State of Connecticut

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

Final Report

February 18, 2002

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Submitted to:
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ACKNOWLEDGMENTS

This report would not have been possible without the cooperation and support we received from staff at all levels in each of the study states. Program administrators fielded many questions from us about formal policies and procedures and local staff talked openly with us about how those policies and procedures play out in practice and let us observe them as they went about their daily routines. Clients shared both the benefits and costs of applying for public benefits. We would like to thank everyone who graciously shared their time with us for making this report possible.

We would also like to thank staff from the U.S. Departments of Health and Human Services and Agriculture for providing guidance and feedback throughout this project. As project officer, Michael Dubinsky, guided the project from beginning to end. Ann McCormick, Ann Burek, Penny Pine and Margaret Andrews also provided useful feedback throughout the project.

Stacy Dean, Dottie Rosenbaum and David Super from the Center on Budget and Policy Priorities helped us to gain a better understanding of the intricacies of the Food Stamp Program and the options available to states to simply the application and recertification processes for families. Vicki Grant and Nancy Gantt from the Southern Institute for Children and Families worked with us to coordinate our work with the Robert Wood Johnson’s project on Supporting Families After Welfare Reform.

The work for this project was completed as a team effort, involving staff from multiple organizations. At Mathematica Policy Research, LaDonna Pavetti directed the project. Robin Dion, Megan McHugh, Angela Merrill, Jessica Mittler, and Charles Nagatoshi conducted site visits and authored the state site visit summaries. As a consultant to MPR, Liz Schott contributed to virtually every aspect of the project. She conducted site visits, authored several of the site visit summaries and reviewed those she did not write. Her extensive knowledge of TANF and the Food Stamp and Medicaid programs helped all of us to do a better job on this project. Margaret Boeckmann, also a consultant to MPR, conducted several site visits and helped to synthesize the information collected. Julie Osnes of the Rushmore Group, Inc. helped us to identify potential sites and reviewed all of the reports. Ruchika Bajaj managed the project. Brianna Stanton helped us to prepare the data we collected for analysis. Daryl Hall coordinated the editing of the reports and Donna Dorsey provided ongoing and consistent administrative support. Staff from our survey division helped us to recruit clients for the focus groups.

Our subcontractors, George Washington University Center for Health Services Research (GWU) and American Management Systems, Inc. (AMS) participated in all aspects of the project. Kathleen Maloy acted as project director at GWU, supervising project staff and reviewing all project reports. Her extensive knowledge of Medicaid for families helped everyone to better understand the intricacies of Medicaid enrollment and retention. Jennifer Stuber and Michelle Posner conducted site visits. Lea Nolan and Julie Darnell, a consultant to GWU from Northwestern University, conducted site visits and authored the state site visit
summaries. Soeurette Cyprien provided administrative support. At AMS, Gary Hyzer acted as project director. Along with Allison Logie, Lara Petrou Green and Ben Marglin, he conducted site visits and authored the state site visit summaries. AMS staff also helped to develop the methodology to document the case flow in each of the sites and to assess the use of automated systems.
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EXECUTIVE SUMMARY

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

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

We selected Connecticut primarily because it had expanded Medicaid to families with children with incomes up to 150 percent of the federal poverty line (FPL) in January 2001 and because it had streamlined enrollment procedures. Its efforts to increase participation in Medicaid and food stamps are particularly salient because Connecticut has one of the shortest TANF time limits. Connecticut’s TANF caseload has declined 60 percent from August 1996 and June 2000. The study focuses on the practices at the Bridgeport regional office because it has been proactive and innovative in implementing the state’s family Medicaid expansion.

A. USING PUBLIC ASSISTANCE PROGRAMS TO ENCOURAGE EMPLOYMENT

Connecticut has sought to use its public assistance programs to promote and support work. These efforts have resulted in policies that have expanded the coverage of public assistance programs. The most recent effort was initiated with a demonstration waiver package that began under the Aid to Families with Dependent Children (AFDC) program and continued under the Temporary Assistance for Needy Families (TANF) program. The demonstration waiver program, begun in 1996, was designed to impress on the recipients the insecurity of cash assistance, while at the same time rewarding work. Connecticut accomplished these goals by establishing a short time limit for cash assistance (21 months) and disregarding earned income up to the FPL in its cash assistance program, Temporary Family Assistance (TFA), and food stamps, if the TFA family also received food stamps. The state also increased Medicaid’s income eligibility limit to 150 percent FPL for families with children and provided two-year transitional Medicaid assistance for families losing Medicaid eligibility because of an increase in earnings or child support. The program allowed families making a good faith effort to secure employment to receive six-month extensions beyond the 21-month time limit. Although the demonstration waiver package expired on September 30, 2001, many of the procedures still remain in place.
B. DELIVERING PUBLIC ASSISTANCE EFFICIENTLY

The implementation of Connecticut’s public assistance reform initiatives has taken place under a long-standing statewide hiring freeze. As a result, the Connecticut Department of Social Services (DSS) and its regional offices have had to find ways to provide services efficiently. The lynchpin to Connecticut’s public assistance system is the Eligibility Management System (the EMS). Installed in 1989 and substantially upgraded since, the EMS supports the state’s TFA, Food Stamp, and Medicaid (HUSKY A) programs, in addition to other assistance program. For these programs, the EMS completes eligibility calculations; generates alerts, notices, and letters; takes actions at prescribed times; produces management reports; calculates overpayments and tracks their collection; generates EBT and HUSKY cards; and interfaces with CitiBank to update clients’ cash assistance and food stamp accounts. Using the EMS, the eligibility workers are able to process applications and redeterminations for the different programs, individually or simultaneously.

Although the reduction in workforce is being partially offset by the reduction in caseload, the Bridgeport regional office reports that the hiring freeze has created some staffing constraints. In response to the reduction in staff, the offices have reorganized staff responsibilities and their office structure. The Bridgeport regional office has found it difficult to allow their workers to specialize, although increasingly complicated program policies warrant specialization.

C. PROMOTING PARTICIPATION IN MEDICAID AND FOOD STAMPS THROUGH PROGRAM POLICIES

Connecticut regards the Food Stamp Program and Medicaid as important components in helping low-income working families remain financially self-sufficient. The state has therefore adopted policies that promote enrollment in and retention of food stamps and Medicaid.

1. Medicaid

a. Expanding Medicaid Eligibility for Families with Children Under Section 1931

Effective January 1, 2001, Connecticut extended Medicaid to families with children with incomes up to 150 percent FPL. Previously, although children were covered in families with income up to 185 percent FPL, their parents received Medicaid coverage only if they met much lower AFDC categorically needy eligibility criteria, or qualified as medically needy after meeting certain spend-down requirements.

b. Extending Transitional Medicaid Assistance (TMA)

Another way Connecticut has sought to encourage families’ independence from cash assistance is to provide TMA coverage for up to two years after losing Medicaid eligibility because of earnings or child support. Under its AFDC demonstration waiver, the state automatically continued Medicaid coverage for two years. After the waiver demonstration expired, Connecticut continued the practice of providing two years of transitional Medicaid by disregarding all earnings greater than 150 percent for the first 12 months. In the second 12 months, the family receives coverage under the federal TMA program.
c. **Simplifying Medicaid/HUSKY Enrollment**

Connecticut has taken advantage of several options to simplify the enrollment process and thereby has making it easier for families to participate in the Medicaid program.

**No Face-to-Face Interviews Required.** Persons applying for Medicaid or SCHIP do not need to appear at a DSS office for an application interview. Instead, applicants can simply call a toll-free number to apply for Medicaid/SCHIP. The caller completes a short interview over the telephone. A pre-printed application form is then mailed to the caller who completes the application process by returning a completed and signed pre-printed application form, with the required documents. Alternatively, the applicant can complete a four-page application/renewal form and return it by mail, with the required documents.

**Combined SCHIP/Medicaid Application.** Connecticut has a single application form for health insurance for low-income families with children, called HUSKY. Connecticut combines health insurance for Medicaid and SCHIP under the HUSKY application. The HUSKY application is also much shorter (4 pages) than the former Medicaid application (16 pages).

**Eliminated Asset Test.** Connecticut no longer considers a family’s assets in determining its eligibility for Medicaid.

**Self-Declaration of Income at Application.** Effective July 1, 2001, applicants’ inability to verify their income will not delay the processing of their Medicaid application. Connecticut will accept the applicants’ word on their family’s income and will ask applicants for verification later.

**Continuous Eligibility.** Children under age 19 remain eligible for Medicaid/HUSKY for 12 months, regardless of any changes in their family’s income that would otherwise make them ineligible for continued benefits.

