State of South Carolina

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

Final Report

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Lea Nolan*
Jessica Mittler†
Ben Marglin‡

Submitted to: Department of Health and Human Services
Administration for Children and Families
Office of Planning, Research and Evaluation
370 L’Enfant Promenade, SW, 7th Floor
Washington, DC  20447

Submitted by:
Mathematica Policy Research, Inc.
600 Maryland Avenue, SW
Suite 500
Washington, DC  20024

Project Officer:  Michael Dubinsky
Project Director:  LaDonna Pavetti

*Center for Health Services Research and Policy, The George Washington University School of
Public Health and Health Services
†Mathematica Policy Research, Inc.
‡American Management Systems, Inc.
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EXECUTIVE SUMMARY

A. INTRODUCTION

Since the enactment of the Personal Work Opportunity and Reconciliation Act of 1996, participation in the Food Stamp Program (FSP) and Medicaid, two of the nation’s most important safety net programs, has declined nationwide. Given that these are two of the most important safety net program 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 FSP and Medicaid are important programs in supporting individuals making the transition from welfare to work, it is also concerning 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 Stamp Program (FSP) and Medicaid. South Carolina was selected for this study for several reasons. First data suggest that South Carolina has succeeded in moving many of its former welfare recipients into employment while maintaining or increasing (relative to other states) enrollment in the FSP and Medicaid. Second, Medicaid experts recommended South Carolina as being particularly creative in its approach to enrollment and retention, through its use of Section 1931 Medicaid as well as outreach techniques. Medicaid enrollment in South Carolina increased by about 12 percent between 1996 and 1998, compared to an enrollment decrease of about 7 percent for the United States overall. And third, participation in the FSP has been above the national average. The food stamp participation rate for South Carolina (i.e., the proportion of eligible persons actually participating) was about 64 percent in 1998, 5 percent above the national average.

B. METHODS

The research team conducted two three-day site visits to both the Marion County and Greenville County offices to collect our data for this case study. The team gathered information from a wide variety of perspectives from state, county, and community officials as well as the views of clients and eligibility workers, 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 FSP, Medicaid, and SCHIP programs as well as on the marketing and outreach activities conducted for all programs.

The on-site visits focused on the centers’ workflow and business processes, case processing procedures, office composition, and the policies and regulations related to the TANF, FSP, Medicaid, and SCHIP programs. To document the centers’ 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 the implementation of TANF, such as the TANF diversion programs, TANF and FSP sanctions, and
time limits. The team examined the practices involved in outreach, the use of automated systems to determine or continue eligibility, and the workflow and processes involved in application and recertification for food stamps and Medicaid for TANF and non-TANF clients.

C. STRUCTURE OF SOUTH CAROLINA’S FOOD STAMP PROGRAM AND MEDICAID

In South Carolina, TANF and food stamps are administered through the Department of Social Services (DSS). Medicaid is administered through the Department of Health and Human Services, but DHHS contracts with DSS to determine eligibility for Medicaid. The central DSS office, located in Columbia, produces monthly reports on statewide and county-level participation in TANF, food stamps, Medicaid and South Carolina’s SCHIP program, known as Partners for Healthy Children. In this section, we provide a brief overview of these programs, including key policies and eligibility decisions that regulate the administration of these programs.

South Carolina’s welfare reform program, Family Independence (FI), has focused on self-sufficiency and reducing cash assistance rolls. Simultaneously, the state has been successful in maintaining or increasing (relative to other states) its enrollment in Medicaid and the food stamp program. Furthermore, the decline in the state’s food stamp rolls is about half the national average (18 vs. 35 percent) from 1994 through mid-2000.

D. FINDINGS

Our findings suggest that both Marion and Greenville counties have implemented policies to increase applicants’ enrollment and retention of benefits. To facilitate enrollment in benefit programs, Marion County created the central intake unit. Greenville County caseworkers process assumptive eligibility for all Medicaid applicants to ensure that benefits are approved within 24 hours if eligible. In both counties, caseworkers place reminder calls to applicants who have not submitted all their verification information to help ensure that their application can be processed. And when an FI-applicant withdraws her FI application in either county, FI caseworkers assess her eligibility for both Medicaid and FSP before forwarding the application on to the new caseworkers.

Policies have also been implemented to increase clients’ ability to retain their benefits. For example, Marion County issues reminder letters for clients who have not returned their MR (mail recertification) form in a timely manner. As a result, 70 percent of those who received both an initial and a reminder letter submit their form. Marion County has also made significant efforts to align clients’ disparate certification periods. When caseworkers obtain information to conduct a FSP recertification, they conduct an ex parte review for the client’s Medicaid case, thereby aligning the benefit certification periods. This eases the burden on both the client and the caseworker. In both counties when a client’s FI case closes, FI caseworkers assess their eligibility for FSP; Greenville County caseworkers also review clients leaving FI for Medicaid eligibility.
1. Strategies That Promote Access to Benefits

a. Medicaid Outreach

The state’s Medicaid outreach took on new visibility because of the current effort to reinstate clients inappropriately dropped from Medicaid after welfare reform. The state has incorporated a new campaign that targets families to get the message out about their ability to receive Medicaid even if they are not receiving FI. The state’s outreach efforts have mainly focused on the state’s SCHIP program; little outreach has been done for 1931 Medicaid or other categories.

The counties are engaging in local outreach activities as well. When a factory closes or lays off workers, Marion County sends DSS workers to the plant to talk to employees about support programs and hand out applications. If possible, Marion County compares the employees who have lost their jobs with the current enrollment, to see if these individuals are currently receiving any benefits. Because the county is small, Marion County DSS staff reported that this type of targeted outreach is efficient, effective, and manageable for the staff. Greenville County has focused on Medicaid outreach. Caseworkers go to homes, school fairs, and conducted specific outreach for the Hispanic community, including advertisements on the Hispanic radio station. Part of this effort is to inform families who apply for the SCHIP program that they could be eligible for 1931 Medicaid, and encourage them to apply.

b. Food Stamp Program Outreach

In 2001, the state began to support county-level grants ($5,000) to conduct food stamps outreach. The grants allow each county to customize its outreach efforts to accommodate local needs. These efforts are supported by the supplemental funds the state is receiving due to its low food stamp error rate. The new food stamp outreach efforts will engage food banks, legal aid, and other organizations to provide applications and help in completing them.

To increase awareness and participation in food stamps, Marion County has applied for one of the state food stamp outreach grants to target senior citizens, school-aged children and their families, and Medicaid program participants. Greenville County does not conduct any formal outreach for the food stamp program.

2. Strategies That Streamline Enrollment

Implementing simple applications and enrollment processes are essential to promoting enrollment in public benefits programs. These measures minimize the burden on both the applicant and the caseworker. Several strategies have simplified the initial application process, and help to reduce remaining barriers to enrollment.

a. Single, Statewide Application That Can Be Separated

South Carolina implemented a single, simplified, two-page application for food stamps, FI, and 1931 Medicaid in October 2000. The combined application is constructed so that a duplicate/carbon copy can be detached so that different caseworkers can process eligibility for separate programs simultaneously. This permits an assumptive eligibility Medicaid application
to go forward before necessary FSP verification is received. The duplicate application is used less in Marion County than in Greenville County primarily since the Marion County DSS does not process assumptive eligibility for Medicaid. In Greenville County there is greater need for the duplicate form because they process assumptive eligibility and because all non-FI applicants who apply for both food stamps and Medicaid always have two caseworkers. Generally when an applicant’s application has been separated and is being worked on by two different caseworkers, applicants do not need to provide duplicate copies of their verification documentation since it should be copied and shared between caseworkers.

b. Using Children’s SCHIP Application to Promote Parents’ Enrollment in Medicaid

When parents apply for SCHIP for their children they often complete the separate SCHIP-only application form. This form does not inquire about a family’s interest in other public benefits such as food stamps. However, parents completing the form can check a box on the SCHIP form indicating their interest in Medicaid for themselves, but doing so does not guarantee that they will be automatically assessed for eligibility. Instead, it is used as a trigger for a case worker to contact the parent and discuss the possibility of applying for Medicaid for themselves. Therefore, caseworkers in both Greenville and Marion Counties have found an opportunity to increase some parents’ enrollment into Medicaid.

c. Marion County’s Central Intake Unit

Marion County’s CIU helps to protect against the risk that, at initial application, a person will not apply for all the benefits for which she is eligible. The central intake unit (CIU) assesses applicants’ eligibility for all potential benefits. All applicants complete a “needs form” that identifies what resources are needed (e.g., food, medical, rent, electric or heat) which is used as a starting point to identify what DSS can provide, and to educate applicants about other available support programs. CIU workers complete a “mini-budget” that helps determine the programs for which an applicant is eligible. CIU workers give applicants a list of documents to be mailed to DSS or to have ready during the home visit. This is the only time a client should have to come into the DSS office to determine initial eligibility since the case worker should have enough information on hand to conduct the eligibility assessment.

d. Assumptive Eligibility Process

At the Greenville County DSS office, all 1931 Medicaid and SCHIP applicants are given assumptive eligibility within 48 hours. County DSS administrators and caseworkers reported that they are adamant about processing applicants’ assumptive eligibility to ensure that no one risks missing out on a benefit for which they are eligible, and to ensure that people have immediate access to health care. The Marion County office does not process applicants’ assumptive eligibility for Medicaid. The county has decided to forego establishing an assumptive eligibility case up front while the applications for other benefits (i.e., food stamps and/or FI) are being processed. Instead, caseworkers wait to enroll applicants into Medicaid until eligibility has been established for all programs. In their view, this saves caseworkers time and decreases the likelihood of computer errors that could occur when transferring a case from the assumptive Medicaid category to the active FI-Medicaid category. Marion County’s decision not to process assumptive eligibility opens the possibility that applicants who abandon their FI applications could end up not obtaining Medicaid. Since the applicant would not already be on
Medicaid—as a result of assumptive eligibility—there is a risk that a caseworker might not follow up on the abandoned FI application and offer the opportunity to apply for Medicaid separately.

e. **Home Visits**

In Marion County, all FI applicants receive a home visit by their caseworker within 10 days of applying for benefits. The home visit ensures that the applicant has completed her application, provides all necessary documentation, and allows the caseworker to assess the family for any other benefit/support programs available. All FI recipients continue to have monthly home visits with their caseworkers. In contrast, Greenville County only provides home visits to mandatory FI clients after they have been found eligible for benefits.

f. **10-Day Rule and Reminders**

In Marion County all applicants are informed that they need to turn in their verification within 10 days of filing an application. FI applicants can present needed verification at the home visit by their caseworker, which occurs within 10 days of submitting the application. For others, verification can be mailed to the DSS office or dropped off. This 10-day rule increases the chances of applicants’ compliance because they actually have 30 days to submit verification, and each 10-day process reminds the applicant what s/he needs to do. If an applicant misses the first 10-day window, the Marion County caseworker calls and/or sends a letter to the client giving him 10 more days until the 30-day period expires. The purpose of this policy is to encourage applicants to submit their information, instead of just relying on them to remember.

Greenville County Medicaid caseworkers inform applicants that they have 15 days to send in all their information. At the end of this period, a second notice is sent informing them that they have 10 days to submit their documentation; however, in actuality, applicants have 15 days. If no documentation is received at the end of 30 days, the case is closed. No reminder letters are sent to FSP-only applicants (i.e., not FI applicants) who have not submitted their documentation.

g. **Withdrawing an FI Application/Application Denials**

In both Marion and Greenville counties, if a FI applicant either withdraws her application or does not qualify for FI, the FI caseworker processes the food stamp and Medicaid applications before transferring the case(s) to the appropriate caseworker(s). This process supports participation because it minimizes the possibility that the application will get lost in the shift to another set of caseworker(s) or that eligibility determination will be delayed. However, as discussed above, abandoned FI applications run the risk of not being pursued for Medicaid and/or FSP benefits independent from FI.

3. **Strategies That Ensure Ongoing Participation**

Benefit redeterminations/recertifications at the end of a certification period are opportunities for enrollees to lose benefits. Minimizing and simplifying the requirements and processes for dealing with benefit redeterminations/recertifications are important in ensuring that clients retain their benefits, and do not inappropriately lose them. In this section we discuss the mailed
recertification forms for the FSP, and the practice of aligning benefit certification periods and conducting ex parte Medicaid reviews.

a. Mail Reports (MR) Forms—Food Stamp Program

In South Carolina, food stamp recipients have a 12 month certification period. On a quarterly basis, FSP clients with earned income are required to provide reports (via a mail-in form called a mail report [MR]) on: any change in residence, household composition, employment, and earned and unearned income. Clients must also have an annual face-to-face meeting with their caseworker.

Marion County has implemented a local policy to increase compliance with completing and turning in the MR form. Marion County sends food stamp clients a letter one month before the end of their FSP certification period informing clients they will need to recertify their food stamp benefits. Those who have not submitted their MR form by the deadline receive a second letter reminding them that their food stamp benefits will terminate if they do not submit their MR form. According to DSS administration, this effort has been a great success, with the county reporting that roughly 70 percent of those who receive the second reminder letter send in their MR form. In contrast, Greenville County sends only one letter one month prior to the certification deadline; no reminder letters are sent. We were unable to collect data to illustrate the number/percent of food stamp clients who submit their application/miss the certification deadline.

b. Aligning Certification Procedures and Ex Parte Medicaid Reviews

Marion County’s goal is to align disparate programs’ certification periods to minimize the burden on both the recipient and the caseworker. Certifying all programs at once minimizes the contact between the caseworker and client (e.g., phone, mail, and face-to-face), and reduces the need to provide duplicate verification. The office also allows caseworkers to count a home visit as a face-to-face meeting, which makes it easier to complete a food stamp recertification. Caseworkers align clients’ certification periods in this manner: when a client’s food stamp benefits are recertified, an ex parte review is done on the client’s Medicaid benefits, regardless of when the Medicaid benefit was due for redetermination. Therefore the client’s Medicaid benefits have been rolled-out and the benefit certification periods have been aligned. The staff is working to align all clients’ certification periods, but the most progress has reportedly been made for FI recipients. Since FI recipients’ caseworkers handle all programs it is somewhat easier for them to align recertification and certify all the programs at once, especially since the data collected for FI recertification is sufficient to recertify/redetermine all of the programs.

c. Continuing Medicaid and/or FSP After an FI Case Closure

In Marion County, when a recipient loses FI due to employment, time limit or increased income, or requests that only her FI case be closed, the FI caseworker retains the case for 30 days to manage the transition from FI. The FI caseworker makes the appropriate adjustments to the Medicaid and food stamp cases, informing the client of any changes and working with the client through the transition. The FI caseworker makes a final home visit at 30 days to assess how the client and family are faring. This process minimizes the risk that clients transitioning off FI will inadvertently lose benefits, and it also provides additional continuity and support for the client in
helping them become self-sufficient. After the 30-day visit, barring any change in circumstances or other issues, the case is transitioned to the appropriate Medicaid and food stamp caseworkers.

When an FI client’s case is closed in Marion County, the appropriate FI closure code is entered into the FSP/FI computer system; the Medicaid case is not automatically closed by the computer system. Instead, the Medicaid computer system identifies the FI closure code in the nightly data run, and then automatically changes the recipients’ Medicaid eligibility category to transitional medical assistance (TMA). Clients typically stay in the TMA category for 24 months [which is actually 12 months of 1931 and another 12 months of TMA]. At the 22nd month, FI caseworkers perform an ex parte review to determine whether the client qualifies for any other Medicaid category (i.e., two months prior to the end of TMA).

In Greenville County, all clients who lose their Medicaid eligibility due to an increase in earned income (e.g., 1931 Medicaid) are automatically moved in-house to a special Medicaid caseworker. This Medicaid caseworker automatically puts them on TMA where they remain for two years (i.e., 12 months of 1931 and then 12 months of TMA for a total of 24 months of uninterrupted coverage), after which they are re-assessed for other categories of Medicaid eligibility. Clients who voluntarily close their FI case are automatically re-coded as 1931 Medicaid in the computer system by their FI caseworker. A Medicaid caseworker runs a report that identifies all new low-income families (LIF) recipients and reviews the case to determine whether the FI case was closed due to a sanction. If not, the Medicaid caseworker will review the case for all possible Medicaid categories. As in Marion County, all clients leaving FI are also assessed for food stamp eligibility by a FSP caseworker.

d. Impact of FI Sanctions on Ability to Obtain Medicaid

In South Carolina, sanctions are only applied to FI recipients who have not complied with their mandatory work requirement. The sanction is a full family sanction for FI and also results in withdrawal of the Medicaid and benefits for the sanctioned adult. The assistance unit’s food stamps are not sanctioned, although the sanctioned individual is removed from the case.

In Greenville County, sanctioned clients who no longer wish to obtain FI benefits are prohibited from obtaining Medicaid until they cure their sanction. Sanctioned clients must lose their benefits for 30 days whether or not they have complied with their work requirements. Clients who do not want to receive FI but do want to regain their Medicaid must comply with their work requirement to cure the sanction for 30 days. Once the sanction is lifted they may be eligible for LIF. If the sanction is not cured the FI case closes, and Medicaid is coded in the computer as a sanctioned LIF Medicaid (i.e., no medical benefits) case for the sanctioned parent, while the children are coded as TMA. If the client wants to obtain Medicaid in the future, she must reapply for FI and cure the sanction. Once the sanction is cured, the client is re-coded in the computer as an active FI-related Medicaid case, and can voluntarily close her FI case and receive LIF.

E. RECOMMENDATIONS

We present the following series of recommendations designed to assist the state in its efforts to enroll people into Medicaid and the FSP as well as assist recipients to maintain their benefits:
1. **Initial Enrollment**

- Both the state and counties should apply some of the successful SCHIP outreach strategies to the LIF 1931 Medicaid program. A formal outreach program should be developed for the FSP.

- County DSS offices without a CIU should ensure that all non-FI applicants are screened for all potential benefits. It is especially important in offices where applicants/clients have multiple caseworkers and there is a potential to miss out on a needed benefit. As in Greenville, FSP-only caseworkers should be proactive in asking if applicants or their children need health insurance; conversely, Medicaid-only caseworkers should ask about nutritional assistance needs.

2. **Ongoing Participation**

- All South Carolina counties should consider sending out reminder letters to clients who have not returned their MR forms in a timely fashion. Caseworkers need only request a computer-generated letter from the CHIP system; this is likely to assist in increasing FSP retention, and may reduce the number of cases re-opened within 30 days of a FSP case closure.

- The state should adopt the semi-annual reporting option. Under the option, income-earning families that receive food stamps report just once every six months with no change reporting necessary unless their income increases above 130 percent of FPL. This will reduce the burden on both the clients and the caseworkers, and will pose little threat to increasing the reporting error rate.

- Counties should try whenever possible to align FSP and Medicaid certification periods to ease the caseworker and client burden (i.e., conduct an ex parte review of Medicaid when recertifying a client’s food stamp benefits). Such action will allow clients to retain their benefits with minimum effort.

- For those sanctioned individuals seeking only to regain Medicaid (and not FI benefits), the state should consider allowing them to receive the benefit without reapplying for FI and curing their sanction. Instead, receiving Medicaid should be treated separately from FI, and based only on whether the applicant/client meets categorical eligibility criteria.

