Of the 999 letters sent, 17 resulted in new certifications and 8 in recertifications, while 8 were duplicate applications (for individuals already enrolled).
enrolled. One outreach worker said that if she did identify an adult who would potentially be eligible, she would help him or her fill out the SoonerCare application (which can also be used for Section 1931 Medicaid for families) and talk to the individual about the child support cooperation requirements associated with the receipt of Medicaid.

Part of the success of the specialized outreach worker model lies in the strong relationship between OHCA and ODHS. One state official noted that many of the staff who joined the Oklahoma Health Care Authority since the agency’s creation in 1994 were former employees of the Department of Human Services. As a result, OHCA staff were already well versed in human services processes and organization. ODHS also employs a liaison who is based in the OHCA offices and supervises the outreach workers.

According to the outreach workers, one of the main challenges facing them is their limited ability to process applications on the spot due to the frequent absence of a dedicated telephone line needed to gain access to the automated eligibility system. Given that the outreach workers are DHS staff, the availability of a dedicated line would enable the workers to determine eligibility immediately, in the presence of a prospective client.

While many of the promising practices in this report refer to the enrollment component of Oklahoma’s outreach program, another goal of the outreach program is to assist families in accessing health services and providers. Interviewees mentioned that access to services and providers is an issue for clients who move in and out of SoonerCare. The in-and-out transition occurs because new enrollees are placed in Medicaid fee-for-service until their HMO enrollment begins on the first of the month after the month when they begin to receive benefits. For many clients who let their coverage lapse and then re-enroll, they are unable to see their primary care provider until their HMO enrollment restarts. The outreach workers have assumed responsibility for making certain that families maintain enrollment in SoonerCare so there is no interruption in access to the primary care provider. Outreach workers felt that part of their task was to keep families enrolled to maintain continuity of care.

B. OTHER STATEWIDE OUTREACH EFFORTS

1. Development and Provision of Marketing and Outreach Materials

To support local outreach efforts, OHCA designs and produces materials that are distributed to outreach workers, local offices, and the public. Materials include enrollment packets, posters, flyers, and coloring books with crayons. For SFY2000, OHCA produced 2.3 million printed outreach materials.

In addition, OHCA produces and pays for advertising across the state. The advertising consists of public service announcements on television and paid advertisements on radio and in newspapers, in movie theaters, and on pharmacy bags. The agency monitors the marketing efforts by tracking how people who contact the SoonerCare 800-number helpline hear of the program and then revises its advertising strategies accordingly. For example, OCHA dropped its advertisements during movie theater previews because they did not generate much response.
Based on an analysis showing that minorities were under-represented in SoonerCare enrollment numbers, statewide enrollment efforts in the last few months have largely focused on minority groups. While the application form has always been available in Spanish, OHCA has started to produce other outreach materials in Spanish. It has targeted its advertising to urban and Spanish-speaking radio stations and to newspapers that serve the minority community. Data on the effectiveness of these efforts, which began in fall 2000, are not yet available.

Reports from the field were positive about the statewide outreach materials and OCHA advertising campaigns. Outreach workers, ODHS offices, and community-based organizations find the materials to be easy to understand, catchy, and simple to distribute at events and community locations.

OHCA operates a helpline to field calls about SoonerCare. The helpline received about 25,000 calls per month from October through December 2000, which also represented the open enrollment period for managed care under SoonerCare. Most calls were for information (39 percent), plan change requests (18 percent), change of status (15 percent), and new case enrollments (13 percent).12

Of those calls received, most callers had heard of the SoonerCare program in the following ways: previous enrollment (55.5 percent), through friends/family (22.4 percent), a DHS office (9 percent), a packet requested via voice mail (2.8 percent), or through community-based organizations (2.5 percent). Advertising on television, radio, and billboards and in newspapers accounted for about 2.6 percent of the source of SoonerCare information.

In addition to providing materials and advertising, OHCA offers training workshops for health care providers and local DHS caseworkers about the SoonerCare program. In SFY2000, OHCA conducted 192 training workshops for health care providers and 47 sessions for DHS county caseworkers.13

2. Outstationed DHS Employees

In addition to the corps of outreach workers, some outstationed DHS staff maintain regularly scheduled hours at designated places in the community, mostly health-related facilities such as federally qualified health centers (FQHCs) and health clinics. For example, the 33 FQHCs in Oklahoma have all entered into agreements with DHS that someone will be stationed at the centers for 20 hours per week—either a specialized outreach worker or an outstationed staff member. For a full-time outstationed DHS staff member to be assigned to a place such as a health clinic, the agency hosting the outstationed person pays half of the person’s salary.


3. Public/Private Partnership with Covering Kids Initiative

Another way that the SoonerCare outreach is promoted in Oklahoma is through the Covering Kids Initiative, which is funded by the Robert Wood Johnson Foundation and based in the Oklahoma Institute for Child Advocacy. Oklahoma’s Covering Kids Initiative has helped create a community of people focused on grassroots SoonerCare outreach. It includes outreach workers, local DHS staff, community organizations, and state officials from OHCA and ODHS. The coalition meets at an annual conference sponsored by Covering Kids, where the goal is to bring together everyone involved in outreach for the purpose of networking, skill building, and information exchange. The conference also includes a dialogue session with participants and staff, providing an excellent opportunity to identify and iron out problems, such as those related to managed care enrollment. According to a Covering Kids participant, bringing everyone with a stake in outreach to the table enables individuals to explain their own organization’s processes, leading to more rapid problem solving.

C. SIMPLIFIED APPLICATION PROCESS PROMOTES ENROLLMENT IN SOONERCARE

Oklahoma’s simplified procedures for enrollment in SoonerCare and its reliance on these procedures for family-based Medicaid enrollment and children’s coverage explain in part why the state was selected for this study. Throughout our visit, we heard from agency leaders, county office supervisors, and outreach workers in the field that the simplified application process has been essential to the state’s success in enrolling children in SoonerCare. One state official summarized Oklahoma’s approach to enrolling families and children in Medicaid by stating, “The key is to make it simple and tell everybody you can about it. That’s what we do.”

1. Key Components of the Simplified Application Process

The key features of the simplified SoonerCare application process include (1) a short Medicaid-only application form; (2) a mail-in application with no requirement for a face-to-face interview; (3) the acceptance of self-declaration of income and other information without any additional verification; and (4) no limit on the assets that a family can own to qualify for SoonerCare.

When Oklahoma implemented its simplified application process, it shortened the processing time for applications from 30 to 20 days. All staff interviewed during the site visit indicated that the simplified procedures were critical to their ability to meet the 20-day SoonerCare application processing deadlines. Because of the combined simplified processes and, in particular, the self-declaration of income, outreach workers can sometimes certify a family immediately if they have the time to do so and access to a dedicated telephone line.

a. Short Medicaid-Only Application

The state uses a two-page application for SoonerCare that covers children, families, and pregnant women (see Appendix D). The portion of the application to be filled out by the family fits on two sides of a page. The application is part of a perforated tri-fold brochure which
includes an explanation of the SoonerCare program and the tear-off application. The short SoonerCare application is only for Medicaid for children, families, or pregnant women. It does not cover Medicaid coverage categories that are not family-based such as those related to age, blindness, or disability.

If a family applies for Medicaid at the local DHS office, it can use the same short application form. If, however, the family is applying for other types of benefits as well, it generally applies for all benefits (including Medicaid) on the combined application form since the shorter SoonerCare form does not include TANF, food stamp, or child care benefits.

**b. Mail-In Application**

Given that a face-to-face interview is not required, families do not need to visit the DHS office to enroll in SoonerCare; they can enroll by mail. While 40 states use a mail-in application for Medicaid coverage for children and SCHIP, fewer states permit application by mail for family-based coverage. The outreach workers interviewed during the site visit, in both Pottawatomie County and Oklahoma County, viewed the mail-in option as extremely important, in part because many families live some distance from their county DHS office. The outreach workers also stressed that forgoing a visit to the DHS office eliminates the stigma and hassle associated with the receipt of a welfare-type benefit under SoonerCare.

The short SoonerCare application is available on the ODHS website, where a family can print out the application, complete it, and mail it. The state also is developing an Internet-based process under which a family can directly submit its application for SoonerCare via the Internet.

**c. Self-Declaration of Income**

Oklahoma uses self-declaration of income and generally does not require any additional verification from the family. Only 10 states use self-declaration of income for children’s Medicaid coverage and SCHIP, and fewer, if any, states use self-declaration for family-based coverage. The applicant’s statement of income and circumstances is generally accepted as sufficient unless the caseworker believes there is reason to question the statement. DHS regularly uses computer cross-matches to identify a family’s recent wages and unearned income, enabling the agency to identify when an applicant’s self-declared circumstances are questionable.

