State of Ohio

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

Final Report

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methodology to document the case flow in each of the sites and to assess the use of automated systems.
# CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXECUTIVE SUMMARY ................................................................. ix</td>
</tr>
<tr>
<td>I</td>
<td>ACCESS AND PARTICIPATION IN FOOD STAMPS AND MEDICAID: CUYAHOGA COUNTY, OHIO ................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>A. INTRODUCTION ............................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>B. REPORT REVIEW ........................................................................ 2</td>
</tr>
<tr>
<td>II</td>
<td>METHODS .......................................................................................... 5</td>
</tr>
<tr>
<td>III</td>
<td>CONTEXT .......................................................................................... 7</td>
</tr>
<tr>
<td></td>
<td>A. POLICY ............................................................................................ 7</td>
</tr>
<tr>
<td></td>
<td>1. Ohio’s TANF Program, Ohio Works First (OWF) .............................. 7</td>
</tr>
<tr>
<td></td>
<td>2. Ohio’s Food Stamp Program .......................................................... 8</td>
</tr>
<tr>
<td></td>
<td>3. Ohio’s Medicaid Program—Eligibility ............................................ 9</td>
</tr>
<tr>
<td></td>
<td>B. STRUCTURE OF THE CUYAHOGA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES ......................................................... 10</td>
</tr>
<tr>
<td></td>
<td>1. Clientele and Office Environment .................................................. 11</td>
</tr>
<tr>
<td></td>
<td>2. Organization of Case Management Staff ........................................ 12</td>
</tr>
<tr>
<td></td>
<td>C. OHIO AND CUYAHOGA COUNTY’S MANAGEMENT INFORMATION SYSTEMS ...................................................................... 13</td>
</tr>
<tr>
<td>IV</td>
<td>FINDINGS ............................................................................................ 15</td>
</tr>
<tr>
<td></td>
<td>A. CUYAHOGA COUNTY STRUCTURE AND ORGANIZATION ............... 15</td>
</tr>
<tr>
<td></td>
<td>1. Worker Specialization ................................................................. 15</td>
</tr>
<tr>
<td></td>
<td>2. Neighborhood Centers ................................................................. 18</td>
</tr>
<tr>
<td></td>
<td>B. AUTOMATED INFORMATION SYSTEM .............................................. 19</td>
</tr>
<tr>
<td></td>
<td>1. CRIS-E .......................................................................................... 19</td>
</tr>
<tr>
<td></td>
<td>2. Additional Information Technology Initiatives ............................... 21</td>
</tr>
<tr>
<td></td>
<td>3. Overall Impact of Information Technology on Program Enrollment and Participation ......................................................... 21</td>
</tr>
</tbody>
</table>
### CONTENTS (continued)

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV (continued)</td>
<td></td>
</tr>
<tr>
<td>C. EXPECTED STATE AND COUNTY STAFF DOWNSIZING</td>
<td>22</td>
</tr>
<tr>
<td>1. Medicaid</td>
<td>22</td>
</tr>
<tr>
<td>2. Food Stamp Program</td>
<td>23</td>
</tr>
<tr>
<td>D. OUTREACH</td>
<td>22</td>
</tr>
<tr>
<td>E. DIVERSION</td>
<td>24</td>
</tr>
<tr>
<td>1. Informal Diversion</td>
<td>24</td>
</tr>
<tr>
<td>F. INTAKE AND ELIGIBILITY</td>
<td>24</td>
</tr>
<tr>
<td>1. Appointments</td>
<td>24</td>
</tr>
<tr>
<td>2. Multiple Visits</td>
<td>25</td>
</tr>
<tr>
<td>3. Assessing Eligibility for the Food Stamp and Medicaid Programs</td>
<td>26</td>
</tr>
<tr>
<td>4. Support from the Automated Eligibility System</td>
<td>27</td>
</tr>
<tr>
<td>G. ONGOING CASEWORK/RETENTION</td>
<td>27</td>
</tr>
<tr>
<td>1. Certification Periods</td>
<td>27</td>
</tr>
<tr>
<td>2. Case Closures</td>
<td>28</td>
</tr>
<tr>
<td>V CONCLUSIONS AND RECOMMENDATIONS</td>
<td>31</td>
</tr>
<tr>
<td>A. CRIS-e: AUTOMATED ELIGIBILITY SYSTEM ENSURES THAT APPLICANTS ARE SCREENED FOR ALL POTENTIAL BENEFITS</td>
<td>31</td>
</tr>
<tr>
<td>B. EXPECTED DOWNSIZING OF STATE AND COUNTY STAFF: LOSS OF EXPERIENCED STAFF WILL REQUIRE SIGNIFICANT TRAINING FOR NEWLY HIRED CASEWORKERS</td>
<td>32</td>
</tr>
<tr>
<td>C. OUTREACH: STEPPED-UP MEDICAID OUTREACH EFFORTS HAVE SUCCEEDED; OUTREACH NEEDED FOR FOOD STAMP PROGRAM</td>
<td>32</td>
</tr>
<tr>
<td>D. INITIAL APPLICATION AND ELIGIBILITY: A MULTI-STEP OWF (TANF) APPLICATION PROCESS AND POTENTIAL LONG DELAYS MAY INADVERTENTLY MOTIVATE APPLICANTS TO ABANDON THEIR APPLICATIONS FOR ALL BENEFITS</td>
<td>33</td>
</tr>
</tbody>
</table>
## CONTENTS (continued)

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>V (continued)</td>
<td></td>
</tr>
<tr>
<td>E. ONGOING CASEWORK/RETENTION: CERTIFICATION PERIOD CONFLICTS COULD PUT RETENTION OF MEDICAID BENEFITS AT RISK</td>
<td>33</td>
</tr>
<tr>
<td>APPENDIX A: WORKFLOW AT SOUTHGATE NEIGHBORHOOD CENTER</td>
<td>35</td>
</tr>
<tr>
<td>APPENDIX B: ACCESS TO AND PARTICIPATION IN FOOD STAMPS AND MEDICAID—CUYAHOGA COUNTY</td>
<td>45</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

A. INTRODUCTION

Since the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), there have been continual declines in the Food Stamps Program (FSP) and Medicaid. Given that these are two of the most important safety net programs for low-income families, these declines are alarming and suggest that in some states, many low-income families may not be receiving an adequate level of medical and nutritional support. Additionally, as the FSP and Medicaid are important programs in supporting individuals making the transition from welfare to work, it is also a concern that many eligible families with children may not be receiving the benefits they need to support their transition to the workforce.

In response to these concerns, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture contracted with Mathematica Policy Research, Inc. (MPR) to identify state policies, practices and operational procedures that may promote initial enrollment and ongoing participation in the Food Stamps Program and Medicaid. Cuyahoga County was selected for this study for several reasons. First, research indicates that a majority of families leaving TANF retain their FSP and Medicaid benefits, particularly in comparison to other states where families are more likely to also exit FSP and Medicaid. Second, Ohio has a county-administered model for the delivery of human services, including TANF, FSP, and Medicaid, and affords county departments of human services significant flexibility in the implementation and administration of these programs. Finally, Ohio uses an electronic eligibility system known as CRIS-E, which, unlike the systems operated by many of the other sites in study, automates the vast majority of the eligibility determination process for TANF, FSP, and Medicaid.

B. METHODS

The research team conducted a three-day site visit to Cuyahoga County’s Southgate Neighborhood Center in Maple Heights, Ohio. During the visit, the study team gathered information from a diverse array of state and county program managers, county workers, and community officials, and analyzed a variety of state, county, and site-specific factors. Interviews with state personnel focused on the policies, state options, and state-level implementation of the Food Stamp, Medicaid, and SCHIP program as well as on the marketing and outreach activities conducted for all programs. At the county level, the research team interviewed county policy staff to develop an understanding of what county-specific policies were in place and to identify the county-specific options implemented by Cuyahoga County.

The on-site visit to Southgate focused on the center’s workflow and business processes, case processing procedures, office composition, and the policies and regulations related to the TANF, Food Stamp, Medicaid, and SCHIP programs. To document the center’s experiences and lessons learned in the implementation of its practices, the research team analyzed general approaches and identified specific strategies currently in use to improve program access and participation. The team devoted special attention to barriers to participation that may have arisen as a result of implementing TANF, such as the TANF diversion programs, TANF and FSP sanctions, time
limits, and the emphasis on work first. To help identify these barriers, the research team performed an in-depth analysis of the center’s workflow and case processing procedures, particularly the application and certification/review for the Food Stamp and Medicaid programs for both TANF and non-TANF clients. The team also studied use of the state’s automated information system—CRIS-E.

C. STRUCTURE OF CUYAHOGA COUNTY’S FOOD STAMP PROGRAM AND MEDICAID

In Ohio, each county is responsible for administering the OWF, food stamps and Medicaid programs, and for managing the cases of those clients receiving services through any or all of the programs. In Cuyahoga County, the Department of Jobs and Family Services has established eleven neighborhood centers, which are integrated service delivery centers charged where clients can obtain program information, apply for services, and meet with caseworkers to complete applications, apply for benefits, and receive ongoing case management services. The eleven neighborhood centers have been implemented continuously over the last several years, and from our observation, the provide clients with a “one-stop shopping” experience that facilitates the application and enrollment process.

Two separate yet related agencies are primarily responsible for managing and administering the county’s major assistance programs. The Work and Training Agency (W&T) is responsible for providing services to OWF recipients, for those cases where at least one member is subject to OWF work requirements. The Health and Nutrition Agency (H&N) is responsible for managing non-OWF cases, including Food Stamp, Medicaid, and SCHIP cases. Workers from both agencies are located at each neighborhood center, where they work together to manage the county’s OWF, food stamps and Medicaid programs.

D. STRATEGIES THAT PROMOTE ACCESS TO SERVICES

Increasing Outreach Efforts for Food Stamps and Medicaid. Over the last several years, both the State of Ohio and Cuyahoga County have increased their outreach activities with regards to Medicaid, SCHIP and, to a lesser extent, the FSP. The state has used federal monies available from the $500 million fund for Medicaid outreach, and has made these monies available to the counties at a 90 percent match. More than 70 percent of Ohio counties have drawn down these monies and used them to create outreach plans and activities — the majority of which have been targeted at increasing enrollment in SCHIP. In addition, a portion of the funds were used by the State to reinstate approximately 133,000 individuals who were inappropriately terminated from Medicaid as a result of the PRWORA implementation.

Ohio’s food stamps outreach efforts have been less notable, but recent efforts have included the creation of a food stamps outreach committee that has developed brochures and posters explaining that Food Stamp eligibility is separate from OWF and distribution of the materials to the Cuyahoga County Department of Human Services (CDHS), community-based organizations (CBOs), and other state partners in local communities. The state has also let a contract to develop and conduct an FSP media campaign that includes promotional spots on the radio, buses, and billboards.
Use of Neighborhood Centers to Provide Clients with a Single Application Site for All Major Assistance Programs. We found that the neighborhood centers appear to significantly enhance access to county services by providing clients with a “one-stop shopping” approach to applying for and receiving program benefits. Further, the centers have eliminated the need for clients to shuttle between various service sites to coordinate benefits from multiple programs, which significantly reduces the burden on clients to access and enroll in programs.

E. STRATEGIES THAT STREAMLINE ENROLLMENT

Worker Specialization Ensures That Caseworkers Have Expertise in the Programs the Manage. The dual-agency structure of the Cuyahoga County Department of Human Services has streamlined the enrollment process by enabling caseworkers from both agencies to develop greater expertise in various programs—W&T workers in the OWF and employment programs and H&N workers in the Food Stamp and Medicaid programs. Workers reported that this has led to more effective and expedient eligibility determinations and a greater ability on the part of workers to help clients understand the program rules and regulations by which they must abide in order to continue receiving benefits.

Focus on Ensuring FSP and Medicaid Benefits to Clients Formally Diverted from OWF. Cuyahoga uses both informal and formal methods to divert clients from the TANF Program, known in Ohio as Ohio Works First (OWF). Informally, printed materials and caseworkers reinforce the message that OWF benefits are time-limited (36 months) and should be used only when necessary. There is also formal cash diversion program known called Prevention, Retention and Contingency (PRC), which provides eligible clients with a one-time cash payment to address immediate needs that would otherwise require the client to enroll in OWF in order to meet. For all types of diversion, Cuyahoga works diligently to ensure that applicants diverted from applying for OWF are able to apply for both food stamps and Medicaid. For instance, OWF applicants who indicate a desire to abandon their application are still automatically assessed for eligibility for food stamps and Medicaid. Clients receiving cash diversion payments through the PRC program are considered automatically categorically eligible for three months of food stamps benefits, and are also automatically assessed for eligibility for all types of Medicaid.

Use of CRIS-E to Automate and Support the Enrollment Process. CRIS-E is the state’s Family Automated Management Information System (FAMIS), which automates a significant portion of the enrollment and eligibility determination process, and ensures that all applicants are assessed for eligibility for all of the assistance programs offered by the county, which significantly decreases the likelihood that a caseworker error (e.g., forgetting to test a client for specific type of Medicaid) will prevent a client from receiving a program benefit for which they are eligible. This also may benefit applicants who are initially unaware of a program and then decide that they want to apply for it after speaking with a caseworker.
F. STRATEGIES THAT ENSURE ONGOING PARTICIPATION

Information Technology Supports Facilitate Benefit Retention at Case Transition Points. The state’s automated eligibility system, CRIS-E, promotes ongoing retention of all benefits at recertification periods. At each recertification interview, CRIS-E automatically determining eligibility for all assistance programs that may be available to the client. This ensures that the client is properly assessed for eligibility in any program that may benefit her in the transition from welfare to work.

CRIS-E also helps to ensure that clients retain those benefits for which they are eligible whenever a client experiences a change in circumstances that renders them ineligible for OWF or Medicaid. For example, whenever a client loses eligibility for Section 1931 Medicaid as a result of increased earnings, CRIS-E will automatically assess the client for eligibility in all other Medicaid categories, including TMA. Similarly, when income changes are recorded in CRIS-E that cause the client to lose OWF eligibility, CRIS-E will automatically recalculate the food stamps benefit and also run an eligibility determination sequence that assesses the client for eligibility for any other assistance programs.

Messages Concerning the Ongoing Availability of Food Stamps and Medicaid. The state and county send positive messages regarding the ability of a client to retain food stamps and Medicaid after leaving the OWF program. Client notices automatically generated by CRIS-E and sent each month, as well as notices regarding recertification interviews, etc., indicate the number of months that the client has remaining in OWF, and a reminder that the client may still be eligible for food stamps and Medicaid if their time limit is reached, or if they leave OWF as a result of finding employment.

In addition, the county conducts a pre-time limit review interview with each client who reaches her 32nd month of OWF receipt. The purpose of this interview is to help prepare the client for coping after the OWF time limit is reached. As part of the interview, the worker specifically discusses the ongoing availability of other support programs, such as food stamps and Medicaid. Both the notices and the interview are useful in promoting the ongoing availability of food stamps and Medicaid.

In addition, families who have been off Medicaid for 60 days are sent a letter reminding them that they may still be eligible for Healthy Start/Healthy Families and can receive medical benefits independently from OWF. The letter contains a fact sheet on the program with income guidelines and a hot line number to call and apply over the phone.