2. **Food Stamps**

a. **Expanding Earned Income Disregard**

Under its waiver demonstration package, Connecticut disregarded the earnings of families receiving TFA up to 100 percent FPL. The waiver demonstration also extended this income disregard to food stamp households receiving TFA. Although Connecticut dropped the extended income disregard for TFA food stamp households when the waiver demonstration ended on September 30, 2001, it continued it in the TFA program, as described below.

b. **Shifting From Monthly Reporting to Change Reporting**

Connecticut has reduced the burden for participation in the Food Stamp Program by shifting from monthly reporting of income to change reporting. This change was prompted by concern over the burden monthly reporting would place on the eligibility workers when the waiver demonstration ended. Under the waiver demonstration package, Connecticut waived the monthly reporting requirements for TFA food stamp households, but required monthly reporting for its food stamps only households. The end of the waiver demonstration would have increased
the number of food stamps households subject to monthly reporting by approximately 6,000. In light of this, the state replaced monthly reporting with change reporting. In addition, the state obtained a waiver from the Food and Nutrition Service to require households to report monthly changes in income more than $100, instead of $25.

c. Expanding the Food Stamp Categorically Eligible Households

On October 1, 2001, Connecticut also expanded the food stamp categorically eligible household to include those with at least one member who receives public assistance. Previously, categorical eligibility was restricted to households in which all members were on public assistance.

D. PROMOTING PARTICIPATION IN MEDICAID AND FOOD STAMPS THROUGH DEPARTMENT PRACTICES

The Connecticut DSS and the Bridgeport regional office have implemented procedures that make it easier for families to participate in the Medicaid and Food Stamps Programs.

1. General

Most applicants complete their application interview on the day they apply for assistance. DSS staff believe that completing the intake interview on the day the applicant applies for assistance reduces the number of incomplete applications, since approximately 30 percent of clients reportedly fail to appear for scheduled appointments. Additionally, the Bridgeport regional office does not require appointments for applications and requires intake staff to meet the applicant within 15 minutes of being notified by the receptionist.

The intake workers have been trained to process applications for the TFA, Medicaid, and Food Stamps Programs. As a result, they are able to process the applications for applicants who become interested in other assistance programs besides the one for which they originally expressed interest. Joint applications are further enhanced because the intake workers are encouraged to process the application interactively on the EMS, which supports all three assistance programs.

2. Medicaid

a. Centralizing Medicaid/HUSKY A Intake

The Bridgeport regional office has sought to centralize the intake of Medicaid/HUSKY A applications. Bridgeport administrators believe that centralizing Medicaid/HUSKY A intake facilitates improved participation in the Medicaid program. The centralized intake approach promotes a culture that is supportive of Medicaid and insulates the workers against the competing messages from other programs with more restrictive eligibility standards. It also enables the office to be more responsive to the changes in Medicaid/HUSKY A. Thus, although not instructed by the state, the Bridgeport regional administrators encouraged its intake workers to contact parents by telephone to inform of their possible eligibility for HUSKY A as a result of
the Medicaid expansion for adults. Finally, the administrators believe that other workers will regard the specialist intake workers as experts in Medicaid and, therefore, will follow their example by encouraging greater participation in Medicaid.

b. Promoting HUSKY Expansion

Although the state decided against promoting the Medicaid expansion for adults, the Bridgeport regional office, through its participation in community and advocacy group coalitions, managed to assist in the promotion of the expansion locally. The coalition was able to obtain funds for outreach and have its HUSKY outreach and outstationed enrollment workers trained by the Bridgeport regional staff.

c. Programming the EMS to Check for Medicaid Eligibility

The EMS facilitates enrollment in and continued receipt of Medicaid benefits in several respects. First, the EMS is designed to check for Medicaid eligibility starting with the coverage group offering the broadest coverage, then “trickling” down to the coverage group offering the narrowest coverage. For example, although TFA and Medicaid assistance have not been delinked in the EMS, the EMS will automatically check for the family’s eligibility for the broadest Medicaid coverage group when the family loses TFA benefits. Second, the EMS is also designed to “sprout” a coverage category when a client leaves one program for another to protect against the wrongful loss of Medicaid when a family loses TFA benefits. Third, the EMS is designed to “spawn” a new Medicaid coverage category when a case is reopened, reinstated, or redetermined. These automatic checks built into the EMS system help to ensure initial and continued enrollment in the most generous Medicaid category for which the client is eligible.

3. Food Stamp Program

The Bridgeport regional office requires on-going eligibility workers to retain cases exiting TFA for at least 30 days. This was especially important in the case of food stamps because, until fall 2001, the EMS improperly included the previous month’s TFA benefit when determining eligibility and benefit level. As a result, the family could have been wrongfully determined to be ineligible for food stamps. To prevent this occurrence, workers were required to contact the DSS Central Office to remove the TFA payment from the benefit determination. In the event the worker forgot to do this, having the worker retain the case was intended to reduce the response time when the clients call to inquire about their food stamps.

E. POLICIES AND PRACTICES THAT ARE BARRIERS TO PARTICIPATION IN MEDICAID AND FOOD STAMPS

Connecticut faces several challenges to facilitating enrollment and retention in Medicaid and food stamps. Bridgeport officials noted several issues that have compromised their ability to effectively promote participation in Medicaid and food stamps. These include problems related to mixed messages about public assistance programs, diminishing resources, inconsistencies between state policy and the management information system, and lack of integration of computer systems supporting various programs.
1. General

a. Managing Programs With Different Eligibility Standards

While all states have had to contend with staff managing public assistance programs with different eligibility standards, the differences in standards and program objectives in Connecticut may be more pronounced than most. The DSS eligibility workers are expected to implement policies intended to make medical assistance programs more accessible and to convey a message consistent with this policy objective. At the same time, because TFA has a 21-month time limit, the eligibility workers are expected to emphasize to recipients the need to leave TFA as soon as possible. Similarly, because of the penalty FNS imposed on Connecticut for its high food stamp error rate, eligibility workers operate in an environment that rewards benefit accuracy over program access. Working in an environment that is being closely monitored creates an incentive perhaps for workers to be overly cautious in their determinations and verifications.

b. Moving Toward Having Eligibility Workers Who Are Generalists in an Environment Increasingly Requiring Specialists

Diminishing resources—as evidenced by a long-standing state hiring freeze—has made it more difficult for the Bridgeport regional office to maintain program specialists in a resource environment that favors that workers operate as generalists who are responsible for all programs and who combine intake and case maintenance functions. To date, the Bridgeport regional office has been able to retain a division of responsibility by intake and case maintenance, which allows them to offer same-day processing of applications. It remains to be seen whether, under resource constraints, the Bridgeport regional office will be able to maintain workers who are program specialists. Upon implementation of the Medicaid expansion to families with children, the Bridgeport regional office reorganized one of its units, dedicating three workers to the task of intake of HUSKY applications. At the time it was believed that centralization offered a solution to dealing with conflicting messages about program participation and ever-changing rules. But with one of the three workers on medical leave, the unit supervisor was forced to distribute her worker’s HUSKY A caseload to other units. Furthermore, the two remaining workers recently underwent training on intake of food stamp applications and have taken on the added responsibility of taking food stamp applications. As a result, the proportion of HUSKY A applications processed by the two remaining workers will necessarily decline, especially as the number of HUSKY A applications increases. The initial goal of centralization of HUSKY A application in one unit—and its byproducts of creating a culture promoting participation in Medicaid, establishing experts for an increasingly complex and constantly changing program, and consolidating communication between the local DSS office and the central office—has been compromised by staffing shortages. It remains to be seen whether, under these conditions, eligibility workers will succeed in compartmentalizing their activities and approach for each program and communicating messages in a way such that clients will understand the differences in the requirements among the programs.
c. Programming Backlog Results in the EMS Lagging Behind State Policies

Several DSS officials noted that the backlog of the EMS programming to reflect current state policy creates obstacles for workers who must work around the system. This problem is persistent because programs are dynamic, with new rule changes adopted regularly. Some inconsistencies between the EMS and program policies include:

   **Failure to Explore Eligibility for All Medicaid Groups.** The EMS does not automatically check for Medicaid eligibility under medically needy category unless a family’s income exceeds 185 percent FPL. The eligibility worker must check for eligibility manually.