All the outreach workers we interviewed during the site visit identified self-declaration as essential to their enrollment efforts. Self-declaration makes enrollment a one-step process under which the family completes its work by simply submitting its application to DHS by mail or through an outreach or outstationed caseworker. One outreach worker noted that even if she does not have the opportunity to certify a family immediately, the family knows that nothing else is needed to complete the application process. When time permits and a connection to the automated eligibility system is available, self-declaration permits the outreach worker to enroll the applicant immediately. Self-declaration eliminates the step of locating paystubs, thereby removing a barrier to certification and reducing the chances that an application remains incomplete. One outreach worker praised self-declaration because it does not penalize children if their parents cannot keep track of a check stub. Another stated that “self-declaration of income
is a big key to what we do,” noting that “it would be nearly impossible to do outreach without it.”

d. No Asset Test

The final feature of Oklahoma’s simplified enrollment process is the elimination of an asset test for eligibility for both the family-based and children’s Medicaid coverage categories. While 42 states have eliminated the asset test for Medicaid coverage for children and SCHIP, only 15 states have eliminated it for family-based coverage. Elimination of an asset test helps simplify and destigmatize the application process\(^\text{14}\) and helps limit the length of the application. In addition, a family does not need to provide extensive and detailed information about its bank accounts, vehicles, or other assets. Thus, enrollment in SoonerCare seems less intrusive and less suggestive of “welfare.”

2. Using the Simplified Application Process for Family-Based Medicaid Enrollment

Oklahoma is a leader among the states in extending all the simplified enrollment policies it uses for children’s Medicaid/SCHIP to family-based Medicaid coverage under Section 1931. Thus, families can apply for Medicaid coverage for the entire family through the short and easy mail-in SoonerCare application. To receive Medicaid, a parent must cooperate by establishing and collecting child support obligations unless there is good cause not to do so. The short two-page SoonerCare form, however, does not go into child support information; therefore, an additional child support contact is needed before a parent can be enrolled in SoonerCare.

Because of the state’s low income cut-off for family-based coverage under Section 1931, the impact of extending the simplified enrollment policies and processes may not be as significant as in a state with higher income limits for family-based Medicaid. The outreach workers we interviewed during the site visit noted that, among the applications they handle, parents generally are not eligible.

D. GROWTH IN SOONERCARE ENROLLMENT

Oklahoma has witnessed significant growth in SoonerCare and Medicaid enrollment in response to its efforts to promote the program and expedite the application process. From November 1997 to June 2000, the number of children covered by Medicaid/SCHIP through the Medicaid expansion grew by 70 percent.

Growth in the program represents not only an increase in enrollment as a result of expanding eligibility from 150 percent to 185 percent of the federal poverty level, but also growth in the

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\(^{14}\) Elimination of an asset test also expands eligibility as it allows families with some assets to qualify so that owning a modest car or having some savings does not disqualify working families from access to SoonerCare.
number of children enrolled under 150 percent who were eligible even before the expansion. Of the 275,685 children participating in SoonerCare in June 2000, 237,000 are eligible under standard Medicaid rules (150 percent of poverty), 3,260 are covered by the Medicaid expansion (for children with other health insurance), and 34,840 are eligible under SCHIP (for children with no other health insurance).\textsuperscript{15}

\textsuperscript{15} Oklahoma Health Care Authority Annual Report SFY2000, p. 19.
III. FINDINGS: OFFICE PROCEDURES PROMOTE ENROLLMENT AND RETENTION IN FOOD STAMPS AND MEDICAID

A. CREATING A CULTURE THAT EMPHASIZES THE IMPORTANCE OF PROVIDING ONGOING SUPPORT TO WORKING FAMILIES

The change to Comprehensive Family Services (CFS), the introduction of FACS, and the emphasis on SoonerCare outreach and enrollment have all contributed to a culture in ODHS of supporting working families. While welfare reform brought with it a message to decrease the TANF rolls, simultaneous emphasis on SoonerCare outreach and messages about comprehensive casework from central office staff promoted the importance of providing support for families. This culture was apparent during our visit with staff at various levels and clearly assisted in promoting broad access to Medicaid and, to a lesser extent, food stamps.

In the Pottawatomie County DHS, interviewees attributed the strong culture of supporting families to the local leadership. Interviewees described a strong orientation toward client service. In fact, client service has remained a focus despite leadership changes. One interviewee noted, “The role of staff is to find answers to solve [client] problems.” We observed cases wherein caseworkers went out of their way to help clients enroll and maintain their enrollment in programs.

B. TRANSITION TO A COMPREHENSIVE FAMILY SERVICES STRUCTURE

In moving to the CFS structure, ODHS officials were aware of the importance of conveying a clear and consistent message to local staff to promote the change in culture. To introduce the concept of “one worker/one family” and emphasize social work practices, state office staff from the Family Support Services Division and the Office of Field Operations promoted the new structure for about two years through a series of sessions with county staff. Over time, the frequency of eligibility reviews and the complexity of program rules had resulted in an increased emphasis on eligibility and a decreased emphasis on social work. CFS represents a return to social work practices, where staff are encouraged to get to know the family and even to make home visits.

Pottawatomie County made the switch to CFS in October 2000. Under CFS, staff who formerly specialized in one program now handle food stamps, Medicaid, and child care. For TANF caseworkers, their role remains largely unchanged as they were already handling several programs for their TANF clients.

A task force comprising supervisors and at least one caseworker from each unit convened to design Pottawatomie County’s implementation of CFS. The task force’s work in addressing the transition to CFS led to a wider understanding of the issues and spread responsibility for CFS implementation among a greater number of people. Ultimately, it helped develop buy-in for CFS, as the members of the task force acted as ambassadors for CFS with other staff.
The county had attempted the delivery of comprehensive services in the past and was able to incorporate lessons from its earlier experience into the CFS approach. Under the earlier attempt, caseloads were higher, and caseworkers retained areas of specialization, resulting in uneven caseloads and shuffling of cases to different caseworkers according to the programs delivered. In making the transition to CFS, Pottawatomie County decided to retain the existing supervisory groups so that caseworkers did not undergo a change in supervisor at the same time they were changing the structure of their jobs.

Most interviewees believed that CFS translates into better service to clients. Interviewees in all different roles noted that it is important for caseworkers to be aware of the several available programs so that they can ensure that clients receive the benefits for which they are eligible. CFS also eases client participation in several programs by enabling clients to establish a better relationship with their caseworker and address more issues at one time.

ODHS experienced some challenges in changing the culture to a family-support orientation. Interviewees noted that the transition to CFS was difficult because of the need to learn the policies for several programs, particularly given that the policies for food stamps and Medicaid differ so dramatically. In recognition of the learning curve, staff supported each other by sharing their specific expertise and, in turn, felt valued for their own areas of specialty. In addition, with the policies now available online, caseworkers will be able to turn to the online information to help lead them through the various intake and review processes once they become more familiar with FACS.

A few interviewees in another county noted that the move to CFS has impeded client service. Because of the emphasis on processing applications for food stamps in a timely manner, they felt that SoonerCare applications were receiving lower emphasis. In addition, they felt that the assignment of caseworkers to all programs marked a return to a culture of stringent rules for eligibility rather than an increased emphasis on enrolling families. These interviewees contrasted the multiple program requirements handled by CFS caseworkers with the simplified application procedures under SoonerCare. Due to these complications, these interviewees felt it would be better for different units to handle SoonerCare-only applications.

The ODHS New Worker Academy, located in Norman, also has helped educate new staff about various program rules and the tools that support them in their CFS work. At the academy, new caseworkers receive four weeks of full-time instruction and training in the responsibilities of caseworkers in social work practices, FACS and PS2, mock interviews, how to look up policy, and a brief overview of relevant programs. Before attending the New Worker Academy, new caseworkers complete a workbook in conjunction with their supervisors in preparation for the class. When they return from the academy, new caseworkers are assigned a caseload. Interviewees agreed that the prepwork and the academy did a good job of preparing new caseworkers for their jobs even though they still required some on-the-job learning.

C. NEW COMPUTER SYSTEM (FACS) SUPPORTS CFS

The FACS system acts as a case management tool designed to support the transition to CFS. FACS, used by caseworkers to collect information discussed with the client during intake and
case review interviews, includes an online interview notebook used for intake and an eligibility notebook used during both intake and review.