- Clients leaving FI should not automatically be placed into TMA. Instead, such clients should be evaluated at the time of their FI case closure for the appropriate, non-time limited Medicaid category.
I. CONTEXT

A. INTRODUCTION

Each year since the enactment of the Personal Work Opportunity and Reconciliation Act of 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.¹

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 involving case studies of the implementation of these programs at the state level. As part of this project, Mathematica Policy Research (MPR) conducted an in-depth case study of promising practices and lessons learned in the state of South Carolina. The aim of the case study was to learn about and profile innovative policies and practices that enhance FSP and Medicaid participation by families receiving TANF (Temporary Assistance to Needy Families) benefits and by other eligible low-income families, including those who have left TANF, those diverted from TANF, and those who have had no contact with the cash assistance system. An important goal was to identify practices that could be reasonably implemented in other states seeking to improve participation in the FSP and Medicaid.

South Carolina was selected for study for several reasons. First, data suggests that South Carolina has succeeded in moving many of its former welfare recipients into employment while maintaining or increasing (relative to other states) enrollment in the FSP and Medicaid. Second, Medicaid experts recommended South Carolina as being particularly creative in its approach to enrollment and retention, through its use of Section 1931 Medicaid as well as outreach techniques. Medicaid enrollment in South Carolina increased by about 12 percent between 1996 and 1998, compared to an enrollment decrease of about 7 percent for the United States overall.²


And third, participation in the FSP has been above the national average. The food stamp participation rate for South Carolina (i.e., the proportion of eligible persons actually participating) was about 64 percent in 1998, 5 percent above the national average. Between 1994 and 1998, the average food stamp participation rate for the United States dropped by about 12 percentage points, but the change was less severe in South Carolina, which had a decline of about 5 percentage points. Additionally, South Carolina’s food stamp caseload decline is about half the national average – 18 percent vs. 35 percent from early 1994 through June 2000.

This report describes South Carolina’s state-level policies and procedures and details the implementation practices observed at the local-office level. Marion County was selected as a site for the study of local office procedures at the recommendation of state officials in part, because of its use of central intake but also because of the county’s rural nature. Greenville County was selected as a study site because it is an urban site, and because its Medicaid and FSP workers are highly specialized and work only with their respective programs. In this first section, we present a brief overview of the TANF, food stamps, and Medicaid programs as administered in South Carolina, and describe the setting of the Marion office, including its organizational structure and clientele. We also include a description of the offices’ workflow processes. Section II details accomplishments and current challenges, including several overarching themes that appear to drive the implementation of these practices. The report concludes with Section III, which presents a summary of our findings and their implications as well as policy and programmatic recommendations for addressing them.

Appendix A presents a risk point table to illustrate the major transition points that may support enrollment and retention or create risks for loss of benefits. Appendix B includes a detailed description and diagrams of the workflow processes in Marion and Greenville counties. Appendix C outlines findings from our focus groups of current food stamp and Medicaid clients. Appendix D is the combined food stamps, TANF, and Medicaid application.

B. RESEARCH METHODOLOGY

We conducted two three-day site visits to both the Marion County and Greenville County offices to collect our data for this case study. Our visit to Marion County occurred between April 11 and 3, 2001; our Greenville County visit was from August 6 to 8, 2001. The objective of the site visits was to gather information and gain a wide variety of perspectives from state, county, and community officials as well as the views of clients and eligibility workers on policies and practices that may affect participation in Medicaid/SCHIP and the FSP. The research teams worked to analyze the general approach and identify the specific strategies currently in use to improve program access and participation, with the aim of documenting the site’s experiences and lessons learned in the implementation of these practices. Special attention was given to barriers to Medicaid/SCHIP and FSP participation that could have arisen or become magnified as a result of the implementation of welfare reform policies, such as diversion, sanctions, and time limits. We examined the practices involved in outreach, the use of automated systems to determine or continue eligibility, and the workflow and processes involved in

application and recertification for food stamps and Medicaid for TANF and non-TANF clients. Data collection methods are outlined below.

- **Individual Semi-Structured Interviews.** State policy experts (TANF, FSP, Medicaid); county director and deputy director; supervisors of TANF, FSP, and Medicaid caseworkers; TANF, FSP, and Medicaid caseworkers; representative from community service provider; and supervisors for automated systems

- **Group Interviews.** TANF and non-TANF caseworkers; and TANF, FSP and Medicaid client focus group

- **Other Activities.** Case reviews with line workers; observation of the reception area

**C. OVERVIEW OF STATE PROGRAMS**

In South Carolina, TANF and food stamps are administered through the Department of Social Services (DSS). Medicaid is administered through the Department of Health and Human Services, but DHHS contracts with DSS to determine eligibility for Medicaid. The central DSS office, located in Columbia, produces monthly reports on statewide and county-level participation in TANF, food stamps, Medicaid and South Carolina’s SCHIP program, known as Partners for Healthy Children. In this section, we provide a brief overview of these programs, including key policies and eligibility decisions that regulate the administration of these programs.

1. **South Carolina’s TANF Program—Family Independence**

   In 1996, the South Carolina legislature implemented the Family Independence (FI) Act of 1995, a welfare reform effort placing a greater emphasis on employment and self-sufficiency. The FI program requires most recipients to complete an up-front job search, to develop and comply with an individual self-sufficiency plan, and limits TANF participation to 24 months. It has no formal diversion program. Because it was developed and implemented prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), South Carolina submitted the FI program as its block grant proposal.

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4 The individual self-sufficiency plan will be replaced by a “Family Plan,” which will be used for all recipients regardless of their participation in the work program. The Family Plan aims to facilitate case management of the whole family, and will include an evaluation of the family situation, responsibilities of the client, and employment plans (if applicable).

5 South Carolina has no formal diversion program, but does have some emergency funds available for “lump sum” aid that will help applicants stay employed or become employed. For example, DSS has provided funding to help fix a car or provide for a work uniform.
In South Carolina, as of October 1, 2001, the gross income limit for a household of 3 is $1,126 (i.e., 185 percent of need which is 50 percent of the federal poverty level [FPL]). Applicants and recipients must have countable assets below $2,500; and for each licensed driver, and one licensed/registered vehicle per licensed driver is excluded, regardless of the fair market value. There is a 50 percent gross earned income disregard for the first four months, and a $100 disregard for every month thereafter. The maximum monthly benefit for a family of three is $204 as of October 2001.

### a. Mandatory Applicant Job Search

FI applicants are required to complete a job search to be eligible for the program unless they are exempt due to disability, caring for a person with disabilities or a child less than 1 year old, or lack of transportation or child care. Exclusions also apply to women who are seven months pregnant, victims of domestic violence, and the second parent in a two parent household. An up-front job search requires five documented job contacts within two weeks (i.e., name of the organization, the person with whom they talked, and a phone number). If this job search is not completed, and the client does not have good cause, the FI application is denied.

FI recipients with children under age 6 are required to devote 20 hours per week to a work activity. To meet work requirements, recipients who are under age 25 and who have no high school diploma or GED must maintain full time attendance at an educational institution designed to achieve a high school diploma or GED, unless they meet special exemption criteria. No mandatory work activities are required for FI recipients with children under age 1; however, they are permitted to volunteer for work components (e.g., including training, school).

### b. Sanctions

South Carolina imposes sanctions on FI recipients who are not complying with the work activities as laid out in their individual self-sufficiency plan. A full family sanction is imposed for the FI grant, and the adult’s Medicaid is also sanctioned. The food stamp grant continues to count the full FI grant in the benefit level determination. The sanction remains in place until the recipient complies with the work program for 30 days or becomes exempt.

### c. Time Limits

South Carolina has a 24-month time limit in any 120 consecutive months, in addition to the overall federal time limit of 60 months. The first recipients hit the time limit in October 1998. Extensions can be granted for up to 12 months for recipients who are fully complying with the program and for whom DSS has not “done everything possible” to help them become self-sufficient. The county director has ultimate responsibility for granting an extension. Since the state has significant exemptions from both the 24- and 60-month time limits, many families in South Carolina are not subject to the time limit restrictions (e.g., child-only cases).

### 2. South Carolina’s Food Stamp Program

The FSP is a federal entitlement program administered through the states for the purpose of assisting certain low-income individuals with their food purchasing power. While the FSP is
noted for its national application of rules that are established by Congress, some flexibility is available in the form of options and waivers (e.g., such as lengthening certification periods and requiring less frequent reviews or reports.). Federal rules require the same eligibility in all 50 states and require that recipients have gross incomes below 130 percent of the FPL and meet asset tests and other procedural requirements.

To apply for food stamps in South Carolina, an applicant completes the combined food stamp/FI/Medicaid application form, participates in a face-to-face interview, and provides appropriate verification within 30 days of filing the application. The application is immediately screened for expedited food stamps using federal criteria and timeframes. Expedited Food Stamp households receive their electronic benefits transfer (EBT) card within three to five days and may also receive a $25 food voucher. South Carolina is considering implementing pre-loaded EBT cards to further reduce this time. Regular food stamp recipients receive their card within 10 days of being enrolled.

Food stamp certification periods vary based on income, age, and category. Clients with fluctuating income must complete a quarterly mail recertification (MR) form. The MR form asks for information on changes in child support, Social Security survivor benefits, and unemployment; clients must attach verification documentation. Clients without changes simply note that no changes have occurred and submit the form without accompanying documentation. Other non-MR clients are required to report changes to their caseworker within 10 days. All FSP clients must complete an annual face-to-face recertification. Historically, South Carolina has not focused on food stamp outreach, but recently it has allocated some resources to provide $5,000 grants to counties for localized outreach.

3. South Carolina’s Medicaid Program

Medicaid is a medical assistance program that provides health insurance coverage for low-income persons and is funded by both federal and state funds. With the delinking of Medicaid and welfare in 1996, South Carolina established Section 1931 (i.e., coverage for families) by using its existing eligibility criteria for Aid to Families with Dependent Children/TANF. Applicants and recipients in a three-person family can earn up to $1,136 per month (i.e., 54 percent of poverty).6 The state disregards 50 percent of income for the first four months and $100 thereafter.

South Carolina uses “assumptive eligibility” so that clients can declare their income and have their eligibility immediately determined, and provide verification later. South Carolina also has eliminated the gross income test and set the asset test at $2,500. Other program components designed to increase access include a disregard of the client’s first car, no face-to-face interview requirement, and the ability to mail in the application. The simplified, single food

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stamps/FI/Medicaid application is available at many non-DSS locations, including hospitals, community health centers, and schools.

To help recipients maintain coverage, South Carolina also provides up to 24 months of Transitional Medical Assistance (TMA). Recipients are eligible for TMA after only one month of participation in 1931 Medicaid, meaning that recipients who find work quickly will not lose their opportunity for transitional coverage. The state disregards all earned income for 12 months when a family is about to lose 1931 Medicaid due to increased earned income. At the end of this 12-month period of 1931 Medicaid with a 100 percent disregard, the family is assessed for TMA eligibility. If eligible, the family can receive six months of TMA. At the end of this period, the family can receive an additional six months of TMA if their income is less than 185 percent of poverty.

During our site visit, South Carolina was in the midst of a project to identify, locate and reinstate clients who were inadvertently terminated from Medicaid since welfare reform. The state was initiating a significant outreach effort to reinstate these clients, including an 800 number as well as a separate application for those who think they may have lost their benefits prematurely.  

a. **Partners for Healthy Children—SCHIP Medicaid Expansion**

South Carolina’s SCHIP program, Partners for Healthy Children (PHC), is a Medicaid expansion that covers low-income children up to age 19 in families with income at or less than 150 percent of poverty (i.e., net income for a family of four cannot exceed $2,132 per month). Effective since August 1997, PHC provides continuous eligibility for 12 months and the same benefits as Medicaid. PHC does not have a resource test or a face-to-face interview requirement, and has its own, short mail-in application that is available at a variety of locations, including clinics and schools.

D. **STUDY SITE BACKGROUND**

1. **Marion County**

The Marion County office is located in the town of Mullins, S.C., which is centrally located in the county. According to county DSS staff, the majority of clients live within 10 miles of the Marion office. Marion is a relatively small, rural county in South Carolina with a population of

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7 [http://www.dhhs.state.sc.us/reachingout.html](http://www.dhhs.state.sc.us/reachingout.html)

8 South Carolina, Department of Social Services. “South Carolina State Medicaid Program—FI Related Coverage Groups.” October 16, 2000.


10 See Appendix B for a full description of the study sites and their structure and work flow
nearly 34,000. The county population is largely poor and majority African-American (55 percent).\textsuperscript{11} In addition, Marion County has the highest unemployment rate in the state (e.g., 16.3 percent in January 2001 vs. 3.6 percent for the state).\textsuperscript{12} As of December 2000, Marion had 408 FI recipients (2 percent) out of a statewide total of 16,677. This case load is down 50 percent from January 1995, when Marion County had 809 FI cases. The food stamp caseload in December 2000 was 3,066 (2 percent) out of a statewide total of 126,719. Since January 1995, the FSP caseload has increased about 4 percent.\textsuperscript{13} As of 1999, there were 594,962 Medicaid cases statewide\textsuperscript{14}, and as of June 1999, there were 8,596 Medicaid eligibles (1 percent) in Marion County.\textsuperscript{15}

a. Marion County’s Office Structure and Organization

Marion County’s caseworker staff is divided into four categories: Central Intake Unit (CIU), Service Delivery Unit (SDU), Medicaid specialists, and Family Independence (FI).

Central Intake Unit. The CIU is the “up-front unit” where intake workers conduct a comprehensive intake interview with applicants. The unit is staffed by one supervisor, one clerk, and four caseworkers. Generally, all applicants are seen the same day by a CIU worker. The CIU is designed to ensure that applicants are assessed for all possible programs by an experienced caseworker. CIU workers interview applicants, gather basic information about household situation, and create a mini-budget for the applicant to identify services for which the applicant may be eligible. The CIU workers complete the application on a paper copy and the information is later entered into the computer. CIU workers give applicants a list of further verification needed to process the application. This documentation can be mailed into the office. The CIU intake interview is structured so that it is the only time a client should have to come into the office to complete the initial application process. The CIU worker completes the

\textsuperscript{11}City and County Data Books, 1990 Census Data. [http://www.fisher.lib.virginia.edu/ccdb]

\textsuperscript{12} Marion County Department of Social Services (DSS). “County Food Stamp Outreach Proposal.” 2001.

\textsuperscript{13} http://www.state.sc.us/dss/fs/stats/fs200012.htm

\textsuperscript{14} http://www.dhhs.state.sc.us/reports/hcfa/hcfa2082-99-09-03.pdf

\textsuperscript{15} http://www.dhhs.state.sc.us/reports/counties/spreadsheets/COELIG99.pdf
application for the applicant who signs it, and it is passed to a service delivery unit supervisor who reviews it and assigns it to the appropriate caseworker. CIU workers do not determine eligibility, eligibility is determined by caseworkers in either the FI, Medicaid, or service delivery units.

**Service Delivery Unit.** There are two SDUs at Marion County, each comprised of a supervisor, a team leader, and three caseworkers. The SDUs do not handle any FI cases, only food stamps, and some Medicaid programs (e.g., Aged, Blind and Disabled [ABD]; specified low-income Medicare beneficiaries [SLMB] and Transitional Medical Assistance [TMA]). Other Medicaid-only cases are handled by the specialty Medicaid unit, which is discussed below. This means that some non-FI clients may end up with two caseworkers: a SDU caseworker for food stamps, and a Medicaid worker for medical coverage. SDU caseloads average 550 per worker, which are evenly divided between FSP and Medicaid. SDU caseworkers are responsible for initial and ongoing eligibility determinations and authorizing benefits.

**Medicaid Specialists.** Three Medicaid specialists handle all Medicaid programs not covered by SDU caseworkers (e.g., 1931 or low-income families, optional coverage for women and infants to age 1 [Optional Coverage for Women, Infants and Children], nursing home coverage, SCHIP, etc.) Their caseloads include all Medicaid applicants/clients who do not receive FI benefits. Medicaid specialists are responsible for determining initial eligibility and ongoing maintenance on their cases. Marion County has recognized the inherent difficulties involved with having more than one caseworker, and is working to fully integrate the food stamp and Medicaid caseloads to make it easier on the client.

**Family Independence (FI) Unit.** FI unit caseworkers handle all cases involving FI benefits, and approve and coordinate all accompanying benefits (i.e., Medicaid and food stamps). The FI unit has one supervisor and six caseworkers; each caseworker handles caseloads of approximately 70, about a third of which have mandatory work requirements. FI caseworkers handle eligibility and ongoing management, including recertifications, for all programs. FI caseworkers make home visits for all FI applicants, and spend about one and a half days per week visiting FI clients to encourage compliance with the individual self-sufficiency plan, collect information on any household changes, and complete the recertification process. When a client’s FI case closes, the case is transferred from the FI unit to the SDU and/or the Medicaid specialist unit to determine whether the client continues to be eligible for food stamps and Medicaid.

2. **Greenville County**

Greenville is an urban county with a population of more than 320,000. The county is predominantly white (81 percent), African-Americans make up the remaining population. As of December 2000 Greenville had 788 FI cases (5 percent) out of a statewide total of 16,677.

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17 [http://www.state.sc.us/dss/fi/stats/fi200012.htm]
This caseload is down 74 percent from January 1995 when Greenville County had 3,032 FI cases. The food stamp caseload in December 2000 was 7,421 (6 percent) out of a statewide total of 126,719. Since January 1995, the FSP caseload has decreased nearly 18 percent. As of 1999, there were 594,962 Medicaid recipients statewide, and as of June 1999 there were 34,680 Medicaid eligibles (6 percent) in Greenville County. Greenville County’s office structure is similar to Marion County’s in that FI caseworkers work with all three types of programs: FI, Medicaid and FSP. Medicaid and food stamp-only clients have two caseworkers in Greenville County. The largest difference between the two offices is that Marion County has a central intake unit and Greenville County does not.

a. Greenville County’s Office Structure and Organization

Greenville County’s case flow process is more specialized than Marion County. For example, Greenville County does not have a centralized intake unit. We briefly describe Greenville County’s workflow process below. A full description can be found in Appendix B.

The Greenville office is broken down into three separate units: an FI unit that handles all cases receiving cash benefits and approves and coordinates all other accompanying benefits and services; a Medicaid unit that handles Medicaid cases for clients who do not receive FI; and a third unit that handles food stamp cases with no FI benefits. Non-FI clients who receive both Medicaid and food stamps have two caseworkers.

Applicants are screened by the receptionist for their benefit needs. If the applicant wishes to apply for FI, the receptionist assigns them to an FI screener who is an FI case manager rotating in the position. The screener goes over the basic program information, gives the mandatory applicants a form to complete five job leads, and assigns the applicant to the appropriate FI case.