   **Incorrectly Calculating Food Stamp Benefits When Families Leave TFA Because of Employment.** Until fall 2001 when Connecticut discontinued its AFDC control monthly reporting cases with related food stamps and suspended monthly reporting of income, when a family lost TFA eligibility because of earnings, the EMS assumed the family still received the discontinued TFA benefits, which resulted, at best, in budgeting an incorrect food stamp amount or, at worst, in ineligibility for food stamps. Prior to the policy changes, the eligibility worker was required to contact the central office to manually correct the benefit amount and the eligibility determination.

   **Failure to Check Eligibility for Legal Immigrants.** Workers must manually determine eligibility for legal immigrants, whose eligibility for public assistance was limited under the 1996 law, but who may remain eligible for food stamps and Medicaid state-funded programs. DSS officials noted that the food stamp correction action specialists discovered a disproportionate number of errors for this population.

d. Monitoring Household Categorically Eligible for Food Stamps

Because the DSS offices do not interface with other agencies providing TANF-funding services (e.g., childcare), the DSS offices have no systematic method of identifying whom the food stamp eligible households are.

e. Coordinating Applications Between HUSKY A and HUSKY B

The EMS does not interface with BESST, the management information system used by HUSKY B (Connecticut’s SCHIP program). In addition, with the sole exception of the DSS worker who is outstationed at Benova, the state’s HUSKY B enrollment contractor, DSS workers generally are unable to gain access to BESST. Because of this, it is difficult for the DSS offices to monitor the status of their referrals to Benova, thereby increasing the risk of having a case falling through the cracks. Moreover, the lack of an interface between the two MIS systems means that DSS workers who find applicants who are ineligible for HUSKY A must send a physical copy of the application form to Benova, thereby possibly delaying the processing of the application. Furthermore, DSS workers have no easy method of tracking the status of the application once it is referred to Benova.
f. Linking Medicaid and Food Stamp Reviews with the TFA Review

While aligning the review dates of different programs reduces the number of times a client goes through eligibility redeterminations, TFA families nonetheless face a risk of losing their Medicaid and food stamp coverage earlier than non-TFA families. Connecticut’s 21-month TFA time limit makes it possible for joint TFA, Medicaid, and food stamps families to lose their coverage before Medicaid and food stamp-only families. As of now, Connecticut has aligned the redetermination periods for TFA, Medicaid and food stamps. Moreover, the EMS is programmed to code Section 1931 Medicaid for a family with TFA differently from a Section 1931 Medicaid for a family without cash. As a consequence, the redetermination periods and procedures for TFA apply to Section 1931 Medicaid, such that Medicaid is reviewed when the TFA clock reaches the 20th month, when a family is due for the TFA exit interview. As a result, a family that does not respond to the 20th month review will have their Medicaid coverage terminated after the 21st month. By contrast, the Medicaid-only families, who are subject to Medicaid eligibility redeterminations every 12 months, would continue to receive coverage until, for example, the 24th month, or the month in which the family is due for its annual review. (The TFA clock is not calendar-driven and, as a consequence, the 20th month exit interview could interrupt the 12-month redetermination at any point.) Connecticut officials anticipate that they will make a programming change to the EMS by the middle of 2002 that will abolish the TFA/Medicaid coverage group and will put all Section 1931 cases into the Medicaid only Section 1931 coverage group. When this programming change becomes effective the redetermination cycles for time-limited TFA cases and their related Section 1931 Medicaid will become unlinked. Therefore, failure to appear for a 20-month TFA exit interview will have no bearing on Medicaid eligibility. A family’s Medicaid will continue independent of a 20-month exit interview. However, the TFA family would lose its food stamp benefits if it fails to respond to the 20th month review, unlike their counterparts in the food stamp-only program who do not need to be reviewed face-to-face until the 24th month.

F. POTENTIAL OPPORTUNITIES FOR IMPROVEMENT

Our review of Connecticut’s welfare system indicates several ways that Connecticut could improve its provision and administration of public assistance.

1. Eliminating the Procedural Barriers to Continued Receipt of Medicaid and Food Stamps

Because the review dates for TFA, Medicaid, and food stamps have not been decoupled, families receiving TFA risk losing their Medicaid and food stamp benefits before the typical certification period. This is because Connecticut’s TFA program's time limit is out of sequence with those used by the other programs. As a result, families who fail to appear for the 20-month TFA exit interview and fail to return the redetermination form will lose food stamps and Medicaid, unless the children in the family continue to be eligible for Medicaid under continuous eligibility or there are earnings in the month of the loss of TFA eligibility in which case the family would receive transitional Medicaid assistance. Decoupling the review dates for Medicaid and food stamps from TFA would allow the families to receive coverage independent of the 20-month exit interview.
2 Coordinating Medicaid and Food Stamp Program Rules

Connecticut can use the food stamp reviews to extend Medicaid coverage. Prospectively, Connecticut could use the information collected at the food stamp six-month certification for non-TFA families to reset the Medicaid clock. By doing so, food stamp families would never need to complete a Medicaid review as long as they remain eligible for food stamps. Retrospectively, Connecticut could look back at the most recent food stamp certification as the basis to roll out Medicaid for an additional six months. In other words, if a family fails to complete the HUSKY renewal form, DSS eligibility workers could use the six-month food stamp certification to extend Medicaid.

3. Adopting Federal Food Stamp Semi-Annual Reporting Option

Rather than requiring change reporting of monthly income changes greater than $100, adopting the new federal semi-annual reporting option would reduce slightly the reporting burden placed on households. Additionally, the new option would provide the state much greater qualify control protection. Households would be required to report changes in income less frequently between certification periods and thus there would be fewer errors.
I. INTRODUCTION

One of the unexpected consequences of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) has been the nationwide decline in participation in the Food Stamp Program and Medicaid among low-income families. Although large numbers of cash assistance recipients have moved off the welfare rolls and into work, research suggests that in some states many eligible, low-income families with children might not receive the food stamp and Medicaid benefits they need and for which they qualify.

To examine the barriers and enhancements to initial and continuous participation in the Food Stamp Program, Medicaid, and the 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 to conduct case studies of the implementation of these programs at the state level. Mathematica Policy Research, Inc., conducted a case study in Connecticut to learn about promising practices and profile innovative policies that enhance low-income families’ participation in the Food Stamp Program, Medicaid, and SCHIP.

We selected Connecticut primarily because it had expanded Medicaid to families with children with incomes up to 150 percent of the federal poverty line (FPL) in January 2001. Our goal was to examine how a local welfare office facilitated enrollment and retention in Medicaid in light of the state’s Medicaid eligibility expansion and streamlined enrollment procedures. Officials at the Connecticut Department of Social Services (DSS) recommended the Bridgeport regional DSS office because of its proactive and innovative implementation. The Bridgeport DSS office is part of the southwest region and is the third-largest office in the state.

We collected the information for this report primarily through a three-day visit to Bridgeport from June 27 through June 29, 2001. Our objective was to gain information from a wide variety of perspectives on the policies and practices that might affect participation in the Food Stamp, Medicaid, and SCHIP programs. We met with state DSS officials, Bridgeport administrators and staff administering the programs, and with clients the DSS office serves. Before the site visit, we interviewed representatives of community-based organizations and several state DSS officials.

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

This report describes Connecticut’s state policies and procedures, and the implementation practices and processes observed at the Bridgeport office. Chapter II describes the context for our visit, including an overview of the state TANF, food stamp, and Medicaid policies and the organization and caseflow of the Bridgeport office. Chapter III describes how Connecticut promoted enrollment in Medicaid. Chapter IV describes the policies and practices that affect participation in Medicaid and food stamps. Chapter V offers conclusions and recommendations.
II. CONTEXT

A. OVERVIEW OF STATE POLICY

The Connecticut DSS is responsible for administering the state’s TANF, Food Stamp, and Medicaid programs. Across the state, 16 DSS offices are divided into five regions. Bridgeport is part of the southwest region, which also includes the cities of Norwalk and Stamford. Table 1 summarizes family and child eligibility categories in Connecticut’s programs.