Pottawatomie County started to mandate the use of FACS for intake interviews in November 2000. By collecting information during the client interview that clients formerly recorded on a 22-page combined program application, FACS in Pottawatomie County has eliminated the need for clients to fill out anything other than the a shortened combined application form that is one page, front and back. FACS provides an interface to the PS2 eligibility system, which is still the system that certifies a case.

With FACS, caseworkers now perform client intake and re-determination interviews as an interactive process whereby they ask clients for the needed information and record the answers on the computer. After completing the interview, the caseworker prints out from FACS the completed application form for the client’s signature. During the interview, the caseworker asks the client to watch an audio/video presentation on the computer screen that reviews the client’s rights and responsibilities, including information on reporting requirements.

FACS has not resulted in an entirely paperless system, as the casefile still requires a paper copy of the application that is generated by FACS and signed by the client during the interview. In addition, FACS does not store case history beyond the last interview, the date of which is recorded in FACS; the case history is instead stored in PS2.

County staff acknowledged that adoption of a new system involves a learning curve, but they were nonetheless positive about the benefits of FACS. If clients bring with them all the appropriate verifications, caseworkers are able to certify the case on the spot rather than having to return to their desks to enter the application. Caseworkers also report that it is easier to perform recertification interviews because FACS stores the information from the last client interview. This time-saving tool simply requires caseworkers to enter any information that has changed since the time of the last interview. The benefits of FACS were especially apparent to caseworkers performing food stamp recertifications. They were starting to perform three-month reviews on cases for which the previous interview was recorded in FACS.

Client reaction to FACS has been favorable. Clients in the focus group believe that FACS makes the interview move quickly, and they prefer not having to fill out the long application. They also report that they like to be able to view their information on the computer screen, which makes them feel more involved in the process.

ODHS experienced some challenges in the implementation of FACS, primarily during the first few years when some connectivity and design issues had yet to be resolved. FACS was implemented statewide in 1998 but did not come into common use until 2000. The earlier versions of FACS eroded county staff’s confidence in the tool, although most of the early issues have since been addressed. FACS also has led to some additional work on the part of caseworkers. For example, caseworkers have had to integrate families that receive multiple programs into one case number rather than using the previous method of opening a different case number for each program.
To enhance access to services further, ODHS has tentatively started to design a Web site that would permit a potential client to enter demographic information and then identify the programs for which he or she might be eligible.

D. APPLICATION, ONGOING ELIGIBILITY, AND RECERTIFICATION PRACTICES THAT SUPPORT WORKING FAMILIES

At the Pottawatomie County DHS office, we examined the local office practices for applications for food stamps and Medicaid, paying particular attention to when a family applies for TANF benefits and when a family seeks food stamps or Medicaid (or both) but not TANF. We also examined the retention process for food stamps and Medicaid, focusing on two issues: (1) how regularly scheduled eligibility reviews are handled, and (2) what happens to food stamps and Medicaid when a family leaves the TANF program.

Overall, we observed that the caseflow procedures and caseworker practices promote enrollment and retention in food stamps and Medicaid among TANF applicants and recipients and low-income working families. One of the primary factors that makes many of these practices successful is the creation of a culture that has cast food stamps and Medicaid as supports for low-income working families. Within that culture, DHS employees ensure that families receive all of the benefits for which they qualify. In a few cases, however, we noted that certain transition points posed a risk for loss of benefits.16

1. Application Practices

Several aspects of Oklahoma’s policies and procedures frame the issues affecting enrollment in food stamps or Medicaid at the local DHS office.

• Application for TANF, food stamps, and Medicaid is initiated by a short one-page combined application. DHS collects the more detailed information it needs to determine eligibility on screen through the face-to-face interview.

• Applicants who seek TANF (with food stamps and Medicaid) must attend an orientation session before the TANF interview is conducted. Typically, all benefits are considered at the TANF interview unless expedited food stamps or Medicaid are opened before the TANF interview in response to emergent need.

• Under the CFS and the “one family/one worker” approach, the caseworker who conducts the interview and processes the application becomes the source of all program benefits for the family.

• Pottawatomie County DHS uses a “worker of the day” system so that clients screened for expedited food stamps or another emergent need can be seen that day or the next.

16 Appendix B includes a detailed description of caseflow, a table addressing transition and risk points, and a graphic depiction of the caseflow at the DHS office.
The above features generally work together both to promote enrollment in Medicaid and food stamps and to minimize the risk of missed benefits that could result from TANF application requirements, such as the requirement to attend an orientation session. At the same time, some inherent trade-offs result in the risk points discussed below.

**Short Application with On-Screen Interviews.** Because the information for the initial eligibility determination and review is collected on screen in FACS during a face-to-face interview, the combined application is short. Clients apply by signing a one-page form indicating that they want to apply for benefits. One drawback of this approach is that DHS does not have enough information to determine eligibility for any program if the applicant does not appear for the interview. Thus, although there is no interview required for Medicaid eligibility, an application initiated through the one-page combined application cannot, as a practical matter, be processed without an interview. For this reason, DHS may give a family that is seeking only Medicaid the separate mail-in SoonerCare application that, while short, collects sufficient information for an eligibility determination without an interview.

**Attendance at an Orientation Session Required Before TANF Interview.** Requiring attendance at a TANF orientation session before the intake interview poses some delay and risk to enrollment in the food stamp or Medicaid program. In practice, the screening for expedited food stamps and the availability of immediate interviews with the worker of the day appear to mitigate the risk of losing eligible families. Several caseworkers we interviewed during the site visit noted that TANF applicants generally are already receiving expedited food stamps by the time the TANF interview takes place. Caseworkers also noted that they authorize Medicaid immediately in the case of an emergent need; otherwise, they wait until the TANF interview. The awareness and extensive use of expedited food stamps stood out in contrast to some of the other states we visited as part of this study. DHS’s broad use of expedited food stamps appears to prevent the TANF application requirement for participation in an orientation session from delaying food stamp certification, at least for those families eligible for expedited issuance.

If a family does not attend the TANF orientation session but appears for the interview, TANF is delayed or denied, but food stamp and Medicaid eligibility is determined in accordance with the information collected in the interview. A risk remains, however, if an applicant does not appear for the TANF interview because he or she has not completed the orientation requirement.

**Considering All Benefits a Family May Need.** Caseworkers indicated that under the CFS initiative they were more aware of the needs of the family and thus more likely to consider the full range of benefits for which the family might qualify. Accordingly, when a family applies for some benefits but not others, the caseworker at the interview might review other possible benefits even if the family did not specifically request them. One worker cited this type of attention as an advantage of a family applying for Medicaid through the DHS combined application form and interview process rather than through the streamlined and mail-in SoonerCare application process.

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17 While this had previously been the structure for TANF families, the CFS initiative extended the one worker/one family approach to low-income families not receiving TANF.
Processing Food Stamps and Medicaid If TANF Is Denied or If the Applicant Is Diverted. We observed a high awareness among staff that eligibility for food stamps and Medicaid should be determined even when TANF benefits are denied. As a practical matter, a family that does not qualify for TANF may qualify for food stamps and Medicaid for the children, although the parents are unlikely to qualify for Medicaid coverage unless they are facing a major medical expense large enough to exceed any spend-down requirement the parent might face for medically needy coverage.

As Oklahoma had only recently launched a cash diversion program at the time of the site visit, we obtained only limited information about enrollment in food stamps or Medicaid when a family receives the lump-sum cash diversion payment. Caseworkers interviewed during our visit noted that the award of a lump-sum diversion payment in lieu of awarding ongoing cash TANF was rare. Rather, families seeking diversion payments typically were not those applying for TANF as diversion payments are available to families at income levels that exclude them from TANF. Caseworkers informed us that they would also determine eligibility for any food stamp and Medicaid benefits sought along with cash diversion benefits but noted that families seeking diversion often were already receiving food stamps or Medicaid.

2. Recertification of Food Stamps and Medicaid

There are several ways that Oklahoma promotes retention of benefits at review or recertification, particularly as relating to retention of SoonerCare.

- Families receiving TANF undergo an annual eligibility review for all benefits. DHS caseworkers are in contact with the family on a regular basis and learn of changed circumstances without the need to schedule frequent, formal reviews of eligibility. The longer certification period supports retention of all benefits by TANF families.
- Renewal of SoonerCare is completed by mailing in a SoonerCare renewal form and does not require a visit to the DHS office. In addition, if a Medicaid renewal is due, the caseworker typically updates Medicaid when a family is in the office for a food stamp recertification interview.
- A caseworker must take action to close SoonerCare benefits if a review of eligibility has not been completed. If no review form has been received, the caseworker typically closes benefits in the absence of current information, but the closure is not automatic.