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18 http://www.state.sc.us/dss/fs/stats/fs200012.htm

19 http://www.dhhs.state.sc.us/reports/hcfa/hcf2082-99-09-03.pdf

20 http://www.dhhs.state.sc.us/reports/counties/spreadsheets/COELIG99.pdf
worker. Applicants who decided to withdraw from FI while in screening are returned to the receptionist who puts them in the food stamp or Medicaid process. If the applicant only wishes to apply for Medicaid without FI, the receptionist calls a Medicaid Unit Clerk who assigns the applicant to a Medicaid caseworker. If the applicant wants to obtain food stamps without FI, the receptionist assigns the applicant to a food stamp caseworker on a rotating basis. Applicants with a need for expedited food stamps can be seen by a caseworker with supervisor approval immediately. If the applicant cannot be seen immediately, but the next day, the applicant can be referred to United Ministry for food.

Workers in the FI unit handle clients who receive FI benefits. They assist clients with receiving all services, including Medicaid and FSP. FI workers are specialized within FI categories as well. Some FI workers deal only with FI clients with mandatory work requirements (i.e., 25 percent of the overall case load); others work with the out-of-budget cases where only the children in a household receive FI but the adults do not. Out-of-budget cases make up 48 percent of the overall case load. Other FI workers specialize in teen-age mothers receiving FI. FI case loads average between 30 and 60 clients to allow caseworkers adequate time to provide clients with case management. FI workers only handle cases when there is an active FI case, when a client leaves FI, the case is transferred to both FSP and Medicaid workers.

Medicaid workers handle cases that do not include FI benefits. Medicaid workers are also divided according to eligibility category (e.g., prenatal cases, OCWIC, SCHIP that have gotten past assumptive eligibility). One Medicaid worker is responsible for opening all assumptive eligibility cases, others handle distinct Medicaid categories. It is possible that members of a family would have more than one Medicaid caseworker (e.g., a pregnant woman who does not wish to report information on an absent father would have one Medicaid worker, while her other children would have another). Medicaid workers may exchange information with FSP workers regarding mutual clients, but this communication has not been mandated by the County administrators. Many Medicaid workers make a point of asking Medicaid applicants/recipients if they need FSP and instructing them how to apply.

Workers in the food stamp unit process initial and ongoing eligibility for clients who do not receive cash assistance. The FS unit is understaffed by four positions and the workers are very busy; a normal case load at Greenville is 260, average FS case loads are currently running about 300-400 cases. FSP caseworkers are also entry-level employees and paid the least of all caseworkers. There is high turnover in the position; most do not stay longer than three years. FS caseworkers do not spend time doing case management for their clients; their days are split between initial intakes and face-to-face interviews for recertification. FSP workers ask applicants and clients whether they or their children receive Medicaid. Those who don’t have Medicaid are encouraged to apply.

E. AUTOMATED ELIGIBILITY SYSTEM

In South Carolina, there are two main information systems used to support the FI, food stamps and Medicaid programs: the Client History Information Profile (CHIP) system and CIS (Client Information System). CHIP supports both FI and FSP; the CIS system supports Medicaid. These are both mainframe-based systems, but they run on different platforms. Select
information from FI and Medicaid data is transferred between the CHIP and CIS system via overnight data runs (e.g., case closure codes); no FSP information is transferred.

Implemented in 1989, the mainframe-based CHIP system determined eligibility and generates client notices. It has screens with pre-set fields, and provides caseworkers automated letters to send to clients. Enhancements to CHIP have been mostly devoted to ensuring the system adheres to policy changes in FI or FSP.

The CIS system, first implemented in 1973, is also mainframe-based, but is less user-friendly than CHIP. There are no pre-set fields to assist staff with entering client information. When a caseworker opens a new case, she is presented with a blank screen and must enter information and then a four-letter code that associates that information with a specific field. For example, a caseworker must enter in the last name, “Smith” and then the four-letter code for name, then the address is entered along with the computer code for the address, etc. Eligibility determination is not done in real time – rather in an overnight process – which means that caseworkers cannot verify eligibility the same day. The state planned to replace CIS with a new statewide Medicaid system, the Medicaid Eligibility Determination System (MEDS), by fall 2001. MEDS will be more similar to the CHIP system, with pre-set fields and automated notices. In addition, MEDS will eventually be able to perform real-time eligibility determination. Select FI and Medicaid data will continue to be transferred overnight between the MEDS and CHIP systems.

Because there are two distinct information systems, clerical staff or caseworkers must enter some of the same information in both systems (CHIP and CIS), thus creating extra/repetitive work. With the new MEDS system, it appears that this problem will not be resolved. The state is not considering any type of automated interface between the two systems. Informants reported that because the two systems are administered by different county agencies, it is difficult to coordinate and resolve issues, including reaching consensus on one system that could handle all three programs. State officials reported that the state fiscal crisis severely limits any ability to enhance the current systems.
II. FINDINGS: ACCOMPLISHMENTS AND CURRENT CHALLENGES

South Carolina and Marion and Greenville Counties are engaging in a number of practices to enhance and maintain enrollment and retention in benefit programs; still, challenges remain. In this section we assess whether and how various transition points in the management of cases (e.g., recertification process or change in circumstances) might represent risk points for erroneously denying an application for benefits or improperly closing a case. We also highlight those processes that facilitate applicants’/clients’ enrollment into programs and retention of benefits.

A. OUTREACH

Awareness of programs is a crucial component in getting public benefits to people who need them. To benefit from these programs, eligibles must enroll, but they will not consider enrolling if they are not aware that these programs exist or that they might qualify. Since welfare reform, it has been particularly important to make potential eligibles aware that they need not receive FI to obtain Medicaid. Historically, South Carolina has not had strong outreach efforts for the food stamp and Medicaid programs, though recently there has been a renewed emphasis on outreach for both programs.

1. State Outreach Policies

Medicaid outreach took on new visibility because of the current effort to reinstate clients inappropriately dropped from Medicaid after welfare reform. For Medicaid, the state has incorporated a new campaign that targets families to get the message out about the ability to receive Medicaid even if they are not receiving FI. State informants reported that efforts have been undertaken during reinstatement to inform people that they can obtain Medicaid without receiving FI, although state officials believe that many people are already aware of this. The state’s outreach efforts have mainly focused on the state’s SCHIP program; little outreach has been done for 1931 Medicaid or other categories.

In 2001, the state began to support county-level grants ($5,000) to conduct food stamps outreach. The grants allow each county to customize its outreach efforts to accommodate local needs. These efforts are supported by the supplemental funds the state is receiving due to its low food stamp error rate. The new food stamp outreach efforts will engage food banks, legal aid, and other organizations to provide applications and help in completing them.

2. County Practices

In Marion County, the DSS office is engaged in unique practices to reach out to eligibles. Marion County’s outreach efforts are tailored to its county environment. Because of the great need for support services, high rate of poverty, and unemployment, Marion County has a heightened focus on getting clients onto all of the programs for which they are eligible. When a factory closes or lays off workers, Marion County sends DSS workers to the plant to talk to employees about support programs and hand out applications. If possible, Marion County
compares the employees who have lost their jobs with the current enrollment, to see if these individuals are currently receiving any benefits. Because the county is small, Marion County DSS staff reported that this type of targeted outreach is efficient, effective, and manageable for the staff.

To increase awareness and participation in food stamps, Marion County has applied for one of the state food stamp outreach grants to target senior citizens, school-aged children and their families, and Medicaid program participants. The proposed grant would support the labor to complete the following outreach activities for one year beginning in July 2001:

- Cross-reference the current Medicaid listing with the food stamps listing to identify those who receive Medicaid, but not food stamps, and encourage them to apply for food stamps.

- Meet with school guidance and administrative staff, administrators and staff of senior citizen programs and programs that serve low-income families to ensure their familiarity with food stamps and to encourage them to disseminate information about the program to at-risk children/individuals and their families.

- Attend school functions (e.g., open-houses) that parents attend to share information about the food stamps and provide applications.

Marion County also relies on central intake workers to educate applicants about the range of public benefits available to them. Central intake workers counsel applicants based on their situation, not limiting their discussion to the services for which the applicant came in to apply. When people call DSS for either the combined application or the separate SCHIP application, callers are encouraged to come in to the DSS office because the central intake worker can help identify the other programs for which they may be eligible.

Greenville County DSS staff reported that they are doing a good job of encouraging people who come looking for one service (e.g., Medicaid) to apply for another (e.g., food stamps. Caseworkers are trained to ask applicants if they need other services, and inform them how to apply. During our observations, we heard FSP caseworkers ask applicants if they or their children had Medicaid, and conversely, Medicaid caseworkers ask about a need for food stamps.

Greenville County has focused on Medicaid outreach. Caseworkers go to homes, school fairs, and conducted specific outreach for the Hispanic community, including advertisements on the Hispanic radio station. Part of this effort is to inform families who apply for the SCHIP program that they could be eligible for 1931 Medicaid, and encourage them to apply. However, more outreach for the 1931 Medicaid is likely needed since DSS staff reported that few low-income county residents know about 1931 Medicaid, and few are enrolled in this Medicaid category. There are no informational brochures on 1931, and no mass media campaigns have been launched to advertise the program. Greenville County does not conduct any formal outreach for the food stamp program.
B. INITIAL APPLICATION AND ELIGIBILITY DETERMINATION

Implementing simple applications and enrollment processes are essential to promoting enrollment in public benefits programs. These measures minimize the burden on both the applicant and the caseworker. In this section we highlight the efforts made to simplify the initial application process, and remaining barriers to enrollment. Specifically this section discusses (1) the statewide combined application that can be separated to facilitate the assumptive eligibility process; (2) steps taken by the county DSS offices to promote Medicaid enrollment among parents of children applying for SCHIP; (3) a central intake unit vs. no central intake unit; (4) assumptive eligibility processes; (5) home visits; (6) formal diversion; (7) the counties’ approach to the 10-day rule and reminders for FSP recertification; and (8) withdrawing an FI application/application denials.

1. Single, Statewide Application That Can Be Separated

South Carolina implemented a single, simplified, two-page application for food stamps, FI, and 1931 Medicaid in October 2000. The state also has a separate application for SCHIP, as well as separate applications for some select Medicaid eligibility categories, including aged, blind, disabled and nursing home care. The application is designed to maximize participation since it assumes that the applicant is applying for all possible programs by default unless s/he opts-out of applying for a particular benefit.

The combined application is constructed so that a duplicate/carbon copy can be detached so that different caseworkers can process eligibility for separate programs simultaneously. This permits an assumptive eligibility Medicaid application to go forward before necessary FSP verification is received. The duplicate application is used less in Marion County than in Greenville County primarily since the Marion County DSS does not process assumptive eligibility for Medicaid. In Greenville County there is greater need for the duplicate form because they process assumptive eligibility and because all non-FI applicants who apply for both food stamps and Medicaid always have two caseworkers. Generally when an applicant’s application has been separated and is being worked on by two different caseworkers, applicants do not need to provide duplicate copies of their verification documentation since it should be copied and shared between caseworkers.

2. Using Children’s SCHIP Application to Promote Parents’ Enrollment in Medicaid

When parents apply for SCHIP for their children they often complete the separate SCHIP-only application form. This form does not inquire about a family’s interest in other public benefits such as food stamps. However, parents completing the form can check a box on the SCHIP form indicating their interest in Medicaid for themselves, but doing so does not guarantee that they will be automatically assessed for eligibility. Instead, it is used as a trigger for a case worker to contact the parent and discuss the possibility of applying for Medicaid for themselves. Therefore, caseworkers in both Greenville and Marion Counties have found an opportunity to increase some parents’ enrollment into Medicaid.
3. Central Intake Unit Vs. No Central Intake Unit

a. Marion County’s Central Intake Unit

Marion County’s CIU helps to protect against the risk that, at initial application, a person will not apply for all the benefits for which she is eligible. As discussed above, Marion County’s central intake unit (CIU) assesses applicants’ eligibility for all potential benefits. All applicants complete a “needs form” that identifies what resources are needed (e.g., food, medical, rent, electric or heat). This form is in addition to the combined application form discussed above. CIU workers use the needs form as a starting point to identify what DSS can provide, and to educate applicants about other available support programs. CIU workers complete a “mini-budget” that helps determine the programs for which an applicant is eligible. CIU workers give applicants a list of documents to be mailed to DSS or to have ready during the home visit. According to DSS staff, this is the only time a client should have to come into the DSS office to determine initial eligibility since the case worker should have enough information on hand to conduct the eligibility assessment.

On the other hand, CIU workers may face a challenge between encouraging applicants to apply for all potential services, and respecting the wishes of applicants who choose to apply for only one benefit. DSS staff reported that caseworkers encourage those who call for a medical (Medicaid/SCHIP) application to come in to the DSS office so that a central intake worker can evaluate them for a range of programs. Some potential applicants may be unwilling to present at a DSS office, and may be attracted by the mail-in capabilities of the SCHIP program. Those who are reluctant to come to the DSS office may forego applying at all if they are too strongly encouraged to apply in person. According to DSS staff, this does not appear to be an issue in Marion County.

b. Greenville County—No Central Intake Unit

Greenville County’s DSS office does not use a central intake unit; instead, applicants enter the office and speak with a receptionist about the services for which they are applying. When an applicant is only seeking Medicaid/SCHIP, the receptionist calls a Medicaid unit clerk who assigns the case to a Medicaid caseworker. If the applicant also wants food stamps, the receptionist assigns the case to a food stamps caseworker on a rotating list. Those wanting FI are assigned to a FI screener, that is, a FI caseworker rotating in the position, who informs the applicant about the job search requirement, goes over the application, looks to see if the applicant or her children already receive Medicaid, and gives them an appointment with the appropriate FI case worker. FI screeners also screen applicants for expedited food stamps eligibility. Clients applying for Medicaid and FSP have two separate workers; FI clients have one worker who handles all services.

Greenville County’s approach results in no formal communication between food stamp caseworkers and Medicaid caseworkers at the DSS office. As we said earlier, non-FI clients who receive both Medicaid and food stamps have two caseworkers. A client’s FSP worker does not communicate client changes with the Medicaid worker and vice versa. Some Medicaid workers might look in the CHIP system on their own initiative to see a client’s other benefits. The only formal communication occurs when a FI case closes and the Medicaid transitions from an active FI-related Medicaid case to another category of Medicaid (e.g., LIF or TMA). Our discussions
with Greenville County administrators and caseworkers did not indicate that this specialization and lack of formal communication resulted in applicants/clients’ inability to obtain a full spectrum of needed services. On the contrary, staff reported that because all caseworkers ask applicants/clients if they have other needs, they are able to inform clients how to apply for services through other caseworkers. However, the structure could impose greater burdens on applicants/clients since we learned that FSP and Medicaid caseworkers do not generally obtain copies of application documentation from each other. This requires non-FI FSP and Medicaid applicants/recipients to provide the necessary verification (e.g., proof of income) separately to different caseworkers.

4. Assumptive Eligibility Process

At the Greenville County DSS office, all 1931 Medicaid and SCHIP applicants are given assumptive eligibility within 48 hours. County DSS administrators and caseworkers reported that they are adamant about processing applicants’ assumptive eligibility to ensure that no one risks missing out on a benefit for which they are eligible, and to ensure that people have immediate access to health care. For example, while a FI application is being reviewed by a FI caseworker, a caseworker in the Medicaid unit establishes an assumptive eligibility case for the applicant. When the assumptive eligibility case is established, the Medicaid caseworker codes the applicant as a 1931 Medicaid (LIF) client in the computer system (while the FI worker processes the food stamp and FI eligibility). Clients receive their Medicaid cards within three to five days. When the client is approved for FI, that approval triggers a change in the computer system that recodes the client as an active FI-related Medicaid case.

The Marion County office does not process applicants’ assumptive eligibility for Medicaid. The county has decided to forego establishing an assumptive eligibility case up front while the applications for other benefits (i.e., food stamps and/or FI) are being processed. Instead, caseworkers wait to enroll applicants into Medicaid until eligibility has been established for all programs. In their view, this saves caseworkers time and decreases the likelihood of computer errors that could occur when transferring a case from the assumptive Medicaid category to the active FI-Medicaid category. The county reasons that its decision not to process assumptive eligibility is permissible since an applicant’s benefit coverage is not affected because Medicaid and food stamps are retroactive since an applicant’s benefit coverage is not affected because Medicaid and food stamps are retroactive to the application date.

Marion County’s decision not to process assumptive eligibility opens the possibility that applicants who abandon their FI applications could end up not obtaining Medicaid. Since the applicant would not already be on Medicaid—as a result of assumptive eligibility—there is a risk that a caseworker might not follow up on the abandoned FI application and offer the opportunity to apply for Medicaid separately. When faced with this hypothetical situation, Marion County caseworkers confirmed that there was a chance that an adult could end up losing an opportunity to apply for Medicaid independently from FI. However, they were quick to point out that no child would be overlooked for possible enrollment in Medicaid. Caseworkers reported that if a parent withdrew her FI application, a caseworker would likely conduct a home visit to ensure that the child’s Medicaid application was completed.
5. Home Visits

In Marion County, all FI applicants receive a home visit by their caseworker within 10 days of applying for benefits. The home visit ensures that the applicant has completed her application, provides all necessary documentation, and allows the caseworker to assess the family for any other benefit/support programs available. Since up to this point, the applicant has only interacted with the CIU worker, the home visit also provides an opportunity for the client to meet her caseworker. During the home visit, caseworkers also encourage the client to complete her mandatory applicant job search, and conduct any recertifications/redeterminations. All FI recipients continue to have monthly home visits with their caseworkers. Home visits are not mandated or regular for non-FI Medicaid and food stamp applicants and recipients, but occur as warranted per a caseworker’s discretion. Some food stamp and Medicaid applicants will have a home visit at the time of the initial application, conducted by the Medicaid/food stamps team leader, but this is decided on a case-by-case basis. In contrast, Greenville County only provides home visits to mandatory FI clients after they have been found eligible for benefits.

6. Formal Diversion

According to DSS caseworkers and administrators in both Marion and Greenville counties, FI applicants have very little difficulty completing the mandatory applicant job search requirement. There are many employers in Greenville County and FI applicants have little difficulty collecting five job contacts. There are fewer job prospects in Marion County, however; DSS staff reported that applicants continually make the rounds to the same employers to satisfy their job search requirement. In Greenville County, the assumptive Medicaid eligibility application is processed immediately and does not wait until the job search is completed; however, the food stamps application waits until the job search is conducted. In Marion County, once the five job contacts are made, the application for FI, Medicaid and food stamps is processed.

The risk inherent in this transition point involves those applicants who do not complete their mandatory applicant job search and are denied FI, or who abandon their application. Since Greenville processes assumptive eligibility for Medicaid, there is no risk of missing out on enrollment into Medicaid; however, the applicant who abandons her application is at risk of not applying for/enrolling into the FSP. Similarly in Marion County, an abandoned FI application may not be pursed for FSP and Medicaid benefits independent of FI. However, as stated earlier, caseworkers reported that they would devote extra effort to ensure that children in an abandoned FI application were processed for needed benefits.

7. 10-Day Rule and Reminders

Marion County has a county policy to encourage completion of the initial application. All applicants are informed that they need to turn in their verification within 10 days of filing an application. FI applicants can present needed verification at the home visit by their caseworker, which occurs within 10 days of submitting the application. For others, verification can be mailed to the DSS office or dropped off. As stated earlier, DSS staff encourage mail correspondence to reduce applicants'/clients' burden. This 10-day rule increases the chances of applicants' compliance because they actually have 30 days to submit verification, and each 10-day process
reminds the applicant what s/he needs to do. If an applicant misses the first 10-day window, the Marion County caseworker calls and/or sends a letter to the client giving him 10 more days until the 30-day period expires. The purpose of this policy is to encourage applicants to submit their information, instead of just relying on them to remember.