G. POTENTIAL AREAS FOR IMPROVEMENT

While Cuyahoga’s policies and processes appear to facilitate both initial enrollment and ongoing retention in the food stamps and Medicaid programs, there are still areas where the County could potentially improve coverage among those individuals that may be eligible for, but not receiving benefits from these programs.

Ensure That Workers Receive Proper Policy Training to Avoid Becoming Dependent Upon CRIS-E. While CRIS-E has many features that support initial and continued participation
in Medicaid and food stamps, there are still instances where the eligibility rules in CRIS-E lag behind legislative and regulatory changes. In these instances, workers must be knowledgeable about the programs and policies to know when to override CRIS-E. The county must therefore continue to ensure that workers are properly trained in the programs and policies for the programs they administer. This will be particularly true in the near future, as the county prepares for high staff turnover as the result of pending buy-outs and early retirements. A corollary recommendation is that the State should attempt to modify CRIS-E to accommodate new law/regulations/policy changes as quickly as possible.

**Increase Outreach and Marketing Efforts for the Food Stamp Program.** Both Ohio and Cuyahoga County have made a significant effort to conduct outreach activities the SCHIP program, and to a lesser extent Section 1931 Medicaid, but there are few outreach efforts related to the Food Stamp Program. We were told by workers and clients alike that many low-income families who are informed about the Medicaid/SCHIP programs are motivated to apply, but little is known about the potential impact of the limited FSP outreach efforts. Ohio and Cuyahoga County may wish to consider committing more resources to outreach and education for the FSP, including promotional campaigns and greater collaboration with community organizations and food banks. The county should also determine how to best leverage the successful techniques and lessons learned from its Medicaid and SCHIP outreach endeavors, and implement these in their food stamps outreach efforts.

Cuyahoga County’s multistep OWF application process and potential long delays may inadvertently motivate applicants to abandon their applications for all benefits. OWF applicants are required to make several different visits to Southgate Center: a first visit to initiate the application process; a second for the initial household assessment and to attend mandatory referrals (if not completed at a third visit); and a final visit for the eligibility determination interview. For cases involving OWF, the eligibility determination for non-expedited Food Stamp and Medicaid benefits waits until the last visit even if applicants have already submitted all needed verifications. The county’s requirement for multiple visits is intentional and may informally divert some applicants from OWF. It could also have the unintended effect of so frustrating families that they abandon their applications for OWF. It was not clear whether caseworkers continue to process applications for food stamps and Medicaid when OWF applicants abandon the application process. County practice calls for these applications to be acted upon, but we were uncertain whether workers regularly follow through as required.

An appointment system and short pre-interview application reduce the burden on applicants; however, delays of up to two weeks in the appointment system for non-cash Food Stamp and Medicaid applications may cause families to drop their application.

**Expedite the Food Stamp and Medicaid Portions of a Client’s OWF Application.** In Cuyahoga, OWF applicants must visit the Southgate Center a number of times to complete the application process. In fact, the client typically makes at least two, sometimes three visits prior to even meeting with a caseworker to conduct the eligibility interview, where the client is assessed for eligibility for OWF, Medicaid, and food stamps. Due to the length of this process, it possible that some clients abandon the OWF application process, and at the same time abandon their application for food stamps and Medicaid when in fact they may be eligible. While county
practice states that any abandoned OWF application must still be assessed for food stamps and Medicaid eligibility, it was not clear whether workers regularly follow these standards. The county may wish to consider instituting a process whereby OWF applicants have their food stamps and Medicaid eligibility assessed earlier in the application process, to ensure that they receive these benefits (if eligible), regardless of whether they complete the OWF application process. Alternatively, the County should consider assessing the degree to which applicants who abandon their OWF application are assessed for food stamps and Medicaid eligibility.
I. ACCESS AND PARTICIPATION IN FOOD STAMPS AND MEDICAID:
CUYAHOGA COUNTY, OHIO

A. INTRODUCTION

Each year since the enactment of federal welfare reform in 1996, participation in the Food Stamp Program (FSP) and Medicaid, two of the nation’s most important safety-net programs, has declined nationwide. Although large numbers of cash assistance recipients have moved off the welfare rolls, research suggests that in some states many eligible low-income families with children may not be receiving the FSP and Medicaid benefits they often need to support their transition to self-sufficiency. In fact, the relationship between Food Stamp participation and the welfare caseload is not consistent across states. A recent analysis indicated that among the 10 states with the largest welfare caseload declines, some had relatively large reductions in Food Stamp participation rates while others had moderate to relatively small reductions. One explanation for such variation may be that entitlement programs such as the FSP and Medicaid, which operate in the context of a non-entitlement block-granted program (the current cash assistance system is Temporary Assistance to Needy Families [TANF]), may present unique implementation challenges that can affect program participation.

To examine the barriers and enhancements to initial and continuous participation in the FSP, Medicaid, and 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 calling for case studies of the implementation of these programs at the state and county levels. As part of the project, we conducted an in-depth case study of promising practices and lessons learned in Cuyahoga County, Ohio. The objective of the case study was to learn about and profile innovative policies and practices that enhance FSP and Medicaid enrollment and ongoing participation among TANF and other eligible low-income families, including those that have left TANF, those diverted from TANF, and those that have had no contact with the cash assistance system. An additional objective was to identify barriers to program access and ongoing participation.

We selected Cuyahoga County, Ohio, for study for several reasons. First, data suggest that, since late 1999, most families leaving TANF have successfully retained their Food Stamp and Medicaid benefits. By the third quarter of 2000, among TANF leavers, 88 percent of children and 82 percent of adults were still receiving their Medicaid benefits. A more modest yet still encouraging 61 percent of families were continuing to receive Food Stamp benefits after leaving cash assistance. These enrollment rates show a dramatic improvement over the large enrollment declines sustained by the county in the years following welfare reform’s implementation. However, both the FSP and Medicaid programs have not regained the high enrollment numbers of 1995. For example, in 1995, Cuyahoga County accounted for approximately 220,000 FSP

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enrollees but, as of July 2000, about 125,000 enrollees; in 1995, the county claimed about 140,000 Medicaid recipients but, as of July 2000, just over 100,000.  

The second reason for selecting Ohio for study is that the state provides counties with significant flexibility in implementing state policies and procedures. For example, although counties must adhere to state eligibility standards, they are permitted to institute their own workflow process, develop their own TANF diversion programs, and so forth. Another factor that made Cuyahoga County worthy of study is that it has separated the administration of its TANF program from its FSP and Medicaid programs. The Agency for Work and Training (W&T) administers all services to TANF recipients while the Agency for Health and Nutrition (H&N) is responsible for FSP, Medicaid, and the SCHIP program for recipients not receiving TANF. Managers and line staff from both agencies are co-located in a neighborhood center to assist applicants and clients in obtaining and retaining appropriate services.

The third reason for studying Cuyahoga County is that Ohio operates an electronic eligibility system known as CRIS-E, which, unlike the systems operated by many of the other sites in the larger study, automates the vast majority of the eligibility determination process for TANF, FSP, Medicaid, and many other public assistance programs under the county’s purview.

B. REPORT REVIEW

This report describes Ohio’s state policies and procedures in general and Cuyahoga County’s policies and procedures in particular. We provide detailed profiles of implementation practices observed at Southgate Neighborhood Center, the local office we visited. State officials guided the selection of Cuyahoga County in part because of the county’s dual-agency structure and its approach to “one-stop-shopping” service delivery.

Section I introduces the project; Section II describes our study methods. In Section III, we present a brief overview of the TANF, Food Stamp, and Medicaid programs as administered in Ohio and Cuyahoga County and describe the setting of Southgate Neighborhood Center, including its organizational structure and clientele. We also provide a detailed description of office’s workflow and case processing. Section IV presents our findings regarding agency structure and organization; CRIS-E, the state’s automated eligibility system; expected downsizing of state and county staff; outreach; diversion activities; intake and initial eligibility; and ongoing casework, including the certification process. Section V presents a concluding summary of our findings and their implications as well as policy and programmatic recommendations for addressing them.

Appendix A contains a detailed description of workflow and case processing procedures and includes a discussion of major operational decisions, costs, and ongoing challenges associated

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with each promising workflow-related practice. The appendix also includes a diagram depicting the workflow. Appendix B outlines findings from a focus group of current FSP and Medicaid clients in Cuyahoga County.
II. METHODS

The research team conducted a three-day site visit to Cuyahoga County’s Southgate Neighborhood Center in Maple Heights, Ohio, to assess the practices and policies that may promote or inhibit access to and participation in the Food Stamp Program (FSP), Medicaid, and Ohio’s SCHIP program, Healthy Start. The study team gathered information from a diverse array of state and county program managers, county workers, and community officials and documented their perspectives on how and why potentially eligible clients may or may not be applying for and enrolling in the programs of interest.

The research team analyzed a variety of state, county, and site-specific factors. Interviews with state personnel focused on the policies, state options, and state-level implementation of the Food Stamp, Medicaid and SCHIP program as well as on the marketing and outreach activities conducted for all programs. At the county level, the research team interviewed county policy staff to develop an understanding of what county-specific policies were in place and to identify the county-specific options implemented by Cuyahoga County. Given that Ohio counties administer the state’s TANF program, the interviews proved particularly important; in fact, the state has devolved a great deal of TANF program authority to the counties.

The on-site visit to Southgate focused on the center’s workflow and business processes, case processing procedures, office composition, and the policies and regulations related to the TANF, Food Stamp, Medicaid, and SCHIP programs. To document the center’s experiences and lessons learned in the implementation of its practices, the research team analyzed general approaches and identified specific strategies currently in use to improve program access and participation. The team devoted special attention to barriers to participation that may have arisen as a result of implementing TANF, such as the TANF diversion programs, TANF and FSP sanctions, time limits, and the emphasis on work first. To help identify these barriers, the research team performed an in-depth analysis of the center’s workflow and case processing procedures, particularly the application and certification/review for the Food Stamp and Medicaid programs for both TANF and non–TANF clients. The team also studied use of the state’s automated information system--CRIS-E.

Data-collection methods used during the course of the study included the following:

- Individual semi-structured interviews with
  - State Food Stamp and Medicaid policy experts
  - County policy experts, when interviews focused on the Cuyahoga-specific implementation of TANF and Prevention, Retention, and Contingency (PRC), which is Ohio’s cash diversion program
  - County change management managers
  - County supervisors of TANF and H&N eligibility workers
  - Experienced TANF and H&N eligibility workers
- Experienced staff from the county CRIS-E help desk
- Representatives from community-based organizations and legal aid groups

• Other activities such as
  - A focus group with TANF, Food Stamp, and Medicaid clients
  - Case reviews with both TANF and H&N line workers
  - Job shadowing line workers during both initial application and recertification/redetermination interviews with clients
  - Observation of the reception area
III. CONTEXT

The Ohio Department of Job and Family Services (ODJFS) oversees the state’s TANF, Food Stamp, and Medicaid programs. While Ohio operates a county-administered benefits system, many policies (such as for diversion programs) and procedures governing the benefits programs vary by county. In other words, even though the state sets policy and provides overall guidance, counties enjoy considerable latitude in how they implement program policies. This section focuses on state policy but discusses Cuyahoga County policies where applicable.

A. POLICY

1. Ohio’s TANF Program, Ohio Works First (OWF)

Ohio’s TANF program, called Ohio Works First (OWF), began operation in October 1997. Ohio receives $724 million from the TANF block grant and then allocates the funds as individual block grants for administration by the counties; the counties incorporate the TANF block grants into their larger human services block grant.

The OWF benefit amount totals $373 per month for a single-parent family of three with no earnings. Applicants must have earnings of less than $630 per month (for a single-parent family of three—53 percent of the federal poverty level [FPL]); recipients must have earnings of less than $996 per month (83 percent of FPL). Countable monthly income for applicants and recipients must be below $373 for a single-parent family of three. The OWF earnings disregard is $250 and 50 percent of remaining earnings, with no time limits. OWF permits a deduction for child care expenses and operates without a resource limit.

OWF provides a three-month certification period for clients with earned income and a six-month certification for clients with no earned income. A face-to-face interview is required for both application and recertification.

OWF imposes a 36-month time limit; clients may qualify for an additional 24 months of benefits after they have been off cash benefits for two consecutive years. Clients began reaching their time limits in October 2000. The four exemption criteria for time limits are (1) caring for a child under 12 weeks of age; (2) a teen parent; (3) mentally/physically disabled, or (4) caring for a mentally/physically disabled individual. In Cuyahoga County, recipients who have been off 3

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3 ODJFS was established in July 2000 by the merger of the former Department of Human Services (DHS) and the Ohio Bureau of Workforce Development (OBES). ODJFS oversees Medicaid determines program eligibility.

4 Each county may allowed up to 20 percent of OWF assistance groups with an adult from the time limit on the grounds that the time limit is a hardship. The 20 percent is based on the county’s average monthly caseload, including child-only cases, for the immediately preceding federal fiscal year.”
OWF for 24 months and meet county-specific criteria are eligible to receive Short Term Transitional Assistance (STTA) for a total of 24 months. Receipt of STTA does not count against a client’s federal 60-month TANF time limit and does not render the client ineligible for the additional 24 months of state-funded OWF benefits.

OWF sanctions can be imposed when a client does not comply with any element specified in his or her self-sufficiency contract (SSC). Three tiers of sanctions can result in loss of OWF benefits. The first sanction lasts for one month, or until the individual complies with the SSC, whichever is later; the second lasts for three months, or until the individual complies with the SSC, whichever is later; and the third lasts for six months, or until the individual complies with the SSC, whichever is later. The first sanction affects only the offending individual while the second and third affect all beneficiaries in the OWF assistance group. Food stamp benefits are reduced by disqualifying only the offending individual at each level of sanction. Medicaid benefits remain unaffected until the third sanction; loss of Medicaid benefits applies only to the offending individual, never to children.

2. Ohio’s Food Stamp Program

The Food Stamp Program is a federal entitlement program for low-income persons that is administered by the states and, in Ohio, by ODJFS. Federal rules governing the program require recipients to demonstrate gross incomes below 130 percent of (FPL and to meet asset tests and other procedural requirements (net income below 100 percent of FPL). The 1996 federal welfare reform law included FSP changes that disqualified most legal immigrant adults who are not elderly or disabled and restricted benefits and mandated work activities for able-bodied adults without dependents (ABAWDs).

Beginning in summer 2001, Ohio implemented the federal option that allows the states to modify the FSP vehicle rules to comply with OWF such that the value of all vehicles is excluded. If all members in the Food Stamp household are also in the OWF assistance group, then clients are subject to the work and training provisions in the self-sufficiency contract signed by the head-of-household when applying for OWF; otherwise, household members are subject to Food Stamp Employment and Training (FSET) rules. An Ohio state law requires expedited Food Stamp applications to be processed and distributed within 72 hours. Ohio also has instituted a change reporting waiver for the FSP; families are required to report only those changes in income over $80.

In response to high error rates, the state decided to implement a three-month certification period for FSP households with earned income. Households with no earned income are recertified every six months (including households reporting child support income). The one exception to the six-month certification for households with no income applies to assistance groups with an ABAWD in the household and to households with unstable income (i.e., $0 net income). In such cases, the certification period is three months.