At the time of the site visit, the state was using three-month food stamp certification periods for most non-TANF families and generally requiring a face-to-face interview at each recertification. As discussed in the concluding section of this report, Oklahoma is switching to 12-month certification periods with semiannual reports, an approach that will better promote retention of food stamps.
3. Continuation of Food Stamps and Medicaid When a TANF Case Is Closed

A key practice that supports the retention of food stamps and Medicaid when a TANF case is closed is that the TANF caseworker keeps the case for a period after TANF closure. In this way, the TANF caseworker can provide post-TANF support services and ensure that the case receives the appropriate ongoing food stamp or Medicaid benefits. The review for ongoing eligibility and transfer to the CFS unit occurs at varying periods after TANF closure, largely depending on the reason for the closure.

- If a family leaves TANF due to employment, the TANF caseworker retains the case for up to 12 months to provide Continuing Medicaid Benefits, ongoing food stamps, child care, and other support services. The computer system automatically authorizes CMB.

- If TANF closes due to sanction, the case generally remains with the TANF caseworker for three months. Food stamps and Medicaid continue and the TANF caseworker can assist the family in complying with the TANF work requirements. If the family remains in sanction after three months, the caseworker determines eligibility for ongoing food stamp and Medicaid benefits and then transfers the case to the CFS unit.

- If TANF closes for reasons other than employment or sanction, the TANF caseworker determines eligibility for continuing Medicaid and food stamps and then transfers any ongoing benefits to the CFS unit.

When a TANF case closes, different procedures govern the determination of ongoing eligibility for food stamps and Medicaid. Whenever ongoing Medicaid eligibility is determined, the decision is based on the information known to the agency. The family is not required to provide additional information or to complete a review simply because the TANF benefits are closed. As of February 1999, the computer system no longer closes Medicaid automatically when TANF benefits are closed; the caseworker needs to take action to close Medicaid, if so warranted.

One aspect of TANF case closure procedures may cause families to lose food stamp benefits for which they may still be eligible. If a caseworker does not have sufficient information to determine food stamp eligibility and the amount of benefits when TANF closes, the caseworker continues benefits for one month to allow the family time to provide the necessary information. However, the process requires families to recertify for food stamp benefits even if they were not otherwise due for a review. The caseworker thus has shortened the previously established food stamp certification period, posing a risk to food stamp retention.
IV. SUMMARY AND CONCLUSIONS

A. SEVERAL PROMISING PRACTICES ENSURE ACCESS TO FOOD STAMPS AND MEDICAID FOR OKLAHOMA FAMILIES

1. Specialized Outreach Workers for SoonerCare

Oklahoma’s outreach model, which created new positions in DHS dedicated to outreach, is somewhat unique and appears thus far to be effective. Other states in this study have either added outreach to staff responsibilities or rely on community-based organizations to perform outreach either through memorandums of agreement or through contracts. However, by adding dedicated outreach positions to the DHS roster, Oklahoma has expanded the role of outreach beyond education or assistance with paperwork to community-based enrollment and retention.

Outreach workers we interviewed during the site visit attribute their success to their status as DHS employees. The availability of outreach workers in the community permits applicants to complete the application process without ever visiting a DHS office, thus eliminating the stigma associated with the request for assistance. Outreach workers also credit the simplified SoonerCare enrollment processes, particularly the self-declaration of income, as central to their success. One outreach worker stated, “It would be nearly impossible to do outreach without [self-declaration].” These approaches enable enrollment with a single contact.

The specialized outreach workers we interviewed during the site visit demonstrated an entrepreneurial approach to developing new outreach efforts and analyzing the effectiveness of these efforts. They hail the leaders of the agency and their supervisors for according them the flexibility to take necessary risks. The state also supports local outreach activities through advertising, providing another avenue for informing families about available benefits.

2. Simplified Application Process for SoonerCare

In significantly easing the processes for enrollment and retention in SoonerCare, Oklahoma has dramatically increased the enrollment of low-income children. The key features of expedited enrollment are a short application, the self-declaration of income, a mail-in application and renewal form (no interview required), and simplification of eligibility criteria by eliminating asset tests. Because Oklahoma has implemented the SCHIP program through a Medicaid expansion for children up to 185 percent of the poverty line, applicants do not face any delays or other problems arising from a need to determine whether a child should be enrolled in Medicaid or a separate state SCHIP program.

One notable aspect of Oklahoma’s simplified enrollment process is that the state extends all of the associated policies and procedures to family-based Medicaid as well as to children and pregnant women. The benefits of the state’s approach are, however, somewhat offset by the state’s low cut-offs for income eligibility for family-based coverage.
The short SoonerCare application is available on the Internet and can be printed out and submitted by mail. Because there is no required interview and verification, a family can enroll in SoonerCare by simply mailing the application. The state is pursuing other uses of technology to expand access, such as online submission of an application via the Internet and the use of e-mail, when an e-mail address is available, to notify the client of enrollment.

3. Commitment to Provide Food Stamps and Medicaid to Working Families

While Oklahoma has experienced a higher-than-average decline in its TANF caseload, the decline in its food stamp caseload has been somewhat less than average. In addition, it has substantially increased the number of children enrolled in SoonerCare. Much of the state’s success in ensuring that families do not lose food stamp and Medicaid benefits appears to arise from an agency commitment to help clients gain access to benefits. This commitment was evident at the level of state and local leaders as well as in each caseworker’s understanding of his or her responsibilities.

Indeed, the culture of ensuring access to work supports appeared to result in continued benefit receipt despite policies such as short food stamp certification periods that might otherwise impede access to benefits for working families. The commitment to access was also evident in the application process, which emphasizes the identification of applicants eligible for expedited food stamps. In addition, caseworkers consistently considered food stamps and Medicaid in cases where the TANF application was denied.

4. Focus on Comprehensive Family Services and Support of Automated Systems

Oklahoma’s shift to CFS for families not receiving TANF reflects the state’s commitment to deliver services in a manner that best supports families receiving services. One administrator noted that it is difficult for the DHS caseworkers to learn the various procedures associated with all the programs but that “the purpose of the Department is not just to make life easier for DHS employees.” Providing a single caseworker for all support services, including child care, food stamps, and SoonerCare, under the one worker/one family approach gives the busy working parent a consistent point of contact and helps foster an ongoing relationship when applying for programs and maintaining eligibility. Similarly, the TANF caseworker’s continued involvement when a family first leaves cash TANF can minimize the risk of losing benefits at the time of TANF case closure.

As part of implementing CFS, the state used FACS to enable and promote its shift in focus, blending an automated systems change with an organizational change. FACS supports the CFS approach by collecting information in one place for all programs and by storing in an online case file the case information previously collected on paper applications. The interactive interview supported by FACS allows the client to answer a question about a particular eligibility factor only once; the information is then available for all programs during the course of that interview as well as for the next review. The state is in the process of maximizing the automated support by using a combined six-month report/renewal form for child care, food stamps, and SoonerCare.
The automated systems also support ongoing access to work supports by continuing SoonerCare benefits when TANF is closed or at eligibility reviews unless a caseworker takes an action to close the case. A family that leaves TANF for work is automatically enrolled in up to 12 months of CMB.

B. POTENTIAL AREAS FOR IMPROVEMENT

In the course of our site visit, we identified some areas where access to benefits could be improved. While each of the issues discussed below emerged as an area for improvement at the time of our site visit, Oklahoma has revised or is in the process of revising many of its practices in these areas.

1. Food Stamp Certification Periods

At the time of the site visit, Oklahoma generally used three-month certification periods for non-TANF families, although caseworkers could set a longer period for a family with a stable income amount. Three-month certification periods require working families to reapply for food stamps more frequently and may require them to miss work in order to do so. Client focus group participants and Pottawatomi County staff mentioned the three-month food stamp certification periods as a barrier to food stamp access and thus an area for improvement.

At the time of the visit, ODHS officials had already proposed to change from the three-month certification period to a new federal option for employed families that allows 12-month certification periods with one semiannual report between reviews. Under this option, working families do not need to report any changes of circumstances beyond the semiannual report unless total income exceeds the food stamp eligibility limit of 130 percent of the federal poverty line. Agency leaders praised the new federal provisions as a useful tool for assisting states to better serve low-income working families. ODHS is planning to implement this change in early 2002.