This “10-day rule” is applied in Marion County to collecting information from the client in a number of situations, including recertification and quarterly reports for the FSP as discussed later. In all of these cases, the intent is to encourage timely action by the client to reduce the possibility of losing benefits. One potential risk is that the Marion County 10-day rule may be misinterpreted by caseworkers to supersede state policy of 30 days. Although most staff members were clear on this distinction, the possibility for misinterpretation was evident, with some staffers correcting themselves during our discussions.

Greenville County Medicaid caseworkers inform applicants that they have 15 days to send in all their information. At the end of this period, a second notice is sent informing them that they have 10 days to submit their documentation; however, in actuality, applicants have 15 days. If no documentation is received at the end of 30 days, the case is closed. No reminder letters are sent to FSP-only applicants (i.e., not FI applicants) who have not submitted their documentation.

8. Withdrawing an FI Application/Application Denials

In both Marion and Greenville counties, if a FI applicant either withdraws her application or does not qualify for FI, the FI caseworker processes the food stamp and Medicaid applications before transferring the case(s) to the appropriate caseworker(s). This process supports participation because it minimizes the possibility that the application will get lost in the shift to another set of caseworker(s) or that eligibility determination will be delayed. However, as discussed above, abandoned FI applications run the risk of not being pursued for Medicaid and/or FSP benefits independent from FI.

In summary, both Marion and Greenville counties have instituted policies and processes that help to enhance enrollment into public benefit programs. Some of the most significant of these practices include Greenville County’s use of the duplicate copy of the combined application to process applicants’ assumptive Medicaid eligibility. This practice helps to ensure that all applicants are immediately assessed for Medicaid benefits and enrolled if eligible. Marion County’s central intake unit (CIU) ensures that all applicants are screened for all potential benefits at their first visit to the DSS office. CIU workers ensure that the application is complete, and provide the applicant with a list of documents to send in to the office. This process reduces applicant burden since s/he should not need to return to the office for eligibility determination. When all the necessary documentation has arrived, the applicant’s caseworker has enough information to process the case. Both the Marion and Greenville County DSS offices place reminder calls to applicants who have not submitted all their necessary verification information. The reminder calls help to ensure that applicants complete their applications and enroll into benefits. Finally, FI caseworkers in both counties ensure that FI applicants who withdraw their FI application are screened for both Medicaid and food stamps. This helps to ensure that the applications are not lost in transit to the Medicaid and FSP caseworkers, and reduces the risk that the applicant will not be enrolled into those benefits.
C. RETENTION OF BENEFITS

Benefit redeterminations/recertifications at the end of a certification period are opportunities for enrollees to lose benefits. Minimizing and simplifying the requirements and processes for dealing with benefit redeterminations/recertifications are important in ensuring that clients retain their benefits, and do not inappropriately lose them. In this section we discuss the mailed recertification forms for the FSP, and the practice of aligning benefit certification periods and conducting ex parte Medicaid reviews.

1. Mail Reports (MR) Forms—Food Stamp Program

In South Carolina, food stamp recipients have a 12 month certification period. On a quarterly basis, FSP clients with earned income are required to provide reports (via a mail-in form called a mail report [MR]) on: any change in residence, household composition, employment, and earned and unearned income. Clients must also have an annual face-to-face meeting with their caseworker.

Marion County has implemented a local policy to increase compliance with completing and turning in the MR form. Marion County sends food stamp clients a letter one month before the end of their FSP certification period informing them they will need to recertify their food stamp benefits. Those who have not submitted their MR form by the deadline receive a second letter reminding them that their food stamp benefits will terminate if they do not submit their MR form. According to DSS administration, this effort has been a great success, with the county reporting that roughly 70 percent of those who receive the second reminder letter send in their MR form. In contrast, Greenville County sends only one letter one month prior to the certification deadline; no reminder letters are sent. We were unable to collect data to illustrate the number/percent of food stamp clients who submit their application/miss the certification deadline.

2. Aligning Certification Procedures and Ex Parte Medicaid Reviews

Marion County’s goal is to align disparate programs’ certification periods to minimize the burden on both the recipient and the caseworker. Certifying all programs at once minimizes the contact between the caseworker and client (e.g., phone, mail, and face-to-face), and reduces the need to provide duplicate verification. The office also allows caseworkers to count a home visit as a face-to-face meeting, which makes it easier to complete a food stamp recertification. Caseworkers align clients’ certification periods in this manner: when a client’s food stamp benefits are recertified, an ex parte review is done on the client’s Medicaid benefits, regardless of when the Medicaid benefit was due for redetermination. Therefore the client’s Medicaid benefits have been rolled-out and the benefit certification periods have been aligned. The staff is working to align all clients’ certification periods, but the most progress has reportedly been made for FI recipients. Since FI recipients’ caseworkers handle all programs it is somewhat easier for them to align recertification and certify all the programs at once, especially since the data collected for FI recertification is sufficient to recertify/redetermine all of the programs.

The county is trying to align certification periods, but this is complicated by the rudimentary computer systems, since the system does not have the ability to tell staff when recertification
periods end for all programs by client. Instead, the county receives a printout from the state on upcoming Medicaid redeterminations and has to match them by hand with the food stamp and FI cases, since the file is not transmitted electronically, and the file does not contain a common identifier. A safeguard is that the Medicaid computer system does not automatically close a case; caseworkers must manually close a Medicaid case. Aligning certification periods is also made more difficult when a client has more than one caseworker (one for Medicaid and one for FSP) who must communicate any changes.

D. FI CASE CLOSURES

In Marion County, when a recipient loses FI due to employment, time limit or increased income, or requests that only her FI case be closed, the FI caseworker retains the case for 30 days to manage the transition from FI. The FI caseworker makes the appropriate adjustments to the Medicaid and food stamp cases, informing the client of any changes and working with the client through the transition. The FI caseworker makes a final home visit at 30 days to assess how the client and family are faring. This process minimizes the risk that clients transitioning off FI will inadvertently lose benefits, and it also provides additional continuity and support for the client in helping them become self-sufficient. After the 30-day visit, barring any change in circumstances or other issues, the case is transitioned to the appropriate Medicaid and food stamp caseworkers. This may not always be the same caseworker, since food stamp caseworkers only handle Medicaid for ABD, SSI, SLMB and TMA. Those on 1931 Medicaid, SCHIP, or OCWIC are separate and have a different Medicaid-only caseworker.

In Marion County, when an FI client’s case is closed, the appropriate closure code is entered into the FSP/FI computer system; the Medicaid case is not automatically closed by the computer system. Instead, the Medicaid computer system identifies the FI closure code in the nightly data run, and then automatically changes the recipients’ Medicaid eligibility category to transitional medical assistance (TMA). Clients typically stay in the TMA category for 24 months. At the 22nd month, FI caseworkers perform an ex parte review to determine whether the client qualifies for any other Medicaid category (i.e., two months prior to the end of TMA).

This procedure is not accurate since clients should not automatically be placed on TMA when their FI case closes. As discussed earlier, the first 12 months of TMA is actually 12 months of 1931 Medicaid with a 100 percent disregard triggered by an increase in income. Only those clients who are about to lose their Medicaid eligibility due to an increase in earned income should be put into this category. State informants reported that caseworkers are supposed to perform an ex parte review at the time of the FI case closure, to determine if the client qualifies for another Medicaid category. Instead, former FI clients are immediately placed on TMA where they remain for nearly two years before any review is scheduled. Since TMA is a time-limited program, placing former-FI clients into TMA inappropriately puts them at risk for losing their Medicaid benefits if no subsequent review is accomplished within the 24-month period. Instead, former FI clients should be evaluated at the time of their FI case closure for the appropriate Medicaid category.

The process is handled slightly differently in Greenville County. All clients who lose their Medicaid eligibility due to an increase in earned income (e.g., 1931 Medicaid) are automatically moved in-house to a special Medicaid caseworker. This Medicaid caseworker automatically puts
them on TMA where they remain for two years (i.e., 12 months of 1931 and then 12 months of TMA for a total of 24 months of uninterrupted coverage), after which they are re-assessed for other categories of Medicaid eligibility. Clients who voluntarily close their FI case are automatically re-coded as 1931 Medicaid in the computer system by their FI caseworker. A Medicaid caseworker runs a report that identifies all new low-income families (LIF) recipients and reviews the case to determine whether the FI case was closed due to a sanction. If not, the Medicaid caseworker will review the case for all possible Medicaid categories. As in Marion County, all clients leaving FI are also assessed for food stamp eligibility by a FSP caseworker.

1. Sanctions

In South Carolina, sanctions are only applied to FI recipients who have not complied with their mandatory work requirement. The sanction is a full family sanction for FI and also results in withdrawal of the Medicaid benefits for the sanctioned adult. The assistance unit’s food stamps are not sanctioned, although the sanctioned individual is removed from the case.

In Greenville County, sanctioned clients who no longer wish to obtain FI benefits are prohibited from obtaining Medicaid until they cure their sanction. This requirement seems to contradict the intent of the delinking of Medicaid and TANF, since in this case, obtaining Medicaid is contingent upon satisfying FI requirements. Sanctioned clients must lose their benefits for 30 days whether or not they have complied with their work requirements. Clients who do not want to receive FI but do want to regain their Medicaid must comply with their work requirement to cure the sanction for 30 days. Once the sanction is lifted they may be eligible for LIF. If the sanction is not cured the FI case closes, and Medicaid is coded in the computer as a sanctioned LIF Medicaid (i.e., no medical benefits) case for the sanctioned parent, while the children are coded as TMA. If the client wants to obtain Medicaid in the future, she must reapply for FI and cure the sanction. Once the sanction is cured, the client is re-coded in the computer as an active FI-related Medicaid case, and can voluntarily close her FI case and receive LIF. If a client has a doctor’s note explaining why she could not follow through on her work requirements she does not have to wait 30 days to have the sanction lifted. As of July 1, 2001, a sanction can only be imposed after it has been approved by a FI supervisor and the county director. Also a client can only be sanctioned for not fulfilling what is explicitly written on the client’s employability plan.
III. CONCLUSIONS AND IMPLICATIONS

South Carolina’s welfare reform program, Family Independence (FI), has focused on self-sufficiency and reducing cash assistance rolls. Simultaneously, the state has been successful in maintaining or increasing (relative to other states) its enrollment in Medicaid and the food stamp program. Furthermore, the decline in the state’s food stamp rolls is about half the national average (18 vs. 35 percent) from 1994 through mid-2000.

Our findings suggest that both Marion and Greenville counties have implemented policies to increase applicants’ enrollment and retention of benefits. To facilitate enrollment in benefit programs, Marion County created the central intake unit. Greenville County caseworkers process assumptive eligibility for all Medicaid applicants to ensure that benefits are approved within 24 hours if eligible. In both counties, caseworkers place reminder calls to applicants who have not submitted all their verification information to help ensure that their application can be processed. And when an FI-applicant withdraws her FI application in either county, FI caseworkers assess her eligibility for both Medicaid and FSP before forwarding the application on to the new caseworkers.

Policies have also been implemented to increase clients’ ability to retain their benefits. For example, Marion County issues reminder letters for clients who have not returned their MR (mail recertification) form in a timely manner. As a result, 70 percent of those who received both an initial and a reminder letter submit their form. Marion County has also made significant efforts to align clients’ disparate certification periods. When caseworkers obtain information to conduct a FSP recertification, they conduct an ex parte review for the client’s Medicaid case, thereby aligning the benefit certification periods. This eases the burden on both the client and the caseworker. In both counties when a client’s FI case closes, FI caseworkers assess their eligibility for FSP; Greenville County caseworkers also review clients leaving FI for Medicaid eligibility.

This concluding section briefly reviews our major findings regarding applicants’ and recipients’ enrollment and retention of Medicaid and food stamp benefits, and discusses the implications of such findings. We also provide policy and practice recommendations designed to promote participation in these programs.

*Outreach: Successful Outreach Strategies Used for SCHIP Could Be Used to Promote 1931 Program; Formal Outreach Programs Should Be Developed for the Food Stamp Program*

The state and Marion and Greenville counties have made a significant effort to conduct outreach activities for both the Medicaid and SCHIP programs. These activities were especially important during the state’s attempt to reinstate those who may have lost their Medicaid benefits after the enactment of welfare reform. However, our informants reported that little has been done to promote the 1931 Medicaid program. DSS staff in Greenville reported that few low-income families are aware of the program and enrollment is low, based on projections of potential eligibles.
Despite having no formal outreach program for the FSP, South Carolina has an above-average participation rate in the program, and has half the national average case load decline. Developing and implementing a formal outreach program could further increase the state’s FSP participation rate. For example, the state could take advantage of outreach opportunities based around the benefit of free school lunch and food stamp assistance.

**Recommendation.** Both the state and counties should apply some of the successful SCHIP outreach strategies to the LIF 1931 Medicaid program. A formal outreach program should be developed for the FSP.

**Marion’s Central Intake Unit Ensures That Applicants Are Screened for All Services**

As stated, Marion County’s central intake unit (CIU) is staffed with experienced caseworkers who help applicants explore all benefits for which they might be eligible. The CIU helps to ensure that applicants are screened and informed about all potential programs, and that no applicant/client inadvertently loses access to benefits for which he or she qualifies.

Although Greenville County’s DSS office does not use a central intake unit, caseworkers reported that they screen non-FI applicants for all benefit needs. For example, all FSP-only applicants are asked whether anyone in their family has a need for health insurance (and vice versa). Additionally, all applicants are processed for assumptive eligibility within 24 hours, therefore there is little risk that they will not be enrolled in Medicaid if eligible.

**Recommendation.** County DSS offices without a CIU should ensure that all non-FI applicants are screened for all potential benefits. It is especially important in offices where applicants/clients have multiple caseworkers and there is a potential to miss out on a needed benefit. As in Greenville, FSP-only caseworkers should be proactive in asking if applicants or their children need health insurance; conversely, Medicaid-only caseworkers should ask about nutritional assistance needs.

**FSP Retention: Reminder Letters Improve Retention Rates**

Marion County has implemented a policy to increase compliance with turning in and completing the MR (mail report) form. This policy helps to increase retention in the FSP. Marion County sends out a reminder letter to clients who have not submitted their MR form and are close to the deadline for recertification. This effort has been a great success, with the county reporting that roughly 70 percent of those who did not originally return their MR form responded after they were sent a reminder letter. In contrast, in Greenville County, FSP recipients do not receive any reminder letters if they have not submitted their MR form. Those who do not return the MR form by the end of the certification period have their cases closed. Greenville did not have any data to indicate how many cases are closed and how many are reopened soon after. Although Greenville has implemented the new state policy of re-opening a closed FSP case within 30 days of closure, such a reminder letter could reduce the number of cases that are initially closed.

**Recommendation.** All South Carolina counties should consider sending out reminder letters to clients who have not returned their MR forms in a timely fashion. Caseworkers need
only request a computer-generated letter from the CHIP system; this is likely to assist in increasing FSP retention, and may reduce the number of cases re-opened within 30 days of a FSP case closure.

**Less Frequent Reporting for the FSP Could Reduce Error Rates and Ease Administrative Burdens for Clients and Caseworkers**

According to our state and county informants, South Carolina is considering adopting the new “six-month option” that allows semi-annual reporting rather than quarterly. Staff members at the Marion County DSS support this option; however, the Greenville County staff is more cautious. FSP supervisors at Greenville reported that they like the three-month reporting period because it allows caseworkers to keep track of their clients, their fluctuating income, and addresses. FSP supervisors are concerned about moving to the six-month reporting period because of the fraud and error rate associated with clients who don’t report income increases. Also, according to the FSP supervisors, such a policy change will increase the error rate simply by virtue of bringing more people into the program. However, requiring less frequent reporting will not increase the state’s error rate. In fact, in addition to easing administrative burdens on families and states, less frequent reporting can actually help lower a state’s error rates. A state is not liable for errors if the household experienced a change in circumstances that was not reported if the state's policies did not require that the change be reported. Also, if households are required to report less frequently, there are fewer opportunities for states to fail to adjust benefits correctly in response to a reported change. Therefore states that require fewer reports lower their exposure to errors resulting from both a family's failure to report a change and the agency's failure to act correctly on a report.²¹

**Recommendation.** The state should adopt the semi-annual reporting option. Under the option, income-earning families that receive food stamps report just once every six months with no change reporting necessary unless their income increases above 130 percent of FPL. This will reduce the burden on both the clients and the caseworkers, and will pose little threat to increasing the reporting error rate.

**Aligning FSP and Medicaid Certification Periods Facilitates Benefits Retention**

Marion County’s policy is to align certification periods for disparate programs as often as possible to ease the burden on both caseworkers and clients. For example, when a FSP client submits a quarterly report or attends a yearly face-to-face meeting, caseworkers perform an ex parte review and automatically extend the client’s Medicaid eligibility for another year based on the information gathered. This ensures that Medicaid-eligible FSP clients will not lose their medical coverage for failure to comply with Medicaid redetermination procedures. It also

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minimizes the contact necessary between the client and caseworker and reduces the need for duplicate information. At the time of our site visit, the county was still in the process of aligning clients’ certification periods.

**Recommendation.** Counties should try whenever possible to align FSP and Medicaid certification periods to ease the caseworker and client burden (i.e., conduct an ex parte review of Medicaid when recertifying a client’s food stamp benefits). Such action will allow clients to retain their benefits with minimum effort.

**Sanctioned FI Clients’ Not Interested in Cash Benefits Should Have Access to Medicaid**

Sanctions apply to FI recipients who have not complied with their mandatory work requirements. The entire family loses cash benefits, and the sanctioned adult loses Medicaid; food stamps are not sanctioned, but the benefit amount does not increase as a result of loss of cash benefits. In Greenville County, sanctioned clients must lose their benefits for 30 days regardless of whether they cured their sanction. Additionally, clients who want to regain Medicaid independent of FI must comply with their work requirement to cure the sanction for 30 days. After the sanction is lifted they may be eligible for LIF. This means that sanctioned clients who are not interested in resuming their FI benefits are prohibited from obtaining Medicaid unless they cure their sanction and reapply. This requirement seems to contradict the intent of the delinking of Medicaid and TANF, since in this case, obtaining Medicaid is contingent upon satisfying FI requirements.

**Recommendation.** For those sanctioned individuals seeking only to regain Medicaid (and not FI benefits), the state should consider allowing them to receive the benefit without reapplying for FI and curing their sanction. Instead, receiving Medicaid should be treated separately from FI, and based only on whether the applicant/client meets categorical eligibility criteria.