5 The self-sufficiency contract is a document that each adult OWF head-of-household must sign as a condition of receiving benefits. The contract lists the client’s rights and responsibilities as well as the tasks and activities that the client must undertake to move toward self-sufficiency.
3. Ohio’s Medicaid Program—Eligibility

Medicaid coverage for families (Section 1931) in Ohio is called Healthy Families. In July 1996, the state established the earned income disregard of $250 plus 50 percent of the remainder, which matched the OWF program disregards. With a payment standard of $362, the disregard meant that a family of three could qualify for 1931 Medicaid if its income was about 85 percent of the FPL. If both parents in a family worked, they would each receive the earnings disregard that allowed families to earn much more and still qualify for 1931 Medicaid.

In July 2000, Ohio expanded 1931 Medicaid coverage by allowing families to disregard all income, earned and unearned, up to 100 percent of FPL ($1,179 for a family of three). Families can use the disregard for 24 months; thereafter, a family either moves onto Transitional Medical Assistance (TMA) if it has an increase in earned income or loses eligibility for one month. In the latter case, the family can reapply and receive the 100 percent FPL income disregard for another 24 months. Families will begin reaching the 24-month limit in July 2002.

Both income disregards are in effect. The more beneficial of the methodologies determines a family’s Medicaid eligibility. The disregard ($250 and 50 percent of the remainder) helps families with earned income to qualify for 1931 Medicaid. The disregard for all income (a time-limited income disregard up to 100 percent of FPL) helps families with unearned income to qualify. Healthy Families does not have an asset test. The state has also eliminated the 100-hour rule for two-parent families.

Children’s Medicaid in Ohio is known as Healthy Start. The program encompasses the children-expansion (SOBRA) Medicaid categories and a Medicaid-expansion State Children’s Health Insurance Program (SCHIP). The SCHIP program, implemented in January 1998, covers children with income up to 200 percent of FPL. There is no asset test for Healthy Start.

In July 2000, the state made several changes to the application and reapplication process for Healthy Families and Healthy Start and combined the application for 1931 Healthy Families coverage with that for Healthy Start. Families can request an application through a hot line and can complete their application over the telephone. Healthy Start eligibility can be processed completely through the mail. The state also revised the verification policies for Medicaid: applicants must still verify income, but they can self-declare birth, age, and social security number.

In December 2000 Cuyahoga County implemented a pilot program to allow Healthy Start/Healthy Families applicants to self-declare their income. Applicants are no longer required to submit a check stub or letter from their employer to verify their income. The pilot program is planned to run through June 2002.

Eligibility for Healthy Families is redetermined every six months and for Healthy Start every 12 months; families can complete the redetermination process by mail. When a child is recertified for food stamps or OWF, Healthy Start is extended (rolled out) for an additional 12 months; however, eligibility is not rolled out for adults in Healthy Families. In addition, the state provides 12 months of continuous eligibility to children in Healthy Start with income between
150 and 200 percent of poverty with Healthy Start insurance and levies an annual enrollment fee of $25 per child among this group.\textsuperscript{6}

Cuyahoga County residents may apply for Healthy Families/Healthy Start at county offices, through outstationed workers in the federally qualified health centers (FQHCs), and at certain hospitals and at other contracted vendors (e.g., community based organizations). Clients applying solely for SCHIP and child care may also apply by mail. As noted, clients applying only for SCHIP do not require a face-to-face interview; likewise, clients applying for child care do not require a face-to-face interview, provided that the applicant is working. In addition, the face-to-face interview requirement for food stamps and Medicaid may be waived for certain elderly and disabled individuals who are not physically capable of visiting an application site.

B. STRUCTURE OF THE CUHAYOGA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

In Ohio’s state-supervised, county-administered human services system, each county is responsible for accepting applications, conducting eligibility determinations, and providing ongoing case management for the Ohio Works First (OWF), Food Stamp, Medicaid, and SCHIP programs. The Cuyahoga County Department of Jobs and Family Services has established 11 neighborhood centers that are integrated service delivery centers charged with assisting clients in applying for program benefits, locating job information, and accessing employment-related services, such as child care, transportation, and transitional support services.

Within Cuyahoga County, two agencies are primarily responsible for managing and administering the county’s major assistance programs, and workers from both agencies are co-located at each neighborhood center. The agencies are the Work and Training Agency (W&T) and the Health and Nutrition Agency (H&N). W&T is responsible for all services obtained by OWF recipients and provides eligibility determinations, job counseling and employment services, and ongoing case management for all OWF cases when at least one member of the case is subject to OWF work requirements. H&N is responsible for initial eligibility determinations and ongoing case management for non-OWF recipients Food Stamp, Medicaid, and SCHIP cases when no member of the case is subject to OWF work requirements. H&N also manages child-only OWF cases. Neighborhood centers are formally under the purview of the Work and Training Agency, and the director of each center is a W&T employee. However, W&T and H&N employees work together closely at each center.

In addition to W&T and H&N workers, workers from the Office of Child Support Enforcement are on site at each neighborhood center. They provide mandatory child support enforcement services for OWF clients and assist non-OWF clients as necessary. In additionally, at some neighborhood centers, workers (full- or part-time) from Children and Family Services, the Mental Health Board, and the Alcohol and Drug Board are on site. Southgate Center

\textsuperscript{6} At the time of our site visit, Ohio had been waiting for approval from the Health Care Financing Administration (now CMS) to begin implementing an annual enrollment premium. To date, the state has not been given approval for the premium and not SCHIP recipient has been charged.
maintains a full-time Child and Family Services worker and part-time mental health and alcohol and drug workers.

1. Clientele and Office Environment

   **Clientele.** At the time of the case study, Cuyahoga County had an overall population of nearly 1.39 million individuals, including approximately 381,563 children aged 19 or younger. Of the approximately 571,457 households in the county, about 51,100 were female-headed households with no husband present and at least one child under 18 years of age.\(^7\) In August 2001, Cuyahoga County reported that 15,732 households and 35,407 individuals were receiving OWF. Of this group, approximately 7,105 households were child-only households and accounted for 11,536 individuals. In July 2000, Cuyahoga County reported approximately 100,000 Medicaid recipients and 125,000 FSP recipients.

   **Physical Location.** The research team visited Southgate Neighborhood Center in Maple Heights, Ohio, a southeastern suburb of Cleveland. The center is located in a large, one-story building (formerly a supermarket) near a major interstate highway. Served by public transportation, the center is easily accessible. Ample free parking is available. The office is typically open and workers take appointments from 7:30 a.m. to 5:00 p.m., and open late until 7:00 p.m. on Tuesday nights.

   **Waiting Area.** The building has a large waiting area with several locked entrances to the main room where the workers conduct appointments. The waiting room has ample seating space for all clients, including some child-sized furniture, and at no point seemed overly crowded. Several television monitors spaced throughout the room often showed informational videos related to the assistance programs managed by the center, though the monitors were not in use at any point during the site visit. The center also has a child care facility where clients with appointments can leave their children in a supervised setting free of charge.

   The waiting room provided a range of information about the programs offered through the center. While only a few informational posters hung on the wall, a printed packet of information contained information about many of the state’s major assistance programs, including FSP, Medicaid, SCHIP, PRC, and Women, Infants and Children (WIC), and about several smaller, county-run programs such as home weatherization, loan/downpayment assistance, and county-sponsored job opportunities and training programs. Community information in the packet promoted job fairs, diabetes screenings, and bus schedules. The notable omission from the packet was printed information about the OWF program.

   **Worker Area.** Workers sit in a large, open space with desks arranged in rows divided by cubicle walls. The W&T staff sit in one area and the H&N staff in another, though the two areas are quite close. Clients can easily move between the areas as necessary. Each worker has an extra chair in his or her office space for clients’ use during interviews. In addition, private offices with doors are available and often used for initial interviews with clients applying for OWF.

\(^7\) 2000 Census data.
2. Organization of Case Management Staff

As mentioned, managers and line staff at Southgate Center largely represent the Work and Training and Health and Nutrition agencies. Appendix A provides a full description of the workflow process at Southgate.

**W&T Self-Sufficiency Coaches.** At the time of the visit, the center employed 24 W&T line staff who carry the formal title of self-sufficiency coach. The coaches work almost exclusively with clients who are either receiving OWF or are in a case in which at least one member of the case is receiving OWF and is subject to the work requirements. W&T workers accept client applications, conduct the initial work assessment interviews, determine client eligibility, and provide ongoing case management services for programs for which clients qualify. The self-sufficiency coaches also manage and support day care cases and Prevention, Retention and Contingency (PRC) cases, but only for those cases in which a member is subject to OWF work requirements. In addition, the W&T workers manage 1931 Medicaid cases if any member of the family was formerly receiving OWF but has recently moved off 1931 and into a transitional medical program.

The overarching goal of OWF is to provide each client with the services necessary to enable him or her to find a job and achieve self-sufficiency. To that end, the self-sufficiency coach works with each client to develop a self-sufficiency plan. The self-sufficiency plan outlines the client’s long-term employment and self-sufficiency goals and documents the specific steps that the client will undertake to realize those goals. Activities included in the plan vary with the individual’s skills, attributes, and circumstances but typically include employment-related activities such as a job search, employment counseling, and skills training. For clients who may not yet be able to enter the workforce, the plan may specify activities such as parenting classes, drug and/or alcohol counseling, or child welfare and family reunification services. In addition, the self-sufficiency coach typically works with an employment-ready client to arrange other supportive services such as child care, interviewing skills, clothing assistance, and transportation assistance.

**H&N Specialists.** At the time of the visit, the center counted 18 health and nutrition specialists who are employees of the Health and Nutrition Agency and interact primarily with clients receiving food stamps, Medicaid, and SCHIP (i.e., non–OWF clients). The specialists accept applications and determine eligibility for any client who does not wish to apply for OWF. They also provide ongoing case management services for clients when no member of the client’s case is subject to OWF work requirements. If, in the course of the initial eligibility interview, a client decides that he or she wishes to pursue an application for OWF, the specialist completes the Food Stamp and/or Medicaid application (including authorizing the benefits, if eligible) before transferring the case to a W&T worker, who then completes the OWF application. H&N specialists also manage food stamps as well as day care and PRC cases, provided that no member of the case is also subject to an OWF work requirement.

**Caseload Sizes.** Caseload sizes for W&T and H&N workers vary. H&N workers typically carry between 200 to 250 cases, not including day care cases. Ideally, the self-sufficiency coaches carry about 70 OWF cases, but the figure varies significantly. The research team learned that some workers have as few as 10 cases, with other types of cases in their caseloads; while others carry significantly more than 50 and that veteran workers handle many of the larger
caseloads as well as those cases involving significant recidivism. In addition, many workers noted that some workers frequently have smaller caseloads because the cases in their workload are simply much harder to manage.

C. OHIO AND CUYAHOGA COUNTY’S MANAGEMENT INFORMATION SYSTEMS

While several information systems are available to the Cuyahoga County line staff, the primary automated system used to manage and administer program benefits is the Client Registry Information System—Enhanced (CRIS-E), which has been in operation since 1989. CRIS-E is Ohio’s statewide Family Assistance Management Information System (FAMIS), which determines eligibility, calculates benefits, issues payments, recovers overpayments, and issues client notices.

All workers in Cuyahoga County use CRIS-E during the interactive program eligibility interview. CRIS-E relies on what are known as “drivers”—preprogrammed sequences of questions and screens that “drive” the worker through the interactive interview and collect all client demographic, household, and financial information needed to determine eligibility for programs managed in CRIS-E. The interactive interview was designed to obtain all the data required on the formal (paper) application for assistance. At the end of the interview, CRIS-E generates a completed application with the data collected during the interview. This facilitates the application process and significantly relieves the client of the burden of completing a lengthy, paper-based application.

CRIS-E is programmed to determine automatically a client’s eligibility for most of the major public assistance programs offered by the state regardless of whether the client has formally applied for those programs. The automatic determination significantly reduces the likelihood that a worker may inadvertently forget to consider one or more programs when determining client eligibility. CRIS-E is also programmed with several checks to ensure that clients will continue to receive those benefits for which they remain eligible, particularly OWF, as they transition off assistance programs. For example, when a change in circumstance occurs, CRIS-E not only determines whether the change renders the client ineligible for any programs currently received but also whether the client now qualifies for any additional programs, such as transitional medical or child care benefits. These automated features help ensure that applicants are assessed for eligibility for all potential assistance programs and that they retain the benefits for which they are eligible as their circumstances change.
IV. FINDINGS

This section details the findings from our Cuyahoga County site visit and describes how clients apply for and retain Food Stamp and/or Medicaid benefits. The discussion focuses on the major elements that either facilitate or make it more difficult to access and retain food stamps and Medicaid. Specifically, we discuss the following factors: Cuyahoga County’s structure and organization; CRIS-E, the automated eligibility system; expected state and county staff downsizing; outreach; diversion; intake and eligibility; and ongoing case management and retention. To help guide the discussion, we have included the following table to illustrate the major transitions points that may support enrollment and retention or create risks for loss of benefits.

A. CUYAHOGA COUNTY STRUCTURE AND ORGANIZATION

Certain aspects of the structure and operation of South Gate Neighborhood Center affect applicants’ ability to obtain and retain public benefits. These factors are not endemic to the initial application and ongoing eligibility process; rather, they result from the structure and organization of the neighborhood center itself and from the high degree of worker specialization within specific programs.

1. Worker Specialization

Since 1990, two separate agencies in Cuyahoga County have had authority for administering OWF, the Food Stamp Program, and medical insurance programs. The Work and Training Agency is responsible for administering and managing the OWF (TANF) program and for managing food stamps, Medicaid, PRC, and child care cases in which any member of the case is subject to OWF work requirements. The Health and Nutrition Agency is responsible for managing cases in which clients are not subject to OWF work requirements. While the latter cases primarily include Food Stamp and Medicaid cases, H&N also manages OWF cases in which there is no adult in the case (i.e., child-only cases).