<table>
<thead>
<tr>
<th>Program</th>
<th>State Name</th>
<th>Income Limit</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>Jobs First</td>
<td>Standard of need for earnings for applicants who have not received TFA during the past 4 months.</td>
<td>TFA is the cash assistance program paid to recipients of Jobs First. Recipients retain all earnings up to 100% of FPL. Employable recipients are subject to 21-month time limit. After the 21st month, families may qualify for 6-month extension and, as of 10/1/01, those requesting more than 3 extensions are subject to more stringent requirements. TFA recipients are subject to reporting requirements at the 12th and 20th month.</td>
</tr>
<tr>
<td></td>
<td>Temporary Family Assistance (TFA) – cash assistance</td>
<td>100% of FPL for earnings for recipients and applicants who have received assistance during the past 4 months; payment standard for earned and unearned income for recipients applying for 6-month extension</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td>TFA Food Stamps</td>
<td>Categorically eligible (TFA disregards earned income up to 100% FPL)</td>
<td>Until 10/1/01, Connecticut aligned eligibility for TFA and food stamps under a research and demonstration project waiver package, which allowed the state to apply different rules to joint TFA and food stamp recipients. Food stamp households receiving TFA retained earnings up to 100% of FPL, were subject to higher asset limits than food-stamp-only cases, and were exempt from monthly reporting requirements. TFA and food stamp households are subject to face-to-face recertification at the 12th and 20th month.</td>
</tr>
</tbody>
</table>
TABLE 1 (continued)

<table>
<thead>
<tr>
<th>Program</th>
<th>State Name</th>
<th>Income Limit</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid(^a)^(^b)^(^c)</td>
<td>HUSKY A</td>
<td>150% for families, 185% for children</td>
<td>Free health insurance program for low-income parents and children. Uses full Medicaid benefit package. Families are subject to a redetermination of eligibility every 12 months.</td>
</tr>
<tr>
<td>SCHIP</td>
<td>HUSKY B</td>
<td>300% of FPL for subsidized coverage, &gt; 300% of FPL for unsubsidized coverage</td>
<td>Low-cost health insurance program for children. Co-payments apply to families with incomes below 235% of FPL and copayments and monthly premiums apply to families with incomes exceeding 235% of FPL. Children are subject to a redetermination of eligibility every 12 months.</td>
</tr>
</tbody>
</table>

\(^a\)This chart describes the food stamp options that existed at the time of the site visit. Currently, only the federal Food Stamp Program with a gross income test of 130 percent FPL is in effect.

\(^b\)This report describes Medicaid coverage for families with children and excludes Medicaid eligibility for other coverage groups, such as elderly and disabled persons.

\(^c\)Connecticut receives SCHIP funding for children ages 14-19 under a Medicaid expansion.

1. Connecticut’s TANF Program

Connecticut’s efforts to reform the Aid to Families with Dependent Children (AFDC) predate the 1996 federal law.\(^1\) With his election to office in November 1994, Governor John G. Rowland sought to increase the work incentives in the state’s AFDC program (now TANF). In August 1995, Connecticut applied for a Section 1115 research and demonstration waiver, which the U.S. Department of Health and Human Services granted in December. In January 1996, the state began implementing its waiver demonstration program, Reach for Jobs First. The waiver demonstration expired on September 30, 2001.

Jobs First seeks to encourage work by making Connecticut’s TANF program, the Temporary Family Assistance (TFA) program, less attractive by rewarding work and by not guaranteeing TFA benefits beyond 21 months.

**Eligibility.** Connecticut’s income eligibility standard varies depending on an applicant’s TFA history. To be eligible for TFA benefits, families that have not exceeded their 21-month time limit and have received TFA benefits during at least one of the preceding four months need to have monthly gross earnings less than or equal to 100 percent of FPL for the family size (for example, $1,220 for a family of three). Families that have not exceeded their 21-month time

limit and have not received TFA benefits during the preceding four months must have countable monthly income less than the standard of need for the family size (for example, $745 for a family of three). The countable income is earned and unearned income, after subtracting a $90 work deduction on earnings per worker. In addition to their respective earnings eligibility standards, families that have not exceeded the 21-month time limit must have unearned income less than the payment standard (for example, $543 for a family of three) plus any special needs to qualify for TFA benefits. Families that exceeded their 21-month time-limited TFA benefits must have earned and unearned income less than the TFA payment standard, after subtracting a $90 work deduction on earnings per worker, to qualify for an extension (see below).

Redeterminations. The TFA redetermination schedule varies, depending on a family’s employability status. All TFA families not exempted from the work requirements are required to have face-to-face redeterminations in the 12th and 20th months, the latter to determine eligibility for a TFA extension. Families exempted from the work requirements have annual face-to-face redetermination. Failure to provide or verify information needed to complete the TFA redetermination results in the family’s TFA case being closed, but other programs might remain open if the information provided satisfies those programs’ requirements.

Sanctions. DSS imposes sanctions of increasing severity on families that fail to comply with the program requirements. The percentage-reduction sanctions apply only to TFA families with more than one member. Originally, the first violation resulted in a 20 percent reduction in the family’s cash assistance for three months. On October 1, 2001, the first sanction increased to a 25 percent reduction. A second violation leads to a 35 percent reduction in cash assistance for three months. Three or more offenses disqualify a family from cash assistance for three months. Failure to comply with work requirements within the sanction period will trigger the next highest sanction. Medicaid benefits continue during the sanction periods. The sanction remains in effect until the household complies with the work requirement.

TFA Time Limit and Extensions. Connecticut has a 21-month time limit, one of the shortest in the nation. However, certain families are exempt from the time limit and certain families might qualify for a benefit extension beyond 21 months. Effective October 1, 2001, households are exempt if all adults meet at least one of the following exemptions: the adult is precluded from employment activities due to domestic violence or another reason beyond his or her control, or the adult has two or more substantial barriers to employment, including, but not limited to, the lack of available child care, substance abuse or addiction, severe mental or physical health problems, one or more severe learning disabilities, domestic violence or a child who has a serious physical or behavioral health problem, or the adult is working 35 hours or more per week, is earning at least the minimum wage and continues to earn less than the family’s TFA payment standard, or the adult is employed and works less than 35 hours per week due to (1) a documented medical impairment that limits his/her hours of work, as long as he/she works the hours the medical condition permits, or (2) the need to care for a disabled member of his/her household, provided he or she works the hours permitted by such care-giving responsibilities.

2 TFA households of one adult member (for example, pregnant woman or parent of SSI child) where adult is sanctioned for employment services or for voluntary quit penalty are discontinued from assistance.
Families that are not exempted from the time limit need to apply for six-month extensions after 21 cumulative months on TFA. To qualify for the six-month extensions, the family must demonstrate that they have made a “good faith” effort to fulfill the work requirements and have income less than the payment standard plus $90. A work-related sanction incurred while a family is receiving extended TFA benefits permanently disqualifies that family from all cash assistance programs.

**TFA Diversion Program.** Connecticut implemented a diversion program in October 1998. People who would otherwise be eligible for TFA may elect to receive a lump sum cash payment rather than ongoing cash assistance. Diversion assistance is available for families who have a problem (for example, car repair) that a diversion payment can readily address. The cash payment may not exceed three months’ worth of the TFA grant. The diversion payment counts as three months toward the 21-month TFA time limit, regardless of the amount actually received. People may receive diversion assistance once in a 12-month period and no more than three times in a lifetime. People who receive a diversion payment are ineligible for TFA for three months. Families participating in the diversion program may apply for food stamps and Medicaid benefits. If the family wants to apply for food stamps and Medicaid, the worker must screen Medicaid and food stamps separately. If the family’s earnings exceed the Medicaid eligibility threshold for low-income families after the three-month diversion period, the family would qualify for up to two years of extended medical assistance. DSS officials report that families rarely elect to participate in the diversion program because it counts against the TFA time limit.

2. **Connecticut’s Food Stamp Program**

Since 1996, Connecticut’s TANF, Food Stamp, and Medicaid programs have operated under a Section 1115 research and demonstration project waiver package. Table 2 summarizes the key provisions of the research and demonstration project that were in effect until September 30, 2001, and the provisions that are currently in effect.

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3 Connecticut has since made it more difficult for families to obtain more than three extensions. Under new rules effective October 1, 2001, only families with at least two employment-related barriers are eligible to receive more than three extensions.

4 The state has established a program, Safety Net, for families that have exhausted the 21-month time limit and do not qualify for a six-month extension. The program provides vouchers for basic needs and counseling to help remove employment barriers.

5 When a family’s earnings exceeds 150 percent of FPL, Connecticut provides one year of extended Section 1931 coverage followed by one year of transitional Medicaid assistance.