**FI Case Closures Ensure Retention of Medicaid and FSP If Eligible, but Automatic Placement into TMA in Marion County Increases Risk of Inappropriate Loss of Medicaid**

Both the Marion and Greenville County DSS offices ensure that clients who leave the FI rolls are evaluated for continuing Medicaid and FSP eligibility. In Greenville County, clients who leave the FI rolls are immediately reviewed for eligibility for Medicaid and FSP. Those who qualify are assigned new caseworkers and their benefits continue. In Marion County, clients leaving FI are assessed for food stamp eligibility by their FI caseworker, and automatically placed in the TMA category for Medicaid. Although these clients continue to receive their medical and food stamp benefits, automatic placement on TMA can be problematic. Only those clients who are about to lose Medicaid due to an increase in earned income should be placed in TMA (i.e., 12 months of 1931 Medicaid with a 100 percent disregard, and an additional 12 months of TMA). Automatically placing former FI clients onto TMA places them into a time-limited category and increases the risk that they will lose their medical benefits at the end of 24 months regardless of their eligibility for other Medicaid categories. Caseworkers in Marion report that they perform an ex parte review of clients during the 22nd month of TMA. Those who qualify for other Medicaid categories are placed in the appropriate categories. However, if no
such ex parte review occurs, the client is at risk of losing her medical coverage after the 24th month of TMA benefits.

**Recommendation.** Clients leaving FI should not automatically be placed into TMA. Instead, such clients should be evaluated at the time of their FI case closure for the appropriate Medicaid category.
## APPENDIX A

### TRANSITION POINTS FOR ACCESS TO MEDICAID AND FOOD STAMPS

**IN GREENVILLE AND MARION COUNTIES, SOUTH CAROLINA**

<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>CHIP (information system supporting TANF and FSP) and CIS (supporting Medicaid)</td>
<td>None found on this site visit.</td>
<td>Two separate computer systems (CHIP – TANF, FSP; CIS-Medicaid) do not prompt caseworkers, help with eligibility determinations, or share information. Rely on paper process, room for human error.</td>
</tr>
<tr>
<td>Outreach</td>
<td>State’s new focus on food stamp outreach with county-level grants.</td>
<td>No formal FSP outreach.</td>
</tr>
<tr>
<td></td>
<td><em>Marion County:</em> Go to employers, including factories that are closing or laying off workers, to identify potential eligibles.</td>
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<tr>
<td></td>
<td><em>Greenville County:</em> Focuses on Medicaid outreach through home visits, school fairs, and outreach to Hispanic community.</td>
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</tr>
<tr>
<td>Intake and initial eligibility</td>
<td>Combined, short application for all programs. (Separate application for SCHIP.) No face-to-face meeting required for Medicaid or SCHIP. State eliminated resource test for FSP; assumptive eligibility for Medicaid.</td>
<td><em>Marion County:</em> Mail-in application not encouraged, rather suggest applicants come to office to ensure all services are offered. Could discourage some applicants. Assumptive eligibility not processed in Marion for FI applicants, wait until FI eligibility is processed.</td>
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<tr>
<td></td>
<td><em>Marion County:</em> Marion’s central intake unit counsels clients and take applications for all programs. CIU worker is the only staff applicant must interact with for the initial application, and represents only required visit to DSS office.</td>
<td><em>Greenville County:</em> Medicaid/FSP applicants have two separate workers; no formal communication exists between workers. No communication with SCHIP applicants regarding FSP or LiF Medicaid.</td>
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<tr>
<td></td>
<td><em>Greenville County:</em> TANF clients have one worker who determines eligibility for all services.</td>
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<tr>
<td>Mandatory applicant job search</td>
<td>Application tear-off sheet allows Medicaid and FSP application to be processed simultaneously while the applicant completes the job search.</td>
<td><em>Marion County:</em> Medicaid and FSP application not processed until the 10-day home visit is completed. Since assumptive eligibility is not done in Marion County, small risk that Medicaid is not processed if FI application is abandoned (could also impact FSP).</td>
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<td></td>
<td><em>Marion County:</em> Home visit for all TANF applicants within 10 days of application.</td>
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<td></td>
<td><em>Greenville County:</em> As of July 2001, Greenville county also makes home visits to all applicants determined eligible for TANF.</td>
<td></td>
</tr>
<tr>
<td>Transition Point</td>
<td>Practices Supporting Enrollment and Retention</td>
<td>Practices Creating Risks for Loss of Benefits</td>
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<tr>
<td>-----------------</td>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Application is filed but not completed</td>
<td><em>Marion County:</em> Applicant leaves office with checklist of required verification. County-imposed 10-day schedule helps ensure applicant gets documentation in on time: clients have 10 days to provide verification, get reminder letters/calls from caseworker until documentation is received by state’s 30-day time limit.</td>
<td><em>Marion County:</em> The 10 day rule may be misinterpreted by caseworkers as the timeframe for closing the case if information is not received, rather than the actual 30 days.</td>
</tr>
</tbody>
</table>
| Denied from TANF or withdraws application | *South Carolina:* Application’s tear-off sheet assures eligibility is simultaneously reviewed for other programs, and Medicaid assumptive eligibility ensured near immediate medical coverage. Clients must sign the application to formally withdraw. Application assumes applicant applies for all program unless specifically opts out in writing.  
*Marion and Greenville Counties:* FI caseworkers complete eligibility for other programs and transfers case to appropriate caseworker(s) so no lag occurs in obtaining Medicaid or FSP. | Marion County does not process assumptive eligibility for FI applicants, wait until FI is processed to approve Medicaid and FSP benefits. Abandoned FI applications could lose chance of obtaining Medicaid and FSP coverage if caseworker doesn’t follow up. |
| Benefit Redetermination/Change in circumstances | Face-to-face visit for FI and FSP required once per year; none required for Medicaid/SCHIP. FSP requires quarterly mail reports.  
*Marion County:* FI clients have monthly home visits to report changes, provide verification, and redetermine benefits, which count towards face-to-face requirement. Most FSP/Medicaid only clients have only caseworker (all will in future). FSP clients receive reminder letters if they do not submit their MR form on time.  
*Marion and Greenville Counties:* One caseworker handles all programs for FI clients. A face-to-face meeting is scheduled within the first 15 days of the month before FSP benefits are set to end. | Since computer systems don’t communicate, staff must manually align determination periods.  
*Marion County:* Some FSP and Medicaid clients have different caseworkers and separate physical files. Information and verification may not be transferred or get lost, and clients may be asked to provide duplicate verification.  
*Greenville County:* The food stamp unit is understaffed and there is high turnover. Medicaid and FSP-only clients have two separate caseworkers, clients often required to provide duplicate information. |
| Leaving Medicaid | Clients losing Medicaid due to increased earned income are automatically moved to Transitional Medical Assistance (TMA) category for two years [they are actually placed in 1931 for one year, and TMA for the second], and later reassessed for other categories of Medicaid eligibility.  
*Greenville County:* All who lose Medicaid eligibility due to increases in earned income are moved in-house to a special Medicaid worker. | Clients have to switch caseworkers. Clients not reassessed during the 24 months they are listed in TMA category, could be eligible for other non-time limited Medicaid categories during that period. |
<table>
<thead>
<tr>
<th>Transition Point</th>
<th>Practices Supporting Enrollment and Retention</th>
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<tr>
<td>Leaving TANF</td>
<td>FI closure to increase earnings does not automatically close other benefits.</td>
<td>Clients have to switch caseworkers.</td>
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*Marion County:* FI caseworkers retain closed FI cases (due to increased earnings) for 30 days before transferring it to the appropriate caseworker(s) to support a smooth transition off of FI.

Entering FI case closure code in CHIP system results in an overnight change to CIS system changing Medicaid eligibility category to TMA. Clients may actually be eligible for other Medicaid non-time limited categories. Medicaid caseworker need to manually change codes to correct Medicaid category if applicable.
APPENDIX B

STUDY SITE ENVIRONMENT, ORGANIZATION, AND WORKFLOW

A. ENVIRONMENT OF COUNTY OFFICES

1. Marion County

DSS administers Food Stamps, FI and Medicaid through its county offices. The Marion County DSS offices are located close to the intersection of the two major roads running through the county, and are housed in two buildings that face each other. One building houses the County Director and several other administrators. The other building, known as the “Multi-Purpose” building, houses all the casework staff that regularly interact with the clients. The caseworkers and supervisors sit in cubicles in several different rooms, and when a caseworker brings a client back for an interview, they sit with them at their regular desks. DSS did not appear to have any separate interview rooms, and because the cubicle walls are roughly 5 feet high, conversations can be heard between cubicles. However, this did not appear to negatively impact work in any significant way, since neither caseworkers nor clients in the focus group seemed uncomfortable with the current arrangement.

2. Greenville County

The Greenville County DSS offices are located about a mile from downtown Greenville in a converted shopping mall complex. All county offices are located in the complex, including county courts. DSS offices are all located in one building which looks to be a converted department store. There is a waiting room with reception clerks who are seated behind a glass wall. The waiting room is flanked by doors leading to caseworkers’; the doors are locked and can only be opened with a combination keyed into a pad imbedded into the wall. The caseworkers and supervisors sit in cubicles in one very large room. When a caseworker brings a client back for an interview, they sit with them at their regular desks. DSS did not appear to have any separate interview rooms, and however, it is not easy to conversations between cubicles because the walls are roughly 6-8 feet high.

B. STUDY SITE OFFICE STRUCTURE

1. Marion County

There are four categories of caseworker staff at the DSS office: Central Intake Unit (CIU), Service Delivery Unit (SDU), Family Independence (FI), and Medicaid specialists. They are represented in the organizational chart below:
a. Central Intake Unit

The central intake unit is the “up front” unit. When an applicant comes into the DSS office to apply for support, they sign in with the receptionist and fill out a General Information form that asks them about their basic needs. The CIU then assumes responsibility for the client, picking them up from the front and taking them to their office for a comprehensive intake interview. Almost all applicants are seen the same day. The rationale for the CIU is not only efficiency, but to increase awareness and participation in programs by having knowledgeable staff be able to comprehensively assess a client’s situation and provide a package of services that best meets their needs. Marion County wants to minimize the burden on both the staff and the applicant by limiting the number of visits an applicant has to make to the office. The intake interview is therefore structured so that it is the only time a client should have to come into the office to complete the initial application process.

For the initial intake and counseling, the CIU workers interview the applicants, gathering basic information about the household situation including number of people, income, assets, and expenses. During the interview, the CIU worker begins to fill out the combined Food Stamps, FI, and Medicaid (and other DSS services) application. The application’s default position is to assume an application for all programs; the applicant has to “opt-out” of applying for Food Stamps, FI, or Medicaid. The CIU staff sees it as their mission to assess the applicant’s situation, educate the applicant about all of the possible services (even beyond Food Stamps, FI and Medicaid, but also child care, transportation, and other DSS services), and get them enrolled in all services for which they are eligible. They take this responsibility very seriously, and view themselves as counselors. For example, when the benefit is small for FI, the CIU worker will explain about the time limit so that applicants can decide if they want to use up their months. Conversely, if an applicant appears to be over the eligible income due to overtime, the worker will explain that if their hours change the applicant should come back to apply. Because CIU workers need comprehensive knowledge of multiple programs and are the gatekeepers to the programs, the staff is very experienced and is drawn from the existing units.

During the intake, the CIU worker creates a “mini-budget” for the applicant to help identify for which services the applicant may be eligible. CIU cannot authorize eligibility, but can tell if an applicant will be eligible or is “on the edge,” and then discuss the options with the client. To complete the process, the worker discusses the next steps to complete the application process, including provision of verification, and must sign the application. The applicant is given a list of the verification s/he must turn in. At this point the client should not have to return to the DSS office to complete the initial application. They should only have to return to pick up their EBT card once approved for Food Stamps or for their annual face-to-face recertification for FSP or FI.
Once the interview is complete, the CIU worker completes the application, and sends it to a clerical worker who opens a case by entering the applicant’s basic information into the appropriate automated system. The clerical staff then passes the application to the CIU Supervisor, who reviews it, and then passes it off to the appropriate unit supervisor: FI or Medicaid/Food Stamps. If it is an expedited food stamps application, the SDU supervisor is responsible for the review and approval, and these cases are approved and an EBT is available for the client within 3 to 5 days.

b. Service Delivery Units

At the time of our visit, Marion County had two SDUs, each comprised of one supervisor, one team leader and three caseworkers. The SDUs do not handle any FI cases – only Food Stamps and select Medicaid programs – and carry a caseload of roughly 550, which is fairly evenly divided between the two programs. All SDU caseworkers handle food stamps cases and three Medicaid programs: aged, blind and disabled (ABD); specified low income Medicare Beneficiaries (SLMB), and; TMA. The other Medicaid categories, including family Medicaid (1931) and low-income children and pregnant women (Optional Coverage for Women and Infants -- OCWI) are handled by a separate Medicaid specialist unit (discussed below). This means that recipients receiving Medicaid and Food Stamps (but not FI) may have two different caseworkers. Marion County is working towards full integration of the Medicaid and Food Stamps caseload so that recipients will only have one caseworker. There are also two separate physical files for Food Stamps and Medicaid, each with its own case number. Marion County is exploring creating a unified physical file with a common identifier (probably social security number) for the recipient.

The SDU supervisor receives the initial application/case from the CIU, and then assigns the case to the SDU worker based on the applicant’s last name. The case has already been opened in the computer system, but only with basic information. The SDU caseworker is responsible for processing the case, collecting needed documentation and verification, communicating with the applicant as needed, and ultimately, authorizing or denying the benefits. The applicant has 30 days to submit the necessary verification, but Marion County sets 10-day intervals for the client to turn in the information. The SDU caseworker calls or sends the client a notice after the 10th, and then again at the 20th day, indicating that the case will close if the information is not submitted. The SDU caseworker also handles ongoing case management and recertifications.

c. Family Independence Unit

The Family Independence Unit, or FI unit, handles all cases involving FI benefits. It consists of one supervisor and 6 caseworkers, who each maintain an active caseload of about 70, of which roughly one-third are mandatory work cases. FI caseworkers handle eligibility and ongoing management, including recertifications, for all programs.

The FI supervisor receives an applicant’s case from the CIU and assigns it to a FI caseworker. In Marion County, all FI applicants receive a home visit within 10 days of filing their application. The purpose of the home visit is so assess the household situation, provide further education about the programs, facilitate completion of the application process by collecting verification and providing encouragement. The FI caseworker will remind mandatory
applicants that they need to complete the initial job search, and if already completed the caseworker will collect the documentation. If an applicant is denied FI, the FI caseworker completes the eligibility for the other programs and then transfers the case to the appropriate unit(s).

Once the applicant has been approved for FI, the caseworker will continue monthly home visits to encourage compliance with the individual self-sufficiency plan, collect information on any household changes, or complete the recertification process, since the home visits meet the face-to-face requirement. Part of the rationale of the home visit is to reduce the burden for the recipient of coming into the office, and also to gather richer information about how the family is faring to help manage the case. On average, FI caseworkers spend about one and half days per week conducting home visits. If a recipient will no longer receive FI, for example if s/he becomes ineligible due to increased income, hits the time limit, or asks to close his/her case, the case will be transferred to the appropriate unit(s) after a 30-day transition period.

d. Medicaid Specialists

The three Medicaid specialists handle all of the Medicaid programs not covered by the SDU caseworkers, including family Medicaid (1931 or low-income families) and OCWI as well as nursing home, etc. Like SDU And FI caseworkers, Medicaid specialists are responsible for determining eligibility for their Medicaid programs and performing ongoing maintenance. Marion County also has a Medicaid specialist outstationed at the local hospital who takes applications but cannot authorize them.

2. Greenville County

Greenville County’s case flow process is more specialized than Marion County. For example, Greenville County does not have a centralized intake unit. We briefly describe Greenville County’s workflow process below. A full description can be found in Appendix B.

The Greenville office is broken down into three separate units: an FI unit that handles all cases receiving cash benefits (and approves and coordinates all other accompanying benefits and services); a Medicaid unit that handles Medicaid-only cases (no FI benefits); and a third unit that handles food stamp only cases (no FI benefits). Non-FI clients are likely to have two case workers (one for Medicaid, and a second for food stamps). The three units are represented in the organizational chart below:
Applicants are screened by the receptionist for their service needs. If the applicant wishes to apply for FI, the receptionist assigns them to an FI Screener (who is an FI case manager rotating in the position). The screener goes over the basic program information, gives the mandatory applicants a form to complete five job leads, and assigns the applicant to the appropriate FI case worker. Applicants who decide to withdraw from FI while in Screening are returned to the receptionist who puts them in the food stamp or Medicaid process. If the applicant only wishes to apply for Medicaid (without FI), the receptionist calls a Medicaid Unit Clerk who assigns the applicant to a Medicaid caseworker. If the applicant wants to obtain food stamps without FI, the receptionist assigns the applicant to a food stamp case worker on a rotating basis. Applicants with a need for expedited food stamps can be seen by a case worker (with supervisor approval) immediately. Expedited FSP cases are those that have less than $150 per month in income. If the applicant can not be seen immediately (but the next day) the applicant can be referred to United Ministry for food.

Workers in the FI unit handle clients that receive FI benefits. They assist clients with receiving all services (including Medicaid and FSP). FI workers are specialized within FI categories as well. Some FI workers deal only with FI clients with mandatory work requirements (25 percent of the overall case load); others work with the out-of-budget cases where only the children in a household receive FI but the adults do not. Out of budget cases make up 48 percent of the overall case load. Other FI workers specialize in teenaged mothers receiving FI. FI case loads average between 30 and 60 clients to allow caseworkers adequate time to provide clients with case management. FI workers only handle cases when there is an active FI case, when a client leaves FI, their case is transferred to both FSP and Medicaid workers.

Medicaid workers handle cases that do not include FI benefits. Medicaid workers are also divided according to eligibility category. One Medicaid worker is responsible for opening all assumptive eligibility cases, others handle distinct Medicaid categories. It is possible that members of a family would have more than one Medicaid caseworker (e.g., a pregnant woman who does not wish to report information on an absent father would have one Medicaid worker, while her other children would have another). Medicaid workers may exchange information with FSP workers regarding mutual clients, but the communication is not required or necessary.
Many Medicaid workers make a point of asking Medicaid applicants/ recipients if they need FSP and instructing them how to apply.

Workers in the Food Stamp unit process initial and ongoing eligibility for clients who do not receive cash assistance. The FS unit is understaffed by 4 positions and the workers are very busy; a normal case load is 260, average FS case loads are currently running about 300 to 400 clients. FSP case workers are also entry-level employees and paid the least of all case workers. There is high turnover in the position; most do not stay longer than three years. FS caseworkers do not spend time doing case management for their clients; their days are split between initial intakes and face-to-face interviews for recertification. FSP workers ask applicants and clients whether they or their children receive Medicaid. Those who don’t have Medicaid are encouraged to apply.

C. WORK FLOW PROCESSES

1. Front Desk and Screening Processes

a. Marion County

The central intake unit is the “up front” unit. When an applicant comes into the DSS office to apply for support, they sign in with the receptionist and fill out a General Information form that asks them about their basic needs. The CIU then assumes responsibility for the client, picking them up from the front and taking them to their office for a comprehensive intake interview. Almost all applicants are seen the same day. The rationale for the CIU is not only efficiency, but to increase awareness and participation in programs by having knowledgeable staff be able to comprehensively assess a client’s situation and provide a package of services that best meets their needs. Marion County wants to minimize the burden on both the staff and the applicant by limiting the number of visits an applicant has to make to the office. The intake interview is therefore structured so that it is the only time a client should have to come into the office to complete the initial application process.