Although the dual-agency system had been in place since 1990, a significant reorganization occurred in 1998 following passage of both federal and state welfare reform legislation. The county hired an independent consulting firm to assist with a reengineering effort that helped model the county’s organizational structure and workflows around the newly passed legislation, which included the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and Ohio House Bill 408; the latter created the Ohio Works First and Prevention, Retention, and Contingency programs.
<table>
<thead>
<tr>
<th>Transition Point</th>
<th>Practices Supporting Enrollment and Retention</th>
<th>Practices Creating Risks for Loss of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency structure</strong></td>
<td>One-stop-shopping allows clients to access multiple services. Continuous assessment, quality improvement, and reengineering efforts have improved Southgate’s overall operations.</td>
<td>Frequent difficulty in determining to which agency (W&amp;T or H&amp;N) clients should be assigned; transferring cases across agencies can be problematic. May combine W&amp;T and H&amp;N agencies, which could lead to additional coordination challenges.</td>
</tr>
<tr>
<td>CRIS-E</td>
<td>Highly automated eligibility determination system ensures consideration of all benefits. System generates automated notices and forms as well as reminders for appointments and redeterminations.</td>
<td>Workers may tend to rely too heavily on CRIS-E’s automated processes to determine eligibility and calculate benefits.</td>
</tr>
<tr>
<td>Staff turnover/senior staff buy-out</td>
<td>Extensive training program planned for new hires.</td>
<td>Between 200 and 300 H&amp;N and W&amp;T senior employees will leave; only 40 percent of vacant positions will be filled. Remaining/new staff will carry larger workloads and need extensive training.</td>
</tr>
<tr>
<td><strong>Outreach</strong></td>
<td>State and county have stepped up Medicaid/SCHIP outreach.</td>
<td>FSP outreach is lacking.</td>
</tr>
<tr>
<td>Diversion (client does not apply for OWF)</td>
<td>Workers inform clients diverted from OWF about ability to apply for Food Stamp or Medicaid programs.</td>
<td></td>
</tr>
<tr>
<td>Intake and initial eligibility</td>
<td>County aggressively promoting enrollment in the Food Stamp and Medicaid programs while discouraging OWF. H&amp;N applicants/clients who need OWF are processed for food stamps and Medicaid by H&amp;N worker before being transferred to W&amp;T for OWF eligibility determination.</td>
<td>Appointment times take up to two weeks for non-expedited food stamps and Medicaid. OWF applicants make at least three visits to center, which may increase the number of abandoned applications and the loss of food stamps and Medicaid. Food stamp and Medicaid eligibility determinations often wait until OWF eligibility is complete.</td>
</tr>
<tr>
<td>Ongoing eligibility/redeterminations</td>
<td>CRIS-E automatically determines continued eligibility for all programs at recertification. Workers trained not to terminate food stamps and Medicaid for recertification no-shows. New digital imaging system will ease documentation collection burden for clients and workers.</td>
<td>CRIS-E currently links Food Stamp and Medicaid recertification periods. Risk of Medicaid case closure if client does not respond to Food Stamp recertification. Manual workaround required.</td>
</tr>
<tr>
<td>Leaving Medicaid</td>
<td>Workers conduct ex parte reviews for Medicaid. Clients losing 1931 Medicaid as a consequence of increased earned income automatically moved to Transitional Medical Assistance.</td>
<td>Site visit did not discover any challenges.</td>
</tr>
<tr>
<td>Leaving TANF</td>
<td>Clients maintain food stamps and/or Medicaid when they leave TANF. County sends client notices about months remaining on TANF and requires a 32- month TANF review to inform clients of continued Food Stamp and Medicaid availability.</td>
<td>Site visit did not discover any challenges.</td>
</tr>
</tbody>
</table>
The results of the reengineering effort led to several major outcomes, including:

- The creation of the aforementioned neighborhood centers, which created a one-stop approach to service coordination and delivery
- The merger of the income maintenance work functions with the Ohio Fair Work (Ohio’s former JOBS program) functions, which means that one W&T worker is responsible for both eligibility determination and employment support/case management for OWF clients
- A clearer demarcation between W&T workers—serving OWF clients—and H&N workers, serving non–OWF clients
- A sharper focus on achieving positive outcomes (related to welfare reform) for clients, specifically, helping clients reach sustained self-sufficiency through meaningful employment

The dual-agency structure has had several benefits with respect to promoting access to the Food Stamp and Medicaid programs. It has allowed caseworkers from both agencies to develop greater expertise in various programs—W&T workers in the OWF and employment programs and H&N workers in the Food Stamp and Medicaid programs. Workers clearly stressed that the dual-agency structure has led to more effective and expedient eligibility determinations and a greater ability on the part of workers to help clients understand the program rules and regulations by which they must abide in order to continue receiving benefits. H&N workers have gained an even greater understanding of the many medical programs offered by the state, thereby allowing them to ensure that clients are accurately assessed for all available programs and Medicaid categories. H&N workers’ enhanced capabilities are particularly important given that the eligibility guidelines used by CRIS-E to determine eligibility are not always synchronized with current law and regulations, thus requiring workers to be sufficiently knowledgeable about the programs to recognize when CRIS-E has made an incorrect eligibility determination.

In addition, given that Ohio has aligned 1931 Medicaid eligibility standards with TANF so that all OWF clients are eligible for Medicaid, W&T workers are now largely relieved of the need to understand the nuances of every medical program. Consequently, W&T workers can devote more time to assisting clients with activities related to finding and retaining employment—one of the chief objectives of the reorganization and the state’s welfare reform initiative. W&T workers’ ability to focus on employment-related activities is important for program enrollment and retention. Workers can provide enhanced case management services and help ensure that clients remain eligible for benefits by ensuring that they remain compliant with their self-sufficiency plans.

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Note that 1931 eligibility standards are more generous than those for TANF, thereby enabling non-OWF eligible clients to enroll in Medicaid. However, these cases are non-OWF and thus come under the jurisdiction of workers from the Health and Nutrition Agency.
Workers did note some difficulties with the office organization, however. Communication between the two agencies is sometimes strained, and case transfers do not always occur as smoothly as workers would like, thereby creating gaps in case coverage that could result in loss of benefits. One particular issue noted by several W&T and H&N workers is that, when they receive a case, they often feel that the previous worker did not accurately document the case in CRIS-E, placing an additional burden on the receiving caseworker to develop a full understanding of the case history. In addition, there are significant discrepancies in caseload sizes between the two agencies. W&T workers average approximately 50 cases, whereas H&N workers typically carry well over 200 cases, in some cases over 250 cases. While most workers did not specifically cite the case disparity as a problem per se, many workers interviewed during the site visit did note the variation, suggesting that it may in fact be an issue for some workers.

2. Neighborhood Centers

In 1998, Cuyahoga County implemented a new method for coordinating and delivering services to clients of health and human services programs. It established 11 neighborhood centers where clients can apply for most of the social service assistance programs offered by the state and the county. Each center serves clients within a specific geographic region based on ZIP codes. Currently, two of the 11 centers share the same facility. However, when the neighborhood centers are fully implemented, each neighborhood center will be located centrally within its geographic region.

Caseworkers from both the Work and Training and Health and Nutrition agencies staff all the neighborhood centers. Workers from the Office of Child Support Enforcement are also located at each center, and most centers house workers from the Division of Child and Family Services. In addition, many centers have either full- or part-time employees of the Mental Health Board and the Alcohol and Drug Addiction Services Board. As a result, clients are able to apply for a variety of benefits in a single location, including most of the major federal assistance programs for low-income individuals and families. Programs include OWF, PRC (Ohio’s TANF-funded cash diversion program), food stamps, Medicaid, SCHIP, WIC, and child support enforcement services. In addition, OWF applicants—who must complete a series of mandatory referrals to other agencies as a condition of gaining eligibility for OWF—can complete all of their referrals at the

Overall, at Southgate, the neighborhood center concept appeared to be fulfilling its mission as an integrated service delivery center that provides clients with “one-stop shopping” in applying for and receiving benefits. In general, the centers eliminate the need for clients to shuttle between various service sites to coordinate benefits from multiple programs. At Southgate Center in particular, clients had access to information on and could apply for several different assistance programs, including OWF, food stamps, and Medicaid. It should also be

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9 CRIS-E has a screen known as CLRC—Running Comments—that some workers use extensively to document every client interaction and every action taken on a case. There is no limitation the amount of information that may be entered on the running comments screen. The site visit team reviewed several cases where more than 50 pages of notes had been recorded in CLRC.
noted that Southgate houses part-time workers from both the Mental Health Board and the Alcohol and Drug Addiction Board. Accordingly, clients at Southgate could interact with workers from a wide range of agencies.

In addition to serving as an application portal for various assistance programs, the neighborhood centers provide some level of information regarding job opportunities. Southgate Center made available various types of information about area job fairs, job openings, and work support services. In addition, workers at the center routinely coordinate work support services for clients, including child care, clothing, and transportation assistance. Further, workers provide information about the services available through the One-Stop Employment Center, which is maintained by the Ohio Bureau of Employment Services in downtown Cleveland.

Client focus group participants raised concerns that clients are permitted to apply for services only at the neighborhood center that serves their specific ZIP code. Clients remarked that the restriction on service areas frustrated them and often represented a moderate barrier to application. Several clients noted that they have to travel significantly out of their way to reach the neighborhood center that serves their particular area. In addition, clients perceived that the ZIP codes served by each center are continually changing, often requiring clients to switch from one center to another. It should be noted, however, that no focus group participant reported that the difficulty in reaching a center prevented him or her from seeking assistance. In addition, the county policy states that an individual may submit an application at any of the neighborhood centers but then must see a worker at the center that serves his or her ZIP code. Therefore, even if individuals initially visit the “wrong” center initially, they can still submit an application for assistance. The application is then transferred to the appropriate center.

B. AUTOMATED INFORMATION SYSTEM

1. CRIS-E

Caseworkers rely on several different information systems in the performance of their day-to-day jobs. However, workers rely primarily on the Client Registry Information System—Enhanced (CRIS-E). The system is designed to operate with a series of preprogrammed screens and routines known as drivers that assist caseworkers with specific processes (e.g., conducting eligibility interviews, documenting changes to a case, or performing a recertification).

CRIS-E provides workers with a single automated system for determining program eligibility, calculating benefits, and issuing client payments. Given its ability to determine eligibility and to support all major assistance programs (OWF, food stamps, Medicaid, and SCHIP), CRIS-E has permitted the county to develop an agency structure that supports specialization of workers across two separate agencies while facilitating information sharing and case transfers across the agencies. Even though CRIS-E is not without its limitations, the fact that the county relies on a single automated system to determine eligibility and calculate and issue benefits for its major assistance programs makes the system noteworthy in the context of many other state systems.

Workers and managers interviewed during the site visit described several benefits of the CRIS-E system but focused in particular on the CRIS-E drivers. One of the most significant
drivers is the Application Eligibility (AE) driver. It is programmed to determine a client’s eligibility for all assistance programs administered through CRIS-E regardless of whether the client has indicated interest in all programs and thus is a significant feature in terms of program access. First, it ensures consistency in the treatment of applicants by considering all applicants for all programs. Clients unaware of the various programs offered by the state or county can merely indicate (and many do) their interest in applying for available services or benefits while CRIS-E determines their eligibility for all programs. Second, given that Ohio offers more than 40 different categories of Medicaid for which a client may qualify, one feature that is especially important for Medicaid applicants is that workers are not required to input codes manually for the programs for which the client may qualify. Finally, the AE driver requires the worker to enter all the demographic, household, and financial data necessary to complete the eligibility determination. The system then prints the information on a standard ODJFS application for assistance. The consolidation of information offers clients an advantage by eliminating the need for completing a lengthy paper application. It also offers workers an advantage by ensuring the collection of all necessary information during the interactive interview.

Other benefits of CRIS-E include the change driver and the recertification/redetermination driver. Workers use the change driver to record changes reported by a client (e.g., income, household composition, and so forth). With changes recorded, the CRIS-E change driver automatically determines eligibility for all programs, including any programs in which the client is currently enrolled as well as programs in which the client is not receiving benefits. The change driver ensures that clients who experience changes rendering them ineligible for OWF are automatically assessed for ongoing Food Stamp and Medicaid eligibility. Similarly, clients with changes that cause them to lose their current Medicaid coverage (in whatever category they were in) are assessed for eligibility in all medical assistance programs.

The CRIS-E redetermination driver is similar to the change driver in that it also redetermines eligibility and recalculates benefits for all assistance programs managed in CRIS-E regardless of which benefits the client is currently receiving. As with the change driver, the redetermination driver ensures that if a client is assessed as ineligible for a program in which he or she was previously receiving benefits, he or she will be reassessed for all other types of assistance, including food stamps and the state’s medical insurance programs.

Despite CRIS-E’s significant benefits, the system does have some drawbacks. For example, because the system is responsible for the administration of different assistance programs, including Medicaid, keeping CRIS-E current with federal and state policy and program changes can be a daunting task. Workers noted that it sometimes takes the department a significant amount of time to modify CRIS-E to reflect recent legislative or regulatory changes. In turn, workers need to rely on their own program and policy knowledge to identify when CRIS-E may produce a result that is not consistent with current policy. At the same time, managers must inform workers of any inconsistencies and monitor workers to ensure that they are administering the programs in accordance with current state and county policy. A related issue is that, in view of CRIS-E’s high level of automation, some workers—particularly newer workers—rely too heavily on the system to conduct eligibility determinations and, as a result, do not learn the programs and policies as well as they otherwise would. Over reliance on the system may become problematic in those instances when CRIS-E has yet to incorporate recent legislative and regulatory changes. One official reported that CRIS-E does not track county worker and other
actions that are useful for program management (e.g., actual approval/denial rates, worker trends, case closing codes).

2. Additional Information Technology Initiatives

In addition to CRIS-E, several other current and near-term information technology initiatives will aid caseworkers in coordinating client services. Some of these initiatives include the following:

- A document imaging system that will allow workers to store and recall electronic versions of verification documents, such as driver’s licenses and birth certificates.

- A “Forms on Demand” system that will provide access to electronic copies of common forms in the worker’s computer for customization as needed.

- Provider Gateway, which is currently the system that locates and assigns clients to work activities and that will eventually interface with CRIS-E. Workers have to enter the work activity placement data in Provider Gateway and then enter the same information in CRIS-E.

- COGNOS, which will provide multidimensional views of client history and program participation as well as data that county research staff can use to conduct more detailed analyses of client participation patterns and outcomes (intended more for the county than for the line workers). COGNOS will make several standard reports available, and training will be offered to program development staff from each center so that they can create custom reports.

- Pretime-Limit Database, which will aggregate information gained from the 32-month pretime-limit review interviews.

- The Integrated Client Management System (ICMS), a common front-end system, that will aggregate client information, program participation and history, and employment data from multiple legacy system, including CRIS-E. ICMS will also have significant case management functionality, including assessments and work plans, and will interface with the CRIS-E application entry and PRC drivers.

3. Overall Impact of Information Technology on Program Enrollment and Participation

In general, Cuyahoga County’s several information technology systems and initiatives enable enhanced access to assistance programs, including OWF, FSP, and Medicaid. While the CRIS-E system does have some drawbacks as already described, it is nonetheless notable that the state operates a single computer system that determines eligibility for OWF, FSP, and all categories of Medicaid. Further, workers in Ohio are not required to enter by hand program codes or other commands that indicate the programs for which CRIS-E must determine client eligibility. Finally, CRIS-E prompts workers to enter the appropriate client information by “driving” them through a series of data entry screens, thereby eliminating the risk that workers will not consider all programs when determining client eligibility, both initially and at the
recertification interview. However, workers are at some risk of relying too heavily on CRIS-E’s automated functions and not knowing when the system has not considered recent policy and program changes. When workers fail to account for such changes through manual overrides, they obviously run the risk of denying clients benefits for which they are eligible.

At the same time, the county is piloting several innovative information systems that should not only facilitate enrollment but will also reduce the burden on clients to provide static verification information on a continual basis.