Another area for improvement with regard to food stamp certification periods is the common practice of shortening food stamp certification periods when a family leaves TANF. This practice would occur when a family leaves TANF in the middle of a certification period and additional information is needed to determine food stamp benefits. (If relevant information is available, the typical practice would be to adjust the food stamp benefit amount.) Routinely shortening the food stamp certification period when TANF benefits are terminated and requiring the family to reapply for food stamps creates a risk for loss of food stamps and is improper under federal food stamp rules. The alternative to the current approach would be to ask the family to provide the needed information without requiring a reapplication for benefits and an attendant face-to-face interview.

As ODHS implements its new policy of 12-month certification periods with semiannual reports, one consideration is how to transition families leaving TANF to the new non–TANF policy in a way that avoids requiring a family to reapply for food stamps in the middle of a previously authorized certification period.
2. Family-Based Medicaid Eligibility Policies

Among the promising features identified in this report are Oklahoma’s procedures for (1) ensuring that SoonerCare eligibility is considered when TANF is denied and closed, and (2) extending streamlined enrollment processes to families as well as to children. The number of families benefiting from these procedures is limited by some of the policies governing Medicaid eligibility for low-income families. For example, the state’s low-income eligibility cut-offs for coverage for parents in SoonerCare means that few parents can benefit from the streamlined enrollment procedures. Oklahoma’s commitment to family access to health coverage would be bolstered by using the less restrictive methodologies permitted under Section 1931 to raise family Medicaid cut-off levels.

In addition, other aspects of Oklahoma’s family-based Medicaid policies appear to be improper, including the use of different Medicaid eligibility policies for TANF families and non-TANF families, and the lack of access to Transitional Medical Assistance for those families that do not receive cash TANF benefits and lose Medicaid coverage under Section 1931 due to earnings or income from child support payments. The state is in the process of revisiting these policies.

3. Continuing Medicaid Based on Information Known to the Agency

Oklahoma has instituted six-month review periods for SoonerCare for children and families not receiving cash TANF. Failure to complete renewal forms results in a family’s loss of SoonerCare coverage. While the state has been highly successful in enrolling children in SoonerCare, children and families may be losing benefits at renewal rather than retaining ongoing coverage. ODHS can and should take steps to ensure that it is not terminating Medicaid for failure to return renewal forms when the agency has on file information about the family’s circumstances through another benefit program such as child care or food stamps.

In response to the renewal issue, Oklahoma is planning to begin to use a new single joint reporting/renewal form for Medicaid, food stamps, and child care in early 2002. The same form will also serve as the semiannual report for food stamps and as a renewal form for both child care and SoonerCare. The joint form will ensure that current information available to the agency is used for all programs. ODHS hopes that use of the form will help reduce the loss of SoonerCare at renewal, noting that families might be more likely to renew child care and food stamps promptly since the benefits are immediate, substantial, and needed on a daily basis. By contrast, a family may be more likely to allow SoonerCare coverage to lapse until the family faces an emergent health need. The state’s reasoning is consistent with the comments of focus group participants that they sometimes found it easier to reapply for SoonerCare when they needed it than to keep up with frequent reviews.

C. CONCLUSIONS AND FUTURE OPPORTUNITIES

Oklahoma’s success in providing low-income families with access to food stamps and Medicaid reflects the state’s commitment to providing such benefits at all levels of the state human services and Medicaid agencies. Paramount to the state’s success is the message,
consistently received by staff, that their job is to ensure that eligible families receive the available work supports. It is to the state’s credit that, despite some limitations in policy choices, families are generally able to access and retain benefits. With the new policy and procedure changes that are underway, Oklahoma is likely to enhance further its ability to serve low-income working families.

With respect to future opportunities, Oklahoma’s reliance on DHS employees as specialized SoonerCare outreach workers presents a unique opportunity to charge these (or additional) caseworkers with the added responsibility of handling food stamps. Given that food stamp eligibility determinations must be conducted by a human services agency staff member and generally require a face-to-face interview, states rarely provide any opportunity for clients to apply for or renew food stamps without a visit to the local human services office. At the same time, one of the key reasons for the success of SoonerCare enrollment is precisely that families do not need to visit the DHS office to apply for benefits. Both the CFS initiative and the use of DHS employees as specialized outreach workers provide Oklahoma with a framework to expand the role of the specialized outreach workers to include food stamp enrollment. An emphasis on food stamp enrollment by outreach workers could further support access to services among low-income working families. Oklahoma is in a unique position to pioneer additional promising practices and to continue its innovative efforts to more fully meet the needs of low-income working families.
APPENDIX A: RESEARCH METHODOLOGY

In the two-day visit to Pottawatomie County, we conducted interviews at the local DHS office to explore procedures, staff-client interactions, workflow, supervisory structure, and the office environment. We collected data through the following sources:

- Group interviews with supervisors and the county office director
- Individual and group interviews with TANF and non-TANF caseworkers who also handle the FSP and SoonerCare
- Case reviews with TANF and non-TANF caseworkers who also handle the FSP and SoonerCare
- Job shadowing TANF and non-TANF caseworkers during interviews with FSP and SoonerCare clients
- Observation of the reception/front desk area and activities
- Interview at a federally qualified health center with director of the health center and with a Pottawatomie County DHS outreach worker stationed there part time to handle SoonerCare
- Interviews with state DHS and OHCA leaders
- Group and individual interviews with state agency staff responsible for policies and procedures in the TANF, food stamp, and Medicaid/SCHIP programs
- Interviews in Oklahoma City with representatives of community-based organizations serving clients
- Group interviews with DHS outreach workers handling SoonerCare in Oklahoma County
- Focus group with current and former clients of TANF, food stamps and SoonerCare in Pottawatomie County\(^{18}\)

\(^{18}\) See Appendix C for a detailed description of the focus group discussion.
APPENDIX B: WORKFLOW IN THE POTTAWATOMIE COUNTY DHS OFFICE

The workflow in the Pottawatomie County DHS office consists of primarily of reception and screening, and intake and ongoing case management. Table B.1 shows the key transition points in these processes and explains how they are handled. Figure B.1a–c diagrams the processes.

A. RECEPTION AND SCREENING

The receptionist and/or other front desk staff act as gatekeepers to the application process. These staff answer clients’ questions, provide clients with applications, notify caseworkers of clients who have arrived for scheduled appointments, identify clients who request or may be eligible for expedited food stamps, and generally manage the initial flow of clients through the office. Usually, one to two staff members are at the front desk at a given time. The hours from 1 p.m. to 3 p.m. are reportedly the busiest times for the front desk.

When applicants ask to apply for services, they receive a one-page screening form on which they check the programs they currently receive and those for which they want to apply. If the benefits sought by the client include TANF, food stamps, or Medicaid, the applicant also completes a one-page (front and back) combined application form to initiate the application. The shortened form, which takes the place of a long application, asks about the client’s name, address, “how can we help you,” and information on individuals in the household. If the client is applying for food stamps, he or she also completes questions on the back of the form designed to determine whether the client may be eligible for expedited food stamps, referred to as Emergency Order Food Stamps in Oklahoma.

The front desk staff review the screening form and the shortened combined application for all applicants. If the client is seeking or may be eligible for expedited food stamps or emergency day care, the case is screened for an immediate interview. If the applicant is not potentially eligible for expedited food stamps or emergency day care, an interview is scheduled, generally for within 7 to 10 days of initiating an application.

The applications of clients who may be eligible for expedited food stamps or emergency day care are screened; the screening includes a check in the computer for client case histories. If a client’s income appears to make him or her eligible for Emergency Order Food Stamps, the client is referred to one of the workers of the day for an interview. Two workers of the day are available each day on a rotating basis and can each take up to eight walk-in interviews per day. Generally, this organizational structure permits clients applying for expedited food stamps or emergency day care to be seen the same day, with an average waiting time of 10 minutes to be screened and 45 minutes for the eligibility interview.