For the initial intake and counseling, the CIU workers interview applicants, gather basic information about the household situation including number of people, income, assets, and expenses. The CIU worker fills out the combined Food Stamps, FI, and Medicaid (and other DSS services) application. The CIU staff sees it as their mission to assess the applicant’s situation, educate the applicant about all of the possible services (even beyond Food Stamps, FI and Medicaid, but also child care, transportation, and other DSS services), and get them enrolled in all services for which they are eligible. They take this responsibility very seriously, and view themselves as counselors. For example, when the benefit is small for FI, the CIU worker will explain about the time limit so that applicants can decide if they want to use up their months. Conversely, if an applicant appears to be over the eligible income due to overtime, the worker will explain that if their hours change the applicant should come back to apply. Because CIU workers need comprehensive knowledge of multiple programs and are the gatekeepers to the programs, the staff is very experienced and is drawn from the existing units.

During the intake, the CIU worker creates a “mini-budget” for the applicant to help identify for which services the applicant may be eligible. CIU cannot authorize eligibility, but can tell if an applicant will be eligible or is “on the edge,” and then discuss the options with the client. To
complete the process, the worker discusses the next steps to complete the application process, including provision of verification, and must sign the application. The applicant is given a list of the verification s/he must turn in. At this point the client should not have to return to the DSS office to complete the initial application. They should only have to return to pick up their EBT card once approved for Food Stamps or for their annual face-to-face recertification for FSP or FI.

Once the interview is complete, the CIU worker completes the application, and sends it to a clerical worker who opens a case by entering the applicant’s basic information into the appropriate automated system. The clerical staff then passes the application to the CIU Supervisor, who reviews it, and then passes it off to the appropriate unit supervisor: FI or Medicaid/Food Stamps. If it is an expedited food stamps application, the SDU supervisor is responsible for the review and approval, and these cases are approved and an EBT is available for the client within 3 to 5 days.

b. Greenville County

Applicants arrive at the receptionist window in the Greenville County office lobby. They are asked for which program they wish to apply (Medicaid, food stamps, or Family Independence). If the applicant wishes to apply for FI, the receptionist assigns it to a FI Screener (who is an FI case manager rotating in the position). The screener goes over the basic program information, gives the applicant a form to complete her five job leads, and assigns the applicant to the appropriate FI case worker. The screener goes over the application with the client(s), checks to see if the applicant or her children are already on some form of Medicaid. Applicants who decide to withdraw from FI while in Screening are returned to the receptionist who puts them in the food stamp or Medicaid process. If the applicant only wishes to apply for Medicaid (without FI), the receptionist calls a Medicaid Unit Clerk who assigns the applicant to a Medicaid caseworker. If the applicant wants to obtain food stamps without FI, the receptionist assigns the applicant to a food stamp case worker on a rotating basis. Caseworkers will not necessarily get a new applicant if they have worked with them in the past. Applicants with a need for expedited food stamps can be seen by a case worker (with supervisor approval) immediately. Expedited FSP cases are those that have less than $150 per month in income. If the applicant can not be seen immediately (but the next day) the applicant can be referred to United Ministry for food.

2. Intake and Ongoing Case Management Processes

a. Marion County

Family Independence. When a case is passed to the FI caseworker, they immediately schedule an appointment for a home visit to be held within 10 days. During this home visit, the FI caseworker asks the client some basic questions, and then explains the expectations of the program. The caseworker also explains that DSS has an employment specialist to help them if they are in the mandatory job search category. The mandatory/non-exempt clients are required to initiate a two-week self-directed job search that begins with the CIU interview. The clients must initiate a job search at 10 different prospective employers, and if they are able, it can be completed by the time of the home visit (within 10 days). Mandatory/non-exempt FI recipients are also required to develop an Individual Self-Sufficiency Plan (ISSP) at the home visit, and
sign child support papers regarding the father. Mandatory recipients also have a requirement to attend the life skills class that runs for six weeks. If the client does not comply with the child support information requirement, the child is sanctioned (removed from the calculation for FI) but retains their Medicaid benefits.

All mandatory FI clients participate in the six-week life skills class (of which one week is a self-directed job search). After the class ends, the clients must do a job search and a job placement worker monitors their progress. The clients must have 30 hours a week of job search/participation, which equates to initiating 10 job contacts per week. The clients must also document the job contacts and provide them to their caseworker, but the caseworkers don’t verify the job contacts. At times, DSS directs clients to Myrtle Beach for their job search, and initially, will provide clients with tokens for buses to the beach. The clients’ progress is tracked in a separate (from CHIP or LCIS) computer system called WANT.

The clients in FI have only two program components – the life skills class and the self-directed job search. Once they complete one, they go back to the other and round and round. One case worker commented that the FI program staff should develop more components. The Marion County Director has tracked FI progress and noted that after FI clients have gone through the life skills class three times they usually get a job.

**Medicaid.** All new applicants looking for medical care who come to the DSS office come through the CIU. If someone is specifically looking for the Partners for Healthy Children (PHC) program (SCHIP), they don’t have to go through CIU. Those applicants can take a separate SCHIP-only application form and fill it out individually. But Marion County’s Director has implemented a philosophy where the DSS tries to get all applicants to participate in a CIU interview to determine if they are eligible or interested in other programs, such as FSP. If someone happens to be an existing FI or FSP client, but are not currently on Medicaid, they would apply for Medicaid through their existing caseworker.

SDU caseworkers can fill out an aged, blind, disabled (ABD) Medicaid application for a client, which is separate from the standard application, and is sent to Columbia for review. The state has 180 days to review the application and deny or approve benefits. The county DSS office cannot determine eligibility for ABD Medicaid.

Marion County DSS places one worker part-time in a local hospital to handle in-patient Medicaid applications. These applications do not go through the CIU. One DSS worker specializes in Medicaid and handles these applications. If an applicant applies for Medicaid for nursing home or hospital care, the applications go directly to the Medicaid specialist. There are two nursing homes in Marion County.

The guidelines for the LIF Medicaid category are the same as for FI cases and these applications go through the CIU. In LIF cases, the main stumbling block appears to be that many guardian parents do not want to fill out the child support form and DSS does not provide Medicaid coverage if the form is not filled out. Therefore, the parent does not receive benefits, but the children do receive the benefits. At least half of our focus group informants did not want to report the absent parent’s name.
Once an applicant for LIF completes the application, DSS uses assumptive eligibility, and the client is put on the program, receiving benefits going back to the first day of the month in which they have applied. Clients then have 10 days to provide verification documentation. The DSS office sends them two hand-written letters to remind them to send in the information. DSS can close the case if the verification is not received after those two letters. DSS staff has to manually close a Medicaid case – the LCIS system does not automatically close it (except at the end of the two-year TMA timeline). But because it is a manual process, it is possible for a case to be open for as much as three months before the caseworker reviews it and closes it for not providing verification.

Medicaid clients receive paper Medicaid “cards” once per month. The cards are approximately a half-sheet of paper, and are distributed monthly because clients need to be eligible for Medicaid on the first of each month.

**Food Stamp Program.** If a client has a need for expedited food stamps, the supervisor sends the application to the SDU team leader instead of the individual caseworker. The team leader reviews the applicant to make sure he/she is eligible for expedited food stamps. This includes cases where the applicant has zero income, or income is less than their expenses for the month of application (e.g., those getting out of jail or those who were laid-off and waited until their unemployment benefits ran out). The team leader sees if there is any information in the client’s application that would make them ineligible for expedited food stamps. This type of information would include a situation where an applicant recently quit a job.

If the team leader approves the application for expedited food stamps, the applicant is approved for food stamp eligibility (without verification) for at most 45 days. Applicants who apply for expedited food stamps after the 15th of the month get approved for benefits for the month of application (prorated) and next full month (pending verification). So, if you apply on April 20th, you would receive benefits for the prorated amount in April and all of May. Those applicants who applied prior to the 15th of the month get approved for benefits for the prorated month of application and the next month’s benefits are put on hold pending verification from the applicant. If you apply on April 10th, you would receive benefits for the prorated amount of April and benefits for May would be put on hold pending the return of verification documentation. Therefore, the clients get the benefit of the doubt for at most 45 days. For expedited cases, the team leader immediately orders an EBT card and the client can pick it up in 3-5 days. The benefit will be in their account the day they get their card. To pick up their card, the clients need to come back to the DSS office, view a video on the EBT system, and initiate their personal identification number (PIN) for their card. If they ever lose their card or forget their PIN, they will need to come back to the DSS office again. Expedited food stamp clients receive a $25 food voucher during their CIU interview to hold them over until their card is ready. Due to the urgency of expedited cases, the DSS workers ensure that there is never any back up - if for some reason the supervisor or team leader is out, someone else covers for them.

If the applicant is not an expedited FS case, the SDU supervisor will send it straight to the caseworker (and bypasses the team leader). SDU team leaders also serve as backups for any CIU workers as well as backups for their own FSP/Medicaid caseworkers. Once the caseworker gets the case, she/he looks to see if the applicant returned the necessary documentation to complete the application. If the documentation has not been returned within 10 days, a notice is sent to the client reminding them to send the documents. This notice (and almost all other notices) are
customized from library letters from the computer system and sent out using the Client History Information Profile (CHIP) system. This is the same system that provides case management functionality for all FI and FSP cases.

As long as the applicant returns the documentation by the 29th day following the application, the caseworker will be able to process the case and initiate benefits. Once the client has sent in her verification, the caseworker documents what has been provided. Central Intake workers collect general information into the CHIP system. The caseworker inputs all the specifics for the client, as well as verification codes that show that the caseworker has (and how they have) verified the information. If the client’s income is over 200% of the federal poverty level (FPL), the client must also verify income.

If the client has not provided any verification documentation by the 29th day after application, the caseworker sends a letter notifying the client that their case will be closed. The caseworker also has 30 days after that time (60 days from application) to reopen the case if the client sends the verification information. For all DSS services, caseworkers must generate a notice to the client using the CHIP system, if they deny or approve a case. The notice will state any action that DSS is taking (denial or approval). In addition, if DSS is taking any negative action against a client (denial or reduction in benefits), they must provide a 10-day notice to the client before the action takes effect. If a client has not provided verification within the first 30-day period, and then returns his or her verification information during that second 30-day period of time, the date upon which benefits begin reverts to date when the client supplied the information, and not the date of the original signed application. If the client doesn’t bring in the information by the end of the second 30-day period, the case is officially closed. If the client then comes back after the first 60 days, they must reapply, but they can reapply directly with the SDU/caseworker. If the client comes back after 90 days from the original application, they can reapply, but must go back through the CIU. This time period (for reapplication through central intake) used to be 180 days, but has been changed in Marion County.

b. Greenville County

**Family Independence.** FI applicants meet with their case worker approximately five days after the initial screening. The case worker interviews the applicant and collects the necessary verification information (more likely than not the documentation is there for an eligibility determination). If all documentation is present, the applicant is assessed for FI eligibility. This process usually takes an hour. If so, the case is approved at this step. If the necessary documentation is not yet available, the FI case is pended; however, the Medicaid case goes forward. To ensure that applicants who apply for FI receive immediate Medicaid coverage (via assumptive eligibility) the FI case worker passes the yellow duplicate page of the joint application to the Medicaid unit where one particular Medicaid caseworker completes the assumptive eligibility determinations. Unless the applicant is eligible for expedited food stamps, food stamp benefits are also pended until verification information is received.

Once approved, the following things happen: the case worker develops the family evaluation, and responsibility plan. The client is referred to an “assessment” which is required of all new FI applicants and occurs about a week after being determined eligible for FI. The assessment determines which mandatory requirements are most appropriate for the recipient and
can take approximately four hours. A home visit is also mandatory for all new FI recipients (Marion County case workers conduct a home visit for every new FI applicant). About two weeks after the assessment a staffing occurs which determines the clients’ job readiness. The Employability Plan is also set up during the Staffing and is signed by the client.

**Medicaid.** Three Medicaid caseworkers do intake each day per unit, with all Medicaid caseworkers rotating to do intake every other day. There are six workers total. Intake workers see as many clients as come in all day. On average there are two to three intakes for each caseworker per day, but this can vary since the office does not make/take appointments. Medicaid intakes occur all day. Most Medicaid applicants are not required to meet with a Medicaid caseworker to apply for benefits; however, if the applicant desires, she can meet with an caseworker to discuss her application. Applicants also have the option of dropping off their application and verification information with out ever needing to speak with a caseworker. DSS Medicaid caseworkers also process SCHIP applications.

Most of the time clients fill-out the application themselves, but caseworkers also go over the entire application with them and sometimes help fill-out incomplete areas. If applicants do not have all the necessary information at the initial interview, they are given a list of what is needed (e.g., check stubs or wage form), and they are given assumptive eligibility. Workers do not wait until all verification information is in because this step is supposed to be done in a 24 hour period. Once all the information is keyed in by a case worker, clients receive their Medicaid cards from the state office in three to five days. Applicants have 15 days to supply all the necessary information. If the documentation is not received by the end of this period, a second notice is sent which explains that their case will be closed unless the information is received. At the end of 30 days, the case will be closed if no pending information is returned, even if the client received assumptive eligibility.

Medicaid caseworkers are very specialized at the Greenville office. Family members who qualify for different Medicaid categories may have different Medicaid caseworkers. For example, a mother’s who was previously a LIF client, but who now qualifies for the aged, blind, and disabled (ABD) category would likely have a different caseworker than her children who are covered under SCHIP. A family might also have different Medicaid caseworkers if the children have SCHIP and the mother applies/reapplies for Medicaid after getting pregnant.

**Food Stamp Program.** FSP Caseworkers review what information is needed to process the applicant’s application: picture ID of head of household; income/wages; collateral form; landlord statement; reason for leaving/losing a job, which must be good cause (e.g., child care, transportation). Some caseworkers require all new applicants required to complete a landlord form; in many cases, applicants are also given a collateral form to verify their household composition. Food stamp caseworkers detach the yellow duplicate page from the applicant’s form and send it to the Medicaid unit for immediate assumptive eligibility processing.

Clients who are over 60 or on disability have a 24 month certification period. Other clients have a 12 month certification period. Clients with fluctuating income (over $150/mo) have to complete the quarterly MR (mail recertification) form. The MR form requests information on changes in child support, social security survivor benefits, unemployment. Clients with $0 income or no fluctuating income do not have to complete the form. Some case workers may require clients to do monthly reporting if they suspect the client is not being honest.
3. Certification and Review Periods

a. Marion County

**Family Independence.** Clients are required to complete a yearly face-to-face interview to recertify their benefits. At the time of our site visit Marion County DSS had not had many FI clients reach the 24-month time limit. When a client does reach the time limit, the caseworker and supervisor meet with the County Director to discuss an extension of benefits. Granting the extension is ultimately up to the County Director, and based on our interview, it seems that if the client is making an effort at the job search an extension will be granted.

**Medicaid.** All Medicaid recertifications are done by mail, so clients never have to come back into the office. Medicaid certification periods are based on income. For example, those within $0-250 of the income limit have a one-year certification; $251-500 are given two years; all others have 3 years.

For those that were originally certified for 12 months, the caseworker needs to perform a review at the end of that period. During the review, the client has 10 days to provide recertification verification documentation. But if the caseworker does not perform the review, nothing happens to the case – it remains open and the client continues to receive benefits.

If a client is also on FSP, DSS can use the documentation received under FSP recertification or MR to recertify the Medicaid benefits. DSS staff workers say that they do pass verification documentation between caseworkers to align recertification for both programs. The Marion County Director indicated that they are looking to attempt to align the recertification periods for both programs so that a client will only have one recertification per year for both FSP and Medicaid.

If a client is receiving FSP and LIF Medicaid and a change occurs in their situation (e.g., income increases) the SDU/FSP caseworker has to inform the Medicaid caseworker of the change. The Medicaid caseworker must manually change the Medicaid code in the LCIS system. Nothing changes automatically in the LCIS system. The caseworker will recode the client’s case from a 59 (LIF) to an 11 (TMA). As described above, that client will receive TMA for two years.

**Food Stamp Program.** Since July 2001 the state has required a new recertification process. If a client does not present at a recertification appointment, or does not return necessary documentation by the end of the certification period, the case is closed. If the client returns the following month with the documentation/or makes an appointment, then the case can be re-opened and can be processed. Essentially the client has 60 days to ensure FSP benefits are recertified. However if the client waits until after the 60th day to come to the office or submit documentation, she must reapply and start from the beginning (possibly with a new case worker). The new case worker could ask for all the information again from the client – they are not required to look through the old file for the permanent documentation.

If the client’s application is approved, and they are receiving any earned income, they will most likely be certified for 12 months and need to comply with the mail recertification (MR) process. For MR clients, they are sent a two-page Mail Recertification Form every three months,
which they must return to the DSS office. This MR process is how the DSS office keeps tabs on their FSP caseload. For each SDU caseworker, the average food stamp caseload is 350 and approximately 44 percent of those are on the MR process.

For MR cases, the caseworker puts an MR indication in the client’s CHIP system file upon initial approval. This MR indication tells the system to automatically generate a notice to the client when it comes time for their quarterly MR. The client’s initial application is good for the first three months. As an example, if a client originally applied in January and was approved, they would be approved for benefits for January, February, and March. On March 31st, the CHIP system (from Columbia, SC) would automatically generate an MR form to be mailed to the client to extend benefits beyond May. The client would be expected to return the MR by April 15th. The client needs to provide verification of income (last 8 weeks pay stubs) and any other changes to their household information with verification (change in household composition, etc.) If the form is returned but incomplete, or not returned by the 15th, the county sends out another notice reminding the client that they need to return the MR form as soon as possible or they risk losing benefits. (If the form is returned complete, there is a field in the CHIP system that the caseworker indicates the form was returned complete. If this field is not filled, the second notice will go out automatically.) The reminder letter (second notice) is unique to Marion County. If the client does not return the second notice, their case will be automatically closed by the CHIP system. If their case is closed, they can then come back in to reapply for benefits. As stated above, if they come in within 90 days, they can reapply with their caseworker in the SDU. If it is after 90 days, they must reapply through the CIU. (As an aside, if it is an FI case and it is closed for not responding to the MR, they only have 60 days to be able to reapply through the SDU. After 60 days, they have to go through the CIU again.)

If the client is part of the roughly 56% that are not required to be participating in the MR process, they may be certified for a different period of time. For those that are elderly or disabled, the caseworker can certify them for 24 months. These individuals get an MR form at the end of the first 12 months of the 24 month certification period – they can mail this form back in. If the case involves a mom with young children under 6, the caseworker may certify for a shorter period of time - from 6 to 12 months. The caseworker (together with the team leader) have some discretion when it comes to how long to certify a FS case – much of it depends on the situation in the family. If the caseworker feels that circumstances are likely to change, or if the client might be at risk in some way, they may certify for a shorter period of time to better able them to keep tabs on the case. Other categories of cases that the caseworkers do not put on the MR process are those with unearned income, such as child support, or unemployment benefits.