C. EXPECTED STATE AND COUNTY STAFF DOWNSIZING

One additional point identified by several staff members at Southgate Center is that, within the next two years, the county expects to downsize the Work and Training and Health and Nutrition agencies by a combined total of between 200 and 300 workers (out of a total of about 640 H&N workers and 630 W&T workers), though the agencies do not plan to close any of the neighborhood centers. The downsizing is prompted by budget concerns; in fact, the county expects to fill only 40 percent of positions that turn over. The result will be an increase in current workers’ caseloads as well as less time spent with each client during interviews and reduced ongoing contact and follow-up with current clients or with clients who fail to continue their participation. In addition, downsizing will mean fewer experienced caseworkers who fully understand CRIS-E, its advantages and limitations, and how to navigate through the system effectively. It will also increase the number of new workers who may be apt to rely too heavily on CRIS-E’s automated features. While the specific impact of the staffing change on ongoing FSP and Medicaid participation is unknown, the downsizing could adversely affect ongoing participation in both programs.

D. OUTREACH

In recent years, particularly since the decline in OWF rolls, both the state of Ohio and Cuyahoga County have stepped up their outreach activities to ensure that all those eligible for food stamps and Medicaid receive benefits. Cuyahoga County officials reported that although many clients have left the OWF rolls and attained a measure of self-sufficiency, the county now faces a large population of working poor who need additional services. However, our findings indicate that the County has devoted more effort and resources to Medicaid and SCHIP outreach activities than to FSP outreach activities.

1. Medicaid

A state official reported that Ohio has availed itself of the federal government’s $500 million fund for Medicaid outreach. The state has made monies available to counties at a 90 percent match.

The 1996 federal welfare law allocated funds to help states cover the costs associated with ensuring that children and parents do not lose Medicaid coverage as a result of changes brought about by the new law. The federal government made available to the states a total of $500 million in matching funds at enhanced rates to implement the delinking of welfare and Medicaid.
percent match. Reportedly, more than 70 percent of Ohio counties have instituted outreach plans and activities, most directed to children (SCHIP) rather than to families (1931 Medicaid). Statewide outreach activities have included radio commercials, the development of posters, and the distribution of fliers informing people that they can obtain food stamps or Medicaid or child care after leaving OWF. Ohio has also created a statewide directory that describes available programs and services and has targeted a large share of its outreach activities to reinstating 133,000 people (as of June 2001) on Medicaid. Locally, Cuyahoga County has made a significant effort to conduct outreach for Medicaid and SCHIP. Both county officials and advocates remarked on the county’s efforts to expand the Medicaid and SCHIP rolls.

2. Food Stamp Program

Ohio has not developed a formal outreach plan for the FSP that allows the state to claim its expenses for federal administrative matching funds. Over the last several years, however, the state has undertaken several outreach efforts for the Food Stamp Program. Efforts included formation of a committee to develop brochures and posters explaining that Food Stamp eligibility is separate from OWF and distribution of the materials to the Cuyahoga County Department of Human Services (CDHS), community-based organizations (CBOs), and other state partners in local communities. The state has also let a contract to develop and conduct an FSP media campaign that includes promotional spots on the radio, buses, and billboards. Informants reported that Cuyahoga County is engaged in little outreach for the FSP given that no additional funds are available for such local activities.

Cuyahoga County has an informal relationship with Project Bread, a Food Stamp outreach program. Operated by a local nonprofit organization called the Empowerment Center, Project Bread is a response to low number of Food Stamp applications/recipient in the county. Project Bread workers visit grocery stores to distribute FSP applications and assist people in completing the forms. Program workers submit the completed applications to the neighborhood centers on behalf of the applicants. Applications are stamped with the words “Project Bread” in large red letters for identification and tracking purposes. Project Bread applications receive the same priority as other applications at the neighborhood center and adhere to the same processing requirements. No data were available on the number of applications generated through the program. Project Bread is a good example of how county social services relationships have evolved with local CBOs.

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eligibility for families with children. The law provided that states could use the new federal funds to help cover allowable costs. Donna Cohen Ross and Jocelyn Guyer, Congress Lifts the Sunset on the "$500 Million Fund." Extends Opportunities for States to Ensure Parents and Children Do Not Lose Health Coverage, Center on Budget and Policies Priorities, December 1, 1999.

Reinstatement is based on the April 7, 2000, letter from the Health Care Financing Administration (HCFA) to state Medicaid directors directing them to reinstate clients dropped incorrectly from 1931 Medicaid in the wake of welfare reform and the reduction in the number of cash assistance cases.
E. DIVERSION

1. Informal Diversion

Ohio Works First (OWF), Ohio’s TANF program, stresses client self-sufficiency. Clients already receiving cash assistance are encouraged to find employment as soon as possible after obtaining the benefit. Individual caseworkers reinforce the message that OWF benefits are time-limited (36 months) and should be used only when necessary. OWF brochures also inform clients that they should think about “saving” months of their cash assistance eligibility in case they have a job loss or medical emergency that would necessitate OWF benefits in the future. Clients are sometimes reminded that by not receiving cash benefits now, they could receive more food stamps, which are not time-limited. All applicants have the right to apply for cash assistance; however, caseworkers attempt to provide applicants with any other benefit or service that could help them move toward self-sufficiency.

Many W&T self-sufficiency coaches reported that they frequently discourage clients’ use of cash assistance because of its time limit. In particular, they noted that clients often do not appear in such dire circumstances that cash assistance is warranted. One caseworker with a low number of OWF cases claimed that she has a reputation for dispensing “tough love.” She pushes people to move off the benefit unless they absolutely need it. She also reported that she attempts to divert applicants from applying for OWF by looking at their needs, skills, and the available county and CBO resources that could help them become self-sufficient. Nonetheless, any applicant who still wishes to obtain OWF has a right to apply.

Cuyahoga County has put mechanisms in place to ensure that applicants who are informally diverted from applying for OWF are able to apply for both food stamps and Medicaid. When an OWF applicant decides to withdraw his or her application for cash benefits (or chooses not to apply at all), the caseworker determines his or her eligibility for food stamps and Medicaid. Once the case is approved, the SSC passes the cases on to the appropriate H&N specialist or retains it if the client is receiving 1931 Medicaid. Many brochures distributed by the county point out that if an applicant/client chooses to “save” his or her OWF eligibility, he or she may still be eligible to for food stamps, Medicaid, and child care.

F. INTAKE AND ELIGIBILITY

1. Appointments

Southgate Center uses an appointment system for eligibility interviews for all applicants except those who qualify for expedited processing for food stamps. When clients arrive at the office for their initial visit, they receive an application packet and are scheduled for an appointment with a W&T coach or an H& N specialist depending on the services they tell the receptionist they need. The appointment system reduces the time that clients must wait at the center during their first visit. Further, the county is planning to impose a “30-minute edict” requiring that all clients spend no longer than 30 minutes in the waiting room before a caseworker sees them. Before their appointment, clients need only to fill out a short two-page screening form, which asks for basic demographic and household information.
While W&T coaches or H&N specialists typically see applicants within five days of their initial visit, the appointment time at the time of the site visit was only two days for W&T coaches but two weeks for H&N specialists. Long waiting times for H&N appointments is due to the volume of new applications, as well as the number of available staff to service those applications. The long waiting period to see an H&N specialist could cause families to drop their application for food stamps or Medicaid.

Ohio requires expedited Food Stamp applications to be processed within 72 hours. The Front Door Screener determines eligibility for expedited processing. The form given to applicants by the front-desk staff asks about which types of assistance applicants are applying for as well as about their current and previous means of support. An H&N specialist sees OWF applicants in need of expedited food stamps on the same day they apply for benefits; a W&T training coach determines eligibility for OWF and Medicaid at a later time.

2. Multiple Visits

OWF applicants are required to make several different visits to Southgate Center: a first visit to start the application process; a second for the initial household assessment and to attend mandatory referrals (which could be completed then or may require an additional visit); and a final visit for eligibility determination interview. The county requirement for multiple visits is intentional and may informally divert some applicants from OWF.

Indeed, the multiple-visit application process could unintentionally cause some families to become frustrated with the system and abandon their applications before they are assessed for Food Stamp and/or Medicaid eligibility. It was not clear whether, when an OWF applicant abandons the application process, workers continue to process the application for food stamps and Medicaid. County policy requires such applications to be acted upon, but managers did not know whether workers regularly follow the application process through to its conclusion.

Shortly following the site visit, the county suspended the multi-step OWF assessment interview process in response to time management issues related to the number of staff vacancies and increasing caseloads. Now both the initial household assessment and eligibility determination interview are completed on the same day. In many cases, the mandatory referrals can be completed as well; however, some applicants need to return to the center on another day to complete the referrals.

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12 It also asks for whether applicants are receiving SSI for themselves or their children and whether they are living with someone who is currently receiving any type of public assistance.

13 Clients can also call to make an appointment and request an application by mailed, but it was unclear that many families knew of or used this option.
3. Assessing Eligibility for the Food Stamp and Medicaid Programs

Workers in Cuyahoga County are noticeably proactive in promoting the Food Stamp and Medicaid programs, even if they discourage OWF cash assistance. For example, one worker stated, “There is no reason why anyone in Cuyahoga County doesn’t have medical.” However, the Food Stamp and Medicaid eligibility determination process depends on the “door” (W&T or H&N) through which the family enters. Applicants applying for OWF face a more rigorous set of application requirements than applicants seeking only food stamps and/or Medicaid. As a result, some OWF applicants who are eligible for food stamps and Medicaid independently of their OWF status may abandon their OWF applications and therefore risk losing access to both food stamps and Medicaid.

a. Families Applying Through the Health & Nutrition Agency

Families applying for food stamps and/or Medicaid and not in receipt of OWF cash meet with an H&N specialist. These families need to make only one visit to the office for their eligibility interview. It is important to note that if a family decides mid-interview that it wants OWF, the H&N specialist completes the application process for food stamps and Medicaid before sending the application to the Work & Training Agency for OWF eligibility determination. This arrangement ensures that the Food Stamp and/or Medicaid application is not delayed.

Likewise, families that qualify for expedited FSP processing, whether or not they are applying for cash benefits, meet first with an H&N worker. Expedited FSP applicants are seen the same day they visit the office, at which time they undergo their eligibility interview for food stamps and Medicaid. Families also wishing to apply for OWF are then assigned to a W&T specialist and follow the normal two-visit eligibility process for cash. That is, the OWF process does not delay the expedited FSP and Medicaid applications.

b. Families Applying Through the Work & Training Agency

Families applying for OWF (TANF) cash benefits see a W&T specialist who determines eligibility for food stamps and Medicaid as well as for OWF, even if the client is determined ineligible (or decides not to apply) for cash during the process. However, for families applying for OWF, the eligibility determination for food stamps and Medicaid often does not occur until the final visit required as part of the OWF application process. That is, even if a family brings all needed verifications for food stamps and Medicaid to the first household assessment visit for OWF, workers do not assess eligibility for these programs until eligibility for OWF is determined.

The multi-visit process could delay access to food stamps and Medicaid. At the time of the site visit, the Work & Training Agency had stopped requiring the two separate visits (due to staff vacancies and workload volume); the change in procedure has reduced the time until eligibility determination for food stamps and Medicaid, potentially enhancing timely access to the programs.
4. **Support from the Automated Eligibility System**

CRIS-E fully supports the eligibility determination process for OWF, FSP, and Medicaid. Unless the system is down, applicants complete the long application interactively with the worker in CRIS-E rather than fill it out themselves before meeting with a caseworker. Workers rely on the CRIS-E automated system during the interview to “drive” the process, asking the questions that are needed to complete the eligibility screens. For Medicaid eligibility, CRIS-E first determines eligibility for 1931, followed by other Medicaid eligibility categories; the worker does not have to specify an eligibility category or standard.

Given that CRIS-E programming often lags behind policy changes, the high degree of automation in the eligibility determination process requires workers to keep abreast of all relevant policy changes. Caseworkers not only need to keep current with policy changes, but they must also have the ability to override the system to reflect changes not yet programmed.

CRIS-E performs automated eligibility for all programs. For example, even if applicants do not request food stamps, CRIS-E determines eligibility. This feature may benefit applicants who are initially unaware of a program and then decide that they want to apply for it after speaking with a caseworker. Workers must manually “fail” programs in the system for which the applicant does not wish to apply; while hardly a burden on the worker or the client, the manual “fail” makes the county’s denial rates artificially high.

The digital imaging system scheduled for implementation by the county will ease the burden on reapplying families and caseworkers when various types of documentation are required for eligibility determination. Once clients produce documents such as birth certificates or proof of citizenship, the system scans the documents and makes them available online to workers. If applicants who have been on the system before reapply with a different worker, that worker should not need to collect the verifications again.

G. **ONGOING CASEWORK/RETENTION**

1. **Certification Periods**

At every certification period, CRIS-E automatically determines clients’ ongoing eligibility not only for the programs in which they are currently enrolled but also for all other programs administered through CRIS-E. This feature helps ensure that clients are continually assessed for ongoing Food Stamp and Medicaid eligibility and that eligibility for transitional benefits, such as Medicaid and child care, are considered when clients leave OWF or 1931 Medicaid.

One potential issue faced by the county is that CRIS-E currently links the Food Stamp certification period with the Medicaid review period and requires a recertification for both programs for the shorter of the two periods. For example, a case in CRIS-E in which the Food Stamp assistance group has a three-month certification period and the Medicaid assistance group has a 12-month review period would appear as a case with a three-month certification required for all programs. The linkage between the two review periods is problematic because a client’s failure to attend the certification review could result in the automatic closure of both the Food Stamp and Medicaid benefits even though the Medicaid benefits are still authorized for an
additional nine months. To circumvent this problem, workers must (in the example) conduct the certification period for food stamps at three months and then manually approve the Medicaid case. This arrangement has the potential to create a significant problem with Medicaid retention for the simple reason that manual workarounds are required to retain Medicaid benefits whenever a client fails to complete a successful Food Stamp review. Interviews with workers indicated that, among experienced workers, the linkage issue is not a significant problem because they are trained to correct the automatic case closure manually. However, the fix is relatively complex and may pose difficulties for newly hired and less experienced staff. The managers at Southgate also noted that a Customer Service Request with the state would resolve this problem with CRIS-E, though they did not know when.

2. Case Closures

Several processes embedded in Southgate’s workflows help clients retain ongoing participation in food stamps and Medicaid. As discussed previously, CRIS-E determines eligibility for all programs during recertifications. The system is also used during redeterminations/recertifications. Whenever a client experiences a change in circumstances that renders him or her ineligible for one benefit that he or she is currently receiving, it is run for all other programs as well. In general, CRIS-E’s full eligibility review helps ensure that all clients are considered for ongoing Food Stamp and Medicaid benefits during critical transition points.

The county takes several extra steps to help ensure that clients losing OWF retain food stamps and Medicaid. Specifically, the notices sent with OWF checks include, first, a statement that informs clients of the number of months of OWF assistance remaining and, second, a note advising clients that they may continue to be eligible for food stamps and Medicaid even after their OWF eligibility terminates. In addition, a pre-time-limit review interview is conducted at each client’s 32nd month of OWF receipt to help prepare the client for coping after OWF benefits come to an end. As part of the interview, the worker specifically discusses the ongoing availability of other support programs, such as food stamps and Medicaid. Both the notices and the interview are useful in promoting the ongoing availability of food stamps and Medicaid.