6 The USDA allowed Connecticut to continue the 100 percent income exclusion for TFA food stamp households under a demonstration project.
TABLE 2
SUMMARY OF KEY PROVISIONS AFFECTING FOOD STAMPS BEFORE AND AFTER RESEARCH AND DEMONSTRATION PROJECT WAIVER PACKAGE

<table>
<thead>
<tr>
<th>Program</th>
<th>Provisions Expiring 9/30/01</th>
<th>Provisions Currently in Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Stamps</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For joint TFA and food stamp households:</td>
<td>Required that any household in which all members received TFA were categorically eligible for food stamps</td>
<td>Counts as categorically eligible for food stamps all members of the household if at least one member receives TANF-funded benefits</td>
</tr>
<tr>
<td></td>
<td>Aligned food stamp certification period with TANF (recertification at 12th and 20th month, and 6-month extensions)</td>
<td>Requires certification at 12th and 20th month, and at the 6-month extensions</td>
</tr>
<tr>
<td></td>
<td>Excluded all earned income until gross earnings exceeded 100% of FPL</td>
<td>Requires reporting of monthly income changes above $100 (under food stamp waiver) and other changes required by federal food stamp regulations</td>
</tr>
<tr>
<td></td>
<td>Increased asset limit for TANF cash-related cases to $3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excluded the equity of one vehicle up to $9,500 per household</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treated interest income as an asset</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excluded face value of bonds not exceeding $1,000 and IRAs, Keogh, 401K pensions and annuities until redeemed</td>
<td></td>
</tr>
<tr>
<td>For noncash food-stamp-only households:</td>
<td>Required monthly reporting of income</td>
<td>Requires reporting of monthly income changes above $100 (under food stamp waiver), and other changes required by federal food stamp regulations</td>
</tr>
<tr>
<td></td>
<td>Required face-to-face reviews every six months*a</td>
<td>Requires reviews every six months, alternating between mail-in and face-to-face office visits</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>Provided two years of transitional Medicaid assistance (TMA) to families who lost Medicaid eligibility due to an increase in earned income or child support</td>
<td>Provides one year of extended Section 1931 Medicaid coverage when income exceeds 150% of FPL followed by one year of federal TMA</td>
</tr>
</tbody>
</table>

*aWorkers had the option to waive in-person office visit based on individual case circumstances as long as they did a face-to-face interview annually.
Participation in Connecticut’s Food Stamp Program has been declining more slowly than the national average. From fiscal year 1996 through 2000, the average monthly number of households participating in Connecticut’s Food Stamp Program declined by 18.9 percent (from 99,876 to 84,016) compared with the national average of 43.8 percent.\(^7\)

Before 2000, Connecticut’s Food Stamp Program received little attention from the state compared with the attention directed toward TANF and Medicaid. Any changes were largely driven by the state’s efforts to align food stamp requirements for households receiving TFA to the TFA waiver program. In 2000, the USDA Food and Nutrition Service fined the state $1.1 million for its high food stamp error rates in 1998 and 1999. Connecticut’s response was to increase monitoring. The state hired corrective action specialists to review samples of cases with characteristics associated with errors.

**Eligibility.** Food Stamp Program eligibility has undergone some changes recently. To qualify for food stamps, a household’s gross income must be 130 percent of FPL or less and have assets of less than $2,000 if it is not on TFA and less than $3,000 if it is. In April 2001, Connecticut implemented the new federal rule on applying the trade-in and equity values of vehicles toward a household’s assets. On October 1, 2001, two noteworthy changes related to food stamp eligibility occurred. First, with the end of its research and demonstration waiver package, Connecticut no longer excluded gross earnings until they exceeded 100 percent of FPL from the food stamp benefit calculation. The primary benefit of the research and demonstration package for joint TFA and food stamp households was that earnings were disregarded up to 100 percent, which resulted in increased food stamp benefits to these families. Under federal food stamp rules, only 20 percent of earnings are disregarded. Second, Connecticut expanded categorical eligibility from households in which all members are covered under a TANF-funded or other cash assistance program to households in which at least one member is covered under a TANF-funded or other cash assistance program. These households must still meet the cash assistance program’s income and asset tests.

**Monthly Reporting.** The end of the research and demonstration waiver package also resulted in a change in the reporting requirements. Under the waiver, the state applied different reporting requirements for TFA and non-TFA households. The state required monthly reporting of income for non-TFA food stamp households.\(^8\) These households needed to complete and return the monthly report form they received monthly from DSS, along with one month’s verification of their income. TFA households were exempted from this reporting requirement, as long as their gross income was less than 100 percent of FPL. Concerned over the burden that monthly reporting would place on staff when the waiver ended, Connecticut switched to change

\(^7\) The state is not sure what accounted for its slower rate of decline in its food stamp caseload, but suspects it might have been the income exclusion under the Jobs First demonstration program.

\(^8\) Connecticut also required monthly reporting for AFDC cases under the control group, Family Strength and Pathways waivers. Family Strength and Pathways started phasing out as of January 1996. Control group cases ended September 39, 2001.
reporting for both TFA and non-TFA food stamp households. In addition, the state obtained a waiver to increase the income change reporting to amounts greater than $100 in a one-month period. Food stamp households now must report monthly income changes greater than $100, as well as other changes required by food stamp regulations (for example, changes in household composition or residence).

**Recertification.** Effective October 1, 2001, non-TFA food stamp-only households with earnings, unemployment compensation and worker’s compensation are subject to six-month recertifications, which alternate between mail-in and face-to-face office visits. Workers have the discretion to substitute a face-to-face review with a mail-in review as long as they did a face-to-face review annually. All other food stamp-only households with other types of income or no income have recertification periods based on the type of income of the household members, but they are always face-to-face office visits. Joint TFA and food stamp recipients’ certification periods are aligned with the TFA program. Time-limited TFA food stamp recipients must complete recertification for food stamps at the 12th month TFA redetermination interview and 20th month TFA exit interview.

**Sanctions.** When TFA program requirements match food stamp requirements, violations can mean a reduction in both benefits. For example, because the Food Stamp Program and the TFA program have work requirements, if an adult in a TFA household violates the TFA requirements, the household’s food stamp budget will be reduced by 20 percent until the person complies. However, because the Food Stamp Program does not have a comparable sanction for child support violations, if an adult fails to cooperate with child support, the household’s food stamp benefit is unaffected. For households receiving only food stamps, a program violator is removed from the food stamp household unit for three months for the first infraction, six months for the second infraction, and 12 months for three or more infractions. However, if the person is fired from or quits a job, the entire household unit is sanctioned.

3. **Connecticut’s Medicaid Program for Families**

Families in Connecticut receive free or low-cost health insurance coverage under Connecticut’s HUSKY (Healthcare for Uninsured Kids and Youth) program, which began in July 1998. The HUSKY program receives funding from the federal and state governments. The Connecticut DSS is responsible for administering the HUSKY program. HUSKY A is Connecticut’s Medicaid program for families. It is available at no cost to all recipients. HUSKY B (described below) is Connecticut’s SCHIP program for children under 19 in families with incomes exceeding 185 percent of FPL.

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9 Although the state administrators found semi-annual reporting appealing, they wanted more information before they could feel comfortable adopting it.
### TABLE 3
HEALTH INSURANCE COVERAGE FOR FAMILIES WITH CHILDREN IN CONNECTICUT

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>HUSKY A</th>
<th>Medically Needy</th>
<th>HUSKY B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income Limit</strong></td>
<td>150% FPL for families</td>
<td>70% FPL</td>
<td>300% of FPL for subsidized coverage</td>
</tr>
<tr>
<td>(% FPL)</td>
<td>185% FPL for children</td>
<td></td>
<td>&gt;300% of FPL for unsubsidized coverage</td>
</tr>
<tr>
<td>Disregards</td>
<td>All earned and unearned income between categorically needy income limit and 150% FPL + $90 work expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Limit</td>
<td>None</td>
<td>$1,000</td>
<td>None</td>
</tr>
<tr>
<td>Transitional Medical Assistance</td>
<td>24 months</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Redetermination/Renewal Period</td>
<td>Every 12 months</td>
<td>Every 6 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Cost-Sharing Requirements</td>
<td>None</td>
<td>None</td>
<td>Yes, copayments for children in families with incomes below 235% of FPL and copayments and premiums for children in families with incomes exceeding 235% of FPL</td>
</tr>
<tr>
<td>Separate, Medicaid Only Application</td>
<td>Yes, joint Medicaid/SCHIP “HUSKY” application</td>
<td>May use “HUSKY” application; DSS workers must also obtain asset information and verify income</td>
<td>Yes, joint Medicaid/SCHIP “HUSKY” application</td>
</tr>
<tr>
<td>Mail-In Application/Redetermination</td>
<td>Yes</td>
<td>May use HUSKY application; DSS worker would obtain asset information and verify income</td>
<td>Yes</td>
</tr>
<tr>
<td>Length of Application</td>
<td>4 pages (excluding instructions)</td>
<td>May use 4-page HUSKY application but asset information is also required</td>
<td>4 pages (excluding instructions)</td>
</tr>
<tr>
<td>Self-Declaration of Income</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Continuous Eligibility for Children</td>
<td>Yes</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>
a. Medicaid for Low-Income Families

Eligibility. Parents and children with family income up to 150 percent of FPL ($21,225 for a family of three) are eligible for HUSKY A, and children under age 19 with family income up to 185 percent of FPL ($26,177 for a family of three) are eligible for HUSKY A. Families that receive TFA and whose incomes are necessarily below 100 percent of FPL also qualify for HUSKY A. In sum, families with children with incomes under 150 percent of FPL are eligible for Medicaid under Connecticut’s Section 1931 program. Children with family income between 150 percent of FPL and 185 percent of FPL are covered under Connecticut’s children’s poverty-level Medicaid categories. Both the family and children coverage categories are known as HUSKY A.