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19 Information collected for each household member includes name, sex, birth date, social security number, citizenship status, whether disabled, and marital status.
TABLE B.1
ODHS PRACTICES FOR HANDLING KEY TRANSITION POINTS

<table>
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<tr>
<th>Transition Point</th>
<th>Practices Supporting Enrollment or Retention</th>
<th>Practices Creating a Risk for Loss of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal diversion (client entering office does not apply)</td>
<td>Short combined application, front desk screening, and worker of the day system ensure that applicants can easily initiate application and be seen promptly for emergent needs.</td>
<td>Application for TANF and food stamps generally requires one or more visits to DHS office.</td>
</tr>
<tr>
<td>Client applies for one benefit but is not informed of others</td>
<td>“One family/one worker” means that caseworkers handle all benefit programs and inform applicants of other benefits for which they qualify.</td>
<td>If a family applies for Medicaid through the streamlined SoonerCare-only application, the family would not be interviewed at the DHS office or informed of other benefit programs.</td>
</tr>
<tr>
<td>Application started but not completed</td>
<td>Interview scheduled after TANF orientation (usually a week after application) collects information needed to determine eligibility; eligibility for expedited food stamps determined immediately at application.</td>
<td>If an applicant does not appear for an interview, the short combined application does not provide DHS information to determine eligibility (even for SoonerCare, which does not require interview).</td>
</tr>
<tr>
<td>Formal diversion (applicant receives cash lump sum instead of ongoing benefits)</td>
<td>Families seeking diversion often are not applying for TANF as diversion is available at higher income levels. Food stamps and Medicaid sought in combined application are determined; often the family already receives these benefits.</td>
<td></td>
</tr>
<tr>
<td>Denial of TANF</td>
<td>Eligibility for food stamps and SoonerCare determined.</td>
<td>Families not receiving TANF may not qualify for family-based Medicaid as state uses different Section 1931 eligibility rules for TANF and non-TANF families.</td>
</tr>
<tr>
<td>Maintaining eligibility at recertification for benefits</td>
<td>Face-to-face appointment for food stamp recertification is scheduled if client sends back form. Medicaid can be renewed by mail or included when food stamp interview occurs. Medicaid requires caseworker to take action to close case if review not completed.</td>
<td>Most common reason for closure is failure to complete review. Frequent reviews for non-TANF families (six months for Medicaid and typically three months for food stamps) increase risk of loss. No use of information known to agency to maintain Medicaid eligibility on an ex parte basis.</td>
</tr>
<tr>
<td>TANF benefits closed due to earnings</td>
<td>If income information available, food stamps will be adjusted and switched to a 3-month certification period and computer will automatically switch to 12 months of CMB. TANF unit retains case for period of time.</td>
<td>If sufficient income information is not available, food stamps would close one month later if family does not reapply.</td>
</tr>
<tr>
<td>TANF benefits closed due to sanction</td>
<td>Food stamps and Medicaid continue for three months; TANF caseworker retains the case for three months; at 3 months, family must reapply for food stamps, Medicaid is redetermined, and ongoing benefits are transferred to CFS unit.</td>
<td>Food stamps would close after three months if family does not reapply.</td>
</tr>
</tbody>
</table>
**Figure B.1a**

**Pottawatomie County**

**Workflow: Intake Process**

**Receptionist**

1. Determine programs for which client is applying
2. Is client applying for SoonerCare only?
   - Yes: Collect shortened application form
   - No: Is client applying for emergency food stamps or day care?
     - Yes: Perform screening using PS2 system
     - No: Collect shortened application form
3. Is client eligible for emergency food stamps or day care?
   - Yes: Client screened for emergency food stamps and instructed to attend TANF Orientation on the following Tuesday
   - No: Appointment letter includes form with a list of items the client should bring to the interview; relevant items are checked off by the caseworker
4. During online intake interview, caseworker processes case and determines eligibility

**Screener (Unit Secretary)**

1. Is client applying for SoonerCare only?
   - Yes: SoonerCare Application collected for processing
   - No: Is client applying for TANF?
     - Yes: Collect shortened application form
     - No: Is client eligible for emergency food stamps or day care?
       - Yes: Client receives appointment letter (in person or in the mail)
       - No: Client waits for intake interview with worker of the day
2. Appointment letter includes form with a list of items the client should bring to the interview; relevant items are checked off by the caseworker
CFS Unit
Food Stamps, Medicaid, and Day Care

Figure B.1b
Pottawatomie County Workflow:
Ongoing Case Management for the Comprehensive Family Services Unit

Client receives reapplication form at the end of their certification period

Reapplication form

Does client return form?

No

Computer automatically closes food stamps at end of certification period; caseworker may determine whether there is enough information to continue Medicaid

Yes

Is case Medicaid only?

No

Caseworker schedules recertification interview

Yes

Caseworker processes Medicaid based on information provided by client (no interview or verification required)

Does client appear for interview?

No

Caseworker conducts on-line interview and processes food stamps case

Yes

Food stamps are generally recertified every 3 months, although caseworkers could extend the certification period to 6 or 12 months for cases with stable income; Medicaid is recertified every 6 months.
**TANF Unit**

TANF plus Food Stamps, Medicaid, & Day Care

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**Figure B.1c**

Pottawatomie County Workflow: Ongoing Case Management for the TANF Unit

1. **Reapplication form**
   - Client receives reapplication form at the end of the review period

2. **Does client return form?**
   - Yes: Caseworker schedules recertification interview
   - No: Computer automatically closes TANF & food stamps; Medicaid remains open until caseworker takes action

3. **Does client appear for interview?**
   - Yes: Caseworker conducts on-line interview
   - No: Computer automatically closes TANF & food stamps; Medicaid remains open until caseworker takes action

4. **Caseworker determines eligibility; if eligible, food stamps certified for 3-month period and computer will determine appropriate Medicaid action (such as TMA)**

---

**Other TANF Case Closures**

- In the case of full family sanction, Medicaid and food stamp benefits are provided for 3 months until next review
- In the case of voluntary TANF case closure, the computer will determine whether anyone in the family is eligible for SoonerCare
B. INTAKE AND ONGOING CASE MANAGEMENT

1. TANF Families

a. Application

When a family applies for TANF, SoonerCare, and food stamps, it completes the one-page combined application, is screened for expedited food stamps, and is scheduled for a TANF intake interview during which the rest of the eligibility information is collected through FACS on screen. The applicant receives or is mailed an appointment letter that also includes a form filled out by the caseworker instructing the client what documentation to bring to the interview. If the family appears to qualify for expedited food stamps, the food stamps are authorized immediately and are not delayed pending the TANF interview. While SoonerCare can be awarded without TANF eligibility, the approval of SoonerCare benefits is often delayed until TANF eligibility is determined, unless there is an urgent medical need.

Before the TANF intake interview, an applicant must attend a TANF orientation that, in Pottawatomie County, is held every Tuesday from 8:30 a.m. to 4 p.m. at the One Stop Center. At the orientation, clients learn about Medicaid and other available services and participate in job development discussions. The TANF intake interviews are typically scheduled a day or two thereafter. When the applicant is in the DHS office, the screener or the worker of the day in the TANF unit explains the orientation requirements.

Since the information to establish eligibility is collected in the joint TANF, food stamp, and Medicaid interview, the caseworker cannot establish eligibility for any of the programs if the applicant does not appear for the TANF interview. At or after a TANF interview, the TANF unit caseworker authorizes all benefits for which the family qualifies such as any food stamps or SoonerCare, even if the family does not meet TANF eligibility requirements.

b. Maintaining Eligibility

Families receiving TANF also receive family-based Medicaid and usually food stamps as well. All benefits are approved for an 18-month period with an annual review. Given that caseworkers maintain monthly contact with families receiving TANF concerning their participation in work activities, the caseworker frequently has information about the client’s circumstances. The annual review is a face-to-face interview at the county DHS office during which the caseworker reviews the family’s circumstances on screen with the FACS system. If the family does not appear for the annual review, all benefits generally will be closed. (While no interview is required for SoonerCare renewal, the caseworker must generally take action to close

---

20 While no interview is required for SoonerCare, the on-screen interview is the source of eligibility information because the short combined application form does not include all of the relevant information. For this reason, if the client is applying only for SoonerCare, the front desk staff may give him or her the SoonerCare application instead of the shortened combined application. The SoonerCare application includes all of the information needed to determine eligibility without the need for an interview and can be returned by mail.
the SoonerCare benefits if renewal information has not been received either through the mail or in an interview.)

**Continuing Food Stamps and Medicaid When a Family Leaves TANF.** When a family’s TANF case is closed, the TANF caseworker takes any necessary action on ongoing food stamp or Medicaid benefits. The same TANF caseworker retains the case for a period of time and handles all benefits for the case during this period. For example, a family that receives TMA will remain with the TANF unit caseworker for the 12-month TMA period, with the same caseworker handling any other benefits such as food stamps or child care. A family that loses TANF benefits due to sanction will remain with the TANF caseworker for a period of time, typically three months, before any remaining benefits in the case are transferred to the CFS unit.