In addition, families who have been off Medicaid for 60 days are sent a letter reminding them that they may still be eligible for Healthy Start/Healthy Families and can receive medical benefits independently from OWF. The letter contains a fact sheet on the program with income guidelines and a hot line number to call and apply over the phone. Because of the County’s self-declaration pilot, applicants need not furnish proof of income. Each month approximately 1,500-2,000 letters are sent out. County officials report that approximately 25 percent are returned as undeliverable each month.

The county also performs the required ex parte review, wherein the caseworker reviews a client’s ongoing eligibility for Medicaid whenever the client’s case status for OWF changes or whenever a client fails to attend a recertification interview for food stamps. During the ex parte

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14 Note that CMS (Centers for Medicare and Medicaid Services) has specifically stated that manual workarounds for automatic closure of Medicaid cases is improper and that states must make the necessary changes to their automated systems to eliminate this problem.
review (called the pretermination review in Cuyahoga), the worker reviews all relevant information on the client’s case and determines whether information is sufficient to qualify the client for an existing medical insurance program. If information is missing, the worker attempts to contact the individual for the needed information in order to sustain the medical coverage.

Overall, we found no retention problems for both the Food Stamp and Medicaid programs. Clients leaving OWF generally continue to receive food stamps and Medicaid if eligible, and those who lose Medicaid due to an increase in earned income seamlessly transition to Transitional Medical Assistance (TMA) largely as a consequence of CRIS-E’s automated eligibility capabilities.
V. CONCLUSIONS AND RECOMMENDATIONS

Cuyahoga County’s Ohio Works First (OWF) has focused on self-sufficiency and a reduction in the cash assistance rolls. Simultaneously, the county has recognized the importance of delivering other needed services to people who are diverted from enrolling in OWF or to people who have either left the rolls for a job or have met their time limits. Specifically, the county has made strides to ensure that all those leaving OWF (or choosing not to apply for cash) are screened for Food Stamp and Medicaid eligibility. The county appears to have had more success with Medicaid enrollment and retention than with Food Stamp enrollment and retention. This concluding section briefly reviews our major findings regarding applicants’/recipients’ enrollment and retention in the Food Stamp and Medicaid programs and discusses the implications of such findings. We also provide policy and practice recommendations designed to promote participation in these programs.

A. CRIS-E: AUTOMATED ELIGIBILITY SYSTEM ENSURES THAT APPLICANTS ARE SCREENED FOR ALL POTENTIAL BENEFITS

CRIS-E is programmed to determine automatically a client’s eligibility for all programs offered by the state regardless of whether the client has formally applied for the programs. This practice significantly reduces the likelihood that a worker may inadvertently forget to consider one or more programs when determining clients’ eligibility. CRIS-E is also programmed with several checks to ensure that as clients transition on-and-off assistance programs, particularly OWF, they will continue to receive those benefits for which they remain eligible. Similarly, the recertification process assesses client eligibility for all of the programs administered through CRIS-E, not merely the programs in which the client is currently receiving benefits. As another example, when a change in circumstances occurs, CRIS-E not only determines whether the change has rendered the client ineligible for any of the programs that he or she is currently receiving, but also whether the client now qualifies for any additional programs, such as transitional medical assistance or child care benefits. Despite CRIS-E’s several benefits, its high degree of automation could pose a problem, particularly among newer workers who are not as familiar with policy as veteran workers, when the system is not updated as needed.

Recommendation. State and county training should provide new workers with enough policy training to recognize when CRIS-E is not current with policy changes in the Food Stamp and Medicaid programs. In addition, policy training should occur independently of CRIS-E training to ensure that all new workers are properly versed in the eligibility rules and guidelines for the programs administered by the county. The state should also complete CRIS-E program changes in a more timely way to accommodate new law/regulations/policy changes.
B. EXPECTED DOWNSIZING OF STATE AND COUNTY STAFF: LOSS OF EXPERIENCED STAFF WILL REQUIRE SIGNIFICANT TRAINING FOR NEWLY HIRED CASEWORKERS

Within the next two years, the county is expected to downsize the Work and Training (OWF) and Health and Nutrition (Medicaid and FSP) agencies by a combined total of between 200 and 300 workers, though the agencies do not plan to close any neighborhood centers. The downsizing is prompted by budget concerns; in fact, the county expects to fill only 40 percent of positions that turn over. The likely result will be an increase in caseloads for current workers. One unintended consequence may be a decrease in the time that caseworkers spend with clients during interviews and reduced ongoing contact and follow-up either with current clients or with clients who fail to continue their participation. The downsizing will also translate into fewer experienced caseworkers who understand CRIS-E’s limitations and how to get around them and an increased number of new workers who may be apt to rely too heavily on CRIS-E’s automated features. While the impact of the staffing changes on ongoing Food Stamp and Medicaid participation is unknown, the changes could adversely affect ongoing participation in both programs.

Recommendation. Both the state and county will need to ensure that new workers are properly trained in eligibility policies and procedures. Although CRIS-E will handle much of the eligibility assessment through its automated functions, caseworkers will need to be able to recognize when CRIS-E has not properly assessed an applicant’s eligibility and know how to work around it manually.

C. OUTREACH: STEPPED-UP MEDICAID OUTREACH EFFORTS HAVE SUCCEEDED; OUTREACH NEEDED FOR FOOD STAMP PROGRAM

Both Ohio and Cuyahoga County have made a significant effort to conduct outreach activities for both the Medicaid and SCHIP programs. County activities are funded by state dollars available at a 90 percent match. However, no such funding is available for FSP outreach; therefore, Cuyahoga County undertakes little outreach for the Food Stamp Program. Anecdotal information from Southgate staff and focus group participants indicates that many low-income families are informed about the Medicaid/SCHIP programs and are motivated to apply for benefits, but little is known about the potential impact of the limited FSP outreach efforts. Our findings show that applicants who apply for OWF or Medicaid automatically undergo assessment for food stamps. Yet, we were unable to assess how many low-income families in general are made aware of the availability of the FSP and whether they are able to apply independently of either Medicaid or OWF.

Recommendation. Ohio and Cuyahoga County should commit more resources to outreach and education for the FSP. The county should apply to the Food Stamp Program the successful techniques and lessons learned from its Medicaid and SCHIP outreach endeavors.
D. INITIAL APPLICATION AND ELIGIBILITY: A MULTI-STEP OWF (TANF) APPLICATION PROCESS AND POTENTIAL LONG DELAYS MAY INADVERTENTLY MOTIVATE APPLICANTS TO ABANDON THEIR APPLICATIONS FOR ALL BENEFITS

OWF applicants are required to make several different visits to Southgate Center: a first visit to initiate the application process; a second for the initial household assessment and to attend mandatory referrals (if not completed at a third visit); and a final visit for the eligibility determination interview. For cases involving OWF, the eligibility determination for non-expedited Food Stamp and Medicaid benefits waits until the last visit even if applicants have already submitted all needed verifications. The county’s requirement for multiple visits is intentional and may informally divert some applicants from OWF. It could also have the unintended effect of so frustrating families that they abandon their applications before their Food Stamp and/or Medicaid eligibility assessment. It was not clear whether caseworkers continue to process applications for food stamps and Medicaid when OWF applicants abandon the application process. County practice calls for these applications to be acted upon, but we were uncertain whether workers regularly follow through as required.

An appointment system and short pre-interview application reduce the burden on applicants; however, delays of up to two weeks in the appointment system for non-cash Food Stamp and Medicaid applications may cause families to drop their application.

We found that Cuyahoga County caseworkers are highly proactive in promoting food stamps and Medicaid, even if they discourage OWF assistance. CRIS-E’s automated feature that assesses an applicant for all benefits assists in this endeavor.

**Recommendation.** To assess the degree to which applicants drop out of the Food Stamp and Medicaid application process as a result of the three required visits for OWF cash, the center could monitor attrition between visits. More specifically, the center could monitor how many applications to OWF are not completed, at what stage they terminate, and, most important, what happens to the Food Stamp and Medicaid portion of the applications. In addition, Cuyahoga County could consider processing the Food Stamp and Medicaid applications independently (i.e., earlier in the process) of OWF applications. An earlier determination of eligibility for FSP and Medicaid would remedy the concern that OWF applicants who abandon their applications miss out on Food Stamp and Medicaid benefits (if eligible).

E. ONGOING CASEWORK/RETENTION: CERTIFICATION PERIOD CONFLICTS COULD PUT RETENTION OF MEDICAID BENEFITS AT RISK

As with initial eligibility, CRIS-E automatically assesses clients’ continued eligibility for benefits. However, because CRIS-E currently links the Food Stamp certification period with the Medicaid review period and requires a recertification for both programs for the shorter of the two periods, some clients’ Medicaid retention could be at risk. For example, a case with a three-month certification period for food stamps and 12-month review period for Medicaid would have to be certified at three months for both programs. If a client failed to attend the certification review, both the Food Stamp and Medicaid benefits could be closed, even though the Medicaid
benefits are still authorized for an additional nine months. To circumvent this problem, workers must conduct the certification for food stamps at three months and then manually approve the Medicaid case. Experienced caseworkers did not indicate that the dual certifications was a significant problem, although it could pose difficulties for newly hired and less experienced staff. The state is aware of the problem and plans to resolve it with new programming; however, it is not known when the issue will be resolved.

**Recommendation.** The state should complete the new programming to resolve the misalignment of certifications, especially given that CMS (Centers for Medicare and Medicaid Services) has specifically stated that manual workarounds to automatic Medicaid case closures is improper and that states must make the necessary changes to their automated systems to eliminate the problem. In the meantime, the state and county should ensure that all caseworkers are well trained in how to conduct the manual workaround when Food Stamp and Medicaid certification periods are not aligned.
APPENDIX A:
WORKFLOW AT SOUTHGATE NEIGHBORHOOD CENTER

The following sections describe the workflow and case processing procedures at Southgate Neighborhood Center. Several core processes are common at the center, and we have provided a brief description of the relevant processes with regard to accessing and enrolling in food stamps, Medicaid, and SCHIP. The processes are as follows:

- Front desk
- Initial intake and application
- OWF (TANF) applications
- Non–OWF applications
- Recertifications
- Case closures

These processes are described in greater detail below.

A. FRONT-DESK AND SCREENING PROCESSES

All clients must check in at the front desk before seeing a W&T (OWF-TANF) or H&N (FSP and Medicaid) worker (Figure A.1). If a client has visited the center in the past and already has a scheduled appointment, he or she can simply check in with the front desk and return to the waiting area until called by a worker. Clients without an appointment must first register with one of the Customer Service Aides (CSA) who staff the front desk. The CSA uses CRIS-E to determine whether the client has ever before received services from Southgate, Cuyahoga County (other than Southgate), or another location in the state. If the client has never received services, the CSA performs a rapid screening to document the client’s situation and determine the programs in which he or she is interested. The CSA then schedules an appointment with the appropriate worker—a W&T worker if the client desires to apply for OWF or an H&N specialist if the client does not wish to apply for OWF. If the client has received cash benefits in the past and worked with a self-sufficiency coach from Southgate Center, then he or she is scheduled for an appointment with the same SSC.

Given that intake interviews rarely take place on the same day the client first visits the center (with the exception of clients seeking expedited food stamps, which is described below), the CSA gives the client an appointment card and a registration packet to take home. The packet contains an abbreviated two-page application for assistance, a list of all required verification documents, and a “Your Rights and Responsibilities” document that must be signed and returned at the time of the initial interview.
Figure A.1. Cuyahoga County Department of Job and Family Services, Front Desk Workflow

1. **Client contact** → **Look up client** → **Has Appointment**
   - **Yes** → **Refer to worker (H&N or W&T)**
   - **No** → **Full screening, including Expedited FSP**
     - **Yes** → **Eligible for Expedited FSP?**
       - **Yes** → **Register client, schedule appointment with H&N worker for same day, provide verification information** → **Refer to intake for H&N**
       - **No** → **Register client, schedule appointment with H&N worker, provide verification information** → **Intake for H&N**
     - **No** → **Cash for self?**
       - **Yes** → **Register client, schedule appointment with W&T worker, provide verification information** → **Intake for W&T**
       - **No** → **Register client, schedule appointment with H&N worker, provide verification information** → **Intake for H&N**
The front desk also processes mail-in applications. Applications received through the mail are processed just as if a client had walked into the center. The CSA then contacts the client to inform him or her of the scheduled interview date. Applications for Healthy Start, when the client requests no other services, are routed to a central unit/office downtown whose responsibilities are solely related to determining eligibility for and working with Healthy Start cases. For Healthy Start applications, the client is not required to participate in a face-to-face interview; therefore, the applications are processed entirely through the mail, with telephone conversations as necessary. While Healthy Start applications do undergo the required “screen and enroll” process, the county does not typically screen the applications for other benefits.

**Expedited Food Stamp Program Benefits.** For clients requesting expedited food stamps and for homeless persons walking into the center to request assistance, the CSA schedules an appointment with an H&N specialist for the same day. The CSA is also supposed stamps. The county used to rely on an automated tool to perform the screen (plans call for instituting a new automated tool to perform the expedited Food Stamp screen in the future). A field on the initial CRIS-E registration screen allows the CSA to indicate whether the client is potentially eligible for expedited food stamps so that the individual’s status can be officially recorded with the county. The goal with expedited cases is to determine eligibility within 24 hours and distribute benefits in no more than 72 hours.

**B. INTAKE AND ONGOING CASE MANAGEMENT PROCESSES**

There are two separate application intake paths—one for clients seeking OWF benefits (Figure A.2) and a second one for clients seeking food stamps, Medicaid, SCHIP, or other non-OWF benefits (Figure A.3).

**OWF Applicants.** OWF applicants must complete several required interviews and activities before receiving an authorization for benefits. The first interview, which occurs with a self-sufficiency coach, typically occurs within five days of the client’s first visit to the center and focuses on the applicant’s current situation and needs, near- and long-term goals, and the types of services the client may require immediately and over time in the move toward self-sufficiency. For increased privacy, the visit takes place in a semiprivate cubicle away from the self-sufficiency coach’s desk. In addition to analyzing the client’s needs, the self-sufficiency coach completes a work-readiness assessment, work history profile, inventory of work skills and education, and list of the family’s/applicant’s needs for reaching self-sufficiency. At the end of the assessment, the applicant is scheduled for an appointment for a second interview for the purpose of determining the client’s eligibility for the programs of interest.

After the first interview, there is some variation in the path that a client may take, though essentially two activities must occur, either of which may occur first. These are the program eligibility interview and the mandatory referrals that an applicant must complete, both of which are described in the next sections.
Figure A.2. Cuyahoga County Department of Job and Family Services, Intake for OWF (W&T Agency) and Food Stamps/Medicaid only (H&N Agency)

Intake Process for Health & Nutrition Workers (FSP/Med only applicants)

- Receives client from Front Desk (same day for Expedited FSP)
- Conduct interactive eligibility interview
  - Verification sufficient?
    - Yes
      - Eligible for FSP/Medicaid?
        - Yes
          - Authorize benefits, inform client of review procedures
        - No
          - Deny case, refer for other services as appropriate
    - No
      - Inter-client verification requirements: provide forms as necessary
  - Client returns verification?
    - Yes
      - Deny Case
    - No
      - Deny Case

Intake Process for Work & Training Workers (OWF Applicants)

- Receives client from Front Desk
- Conduct initial assessment (without CRISE)
- Conduct interactive eligibility interview for OWF, FSP, Medicaid
  - Three mandatory referrals: child support, drug screening, mental health screening
  - Verification sufficient?
    - Yes
      - Eligible for OWF?
        - Yes
          - Approve benefits, schedule review
        - No
          - Deny Case
    - No
      - Eligible for FSP/Medicaid?
        - Yes
          - Approve benefits, schedule review
        - No
          - Deny Case

Note: If client decides to apply for cash at any point, H&N worker completes & authorizes FSP/Medicaid benefits, then refers to W&T worker.