Eligibility for HUSKY A is based only on income. Connecticut phased in elimination of the asset test by age group, beginning with infants under one in 1998, expanding to children between one and six in 1990, and expanding further to children born after September 30, 1983 under 19 in 1991. In 1998, all children under 19 were not subject to an asset test. Most recently, in January 2001, Connecticut included parents in the coverage groups with no asset test. Additionally, effective July 1, 2001, Connecticut allowed a client’s self-declaration of income to be accepted as verification.

Continuous Eligibility. Children under age 19 in HUSKY A remain eligible for 12 months regardless of changes in their family’s income that would otherwise make them ineligible for benefits. The period of continuous eligibility begins the month following their determination (or redetermination/renewal) of eligibility.

Presumptive Eligibility. Connecticut grants presumptive Medicaid/HUSKY A eligibility for pregnant women and children under age 19 with family income below 185 percent FPL. Certain qualified providers, including school-based health centers and hospitals, grant presumptive eligibility, and DSS staff conduct follow-up screening to determine continued eligibility for HUSKY A or referral to HUSKY B, as appropriate.

Transitional Medicaid Assistance. Families whose incomes exceed 150 percent of FPL continue to receive Medicaid coverage for up to two years after they become ineligible for Medicaid under Section 1931. Under an AFDC/Title XIX waiver that expired September 30, 2001, Connecticut provided two years of TMA to families that lost Medicaid eligibility because of an increase in earned income or child support. Since the waiver’s expiration, Connecticut has adjusted its TMA policy. First, it has continued its statutory commitment of two years of TMA by disregarding all income above 150 percent of FPL for 12 months, followed by 12 months of federal TMA, for a total of 24 months of 1931/TMA coverage.

Medically Needy. Connecticut provides Medicaid coverage to individuals and families with children whose earned income exceeds traditional income limits but who meet nonfinancial eligibility rules. People may “spend down” to the medically needy income standard if they have excessive medical bills. The medically needy income standard is approximately 70 percent of FPL or equal to 143 percent of the TFA payment standard. The medically needy program may

Parents and caretaker relatives that live with the child are eligible to apply.
provide coverage to parents whose income exceeds the HUSKY A threshold—150 percent of FPL—but whose medical expenses allow them to spend down to the medically needy income standard. Unlike HUSKY A, families also are subject to an asset test, which is $1,000. Thus, in practice, only families with very high medical bills and few assets will qualify for Medicaid under the medically needy program.

4. Connecticut’s SCHIP Program

a. SCHIP Expansion of Medicaid

Eligibility. Connecticut implemented its SCHIP program—called HUSKY B—in 1998. At that time, Connecticut expanded eligibility to children ages 14 through 19 through a Medicaid expansion. The state folded these children into HUSKY A. (Medicaid already covered children ages 0 to 13 living in families with incomes up to 185 percent of FPL.)

Continuous Eligibility. Children under age 19 in HUSKY B remain eligible for 12 months regardless of changes in their family’s income that would otherwise disqualify them from coverage.

b. Separate SCHIP program

Additionally, Connecticut created a separate health insurance program for children under age 19 living in families with income exceeding 185 percent of FPL. Unlike HUSKY A, HUSKY B imposes some cost-sharing requirements (for example, copayments and premiums) on all recipients.

Eligibility. HUSKY B covers children with family incomes exceeding 185 percent of FPL. There is no maximum eligibility ceiling, although children in families with income exceeding 300 percent of FPL do not receive subsidized insurance. Children covered as dependents under employer-sponsored health insurance coverage during the past two months11 are generally ineligible for HUSKY B.

B. STRUCTURE AND ENVIRONMENT OF THE BRIDGEPORT DEPARTMENT OF SOCIAL SERVICES OFFICE

1. Office Environment and Clientele

The Bridgeport office, the third largest in the state, is one of 16 regional offices. The office is in a large, old building near downtown. The building is easily accessible by public transportation and there is ample street parking. The Bridgeport office houses programs and services that serve both families and adults, including TFA, food stamps, Medicaid, state supplement to Supplemental Security Income (SSI), and Refugee Assistance.

11 Before July 1, 2001, the period of ineligibility was six months.
Hours of operation are 8:30 a.m. to 4 p.m. Monday through Friday. There are no extended hours on weekends or evenings. DSS officials noted that a client assessment conducted a few years ago did not reveal much demand for extended hours. Additionally, officials commented that any change in work hours would become a major collective bargaining issue, because all non-management employees are members of unions.

The office, which is scheduled for renovation over the next couple of years, appears to have been designed to maximize security, perhaps at the expense of client privacy. Clients enter the building into a large, sparsely but functionally furnished waiting room. The front-desk receptionists are across from the front door, in a small room with a large plexiglass window that opens to the waiting room. Six stanchions with crowd-control ropes form two lines that stop approximately five feet in front of the window. Because the window has only a small opening at the bottom to allow the transfer of paper, clients must speak up so the receptionists who administer the screening questions can hear them. To the right, near one of the two doors leading to offices, is a security desk manned by an armed police officer and, at times, as many as four unarmed security guards.

The doors open directly into another large room where the intake and ongoing interviews are conducted in four-foot-high module office cubicles. Each cubicle is furnished with a desk and several chairs and equipped with a computer terminal that connects to the Eligibility Management System (EMS). The room also has a photocopier.

2. Connecticut’s Eligibility Management System

Consul Tech developed and DSS maintains Connecticut’s EMS, which has been updated substantially since it was installed in 1989. The EMS fully supports Connecticut’s key public assistance programs, including TFA, food stamps, HUSKY A, general assistance, a refugee program, and a program for repatriated citizens. For these programs, the EMS completes eligibility calculations; generates alerts, notices, and letters; takes action at prescribed times; produces management reports; calculates overpayments and tracks collection; generates electronic benefit transfer and HUSKY cards; and interfaces with CitiBank to update clients’ cash assistance and food stamp accounts.

The EMS supports nearly all groups covered under HUSKY A. Eligibility workers and their supervisors commonly refer to these groups by their EMS codes. These include:

- F01 – recipients of TFA
- F03 – Two-year Transitional Medical Assistance because of earnings
- F04 – Two-year Transitional Medical Assistance because of child support
- F07 – 1931 family coverage for parents and children with income < 150% of FPL
- F25 – eligibility for children between 150% of FPL and 185% of FPL
- F26 – continuous eligibility for children only

The EMS does not support Connecticut’s non-Medicaid SCHIP program, HUSKY B. Benova’s BESST system handles HUSKY B. Moreover, the EMS and BESST do not interface. The EMS cannot issue an alert to a Benova worker. HUSKY B applications must be forwarded manually to Benova.
The EMS has four components for processing applications, corresponding to each phase of the eligibility process: (1) J – screen; (2) O – interview; (3) P – process; and (4) Q – finalize. Within each component, screens come up in a predetermined sequence. For example, during the “O” phase, workers review four screens: (1) address, (2) status, (3) demographics, and (4) assets. Not all of the screens require a worker to key in information; in these cases, the EMS will prompt the worker to proceed to the next screen.

Each program is called an “assistance unit.” For example, Medicaid is one assistance unit and the Food Stamp Program is another assistance unit. One case might consist of several assistance units; workers refer to this as a case unit. The eligibility worker must approve or finalize (“Q” function) each assistance unit separately. Some fields are linked in the EMS so that the worker is not required to enter the same information more than once. Thus, if a family is applying for multiple programs, the worker must approve each assistance unit separately but is not required to re-enter information entered on previous assistance units.