*Food Stamps.* When a family’s TANF case is closed, the TANF unit caseworker generally adjusts the food stamp certification period. Food stamp reviews for families not receiving TANF are scheduled more frequently than those for TANF families. The specific action taken on the food stamps depends on whether the TANF unit caseworker has all the needed information to continue the food stamps and determine the correct level of benefits. If DHS has all the information it needs, for example, on earnings from employment, the caseworker adjusts the food stamp benefit amount and the benefits will continue, subject to a three-month certification period. If the agency has information that makes the family ineligible for food stamps, the caseworker terminates benefits. If DHS needs additional information from the family, the caseworker extends benefits, generally for one month, and requires the household to apply for recertification. If a family loses TANF benefits due to a full-family sanction, the caseworker generally extends the food stamps for a three-month period (at the end of which the family will need to apply for recertification) and calculates the food stamp amount by including the value of the TANF no longer received, as required by federal law.

*Medicaid.* When a family’s TANF case is closed, the TANF unit caseworker determines eligibility for any ongoing Medicaid benefits. SoonerCare will not close unless and until the caseworker takes an action to close the benefits. If the TANF is closed due to earnings, the closure code automatically extends the family for 12 months of Continuing Medicaid Benefits. If the TANF is closed due to a full-family sanction, SoonerCare continues, typically for three months, at which time ongoing eligibility is reviewed.

2. **Non-TANF Families**
   
a. Application

   As with a TANF application, an application for food stamps or Medicaid at the county DHS office starts with the one-page combined application used for all programs and is followed with an in-person on-screen interview in which all of the eligibility information is collected in FACS. If a family is applying for Medicaid only, the screener generally gives the family the mail-in SoonerCare application instead. If a family is applying for food stamps or for Medicaid and food stamps, the family is either interviewed immediately for expedited food stamps or receives notification by mail of an interview to take place in about 7 to 10 days. Any benefits covered in the application are considered.
b. Maintaining Eligibility

**Food Stamps.** Families not receiving cash TANF but that are employed typically are approved for food stamps for a three-month certification period. A family with fixed income or annualized salaries may have a longer certification period of 6 or 12 months. When a family is nearing the end of its food stamp certification period, the DHS office mails the family a one-page form that it must return to begin the reapplication process. If a family returns the form, a face-to-face interview will be scheduled in the county DHS office. At that time, the caseworker conducts an on-screen interview using FACS and prints out the application for recertification for the client’s signature. While the interview is similar to an initial food stamp interview, it is generally quicker because many items can be skipped or briefly reviewed if there is no change.

If a client does not complete the recertification process—for example, by not appearing for the face-to-face interview that was scheduled in response to submitting the one-page recertification request—food stamps will be closed. While county staff appeared flexible about rescheduling a recertification interview, food stamps cannot continue beyond the certification period unless the application for recertification is approved.

**Medicaid.** SoonerCare for families and children is approved for a six-month period for families not receiving cash TANF benefits. Renewal of SoonerCare enrollment is similar to the process for initial enrollment. With no face-to-face interview or verification required, renewal can be accomplished through the mail by completing a short review form. (The review form differs from the initial enrollment form.) While renewal does not require an office visit or a face-to-face interview, some of the caseworkers we interviewed on site indicated that if they had not received the SoonerCare review form, they would renew SoonerCare enrollment at the same time a client visits the county office to recertify food stamps.

In February 1999, ODHS reprogrammed its computer so that SoonerCare benefits do not close automatically if a review form is not received or processed. SoonerCare benefits close only after a caseworker makes a determination that each individual no longer qualifies for SoonerCare. If no review form has been received, the caseworker generally closes benefits, though sometimes several weeks or even months beyond the six-month certification period.
APPENDIX C: SUMMARY OF CLIENT FOCUS GROUP

The Oklahoma site visit team held a focus group in Pottawatomie County with current and former participants in the TANF, food stamp, and Medicaid programs. The focus group was held on the evening of February 12, 2001 at NACOR, a community agency. Sixteen individuals attended; of these, three had experience with the TANF program, seven were receiving food stamps and SoonerCare for their children, and the remainder were receiving SoonerCare only or were not program participants. Most participants were receiving SoonerCare only for their children unless they were on TANF. Three staff from the Federally Qualified Health Center (FQHC) in Konawa (located in adjoining Seminole County) were also among the participants. Participants were recruited through local community agencies, a SoonerCare outreach worker, and the Pottawatomie County DHS. In exchange for their participation, attendees received a $25 stipend and reimbursement for their transportation and child care costs.

A. KNOWLEDGE OF PROGRAMS

The focus group began by asking participants about their knowledge of the TANF, food stamp, and Medicaid programs. Participants seemed particularly knowledgeable about benefits and how to navigate the system and were generally positive about the services provided by the local DHS office.

1. Food Stamps

Participants learned about the FSP through family and word of mouth and knew that they had to apply through the DHS office and reapply every three months. They also discussed eligibility guidelines, such as the fact that parents are not eligible for benefits if they owe child support. They responded positively about the Electronic Benefit Transfer card and the large number of places where it is accepted.

2. Medicaid

In terms of Medicaid, participants understood that it was easier for children and pregnant women than adults to qualify and that the children’s program offers a broader scope of coverage. According to their responses, adults can receive Medicaid benefits only if they are disabled or on TANF. Nearly all participants had applied at the DHS office (except for one of the FQHC employees), but they were aware of SoonerCare outreach efforts, such as billboards, fliers from schools, and materials available at the YMCA, Salvation Army, and doctors’ offices. It was somewhat notable that participants did not take advantage of the mail-in or remote enrollment options for SoonerCare, perhaps due to the fact that most of the group lived in Shawnee, which is where the county’s DHS office is located.
3. TANF

Participants understood that the work requirements and time limits applied only to the TANF program and that the TANF program required only a once-a-year review. They also were aware that, depending on income, families leaving TANF could retain their food stamps and Medicaid benefits. One participant reported that she was “cut off of Medicaid” when she received too much income to be eligible for TANF and told to reapply for SoonerCare for her child. Some participants were aware of the new diversion program and had received it, although there was some confusion between diversion payments and FlexFunds, which are available to TANF recipients, those on TMA, or those in a three-month post-sanction period.

B. APPLICATION AND REVIEW PROCESS

Focus group participants, including those applying for Medicaid, had applied for programs through a face-to-face interview at the DHS. They reported that the letter they received describing what documentation to bring to the interview was helpful. (The information is included as a checklist with the appointment letter.) The group also spoke favorably about the new interview process, noting that the FACS computer system made the process quicker and easier. A few participants mentioned application barriers such as getting transportation to the DHS office, waiting for appointments, and the need to find child care. Participants agreed it was easier to apply for food stamps and Medicaid than TANF because TANF requires an orientation, drug and alcohol screening, and assessments of skills and literacy.

Participants also completed their program reviews with a face-to-face interview at the DHS office. A number specifically mentioned the burden of frequent recertifications every three months. A few mentioned not renewing Medicaid because of the hassle; they said that they can always reapply if they need it again.

Participants were generally positive about the staff at the DHS, making such comments as “I’ve got a good caseworker”; “They treat you good”; “Most of them (are good).” Other comments reflected less positive experiences, such as, “If they think you are working the system, they will stick you with a nasty worker”; and “You can tell if you will like them when they call your name (in the reception area).”

C. VALUE OF PROGRAM BENEFITS

Participants were asked whether they felt program benefits were worth the effort required to enroll and continue in the program. They overwhelmingly felt that the benefits they receive outweigh any of the required efforts.

1. Food Stamps

Participants generally agreed that food stamps were valuable, although participants voiced different views about what amount of the benefits made it worth the effort: “Pretty good about what they give you—$341 a month for family of three with no income” and “If food stamps stop, I don't know what I’m going to feed my children.”
2. SoonerCare

Participants agreed that SoonerCare benefits were definitely worth the effort of enrollment and that their children “absolutely need” the coverage. They also mentioned that coverage for adults is important in that adults need to take care of their families and work. Specifically, they mentioned the low income required for adults to be eligible and the lack of vision and dental coverage for adults.

Throughout the focus group, various aspects of access to medical services by SoonerCare enrollees came up repeatedly even though the study did not specifically focus on this issue. Participants had a general knowledge of their enrollment in a fee-for-service program during the first month of participation (before the managed care payments started). They mentioned that breaks in eligibility can cause problems in managed care enrollment and require a return to a month-long fee-for-service arrangement. They felt it was harder to get access to care under the fee-for-service program. They also mentioned that adults, even when eligible, have a limited scope of coverage. Participants complained about waiting a year to change doctors under the managed care plan.
PART 1. Person(s) Requesting Service

**NAME**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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</tbody>
</table>

**DHS USE ONLY**

- Member Status
- Member Benefits
- Birthdate
- Social Security Number
- Child/Adult
- Disabled
- Married Status

PART 2. How can we help you?