Retain case for ongoing work
Transfer case to H&N for ongoing work
Figure A.3 Cuyahoga County Department of Job and Family Services, Ongoing Workflows

**Health & Nutrition Ongoing Casework, for FSP/Mcd only Cases**

- **Client change information received** (phone, mail)
- **Worker evaluates, runs CRIS-E change driver**
- **Impacts eligibility?**
  - No
  - Yes
    - Conduct recertification/reredetermination in CRIS-E
    - Retain FSP/Mcd?
      - No
        - Close FSP/Medicaid case
      - Yes
        - Authorize FSP/Mcd benefits and transfer to H&N worker
    - Yes
      - authorize FSP/Mcd benefits and transfer to W&T worker for OWF determination

**Regular recertification/redetermination**

- **Schedule appointment with client**

**Regular recertification/redetermination**

- **Regular recertification/redetermination**

- **Schedule appointment with client**

**Work & Training Ongoing Casework, for OWF Cases**

- **Client change information received** (phone, mail)
- **Worker evaluates, runs CRIS-E change driver**
- **Impacts eligibility?**
  - No
    - Record information in CRIS-E
  - Yes
    - Conduct recertification/redetermination in CRIS-E
    - Retain OWF?
      - No
        - Close OWF/FSP Medicaid case
      - Yes
        - Reauthorize FSP & Medicaid, Update self-sufficiency plan, schedule next appointment
        - Authorize FSP/Mcd benefits and transfer to W&T worker for OWF determination
**Program Eligibility Interview—Work and Training.** The second interview with the self-sufficiency coach is the formal eligibility determination interview, during which the coach determines the client’s eligibility for the assistance programs offered by the county. The interview typically occurs at the self-sufficiency coach’s desk. The information gathered during the interview is entered directly into CRIS-E, which largely “drives” the self-sufficiency coach through the interview process, prompting the SSC to collect all of the information needed to determine program eligibility. Any required documentation not produced by the client is listed. The client must return with all required information before receiving a benefits authorization. If the needed information is not forthcoming within 10 days, CRIS-E automatically generates a follow-up letter to the client, requesting the information a second time.

When the interview is completed, the self-sufficiency coach prints the application, which the applicant must review and sign. If an applicant wants to withdraw the OWF application, he or she must sign a form attesting to withdrawal of the application. If the client still wishes to receive food stamps and/or Medicaid, the self-sufficiency coach authorizes the case (if the applicant is eligible). If the case is authorized only for food stamps, Medicaid, or Healthy Start, the case is transferred to the Health & Nutrition Agency for ongoing case management. If the case is authorized only for Healthy Start, it is transferred to a unit in downtown Cleveland that handles only Health Start-only cases.

For applicants not abandoning the OWF application, the self-sufficiency coach explains OWF rights and responsibilities and arranges whatever other work support services may be necessary (e.g., transportation, day care, and so forth). The self-sufficiency coach also explains the self-sufficiency contract and self-sufficiency plan. The contract is a required document wherein the client indicates his or her agreement to participate in the required work activities and abide by the rules of the OWF program. The self-sufficiency plan is a documents created by the self-sufficiency coach and the client, laying out the specified work and work-related activities in which the client agrees to participate in order to retain benefits.

**Mandatory Referrals.** Before receiving an authorization for OWF benefits, the applicant must also complete three mandatory referrals: a child support enforcement referral, an alcohol and other drug screening (AOD) referral, and a mental health screening (LD), each of which must be completed with a different worker. The child support enforcement referral takes approximately 30 minutes, during which the applicant is informed of what child support-related requirements need to be fulfilled in order for the cash portion of the benefits to be authorized and continued over time. The requirements include full cooperation with the IV-D agency, assignment of support rights, and cooperation in establishing paternity (exceptions apply for women at risk of domestic violence). The AOD and LD screenings are more informative in nature and typically require less time. The applicant is not formally screened to determine whether AOD or LD services are needed, but rather the worker informs the applicant of the available services and programs should the applicant need and request help. A child support enforcement worker is located on site at Southgate; accordingly, the applicant does not need visit another office. AOD and LD workers are also available on site, but not on a full-time basis; therefore, the client might have to return to the center one or more times.
Non-OWF Applicants. Clients not applying for cash must undergo an interview with an H&N specialist. Typically, the interview is supposed to take place within five days of the client’s first visit to the center, though the time frame occasionally extends to as long as two weeks. Homeless persons, clients requesting expedited food stamps, and clients seeking emergency child care (so that they can continue going to work) usually are scheduled for an appointment with an H&N specialist the very day they come to the office seeking assistance.

During the interview, the H&N specialist reviews the client’s application, discusses the client’s situation in greater detail, and uses the CRIS-E automated system to “drive” the eligibility determination process, asking the questions needed to complete the eligibility screens in CRIS-E. CRIS-E then determines the client’s eligibility for all programs, including OWF, regardless of whether the client has indicated an interest in cash. Therefore, if CRIS-E indicates that client is OWF-eligible, the worker manually overrides the system and “fails” the client for cash. During the interview, any required documentation that the client did not bring is listed on a piece of paper. The client must return all required information before receiving a benefits authorization. If the requested information is not forthcoming in 10 days, CRIS-E automatically generates a follow-up letter to the client requesting the information a second time.

If the client subsequently decides to apply for OWF as well, the H&N specialist continues the application process for food stamps and Medicaid. As noted, CRIS-E automatically determines OWF eligibility. However, given that the H&N specialist is not permitted to authorize OWF benefits, the specialist pends the OWF application and transfers the case to a W&T worker upon completion of the Food Stamp and Medicaid portions of the application. The applicant is then scheduled for an appointment with the W&T worker and receives information on OWF policies, work requirements, and available day care. The request for OWF assistance does not impede the processing of the Food Stamp and Medicaid applications.

C. CERTIFICATION AND REVIEW PERIODS

Certification Periods. Ohio’s Food Stamp and OWF programs require three-month certification periods for clients with earned income and six-month certification periods for clients with no earned income. All Food Stamp ABAWD cases, as well as cases wherein the client appears to have fluctuating or unstable income, require three-month recertification periods. OWF and Food Stamp cases both require a face-to-face interview.

Reviews for 1931 Medicaid cases occur every six months. Healthy Start operates with 12 months of continuous eligibility and therefore requires a review every 12 months. Workers reported, however, that whenever a child’s parent undergoes either a Food Stamp or Medicaid review, the child’s 12-month period of continuous eligibility for Healthy Start is extended. Medicaid reviews do not require face-to-face interviews.

Recertification and Review Processes. Many features of the certification period are similar for both OWF and non–OWF clients. CRIS-E automatically sends appointment letters to both types of clients, informing them of their recertification/review interview. If a client fails to attend a recertification/review appointment, the case closes at the end of the eligibility period, though most workers reported that they attempt to reschedule the interview before terminating
the case. If case closes, CRIS-E automatically generates a letter to the client indicating that the case has been closed for failure to attend the recertification/review appointment. If the client then returns to the office within 30 days of the case closing, the case can be reopened without requiring the client to reinitiate the application process. For clients receiving only Medicaid, the worker may also be able to complete the review over the telephone as Medicaid cases do not require a face-to-face interview. As discussed previously, CRIS-E is programmed to link the Food Stamp certification period with the Medicaid review period, requiring a recertification for both programs for the shorter of the two periods. As noted, this requirement causes the client’s Medicaid case to close upon failure to complete a Food Stamp certification review, even if the client’s Medicaid case was not scheduled for a review that month. Workers must then manually reopen the Medicaid case.

During the recertification interview, the worker uses CRIS-E to probe the client for specific information about changes in the client’s employment situation, financial status, and household composition. CRIS-E then automatically redetermines the client’s eligibility for all programs, including those programs in which the client may not currently be enrolled. CRIS-E has been programmed to ensure that the client’s eligibility is assessed for all potential benefit programs and that eligibility for additional support programs (e.g., transitional Medicaid and child care) is considered when the client moves off OWF. If the client has experienced a change in income that renders him or her ineligible for OWF, CRIS-E automatically determines eligibility for all relevant transitional assistance programs, such as transitional medical and child care assistance, thereby ensuring that the client has access to available supports once he or she exits from OWF.

As part of the recertification process, OWF clients may need to modify their self-sufficiency plan if their employment status or related activities have changed (e.g., the client has completed a training program, or a work assignment has ended). The worker and the client typically complete the modifications to the self-sufficiency plan that day, and the client then signs the amended plan.

D. CASE CLOSURES

Closures Resulting from Changes in Circumstances. When a client reports a change in income between certification/review periods, the worker must run a specific CRIS-E program—known as the Change driver—to record the changes. The Change driver automatically predetermines eligibility and recalculates all benefits that the client is currently receiving, determines whether the change renders the client ineligible for any of those benefits, and assesses whether the change qualifies the client for any additional assistance programs. If a change in income has rendered a client ineligible for OWF, CRIS-E automatically determines if the case is still eligible for food stamps, Medicaid, or other transitional supports (e.g., transitional medical, child care, and so forth) and, if so, determines the amount of the benefit(s).

Client-Requested Case Closures. Workers reported that clients frequently request the closure of their case because they have found employment, have begun to receive increased child support, or have undergone an undisclosed change in circumstances. Workers emphatically stated that they attempt to ascertain the reason for the request and that they specifically inform
the client that even though circumstances may have changed, the client may still be eligible for food stamps and Medicaid.

**Medicaid Case Changes and Closures.** Whenever a change in a client’s situation results in the loss of eligibility for Medicaid and thus potential case closure, the worker must complete what is known as a pretermination review of the Medicaid case, which is the ex parte review required by CMS. Specifically, the worker must review the case in CRIS-E to determine whether, based on the information currently available in the case, any of the individuals in the case group remain eligible for any type of Medicaid benefit. If the information in the case is insufficient to determine the client’s eligibility for another category of Medicaid, the worker typically contacts the client to obtain the additional information. Workers reported that they are quite rigorous in contacting clients to ensure ongoing medical coverage.

**OWF Time-Limit Closures.** Ohio imposes a 36-month time limit for OWF benefits, after which a client may be eligible for an additional 24 months of OWF benefits, provided that the individual has remained off OWF for a minimum of two consecutive years. When a case is closed in response to the 36-month time limit, the worker uses CRIS-E to determine whether the client retains eligibility for other programs, such as food stamps and Medicaid, which are usually unaffected when an OWF case is closed as the result of a time limit.
APPENDIX B:
ACCESS TO AND PARTICIPATION IN FOOD STAMPS AND MEDICAID—
CUYAHOGA COUNTY

CLIENT FOCUS GROUP

A. PARTICIPANTS

Nine females participated in the focus group. The participants were from several neighborhood centers including Southgate. A poll determined which services each member of the focus group was receiving. Six individuals were receiving Ohio Works First, Medicaid, and food stamps, and three were receiving only food stamps and Medicaid. Of the three not receiving OWF, two had left the programs because they hit their time limits, and one left because she found employment.

Of the six individuals currently receiving cash, all but one knew exactly how many months they had left. The other indicated that she was meeting with her caseworker that week and intended to ask about her time limit.

B. APPLICATION PROCESSES

The focus group led off with a discussion of the application process. Three general themes regarding the application and redetermination process emerged from the discussion. The first was that clients were forced to navigate what to them was a fairly difficult system, with a significant number of barriers and challenges that had to be overcome in order to access and receive benefits. Second, a particular concern was the tremendous amount of information and verification required for enrollment in and retention of benefits (particularly cash benefits). Finally, clients felt that a significant portion of their “fate” in regard to obtaining benefits rests with the worker. They noted no significant variation in the helpfulness and quality of workers.

1. Barriers to Applying and Enrolling

Clients noted several application and enrollment barriers. In general, clients stated they had “to go through hoops for everything” as they moved through the application process. Virtually all the clients agreed that the process of applying for cash assistance was much more difficult than merely applying for food stamps and/or Medicaid and that if the client were applying only for FSP/Medicaid, the application process was much friendlier. Clients agreed with the notion that it is fairly easy to apply for food stamps and Medicaid if that is all that is desired.

Participants stated that the initial application process was generally “scary” and that they felt somewhat “embarrassed” about going into the county welfare office and applying for benefits. There was some discussion that the workers were not always supportive during the application process, particularly if the individual was applying for cash.
In general, participants reported a great deal of frustration regarding the initial application process. They were particularly disgruntled about the duration of the wait before seeing a caseworker. Some of the comments regarding waiting times included the following:

“You have to wait forever before you see someone.”
“You be in there for 10 hours before they even tell you to come back.”
“You got to sit there and be patient and wait—I don’t care what you’re signing up for.”
“You’ve got to wait.”

Despite the waiting times, most participants agreed that if the assistance is truly needed, then there is nothing that can be done except wait as along as necessary.

Clients applying for cash verified that the process followed the sequence of events described by Southgate Center—that clients applying for cash benefits typically went through three separate prescreening interviews before receiving benefits. On participant remarked that a client must “go (in) three times before they would open the case” and that then the worker would ask the “same old thing again and again.” Another client said, “You have to meet with three different people most of the time, and they ask you the same questions and everything.” The participants reported that, on the first visit, they would get the application and sometimes (though rarely) meet with a worker that day, but usually they were scheduled for an appointment for another day. The clients would then “come back and wait with all of the paper they make you bring”—and “it’s a long list of papers.”

One client felt that when most people come to the office to apply—particularly for cash benefits—they are in dire circumstances. They believed that the county should offer some sort of cash payment while the application was pending, such as $100 or $200 right when a person came into the office and just for the period of time that it takes to apply for and begin receiving ongoing benefits. She said, “You trying to hurry up and get it” because the benefits (especially cash) are needed so badly. (Note—the focus group facilitator did not ask whether clients’ Food Stamp and Medicaid applications were processed immediately such that clients began receiving those benefits while their OWF case was pending).

Participants also noted that the need to participate in and cooperate with child support enforcement was a barrier to enrollment. Most felt that “giving up the information on the father” was important to the county, but they seemed reluctant to do so. The participants were also strongly opposed to making the father undergo a blood test (presumably for paternity establishment) as a condition of receiving benefits. It appeared that many of the participants had lied to their worker about not knowing the father so that they would not have to divulge the information. The consensus was that failing to provide information about the father makes a woman ineligible for any type of assistance. Despite only a few probes on the subject, it not did appear that many (if any) of the women were worried about potential abuse by the father for disclosing the information. Rather, it appeared that at least some of the participants had lied about the fact that the father was already providing some level of child support outside the IV-D system. The women did not want to jeopardize the receipt of that support by disclosing information about the father. One client asked, “Why should the father have to pay child support if he is already taking care of the child?” And, as another woman noted, it did not do much good...
to provide information on the father since “they really not getting nothing from him if he’s not working.”