When a client’s certification period is about to expire, the CHIP system automatically generates a notice to the client. If certification will expire May 30, the notice goes out in early April to schedule a face-to-face interview between April 16 and 30. The notice schedules a time for the interview and instructs the client to call in if the time needs to be rescheduled. If the client misses that interview, the caseworker calls them to reschedule between May 1 and 15. The face-to-face is required for FSP, but if the client can’t come in to the DSS office, then the team leader can go out to the house to perform the face-to-face. The recertification process is the same as the original application and includes questions on income, household members, etc. If the client doesn’t show up for second scheduled interview, the case is closed. The same rules for case closure and reapplication mentioned above (MR case closure) apply here for recertification.
In Marion County, the Director has implemented a rule for an SDU team leader to conduct a home visit within 10 days of any questionable FSP applications. Marion County places a strong emphasis on FSP accuracy, and until recently, the county had a zero percent FSP error rate. Due to the county’s low error rate, the state has given the county more money to enhance the client services and outreach programs. Whenever the county experiences something that is questionable within their FSP caseload, they usually refer it to the Office of Quality Control rather quickly. Quality Control is a state office that oversees the error rate. One advantage of this procedure for Marion County is that once a case is referred to Quality Control, it cannot negatively affect their error rate.

If the client experiences any changes to her situation, including income or household composition, she must report it to her caseworker within 10 days. The client must also then provide verification of the change to the caseworker. If the change will cause the client’s benefit level to decrease, the caseworker needs to send the client a notice (through CHIP) providing 10 days notification that the benefits will decrease. If benefits are going to increase due to the change, the 10-day notification period does not apply. But a client can also sign a declaration form that allows the caseworker to decrease the benefit level without the 10-day notification period. Clients may do this because they do not want to put themselves in a situation where there are overpaid for one month and then have to “pay back” the overpayment during the next month.

After a client notifies their caseworker of a change, but prior to providing verification, the caseworker may put the case on hold or “pend” the case. The pend is for pending verification from the client. When a case is pended, the caseworker has not yet authorized the next month’s benefit because they assume that the benefit level will change due to the notification from the client. If they did not pend the case, the CHIP system would authorize benefits for the next month at the current level and the change would not be taken into account until the next month.

The caseworkers have some discretion about how they utilize the pending functionality. A caseworker may pend a case and give the client 10 days to supply verification of the change. If the client does not provide verification of the change, their case will close after the following month. When a caseworker pends an FSP case, it has no negative (or positive) impact on either the Medicaid or (if relevant) FI/TANF case. In the CHIP system, cases that are put on hold are shown using a different color to alert and remind the caseworker of the pending status. In addition, the CHIP system has functionality that allows caseworkers to send themselves or others “alerts” to remind them to check on a particular case. Team Leaders and Supervisors are also able to send alerts to the caseworkers in their respective units. During our visit to SC, it seemed that these alerts were used frequently as a tool to keep up with their caseload.

b. Greenville County

At recertification, clients have to provide utility bills, proof of income, and their children’s ages. They do not have to supply their picture id or social security card. Caseworkers have to set up appointments to see their recertifications within the first 15 days of the month the benefits expire. Letters generated by case workers go out to clients 3-4 weeks in advance of the appointment (Columbia also sends a letter earlier that states that the re-certification is due). If the client does not show up for her appointment, no other letter is sent out to remind her that the
FSP will lapse. As several caseworkers put it, “it’s on the client at that point.” If a client calls to reschedule a missed appointment, it’s set up for the second half of the month, and another letter is sent out with the date and time of the appointment. If the client missed the first appointment (from the 1-15 of the month) and has a second appointment for the second half of the month (from the 16-30), the caseworker officially has until the 16 of the next month to process the case (which would lapse the FSP benefit). If the caseworker doesn’t get to it and processes it in the next month, the FSP benefit is only temporarily lapsed—the client gets the benefit retroactively.

4. Case Closures

a. Marion County

**Family Independence (and Sanctioned Cases).** When the FI case is ultimately closed, neither the FSP nor the Medicaid cases are automatically closed. FI caseworkers are required to perform a 30-day and 90-day review of the closed cases to make sure that the household is not in danger. In addition, FI caseworkers are supposed to perform an ex parte review to determine if the client qualifies for another Medicaid category. Up to now, it doesn’t appear that Marion County was aware of this requirement, but has indicated that they are beginning to perform reviews near the end of the two-year period of 1931 Medicaid and TMA to determine if the client should continue receiving Medicaid under another category.

On an active FI case, if the client is not complying with the mandatory requirements, the caseworker engages in the conciliation process. During the conciliation process, the caseworker meets with the client to discuss why they are non-compliant and what must be done to comply with program requirements. If, after the conciliation process, the client is still non-compliant, the client’s case is sanctioned. Initially the client receives a full family sanction on FI benefits, and adult Medicaid is also lost. The household maintains the FSP benefits (minus the offending adult), but the benefit level does not increase due to the reduction of the FI benefits. In addition, the children retain their Medicaid benefits. To alleviate the sanction, the client must become compliant and remain compliant for 30 days before the sanction is lifted.

**Medicaid—Transitional Medical Assistance.** In Marion County, although Transitional Medical Assistance (TMA) is a separate category, it is generally treated as simply a maintenance category. Our impression is that once clients are put onto TMA, there are notified that they have two years of Medicaid benefits and after that, they will be automatically cancelled. It does not appear that Marion County is conducting reviews of these clients to determine if they might be eligible for other Medicaid categories. When we raised this issue with the Marion DSS staff, they acknowledged that it is a problem, and they have begun performing reviews around the 22nd or 23rd month to ensure that if the clients are entitled to continued Medicaid coverage, they will be transferred to the appropriate Medicaid category. Currently, when an active FI case is closed, the caseworker must enter a closure code into the CHIP system. Overnight, at the state level, tapes of the CHIP system are run against the LCIS system, and any FI case closures will automatically switch Medicaid categories/codes in the LCIS system. In the case described above, an active FI case is a Medicaid code 30, but when the FI case is closed, the Medicaid category is switched (overnight) to an 11, which is for TMA. And the client then gets notified (at the same time they are notified about their FI case closure) that they have two years of TMA. This is the only time
there is any interface between the CHIP and LCIS systems, and it only occurs because state staff manually run an interface between them.

**Food Stamp Program.** If an FSP case is closed for any reason, but the client reapplies within 12 months, the client should not need to supply all their identification documentation (i.e., birth certificate, social security cards, or drivers license) again because the physical file resides in the DSS office for 12 months following closure. After 12 months, the physical file is sent to Columbia and the DSS office cannot retrieve it. Therefore the client would need to supply all the documentation again.

The CHIP system also purges old information but the group was unclear exactly when this occurs. When a client comes in, the CIU always checks them in the system using their social security number. The group thought that those numbers get purged every 10 years. Electronic case numbers (which are not social security numbers and are separate in the CHIP and LCIS systems) are purged more frequently, roughly every 2-4 years after case closure.

b. **Greenville County**

**Family Independence.** When an FI case closes, the cash benefits are stopped, and the client’s case is sent to Medicaid to open a new, separate Medicaid case. The FI worker will code the client as a LIF Medicaid case in the computer. Medicaid caseworkers can only change codes in the system after an FI case has been closed. A clerk in the Medicaid unit generates a report that lists all new LIF cases and the reasons for their FI case closure. Medicaid workers assess the application to determined whether the client is eligible for any category of Medicaid (pregnant women, LIF, TMA, etc so long as the family is not sanctioned). Also the case is sent to a FSP-only worker to determine whether the family is still eligible for FSP (when it is sent to FSP, it is not closed, it remains active). If the client is no longer eligible for FSP (due to income) the case is put in the file room.

Medicaid caseworkers who handle the Medicaid benefits for closed FI cases do not need to meet with clients because all communication is done through the mail. DSS does not want the client to have to come back; it is expected that the FI worker has already collected all the information needed to determine eligibility for other Medicaid categories. If a client is sent to Medicaid as a new LIF case and it is discovered that she should actually be in a different category, the Medicaid caseworker sends the client a letter explaining any change in status. That case is then put on a review schedule for the caseworker to maintain. This schedule depends on income limit: within $0-250 of the income limit review is every one year, within $251-500 of the income limit review is every 2 years, and the rest are every 3 years. The exception might be if there is an anticipated income change, where you might want to schedule review at one year. Otherwise, Medicaid caseworkers do not often review cases that will most likely stay eligible. Once children are on PHC, they stay on for at least a year.

**TMA.** If a client moves to TMA from any other Medicaid category, a Medicaid caseworker makes the appropriate code change in system. Changes in the computer system are done using a client information summary print out sheet. The caseworker changes the Medicaid code on the print-out sheet print, and assigns appropriate codes for all members in the household.
Caseworkers reported that a lot of two parent families qualify for LIF for a short time (e.g., unemployment has not yet kicked in) where child support is obviously not an issue. When one parent goes back to work caseworkers put the family on transitional medical assistance (TMA) for 24 months. TMA requires that someone in the family works.

**Sanctioned Cases.** If a client is sanctioned (and has her FI and Medicaid benefits stopped) and is coming to apply for LIF Medicaid, she must cure her sanction before she can be eligible for LIF. To do this, the client must go back and reapply for FI since the Medicaid worker cannot lift the sanction. It should be noted that children in a sanctioned case do not lose their Medicaid benefits, they are given TMA while the case is sanctioned.
Diagram 1: South Carolina DSS Workflow - Marion and Greenville Counties - Initial Intake

Front Desk Processes

1. Applicant enters DSS office & checks in with receptionist
2. Applicant fills out General Information Form (not application)

Central Intake Unit (CIU)

3. CIU performs intake interview with applicant
4. CIU fills out standard DSS application during interview
5. CIU evaluates applicant's situation for potential eligibility in any program
6. CIU explains programs and eligibility to applicant

7. Applicant decides what programs he/she would like to apply for
8. CIU asks applicant to sign DSS application
9. CIU provides applicant with checklist of verification documentation they will need to provide

10. Is there an immediate need for food?
   Yes: CIU provides applicant with $25 food voucher
   No: CIU provides applicant with name of caseworker

11. CIU provides applicant with name of caseworker
12. CIU escorts applicant out of DSS office
13. CIU provides applicant with checklist of verification documentation they will need to provide
14. CIU gives application to CIU clerical staff
15. CIU clerk enters basic applicant information into CHIP system (FI/TANF and FSP) and LCIS system (Medicaid) separately
16. CIU clerk passes application to CIU Supervisor for review
17. Application for FI/TANF?
   Yes: CIU Supervisor passes application to appropriate Service Delivery Unit (SDU) Supervisor (based on applicant's last name) (go to FSP & Medicaid workflows on pages 2 & 3)
   No: CIU Supervisor passes application to FI/TANF Supervisor (go to FI/TANF process on page 2)

Note: This section applies to Marion County only. Please refer to Page 4 for specifics on Greenville County intake processes.
Diagram 1: South Carolina DSS Workflow - Marion and Greenville Counties - Initial Intake (2)

Food Stamp Process

Does applicant need expedited FSP?

- Yes: SDU Supervisor passes application to Team Leader
  - SDU Supervisor passes application to caseworker
  - Team Leader evaluates application for expedited FSP
  - Team Leader approves benefits & orders EBT card
  - Team Leader denies benefits and informs applicant

- No: Applicant picks up EBT card in 3-5 days with benefits active (also watches video and sets PIN)

SDU Supervisor passes application to caseworker

- Is application questionable?
  - Yes: Caseworker performs home visit within 10 days
    - Is documentation returned within 29 days?
      - Yes: Caseworker processes case, initiates benefits, & orders EBT card
      - No: Caseworker sends out CHIP notice closing case
  - No: Caseworker sends out CHIP notice closing case

Family Independence/TANF Process

FI Supervisor passes application to caseworker

- Caseworker performs home visit within 10 days
  - Is applicant mandatory for job search?
    - Yes: Applicant provides documentation
      - Caseworker processes case and initiates benefits
      - Caseworker also processes Medicaid benefits
    - No: Mandatory clients begin life skills class and self-directed job search

- No: Applicant provides documentation
  - Caseworker and applicant draft Individual Self-Sufficiency Plan

- Applicant provides child-support information (if applicable) and documentation
  - Has applicant completed 10 employer job search?
    - Yes: Caseworker does not process case until job search is complete - if not done, case closed
    - No: Caseworker processes case and initiates benefits

* Note: Marion County specific - does not apply to Greenville County
Medicaid Process

Diagram 1: South Carolina DSS Workflow - Marion and Greenville Counties - Initial Intake (3)

Application includes TANF?

- Yes
  - LIF - FI/TANF caseworker processes Medicaid benefits and handles entire case as long as client is on FI/TANF (see FI/TANF workflow)

- No
  - Application goes to specialized Medicaid caseworker

Is application for PHC?

- No
  - Medicaid caseworker processes application

- Yes
  - Partners for Healthy Children (PHC/SCHIP) - Applicant does not need to go through initial screening; applicant fills out separate Goldenrod Form

Note: Greenville County does assumptive eligibility within 24 hours of application. Marion County does not.

If PHC application has box checked for parents interest in medical coverage, caseworker calls to initiate 1931 Medicaid application
Note: Caseworkers specialized in one of the three program areas. Within each group, caseworkers rotate into the screening positions.

For FI, screener discusses options with applicant and takes application. Steps are similar to Marion Central Intake.

Steps for each program follow Marion County model - refer to those pages for further steps.

Once screening is completed, applicant is passed to appropriate caseworker.

Note: In Greenville County, all caseworkers are specialized. So if a client was on both FSP and Medicaid (and not FI), they would have 2 different caseworkers. In Marion, they could likely have the same caseworker.
Diagram 2: South Carolina DSS Workflow - Marion and Greenville Counties - Ongoing/Recertification

**Food Stamp Processes**

1. Is client earning income?
   - Yes: Client likely initially certified for 12 months (44%)
     → Go to Box 2b
   - No: Client could be certified for a shorter or longer period of time (6-24 months) (56%)
     → Go to Box 2a

2a. Client could be certified for a shorter or longer period of time (6-24 months)
   → Go to Box 6b

2b. Client likely initially certified for 12 months
   → Client required to participate in quarterly mail reporting (MR) process (3b)
   → Every 3 months, CHIP system sends (MR) notice to client (4b)
   → Client must return form including income information to maintain benefits (5b)
   → Near end of certification period, CHIP system automatically generates a notice to client scheduling face-to-face interview (6b)

3b. Client required to participate in quarterly mail reporting (MR) process
   → Assuming client still eligible, caseworker recertifies for another 12 months
   → Does client show up for face-to-face?
     - Yes: Caseworker calls client to schedule second face-to-face interview (8b)
     - No: Caseworker closes case (10c)

4b. Every 3 months, CHIP system sends (MR) notice to client
   → Assuming client still eligible, caseworker recertifies for another 12 months
   → Does client show up for face-to-face?
     - Yes: Caseworker calls client to schedule second face-to-face interview (8b)
     - No: Caseworker closes case (10c)

5b. Client must return form including income information to maintain benefits
   → Assuming client still eligible, caseworker recertifies for another 12 months
   → Does client show up for face-to-face?
     - Yes: Caseworker calls client to schedule second face-to-face interview (8b)
     - No: Caseworker closes case (10c)

6b. Near end of certification period, CHIP system automatically generates a notice to client scheduling face-to-face interview
   → Note: In Marion County, caseworker sometimes conducts face-to-face interview in home visit

7b. Does client show up for face-to-face?
   - Yes: Caseworker calls client to schedule second face-to-face interview (8b)
   - No: Caseworker closes case (10c)

8b. Caseworker calls client to schedule second face-to-face interview
   → Note: Marion County specific - does not apply to Greenville County

9c. Does client show up for face-to-face?
   - Yes: Caseworker calls client to schedule second face-to-face interview (8b)
   - No: Caseworker closes case (10c)

10c. Caseworker closes case

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2d. Has client's situation changed?
   - Yes: Client has 10 days to notify caseworker (3d)
     → Client must also verify change with documentation (4d)
     → Caseworker adjusts benefit level through CHIP system (5d)
     → Client receives adjusted benefits (6d)
   - No: Client continues to receive same benefit level (3e)

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Note: Percentages are Marion County specific

* Note: Marion County specific - does not apply to Greenville County
Diagram 2: South Carolina DSS Workflow - Marion and Greenville Counties - Ongoing/Recertification (2)

Medicaid Processes

1. Client initially certified for 12 months
2. Client receives new Medicaid card monthly
3. Caseworker should perform review at end of certification period
4. Is review performed? No → 5
   Yes → 6a
5. Is review performed? No → 5
   Yes → 6a
6a. If FSP case, caseworker can use FSP verification to recertify Medicaid case (see FSP workflow)
6b. If FSP case, caseworker can use FSP verification to recertify Medicaid case (see FSP workflow)
6c. Client has 30 days to return verification documentation
7c. Is verification provided? No → 8c
   Yes → 8c
8c. Caseworker recertifies client's case
8d. Caseworker must manually close case

Note: This may require coordination between two different caseworkers
Diagram 2: South Carolina DSS Workflow - Marion and Greenville Counties - Ongoing/Recertification (3)

Family Independence/TANF Process

1. Is applicant mandatory for job search?
   - No → 2a
   - Yes → 2b

2a. TANF benefits continue unless client's situation changes

2b. Caseworker performs monthly home visit to check on client's progress

3b. Client switches between one of the two TANF program components - 6 week life skills class or self-directed job search (10 job contacts per week)

3c. If client remains non-compliant, case gets sanctioned

6c. Full family loses FI benefits and adult Medicaid; child's Medicaid and FSP are retained but FSP not increased

6d. 30 and 90 day review of closed cases

7c. Client must become compliant and remain so for 30 days before sanction is lifted

7d. Does client hit 24 month time limit?
   - Yes → 8d
   - No → 9e

8d. Is client making an effort at job search?
   - Yes → 7d
   - No → 10e

7e. FI case closed (not FSP or Medicaid)

10e. Caseworker should perform 30 and 90 day review of closed cases

9e. Caseworker and Supervisor bring case to County Director to discuss extension

8b. Does client hit 24 month time limit?
   - Yes → 8b
   - No → 7b

7b. Benefits and home visits continue

4b. Is client compliant with program requirements?
   - Yes → 5c
   - No → 4c

5c. Caseworker engages in conciliation process with client

5b. Benefits and home visits continue

4c. County Director grants extension of FI benefits

9d. Is client making an effort at job search?
   - Yes → 9d
   - No → 11e

11e. Caseworke should also review case to see if client qualifies for another category of Medicaid

Note: Clients alternate between two program components until they get a job or they hit TANF time limit (they could take same class several times)
APPENDIX C

CLIENT FOCUS GROUPS

We conducted two client focus groups, one each in Marion and Greenville counties. The Marion County focus group was held on April 11, 2001 and the Greenville focus group was held on August 6, 2001. Each focus group included 8 clients, seven of the Marion County participants were female; six of the Greenville County participants were female. Most participants had minor children, but several of the participants either had adult children or were childless. Few of the participants currently receive Family Independence (TANF), although several had received it in the past. Most currently receive FSP and/or Medicaid; in many cases Medicaid benefits only go to minor children in the family. All were long time residents in the County.