PART 3. Persons in Household

**PART 4. Are you applying for food stamps?**

- Yes
- No

If yes, please go to Part 5 on the back of this page. If no, please sign your name in the space provided below and take this form to the receptionist.

Your Name: ____________________________________________

Today’s Date: ________________________

PART 5. Expedited Food Stamps. The following households are entitled to a decision regarding their Food Stamp application within seven
calendar days:
- Households with less than $150 gross monthly income and liquid resources less than $100.
- Destitute migrant or seasonal farm worker households with liquid resources less than $100.
- Households with monthly rent or mortgage and/or utilities that cost more than the combined monthly gross income and liquid resources.

Please answer the following questions:

How much money has your household received this month? $_____

How much money does your household expect to receive this month? $_____

Do you have a checking or savings account over $100? ☐ Yes ☐ No.

How much is your rent or mortgage? $_____

Do you pay the gas or electric bill where you live? ☐ Yes ☐ No.

Are you a migrant farm worker?

Are you or is anyone living with you a fleeing felon or a probation/parole violator? ☐ Yes ☐ No.

Please sign your name in the space provided below and take this form to the receptionist.

Your ___________________________ Today’s ___________________________

DHS USE ONLY:

Date form was _______ Date ___________ Screened ____________

Is the household eligible for Expedited Services? ☐ Yes ☐ No

Interview ___________________________ Interviewed ___________________________
SoonerCare Health Benefits Application

This Area is for Office Use Only
Case Name: ________________________ | Case No: ________________________
County: ____________________________ | Supv.: ________________________
Dist: ______________________________ | Dist: ________________________

This SoonerCare Health Benefits Application is used for children, pregnant women and adults with minor children. Please complete every item on this form. IF MORE SPACE IS NEEDED, USE A SEPARATE PIECE OF PAPER

1. Tell us who you are and where you live (PLEASE PRINT):
   Name (First, Middle, Maiden & Last) ____________________________________________
   Mailing Address (Include City, State, and Zip Code) ________________________________
   Home Phone __________________________ Day Time Phone __________________________ Message Phone ______________________
   Finding Address (if different) __________________________________________________

2. Tell us all about the family members living in the household who are applying for Health Benefits. A Social Security Number and U.S. citizenship status is needed for everyone included in the Health Benefits application. For those persons included in the application, show the names as they appear on their Social Security card.

<table>
<thead>
<tr>
<th>Name (first, middle, last)</th>
<th>Relationship to you (self, son, daughter)</th>
<th>Social Security Number (optional if not applying for Health Benefits)</th>
<th>Date of Birth (month/day/year)</th>
<th>Sex M/F</th>
<th>Oklahoma Resident</th>
<th>U.S. Citizen</th>
<th>*Race (see codes below)</th>
<th>Tribal Affiliation or Alien Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1</td>
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<td>Child 2</td>
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<td>Child 3</td>
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<tr>
<td>First Parent or Guardian (If living in the home)</td>
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<td>Second Parent or Guardian (If living in the home)</td>
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</table>

*RACE Codes - Please use one or more of the following codes to describe your race(s) and/or ethnic group:
A = Asian
B = Black
H = Hawaiian/Pacific Islander
I = American Indian/Alaskan Native
S = Hispanic
W = White

3. Tell us names of other household members not included in the Health Benefits application. The Social Security Number and citizenship status is optional.

<table>
<thead>
<tr>
<th>Name (first, middle, last)</th>
<th>Relationship to you (self, son, daughter)</th>
<th>Social Security Number (optional if not applying for Health Benefits)</th>
<th>Date of Birth (month/day/year)</th>
<th>Sex M/F</th>
<th>Oklahoma Resident</th>
<th>U.S. Citizen</th>
<th>*Race (see codes below)</th>
<th>Tribal Affiliation or Alien Registration</th>
</tr>
</thead>
</table>

4. Is anyone included in the application, or a parent of a child included in the application, employed? □ Yes □ No
   Self employed? □ Yes □ No If YES, complete the following about each full-time or part-time job or business. Show gross earnings - NOT take home pay.

   Employer's Name, Address & Phone Number OR Self-Employment Information
   Who earns this money? □ Gross earnings per pay period
   How often paid? (weekly, every other week, twice a month, or monthly)

5. Does anyone in the household get any other money or income? □ Yes □ No
   Some examples of other income are:
   Social Security/SSI
   Other Pensions
   Support (alimony or child support)
   Annuities/Trust
   Worker's Compensation
   Veteran's Benefits
   Railroad Retirement
   Interest, such as C.D., Stocks, Bonds
   Military Allotment
   Royalties/Gas/Oil
   Unemployment
   Rental
   Money from friends, relatives, etc.
   Other (Please specify)

   If YES, give us the following information.

   Name of Person Money is For
   Source of Money
   How Much?
   How Often?

6. Does anyone included in the application pay for child care so they can work? □ Yes □ No If YES, give the following information.

   Caregiver's Name, Address & Phone Number
   Name of person who pays for care
   Who gets this care? How much? How Often?
7. Is a parent of any child who needs Health Benefits absent from the home? □ Yes □ No If YES, give us the following information.

Notice: Federal law REQUIRES referral to the Child Support office to help pay for health care. Your children CAN receive health coverage even if you do not cooperate in pursuing child support; however, unless you are pregnant, you CANNOT receive coverage if you are living in the household and do not cooperate. Please mark your choice below.

□ I will cooperate.
□ I do not wish to cooperate
□ I think I have a good reason for not cooperating and would like more information.

<table>
<thead>
<tr>
<th>Absent Parent’s (AP) Name, Address and Phone Number</th>
<th>AP’s Child’s Name(s)</th>
<th>AP’s Date of Birth (month/day/year)</th>
<th>AP’s Social Security Number</th>
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8. Choose your Primary Care Provider. If you need help choosing, call the SoonerCare Helpline at 1-800-987-7767 or contact your local DHS office for an enrollment packet.

8A. SoonerCare PLUS only: Choose a family Health Plan & then choose a Primary Care Provider (PCP) for each family member

Family Health Plan | Family Member | Primary Care Provider |
|------------------|---------------|-----------------------|

8B. SoonerCare CHOICE only: Choose A Primary Care Provider/Case Manager (PCP/CM) for each family member

Family Member | PCP/CM |
|--------------|--------|

9. Does anyone included in the application have health insurance? □ Yes □ No If YES, answer the following:

<table>
<thead>
<tr>
<th>Insurance Company Name, Address and Phone Number</th>
<th>Group or Policy Number</th>
<th>Person Covered</th>
<th>Type of Coverage (major medical, dental, HMO, etc.)</th>
<th>Effective Date</th>
<th>Policy Holder’s Name &amp; Social Security Number</th>
<th>Relationship of Policy Holder to Insured</th>
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</tbody>
</table>

If NO, did anyone lose health insurance coverage during the last 3 months? □ Yes □ No

If YES, why? ____________________________________________________________________________

Could anyone under age 18 be covered by group health insurance? □ Yes □ No If YES, who and under whose policy? ____________________________________________________________________________

10. Does anyone need coverage for medical services that were received during the last 3 months? □ Yes □ No

11. All individuals under age 21 may have free health exams/EPSDT (check-ups) as part of their medical/dental benefit coverage. If eligible, do you wish to receive these services? □ Yes □ No

12. Is any member of your household pregnant? □ Yes □ No If YES, who? ____________________________________________________________________________

13. What is the expected date of delivery? ____________________________ (Attach Medical verification of pregnancy)

14. Are you or anyone included in the Health Benefits application:

(a) planning to have surgery in the next three months? □ Yes □ No
(b) using any medical equipment, such as oxygen, wheelchair, walker, etc.? □ Yes □ No
(c) taking medicine prescribed by a doctor? □ Yes □ No
(d) receiving home health care? □ Yes □ No

15. ASSIGNMENT: I do hereby transfer, assign and authorize payment to the Oklahoma Health Care Authority (OHCA) all claims I have or may have against health insurance or liability insurance companies, or other third parties. This covers all payments for medical services made by OHCA for me or my dependents. □ Yes □ No (Please note that checking NO to this question will result in the SoonerCare Health Benefits Application being denied).

Your Signature ____________________________ Date ____________
(If not the applicant, give relationship)