During the “J” process the eligibility worker enters information about the client, members of the household, the kinds of assistance (for example, cash assistance, Medicaid or food stamps) the client desires, household circumstances (for example, income, pregnancy status, or disability), earned and unearned income, and the absent parent. The eligibility worker completes the informed choice screen by selecting the most appropriate program(s) for the client. For example, if a client indicates that she wishes to apply for medical assistance, the informed choice screen will generate two choices: Medicaid or the state-funded medical assistance program. To select the most appropriate medical assistance program, the worker needs to understand each program’s rules.

After making a program selection the worker begins the “O” or interview phase and proceeds through the remaining phases. The practice of entering information into the EMS during an interview varies from office to office. In Bridgeport, workers enter information while conducting an interview. Workers usually enter information into EMS for the “J” and “O” functions in front of the client and then complete the eligibility determination process (“P” and “Q”) after they have received all required documentation. To determine whether a family is eligible for a program, a worker must complete the entire “Q” process, which includes completing the eligibility screen. The worker must affirm that the information is correct. Once an application is finalized, J, O, and P are done once but Q is completed separately for each assistance unit.

In addition to regular application processing (described above), a worker has the ability to add a program (option “L”) or add a person (option “K”) to an active or pending assistance unit. Furthermore, once an assistance unit is active, a worker performs case maintenance and other changes (for example, changes in address or changes in income or assets) to an active case (option “R”). If a case needs to be redetermined, workers use option “N” to initiate a redetermination. Workers perform “R” functions in conjunction with option “N.” When a worker performs an interim change on the EMS the worker enters the information in the EMS and the EMS uses its eligibility logic to make a determination of continued eligibility or changes that apply to the case for all of the related assistance units during one session. The worker then confirms the results.
3. Organization of Case Management Staff

Each regional DSS administrator has some flexibility in organizing the operations at each DSS office, but a hiring freeze in effect for a number of years has constrained this flexibility. By some estimates, the hiring freeze has resulted in hiring one worker for every six workers lost. Because of this, DSS offices feel some pressure to move from having workers who are specialists to workers who are generalists.

The Bridgeport office has been able to maintain both intake and ongoing workers. The intake workers generally process applications for all assistance programs. Bridgeport officials report that having some workers specialize in intake and others in ongoing cases enables the office to complete the intake process in one day. Some ongoing workers handle only time-limited TFA cases. These cases include both those that have not reached the 21-month time limit and those that have reached the 21-month time limit and are in six-month extensions. Other ongoing workers are responsible for time-limited exempted TFA cases, food stamp-, and Medicaid-only cases.

The Bridgeport office has seven units. Until very recently, all but one unit had a mixture of intake and ongoing workers. One unit consisted only of intake workers. However, that changed recently, and currently all seven units have a mixture of workers.

C. CASEFLOW AT THE BRIDGEPORT DSS OFFICE

This section provides an overview of how clients apply for, receive, and maintain benefits. Appendix C presents a caseflow chart that summarizes this process. In Section 1, we describe the general application process, particularly as it pertains to TFA, and, in the subsections, more specifically for food stamps and Medicaid. In Section 2, we describe the Bridgeport office management of on-going cases. Again, we first describe on-going case management generally and, in the subsections, the different programs, with TFA and without TFA.

1. The Application Process

People who want to receive public assistance must apply at a DSS office, unless they are interested only in Medicaid, in which case they can also apply by mail or telephone. Applicants initiate the application process for any of the assistance programs by completing a one-page form. The application start date is the date on the form.

At the Bridgeport office, applicants check in with the receptionists in the waiting room. Because the office handles applications and ongoing cases for both family and adult service programs, the receptionists ask screening questions to determine the appropriate unit to contact. The receptionists complete a routing slip for each visitor and the front desk facilitator runs a check on the EMS to determine whether the applicant received assistance within the last 30 days. Those who have received assistance within the past 30 days are given an appointment with their ongoing worker and those who have not are referred to an intake worker. Intake workers have 15 minutes to respond once the front desk facilitator notifies them that a client is waiting for an interview. In most cases, an applicant will have her interview completed the day of the visit. The exceptions are Wednesday afternoons and late afternoons on the other days when applicants are given an appointment but will have their application date “protected.”
The intake workers typically conduct the application interactively, entering the information directly into the EMS. The interview takes approximately 45 to 90 minutes to complete; times vary depending on the complexity of a family’s circumstances and the number of programs to which a family is applying. Because Connecticut has a single on-line application system for TFA, food stamps, and Medicaid, intake workers can enroll applicants into any one of the assistance programs.

During the intake interview, the worker also assesses the applicant’s eligibility for expedited food stamps and Connecticut’s welfare diversion. The intake workers inform the applicants of their rights and responsibilities and have them sign the necessary forms. Applicants who do not bring all the necessary verifications at the time of the interview have 10 business days to provide them. Depending on the worker’s practice, failure to provide verification could result in the issuance of a notice of denial. However, if an applicant requests an extension, the intake worker can extend the deadline another 10 days. However, the worker must process food stamp and TFA applications within 30 days.

After the intake workers determine the applicants’ eligibility, the EMS assigns an ongoing worker to the approved cases (including diversion cases) based on the clients’ last name and whether the case is subject to the TFA time limit. The intake workers give the case record to their supervisors, who review a sample of the cases before forwarding them to the ongoing unit supervisors.

a. Application for Medicaid and/or Food Stamps With TANF/TFA

As stated previously, a family can apply for food stamp or Medicaid at the same time they complete their TFA interactive interview with an intake worker at a regional DSS office. The intake worker will screen TFA, food stamps and Medicaid eligibility all at the same time. When the worker completes the screening function, the EMS will display all of the assistance units selected during the screening process. Families applying only for Medicaid follow a different application process, described below.

b. Application for Food Stamps Only

Generally families who wish to apply for food stamps must appear at one of the regional DSS offices to complete a one-page application form. This form holds the application date in case the applicant must return to the DSS office to complete the application process. The EMS alerts the eligibility services worker of the applicant’s eligibility for expedited food stamps. The applicant needs to submit proof of identity to receive expedited service.

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12 As a result of a lawsuit, Alvarez v. Connecticut, collateral contacts are permitted, though it is not the department’s first option.
c. Application for Medicaid or SCHIP Only

Benova, the state’s enrollment broker,\(^\text{13}\) serves as the single point of entry for Medicaid only and SCHIP applications, which are combined under a single HUSKY application. (Appendix E includes a HUSKY application.) Families applying \textit{only} for Medicaid or SCHIP benefits apply by telephone or through the mail. In addition, families can also initiate or complete HUSKY applications at the regional DSS offices. Although a family can apply for HUSKY at a regional DSS office, DSS workers can only determine HUSKY A eligibility for families with income below 150 percent of FPL and children living in families with income below 185 percent of FPL. HUSKY B applications, from families with children with income exceeding 185 percent of FPL, are forwarded to Benova.

People electing to apply for HUSKY by telephone may call the HUSKY Health Infoline (1-877-CTHUSKY). Hours are Monday through Friday 8 a.m. to 8 p.m. and Saturday 10 a.m. to 2 p.m. A HUSKY customer service representative located in an application unit at Benova conducts a short prescreening process with the caller and mails a preprinted application, a list of required documentation, an enrollment form, and a HUSKY brochure to the caller. Applicants must complete, sign and return the application in a postage-paid envelope to complete the process. Applicants may also complete the four-page HUSKY application and renewal form and return it by mail.

Benova reviews each HUSKY application and makes an initial determination of whether the applicant is eligible for HUSKY A or HUSKY B. Benova forwards applications that appear to be eligible for HUSKY A to a DSS office for determination. Benova makes an eligibility determination for HUSKY B applications. Once the applicant is determined eligible for HUSKY B, Benova assists client in selecting a managed care health plan. Managed care enrollment for HUSKY B is done via Benova’s BESST system. After the client selects a health plan and primary care provider, Benova forwards enrollment information to the health plan.

2. Ongoing Case Management

After receiving a case from their unit supervisor, ongoing workers conduct a needs assessment with clients, who must meet the program’s work requirement by identifying employment barriers. The needs assessment takes about 20 minutes and can be completed over the telephone. After addressing the employment barriers, workers refer the clients to the organization contracted to assist the TFA clients in their transition to employment.