A. INITIAL APPLICATION

Generally recipients reported that the process of enrollment for either Medicaid or food stamps was understandable and relatively easy. Medicaid was an especially easy and straightforward program for which to apply. Parents found that applying for their children was simple and required little documentation. Many parents in each focus group reported that they were unable to obtain Medicaid for themselves because they were unwilling to report information on their children’s absent parent. Generally clients reported that Medicaid was essential to the well being of their children. Although they understood the process for applying for the FSP, many client complained that too much documentation was required, and that the work required to apply did not seem to justify the small amount of the benefit. Most complaints regarding the application process centered around caseworker personality, although a couple participants praised the efforts of some individual caseworkers.

1. Medicaid

In general, participants stated that Medicaid was very easy to obtain for their children. One woman in Marion reported that her two year old son will be on Medicaid until he is 21. She reported that she does not have to produce a yearly check stub or attend any yearly interviews to maintain his coverage. She was not sure how this was accomplished and said, “some people are working on it. I don’t know how.” This reflects the County’s desire to enroll as many low-income children as possible and make the process easy for parents. It is likely that since this parent also receives food stamps, her caseworker knows her family circumstances and can conduct an ex parte review to continue her child’s Medicaid coverage so long as her income does not increase enough to disqualify him.

Several participants at the Greenville focus group reported that obtaining Medicaid was fairly easy. One woman said, “I was told if my income was low enough I could get Medicaid for me and my kids, and that’s what I did.” Another woman applied for Partners for Healthy Children (PHC), South Carolina’s SCHIP program for her daughter through the mail. However, she herself was never contacted about whether she wanted Medicaid for herself.
Several participants in each focus group were not covered by Medicaid because they did not want to report any information about their children’s fathers. A woman in Greenville stated, “I didn’t want to turn his name it to get [benefits for herself] ...I didn’t want to turn him in no matter how bad because he is the father of my kids.” Another woman reported, “I don’t want to put the kids’ father on child support because he gives me money once a week.” A woman in Marion County was on Medicaid when she was pregnant, but is not covered now because she refused to give her caseworker child support information.

2. Food Stamp Program

Participants clearly understood what was required of them to apply for the FSP; however, many complained about the extent of documentation and effort required to apply. Several reported that it is harder to apply for food stamps because obtaining the necessary documentation is difficult because they do not have jobs with steady and predictable income. Several questioned whether all the trouble was worth the small benefit they receive.

Two Greenville participants reported that they obtained their food stamp benefits very quickly. One was in the hospital for 2 weeks before she knew she had received her benefits; the second obtained her benefits before receiving the letter saying she has been approved. Both women believe they received their food stamp benefits so quickly because they have children. They may be correct: two Greenville participants (a woman with adult children and a childless male) reported that they were told to wait 30 days for their food stamps even though they informed their caseworkers that they had no food.

A woman in Greenville reported that the FSP requires, “too much paper work, they ask for too much information.” Another women reported that the $10 she receives in food stamps per month is not worth the trouble. Several women in Marion County reported, “Medicaid is worth the hassle, but food stamps, oh my god! they have to know everything about you.”

Participants in both focus groups reported that the types of information requested varies by caseworker. According to the participants, some caseworkers continue to request the same documentation over and over again (e.g., driver’s license, marriage certificate, social security cards). One Marion County participant said, “its like they don’t enter [the documentation] into the system.” A fellow participant agreed and said, “but they should have the document in the file though.” And another reported, “even if there’s no change you have to bring that stuff in every time [to apply].” One Greenville participant also reported that she has to give each caseworker the same basic information.

Many participants reported that it can be difficult to provide the necessary documentation for the FSP. For example, two Greenville recipients reported that since they don’t want people to know they are on they FSP, they don’t want to have to their neighbors fill out the collateral form. They stated that they feel like DSS is trying to humiliate them. Other participants reported that since their income varies so frequently, due to overtime pay and inconsistent work schedules, they are often required to obtain a letter from their employer verifying the frequent changes. The personnel manager at one major employer in Marion County has reportedly decided to stop filling out the DSS forms because it requires too much of her time. Another
Marion County participant reported, “I had a wage form for my boss, and [the boss] took a long time to fill it out and they closed my case.”

3. **Family Independence**

   Only one Greenville County participant had ever been on FI (for 3 months); only one other had applied, but dropped out because the application process was too invasive and difficult. Two of the Marion County participants had recently applied for FI. They reported that the experience was not much different than in the past. They knew they would be required to undergo a home visit, conduct a job search, and would have to supply a lot of information. One Greenville woman reported that it was too much trouble to go through the process of applying for FI and so she dropped her application. She and her children currently receive both Medicaid and food stamp benefits.

B. **ON-GOING BENEFITS RECEIPT/RECERTIFICATIONS**

   Generally, participants in both focus groups clearly understood the requirements of maintaining their benefits. They understand that to keep their food stamp benefits they must submit a mail report (MR) form every three months, and must have a yearly face-to-face interview with a case worker. One Marion County participant stated, “Food stamps is every three months, that mess every three months.” All understand that they are supposed to report any changes in their income within 10 days between their regular recertification periods. Nearly all the Greenville County participants reported that often no letter is sent to inform a client about a FSP reporting/recertification period, and that they have learned their case closed because the EBT card was empty when they went to buy groceries. All reported that Medicaid recertifications happen very smoothly. Two women in Greenville County reported that they have not had to do anything to recertify Medicaid for their children.

C. **POOR TREATMENT BY CASE WORKERS**

   Many participants in both focus groups complained about their caseworkers. Generally the complaints involved poor treatment and feeling disrespected. One woman in Greenville County reported that “I was living with my parents after my husband and I split. My case worker came to my house to make sure my food was separate from my parents.” She felt that this was disrespectful and humiliating. She went on to say, “my case worker asks questions I can’t answer (like where is your rent money coming from?), they ask you questions to degrade you, I have met one that is nice, but all other case workers act like they are above you.” A woman in Marion County stated, “I feel like they know we have to have it to survive so they can give us the run around. They have a job and just don’t have to worry. When I was there [her caseworker] took a phone call and talk about what she had for lunch and stuff and 20 minutes later said, ‘oh, I have someone here.’ Meanwhile she’s sorting through paper. I don’t want to come back again.” Some participants did report that they had good experiences with their caseworkers and recommended that fellow focus group participants try to switch caseworkers.

   Several participants in the Marion County focus group reported that they were asked personal and invasive questions regarding their sexual and reproductive histories. For example,
One participant stated “[her caseworker asked] what are you doing getting pregnant again? They try to tell you can’t have so many children. She asked me why I’m not on birth control.”

Another woman reported that her daughter was given a form that asked about child support and form asked whether “you and the father still having sex and did the father offer to marry you?” Another agreed saying she had been asked to complete a form asking “the last time you had sex with this person – this was for food stamps…” Another reported that a form asked her if “you and the father are having sex or are you having sex with anyone else?.”

Many participants in both focus groups complained about having to wait many hours at the DSS office. In Marion County, participants reported that clients are given the same appointment time which creates a backlog and results in long waiting times. Participants also complained about the new waiting system which requires clients to wait in line to sign in. One woman in Marion County said, “You can’t get to the front desk. You have to wait in line to sign-in that you are here.” Several reported that it is not unusual to spend between three and four hours at the Marion County DSS office. Greenville County participants also complained about long waits.

In Greenville County, all the focus group participants reported that the caseworker processes you for only those services/benefits you ask for, not what your family needs. All participants seem to know that there are separate caseworkers for programs. No one knew about the new law regarding not counting resources for Medicaid/FSP. All thought that their car had to be very old, and they saw this as a barrier to keeping someone off benefits.

In Marion County, focus group participants complained about frequent turnover among the caseworker staff. This was problematic since new caseworkers often reportedly ask for duplicate information already submitted previously by the client (e.g., birth certificates, social security numbers, drivers license). In addition, participants also complained that they had to adjust to the new caseworker’s attitude and way of working.

D. CHANGES THEY WOULD MAKE

If the participants could make changes for the better, they would make better, nicer, more respectful case workers who don’t act like they’re “doing you a favor.” Participants in Greenville County would also give every client just one case worker. Those in Marion County reported that they would extend the FSP reporting periods from every three months to every six months. As one woman stated, “three months is always coming. I say, ‘oh Lord, not again’.”
The South Carolina Department of Social Services

Welcomes your
APPLICATION
for the
FAMILY INDEPENDENCE PROGRAM
FOOD STAMP PROGRAM
MEDICAID FOR FAMILIES
AND CHILDREN PROGRAM
OTHER DSS ASSISTANCE

Do you need help filling out this application? Do you need an interpreter? If yes, please ask for help at your local DSS Office.

Este es un formulario para los programas de Independencia de Familias, de Cupones o Estampillas para Alimentos, y Medicaid para Familias y Niños. Si necesita un interprete para ayudarlo a completar este formulario o durante la entrevista, pregunte en la oficina local de Servicios Sociales y le conseguirán uno.
APPLICATION FOR: Family Independence, Food Stamp, Medicaid and Other DSS Programs

DSS USE ONLY: □ New □ Reopen □ Cure Sanction □ Recertification/Redetermination
DSS USE ONLY: Date Filed: __________

CHIP Case No.: __________ Worker’s Name: __________ Interview Date: __________

GIS Case No.: __________

PLEASE PRINT – USE A BALL POINT PEN AND PRESS FIRMLY

1. Tell us who you are and where you live.

   Last Name: ____________________________
   First Name: ____________________________
   MI: ____________________________
   Phone Where We Can Reach You: ____________________________

   Mailing Address: (Include Apartment/Lot Number)
   City: ____________________________
   State: ____________________________
   Zip Code: ____________________________
   County: ____________________________

   Street Address: (If Different, Include Apt./Lot No.)
   City: ____________________________
   State: ____________________________
   Zip Code: ____________________________
   School District No.: ____________________________

2. Would you like for someone not in your household to complete this application for you or come in to be interviewed for you as your authorized representative? □ Yes □ No If yes, tell us the information below:

   Name of Representative: ____________________________
   Address: ____________________________

3. Have you received Food Stamps before? □ Yes □ No If yes, do you still have your green plastic EBT card?
   □ Yes □ No

4. Tell us who lives with you. List yourself (or the person shown in item 1 above) on the first line.

<p>| List Names as They Appear on the Person’s Social Security Card if the person has a card |</p>
<table>
<thead>
<tr>
<th>Program</th>
<th>List Previous Married Name or Other Names Used</th>
<th>Blind or Disabled</th>
<th>US Citizen</th>
<th>Date of Birth</th>
<th>Social Security Number or Date of SS-8</th>
<th>Sex Male or Female</th>
<th>Relationship to Name on Line 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>1</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>2</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>3</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>4</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>6</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>7</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>8</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

   (FOR STATISTICAL PURPOSES ONLY) * Ethnic Codes:
   BI – Black or African; WI – White; HI – Hispanic or Latino; AS – Asian/Oriental;
   AI – American Indian/Akaska Native; N – Native Hawaiian or Other Pacific Islander

5. Is anyone listed above pregnant? □ Yes □ No If yes, who: ____________________________ Expected DOB: ____________________________

6. Is any teenager listed above (male or female) a parent? □ Yes □ No If yes, who: ____________________________

7. Answer the following questions to see if you can get Food Stamps within seven (7) days.

   a. Did anyone get any money this month? □ Yes □ No If yes, how much? ____________________________ When? ____________________________

   b. Does anyone expect to get any more money this month? □ Yes □ No If yes, how much? ____________________________ When? ____________________________

   c. Is anyone in your household a seasonal farm worker? □ Yes □ No

   d. Tell us about your household’s expenses: How much is your rent/mortgage payment per month? $ ____________________________
                                           How much are your utilities per month? $ ____________________________
                                           Did you get a utility check? □ Yes □ No How much? $ ____________________________
8. Tell us about the income, assets, and resources your household has. Enter GROSS pay, not take home pay. If unemployed enter "0."

<table>
<thead>
<tr>
<th>Wage Earer’s Name:</th>
<th>Wage Earer’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s Name and Telephone:</td>
<td>Employer’s Name and Telephone:</td>
</tr>
<tr>
<td>Amount Each Pay Period Before Taxes: $</td>
<td>Amount Each Pay Period Before Taxes: $</td>
</tr>
<tr>
<td>Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly</td>
<td>Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly</td>
</tr>
<tr>
<td>Hours Worked Each Pay Period:</td>
<td>Hours Worked Each Pay Period:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Income</th>
<th>Amount</th>
<th>How Often Do You Get This Income?</th>
<th>Which Family Member Gets This Income?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Payment</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How much does the household have in cash, checking and savings account? $ 

Does anyone in your household own any land, cars, trucks, buildings or other assets?  ☐ Yes  ☐ No

If yes, how much is it worth? $ 

9. Is anyone paid to take care of your child(ren) under 12 or to take care of a dependent adult/parent while you work?  ☐ Yes  ☐ No

If yes, number of children/parents for whom you pay for care: 

Amount paid per week: $ 

10. Did anyone in your household receive medical care in the last three (3) months?  ☐ Yes  ☐ No

11. Tell us about any health insurance anyone in your household has.

Please fill in the information below. Even if you already have health insurance, your child may still qualify for health insurance under the Medicaid Program.

<table>
<thead>
<tr>
<th>Insurance Company or Employer</th>
<th>Policy Number</th>
<th>Policy Holder’s Name</th>
<th>Policy Holder’s SSN</th>
</tr>
</thead>
</table>

12. Is anyone in your household a fleeing felon or probation/parole violator?  ☐ Yes  ☐ No

If yes, name: 

13. Was anyone in your household convicted of a controlled substance abuse violation after Aug. 22, 1996?  ☐ Yes  ☐ No

If yes, name: 

14. Please sign this application/statement.

I certify that the information I or my authorized representative has provided above is true to the best of my knowledge. I give permission for the Department of Social Services to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information. I certify under penalty of perjury that all persons listed on this application that may receive benefits are United States citizens or qualified legal aliens. I certify I received the Your Rights and Responsibilities handout from my caseworker.

Signature of Applicant/Client: 

Date: 

Signature of two witnesses, if signed by an "X": (1) (2) 

☐ I have decided to withdraw my application for: 
☐ Medicaid Reason: 
☐ Food Stamps Reason: 
☐ Other Reason: 

Signature: Date: 

Federal laws prohibit DSS from discriminating on the basis of race, color, sex, age, religion, national origin, disability or political belief. For discrimination complaints contact the DSS Office of Civil Rights, P.O. Box 1520, Columbia, S.C. 29020-1520; telephone: 1-800-311-7220, TTY: 1-800-311-7219.

DSS, the U.S. Department of Agriculture and the U.S. Department of Health and Human Services are equal opportunity providers and employers.
PROGRAM DESCRIPTIONS

This application form can be used to apply for the following programs:

Medicaid:
This program will help you get medical services for your family.

Food Stamps (FS):
This program will help you buy food for your family.

Family Independence (FI):
This program will pay you a monthly check. It will help you train for work and look for a job. It will pay child care and transportation costs.

Child Support:
This program helps you get child support from the absent parent of your children.

Other Assistance:
This application can also be used to apply for programs such as Refugee Assistance.

APPLICATION FILING INSTRUCTIONS

• Please fill in all the blanks you can. If you need help or don't understand a question, a DSS worker can help you.

• Make sure you:
  • Print your name
  • Print today's date
  • Sign the application

• Your DSS worker may schedule an interview with you. You may bring someone with you to the interview who can help you. When you come to the interview it will help your DSS worker finish your application faster if you bring the items below:
  • Pay stubs for the last four (4) weeks of work, if you are currently working (if you know you want to apply for Food Stamps, bring the last eight (8) weeks of pay stubs)
  • Birth certificates for your children
  • Social Security number cards for each family member — children and adults
  • Picture identification (driver's license or state ID card)
  • Rent or mortgage payment receipts
  • Utility bills
  • Bank account statements

• Mail or take this application to your local DSS office.

• To get the mailing address of your local DSS office call toll free: 1-800-768-5700.
# South Carolina Department of Social Services
## CLIENT INFORMATION QUESTIONNAIRE

**Case Name:**

**Case Number:**

**Person Interviewed:**

**Telephone:**

**Worker/PCN:**

**Directions to Home:**

<table>
<thead>
<tr>
<th>FL:</th>
<th>Application</th>
<th>Redetermination</th>
<th>FS:</th>
<th>Application</th>
<th>Recertification</th>
</tr>
</thead>
</table>

**TO BE COMPLETED BY APPLICANT/RECIPIENT—Please read and answer the following questions about everyone in your household.**

1. Does everyone listed on your application live in this county?
2. Has anyone in your home ever received Food Stamps and/or Food Assistance benefits before?
3. Does anyone pay you for a room, meals or both?
4. Is there anyone over 18 years old or older not attending school?
5. Has anyone quit working in the last 60 days?
6. Has anyone refused work?
7. Has anyone been laid off?
8. Has anyone worked in the last two years?
9. Did anyone sell, give away or transfer anything of value such as money, savings or property in the last two years?
10. Does anyone borrow or receive money from someone else?
11. Does anyone have unpaid bills?
12. Did anyone have medical expenses in the past three months?
13. Is anyone currently covered by health insurance?
14. Do you pay anyone to care for a child or dependent adult so that you can work or look for a job?
15. Does anyone pay for heating in winter?
16. Does anyone pay for cooling in summer?
17. Is anyone in your household a fleeing felon or probation or parole violator? Name:
18. Has anyone in your household been convicted of federal or state felonies for possession, sale or distribution of illegal drugs which were committed after Aug. 22, 1996? Name:
19. Does anyone in your household (including children) have any of the following items? Please check the items that someone in your household has.
   - Checking Account
   - Savings Account
   - Credit Union Acct.
   - Savings Bonds
   - Life Insurance
   - Cash on Hand
   - Stocks
   - Bonds
   - Retirement Acct.
   - Burial Insurance
   - Mobile Home
   - Boats
   - Land
   - Vehicles
   - Houses or Buildings
20. Does anyone in your household (including children) receive money from any of the following sources? Please check the items that someone in your household has.
   - Employment (Job)
   - Self-Employment
   - Unemployment
   - Compensation
   - Child Support
   - Educational
   - Grants/Loans
   - Vocational Rehab.
   - Railroad Retirement
   - Social Security
   - SSI
   - Cash on Hand
   - Mobile Home
   - Boats
   - Land
   - Vehicles
   - Houses or Buildings
   - Sick Benefits
   - Family Independence
   - JTPA/WIA
   - Veteran’s Benefits
   - Workers’ Comp.
   - Social Security
   - Christmas Club
   - Other: ______________

**FOR DSS USE ONLY—Comments**

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DSS Form 1667 (JUN 00) Edition of NOV 97 is obsolete.
Family Assessment Information

Client Name / CHIP #: __________________________

List all monthly expenses:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current Situation:
(reason individual is requesting assistance from DSS, explain what is going on in household, life situation)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Financial Factors:
(unpaid bills, overextended financially, reason assistance needed, applied for other agency assistance, child support, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Family Factors:
(support systems, marital problems, service accessibility, relationships within community, single parent, relative assistance, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Adult Factors:
(abnormal behaviors, substance abuse, court involvement, incarceration, criminal history, mental / physical limitations, health concerns, parenting skills, prior CPS / APS involvement, domestic violence, employment problems, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Child Factors:
(age, behavior, role, special needs, physical / mental ability, delinquency, child care, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendations:
(List internal / external programs)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Intake Initials: __________________________

MAR 022 (SEP 00)