In addition, participants agreed strongly that the county “had no right” to take the child support payments away from the custodial parent in order to reimburse the state and county for the cash payments. One client said, “They force you to give them name…and then just take the money…not me” (inferring that she did not give up the information).

The group also noted that workers attempt to gain a great deal of personal information, which the clients do not feel is appropriate. In a heated discussion on this topic, everyone agreed that workers simply did not need to ask for as much information as they did. One woman said that the workers are very “worried about the income of the people you living with…why do they care about who you are living with if you are living in their basement?” Everyone agreed that the workers ask for too much information regarding the client’s parents and alternative means of support, including the income of every individual living in the household. One asked, “Why do they care about your mother and father if they aren’t supporting you?” One woman said that “you can’t have no friends” because the workers want the income and asset information on everyone you might know. This comment received a hearty laugh from the other members of the group.

One individual remarked that she went into the interview with her mother, who was unemployed at the time, and that the worker seemed more interested in her mother’s situation than in her own. She also stated that the worker asked for far too much personal information about her mother’s situation. The group agreed that workers were too invasive and asked for far too much personal information.

The participants noted that the ZIP code/geographic area scheme for the neighborhood centers does not particularly facilitate access for applying or enrolling for benefits. Some of the clients talked about how they had to travel significant distances to reach the center, how their assigned centers are continually shifting, and how the bus routes were not convenient. It did appear, however, that there was at least some holdover from the pre–1997 days, when most people had to go to downtown Cleveland to apply for services.

At least one person felt that she was persuaded not to apply for cash. One client said that the workers are constantly asking, “Are you sure this is what you want to do (apply for cash)?”

One client stated that the initial application process was better in another Ohio city because it was “quicker and more accurate and more helpful” in terms of getting enrolled and initiating benefits. In Cuyahoga, she said that she kept getting “pissed off…and I would leave and come back…and then finally they…switched my worker from this man who was giving me the blues, and plus he wasn’t even giving me all the benefits he was supposed to so they ended up issuing me some checks.” She also had to “do (her) case all over” as the result of switching workers.

An additional note is that many clients who were denied benefits did not seem to understand the reason for the denial.
2. Verification and Related Information

The participants in the focus group agreed that the large volume of information required for verification when applying for benefits was a deterrent to completing the application process. Many felt that the verification requirements—both for the initial application and for the redetermination of eligibility—were exceedingly stringent. One woman commented, “Some of it (providing the verification information) is impossible to do, because you don’t have the money or equipment or whatever.” One example cited by several individuals was proof of insurance, which is particularly difficult given that many individuals choose not to purchase insurance because of its high cost relative to their incomes.

The groups also felt that the verification information required for recertifications was too stringent. Some of the comments included the following:

“If they ask for it once and copy it, why do you have to keep bringing it back?”
“They keep asking for the same things over and over again.”
“It’s got to be notarized or they won’t even look at it.”
“They was asking questions which I figured it wasn’t even necessary to get…cash.”

Note that the group was not asked about the specific pieces of verification data that were required for recertifications/redeterminations. Therefore, it is not clear if more verification information is requested during recertifications than what the workers told the study team (basically that only income and asset information is requested after the initial application and that static information such as birth certificates and SSN is not required).

On a positive note, several participants remarked that outreach workers and workers at local nonprofit and community-based organizations are particularly useful in helping clients understand what verification and information is needed to apply for benefits.

3. Helpfulness of Workers

There was a great deal of discussion about the helpfulness of workers both during and after the initial application process. In general, the participants seemed to think that workers were much more helpful and less likely to discourage applications if the client was applying only for food stamps and Medicaid. When the client was applying for cash benefits (including PRC), workers were less helpful and more likely to question the applicant’s motive. It should be noted, however, that many participants in the focus group agreed that everything truly “depends on the worker you get” and that not all workers demonstrated variable helpfulness depending on the type of assistance requested.

Participants told several stories about the varying degree of help offered by workers and how frustrating it can be when workers seem to send conflicting messages. One client stated that her worker was helpful, though she had to apply in person for PRC when she needed to have her car repaired. Her worker informed her that she had to be “in a program” as a condition of receiving PRC. The client then applied “through a program” and was told that she needed to be working to get PRC. She even had her caseworker at the Harvard Center call the county worker...
and verify that she was in a program and that her car needed repairs, but she was still denied benefits. The county worker went to her supervisor, who said that because there was bus service to and from the individual’s house to the program, PRC benefits could not be authorized. The client never did receive the benefits.

Another said that some of the workers in the county office “are like little devils.” They just try to send the client to programs—“they don’t try to help.” Another commented, “They (the workers) can cut you off like you sittin’ right there…and then make you wait until the next month to start getting them (benefits) again….so you stuck….lights can be cut off…they don’t care.”

Some discussion indicated that workers often do not fully inform clients about all of the programs for which they may wish to apply. One participant stated that the workers “asked me all kinds of questions—was I working, or looking for work…but they don’t really ever tell you about the other programs.” In general, the participants had varying experiences in terms of how much information their workers gave them about what services and benefits were available. It seemed that, in general, clients received more information about available services from friends and families. One woman said, “Half of the assistance they have here I learned about from my mother.” And one reported that she had found out most of the information she needed “on the street.”

The focus group members were asked if once their workers collected all the information about the client’s situation, income, assets, and so forth, the workers then did a good job of translating the needs into actual services and benefits. Virtually everyone said that the workers did not do a good job in this regard.

4. Caseworker Switching

A great deal of discussion focused on the frequency with which a client’s caseworker changes. One woman stated asked, “Why do they change your caseworker? I done had so many caseworkers.” It was clear from the discussion that clients do not understand why workers change so frequently and why workers change when case status changes. It was also clear that the frequency with which workers change on a case has a genuine impact on the focus group participants in the group. Many talked about having to go through their entire story again with a new caseworker. One participant commented that while the workers are sometimes “cold at first,” they tend to “warm up” to the clients after they get to know them, especially if they realize that the client is making a legitimate effort to become self-sufficient. In these cases, it is especially hard to switch workers. There was also a strong opinion that it is not right to switch the caseworker without telling (asking?) the client.

However, in general, it seemed that the clients who switched workers and received a “better” worker than the previously worker were less likely to complain about the change in the worker. So, while it was a hassle to switch workers, a better caseworker is evidently worth the hassle.

Some clients had so much difficulty with their worker that they asked for and, in some cases, succeeded in getting a new worker. It was difficult to determine whether there are
legitimate worker problems or whether the clients are just upset that they are not getting assistance for what is a justifiable reason under county or state policy.

The focus group members also commented on the lack of communication between the workers as cases switch status and workers turn over. One participant remarked, “[The] caseworker I got now—she asked for stuff that I had given when I first applied.” Another said, “We had to start all over again, and I was there all day.”

5. General Comments About the Application Process

Many people also feel that clients do not go through the entire application process because it is often just not “worth the hassle” of filling out all the paperwork, collecting the required verification information, and spending considerable time waiting in the office. And the hassle and wait times are there regardless of the programs for which a clients applies. Many participants in the focus group did state that regardless of wait times, the verification issues that may arise with workers, and other issues related to the application process, people truly in need have no choice but to remain with the process until they are able to get benefits.

C. WORK AND RELATED ACTIVITIES

There was a general discussion about the types of work and related activities in which the participants were required to participate. Participants told stories about how difficult it is to complete all of the work-related requirements that are necessary to retain cash benefits. Many stated that there are a variety of physical and logistical issues related to maintaining good standing at work or in an education program. One woman stated, “Going to class is hard, especially when you are pregnant—you need money to get to the class, because the car is messed up, and the bus is so far away. You need cash to ride the bus to get to the program, but they won’t give you the cash to pay for the bus until you are already in the program” (paraphrase).

Participants listed a variety of job training programs, including computer training, nursing assistant, and cosmetology programs. Sometimes caseworkers permit clients to select the programs that interest them; at other times, workers guide clients toward a specific class. If a client has not already earned a high school diploma or GED, it appears that she is required to get a GED, after which she must enroll in a job training class, although “some (of the programs) aren’t that bad.” In addition, switching between programs is possible but depends on the worker’s willingness to let the client switch.

When the conversation turned to what happened when the client secured a paying job, the first issue was the reduction in or complete loss of cash benefits. In general, many thought that reducing benefits as a result of increased income was not fair. One client said, “The bad part is that they take you off right away after you get a job.” Another said that the county needs to “leave you on for a month because we’ve just go the job” and that it takes a while to get the first paycheck and then get “back on your feet.”

In general, it seemed that all clients understood that the loss of TANF resulting from increased earnings did not automatically result in the loss of food stamps or Medicaid benefits.
In fact, no client indicated that she had lost her food stamps or Medicaid as a result of finding employment.

D. TRANSITIONS

1. Sanctions

Several individuals in the focus group had been sanctioned off TANF, but in only one case was everyone in that person’s assistance group cut off from cash as a result of the sanction. In this particular case, the woman’s daughter had just turned six, and the woman had received only seven OWF checks. She does not remember why she was sanctioned, only that she was working at the time.

Another woman in the focus group had been sanctioned, but in a different county, before receiving benefits in Cuyahoga. She stated that she “had to deal with that first before I could get any type of assistance here (in Cuyahoga),” explaining that she had to work with the other county to get the sanction lifted before applying for and receiving benefits in Cuyahoga. She remarked that the process of removing the sanction was not particularly easy: “(I) had to go through all the BS to fix it…before they would even talk to me here.” She was not any more specific about what she had to do to remove the sanction or what the sanctionable action was.

There also seemed to be a perception among the clients that going to work essentially equaled a sanction. One woman said, “If I tell my worker that I am working, she’s probably just gonna sanction me.” Though some understood that there was a reporting requirement regarding change in income, and that not following these requirements is what triggers the sanction.

One client lost FSP and Medicaid as the result of the sanction, but she did not know why she lost the benefits or even the nature of her sanction—it sounded as though she might not have reported her part-time employment and that the sanction was imposed during a predetermination. Another participant received a sanction on a predetermination because she did not show up promptly for her appointment.

Most clients knew that children will not be affected if the adult commits a sanctionable offense, though someone said that “when you get cut off, everybody get cut off.” There was also some confusion about how clients can avoid a sanction and how they can remove a sanction. One story underlies this confusion:

“I mean…this whole winter I had no income coming in. I tried to apply in November and my caseworker said that I had been denied for the cash because I was sanctioned…but she took the sanction off…cause she said I had to be in a 30-hour-a-week class, and before I was in a class here (Harvard), I was in a class in the Garfield Center.”

The client eventually was granted cash after the sanction was removed (evidently because she was complying by participating in the Harvard training program). However, the worker wanted her to attend another program after she finished at the Harvard school; when the client refused, she was sanctioned off cash a second time for herself and her daughter. She said, “I don’t care about me, but my daughter” goes to a school where uniforms are required, and she
could not get a voucher for the uniform. The client was going to Garfield for her GED classes, but the worker wanted her to come to Harvard. “I mean it was hard for me because I didn’t have nothing and didn’t start getting my stamps or Medical for a few months (paraphrase).”

2. Time Limit

All of the clients were very knowledgeable about the 36-month time limit, and, with one exception, everyone receiving cash knew exactly how many months she had left for cash assistance. It did not seem that many of the participants were aggressively “managing” their time limits. (Note that several of the workers we talked with said that they try to counsel clients on effective use of their 36 months but that many clients do not think about the long-term implications of using all of their months at one time.)

About the time limit, one participant stated, “After they cut you off, you get no more cash and what you gonna do for cash…that’s what they try to do—that’s why they put this time limit on—they want everybody to get out there and get a job…(but)...it ain’t easy getting a job—I been trying for three months.”

Participants also stated that it is “hard to get cash past 36 months…and they only give you three months anyway” (evidently in reference to the county’s short-term transitional disability program). The perception is that a client needs a disability or must be caring for someone with a disability to receive the post–36-month transitional assistance. This is generally correct. Some questioned whether the requirements for a disability are perhaps too stringent. One woman was not able to get the transitional assistance even though her son has asthma; the child’s asthma was not sufficiently severe to qualify as a disability.

All clients knew about the break between OWF and nutritional and medical assistance. One stated, “[The] [t]ime limit don’t have nothing to do with food stamps and Medicaid.” Everyone seemed to nod their heads in agreement.

A couple of clients had a pre-36-month review, but it seems that they were in the office for another reason. Therefore, it is not clear that they underwent a special 32-month review (the pretime-limit review that is now county policy).

E. DIVERSION PROGRAM—PREVENTION RETENTION AND CONTINGENCY (PRC)

There was also a somewhat heated discussion about the PRC program. Many of the individuals in the group had either applied for PRC and been denied or had been discouraged by their caseworkers from applying for PRC. The group universally agreed that “caseworkers don’t want to tell nobody about PRC” and felt that workers actively discouraged individuals from applying for PRC, except in the most dire of circumstances. The group’s general perception was that workers tell clients that PRC is available only in cases of flood, fire, or other similar disaster and that PRC cannot be authorized for food, clothing, furniture, or other such household necessities. One worker told a client that “the worst has to happen” for PRC to be authorized. (Note that this practice is not in line with the Cuyahoga PRC guidelines.)
One woman applied for PRC when she had lost her job and needed PRC to cover two months’ rent until her lease ran out; she was denied. Another woman went two months without a refrigerator; she kept applying but was denied every time.

As a result of how PRC was implemented, participants expressed great deal of animosity toward the county. Everyone agreed that when the program was implemented in 1999, everyone was receiving a “$3,000 check to buy furniture, clothes, stuff that they wasn’t supposed to get and it was like hard for…some of us parents who have kids…we try to get…you know…clothes and vouchers or mattress, refrigerators, stoves but they want us to work or go to these classes for thirty hours a week…it’s so hard.” One client said that it is “real hard for us (young parents) that want to work” but need some initial help. One focus group member said, “Workers acting like they don’t want give out these benefits like it’s coming out their pockets.”

One woman who had no food to feed her children applied and was denied. She claims that her worker kept stating that the client’s mother “won’t let her grandchildren starve.” Another problem is that some car repair shops, which offer the lowest price, will not accept vouchers.

F. OTHER GENERAL COMMENTS

Concerning home visits, one client asked (laughingly), “Do they do those?” No one in the group had a home visit either before or after she hit the time limit. In fact, the mention of home visits made most of the group laugh. Some indicated that home visits might actually be a good idea because the county worker could then see the severity of a client’s circumstances. One participant gave the example of a roof that was caving in. She described how she was unable to get county funding to fix it. (Note that the county did say it was a pilot program but that approximately 4,000 home visits had been completed thus far.)

Some of the local nonprofits are very helpful. When the workers try to divert you from PRC, they tell you to call First Call for Help, etc., and “They do more than the county.”

In general, the participants felt that they need post-welfare supports in order to pay the rent and meet their basic needs.

Everyone thought that the radio commercials related to OWF were “a joke.”

Everyone understood the electronic benefits transfer (EBT) card and no one seemed to have lost any benefits from it as a result of not putting the benefits on the card before the end of the month.