\(^{13}\) Benova is the state's managed care enrollment broker. It is responsible for outreach, education, enrollment, disenrollment, and maintaining a hotline to assist Medicaid beneficiaries with questions regarding managed care. Connecticut DSS also contracted with Benova to administer the state’s SCHIP program, HUSKY B. Benova provides education and enrollment services. Managed care enrollment for HUSKY B is done via Benova’s BESST system. Managed care enrollment for HUSKY A is done using the EMS.
Connecticut has aligned the TFA and food stamp reviews. Both programs are reviewed at the same face-to-face interview, though the frequency of the review varies by type of case. TFA cases not subject to time limits are reviewed annually. Those subject to work requirements are reviewed at the 12th and 20th month. At the 20th month review, clients who have complied with the work requirements and meet the income requirements are granted a six-month extension and are reviewed in another six months to determine eligibility for another extension.

A month before a pending review, the EMS generates automatically an appointment letter that is mailed to the client. Clients who do not bring the necessary verification to the appointment have 10 business days to produce the verification. Clients who fail to appear for the face-to-face reviews at the 12th-month TFA redetermination and 20-month TFA exit interview lose all of their benefits—TFA, food stamps, and 1931 Medicaid—unless their children remain eligible for Medicaid under continuous eligibility or the family qualifies for transitional Medicaid assistance if the family has earnings during the month in which the family loses eligibility for TFA.

How a TFA case with continuing Medicaid or food stamp benefits is closed will depend on the type of ongoing worker handling the case. Ongoing workers responsible for only time-limited TFA cases transfer the cases to ongoing workers responsible for Medicaid and food-stamp-only and time-limited exempted TFA cases. Because units in the Bridgeport DSS Office can include both types of ongoing workers, the case might be transferred to a worker in the same unit. Ongoing workers responsible for time-limited exempted TFA cases keep the food stamp and Medicaid cases after closing the TFA case.

a. Redeterminations for Medicaid and Food Stamps With TFA

Medicaid and food stamp recipients who also receive TFA must comply with the TFA redetermination rules to continue Medicaid and food stamp benefits. Nonexempt families who wish to continue cash assistance must meet face-to-face with their eligibility services worker. DSS schedules redetermination reviews for TFA at the 12th month and 20th-month exit interview. Before the 20th-month exit interview, the DSS office sends a notice to the client informing her of termination of TFA and tells her to come in for the exit interview and redetermination of Medicaid and food stamps.

If the client appears for the 20th-month exit interview, the worker determines whether the client is eligible for a six-month TFA extension. When the worker makes changes in the EMS and the case has TFA and food stamps, EMS automatically determines eligibility for both programs. If the client is found eligible for continued TFA, Medicaid would continue to be attached to the case. If the worker determines that the client is ineligible for continued TFA, the EMS would sprout, or automatically check for, Section 1931 Medicaid eligibility and trickle through all bases of Medicaid eligibility until it found a basis of Medicaid eligibility. The worker must review and confirm the action taken for each assistance unit separately but performs these tasks in the same session.

Failure to appear for the 20-month exit interview results in termination of TFA and food stamps and might result in termination of Medicaid. If the client does not appear for the 20-month exit interview, the EMS will determine whether the client had earnings during the month in which the client loses eligibility for TFA (21st month). If the client has earnings in the month
the client loses TFA, the EMS sprouts the transitional Medicaid category, which, in Connecticut, effectively provides up to two years of extended Medicaid coverage. EMS does not sprout Section 1931 Medicaid, even in cases where the recorded earnings are below 150 percent of FPL. If the client has no earnings, the EMS sprouts other bases of Medicaid eligibility, such as transitional Medicaid or continuous eligibility for children; otherwise EMS would close the Medicaid assistance unit.

Of course, the possibility exists that a family’s TFA case closes before the 20-month exit interview. A family might become ineligible because earnings exceed 100 percent of FPL. In situations in which TFA closes because a family’s income exceeds the eligibility threshold, the EMS automatically sprouts “F07” Section 1931 Medicaid. If the family is ineligible for “F07” Section 1931 Medicaid, the EMS trickles to “F03” transitional Medicaid assistance or “F04” child support extension. With regard to transitioning off TFA to food stamps, if a family receiving TFA and food stamps becomes ineligible for TFA, the EMS automatically recalculates the food stamp award, excluding the TFA income.

b. Food Stamp Recertification Without TFA

Food stamp benefits for non-TFA households with income from earnings, unemployment compensation, or worker’s compensation are certified for six months. The EMS schedules alternating mail-in and in-person office visit redeterminations for food stamp-only households. Thus, non-TFA families who wish to continue food stamps may complete the six-month recertification process by mail but must meet face-to-face with their eligibility services worker for the annual certification period. All other food stamp-only households with other types of income or no income have recertification periods based on the type of income of the household members, but they are always in-person office visits.

In between certification periods households are required to report changes in income to retain eligibility for food stamps, as well as other changes required by FNS. Effective October 2001 (December 2001 in the EMS), Connecticut substituted reporting of changes in income of greater than $100 for monthly reporting of all income.

c. Medicaid/HUSKY Redetermination/Renewal Without TFA

Noncash Medicaid (parents and children) recipients complete the same four-page form they used to apply for HUSKY. DSS sends a notice and renewal form to HUSKY A families before the end of their eligibility period. Families must complete and return the renewal form. Benova sends a notice and preprinted renewal form to HUSKY B families before the end of their period of eligibility. HUSKY B families review and verify information contained on the preprinted form, sign, and return the form. Renewals for HUSKY A and B applicants are performed by mail every 12 months. No face-to-face contact with a DSS eligibility service worker is required.
III. FINDINGS: PROMISING PRACTICES—PROMOTING EXPANDED PARTICIPATION IN MEDICAID FOR FAMILIES

Connecticut recently expanded Medicaid coverage to parents whose income does not exceed 150 percent of FPL. While it was too early to gauge the impact of the expansions at the time of our site visit in June 2001, on the surface it would appear that the expansion should significantly increase Medicaid participation. This chapter describes the background to the expansion and the Bridgeport office response to the expansion.

A. PROMOTING PARTICIPATION IN MEDICAID BY EXPANDING MEDICAID ELIGIBILITY FOR FAMILIES WITH CHILDREN UNDER SECTION 1931

Effective January 1, 2001, Connecticut extended Medicaid to parents with incomes up to 150 percent of FPL. Previously, Medicaid covered parents who received TFA, met categorically needy eligibility criteria, or qualified as medically needy after meeting certain spend-down requirements.

Connecticut’s efforts to improve participation in Medicaid focus on the parents and the children. The Medicaid expansion for families with children occurred in two stages. According to one state official, the first expansion was “accidental.” As part of the Section 1115 AFDC demonstration waiver, which began in January 1996, earnings up to 100 percent of FPL were excluded for AFDC recipients. According to one state official, the governor supported the 100 percent earned income disregard because it provided an incentive for people to go to work; moreover, families retained Medicaid coverage. At the time, eligibility for AFDC and Medicaid were linked. When Connecticut implemented PRWORA in October 1996, the state continued the AFDC waiver provisions under TANF. Connecticut continued to link Medicaid and TANF for the first two years of its TANF program. Thus, families electing both cash assistance and Medicaid benefited from a 100 percent earned income disregard. Families not electing cash assistance did not benefit from the 100 percent disregard. As of March 1999, the EMS fully supported the 100 percent earned income disregard for noncash families.

The second expansion occurred during the 1999 session of the Connecticut General Assembly. The co-chairs (state Representative Jack Thompson and state Senator Tony Harp) of the Human Services Appropriations Subcommittee sponsored the initiative expanding Medicaid coverage for parents. The Children’s Health Council and numerous other state and local organizations, such as the Bridgeport Child Advocacy Coalition, Health Care for All Coalition, Legal Assistance Resource Center, Commission on the Status of Women, Commission on

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1 HCFA found Connecticut out of compliance with Section 1931 in 1998. People who elected to enroll only in Medicaid were subject to a much lower eligibility threshold (approximately 70 percent of FPL). Since then, Connecticut has sought to identify people for whom Medicaid was denied or discontinued due to income and has reinstated coverage for families who would have qualified for Medicaid had they benefited from the 100 percent earned income disregard.
Children, Connecticut Association for Human Services, and Connecticut Voices for Children supported the expansion of Medicaid coverage to parents largely as a means to increase the number of children who enroll in or stay on HUSKY. The legislature passed a law that expanded eligibility under Section 1931 by extending income limits to 185 percent of FPL and eliminating the asset test. The law was to be effective July 1, 2000. The legislature earmarked only $5 million in the budget for the expansion.

During the 2000 legislative session, however, the DSS determined that the cost of the 1931 expansion was not $5 million, but $22.7 million. According to one state official, Connecticut could not afford the expansion because its expenditures were constrained by a statutory spending cap and other issues. He emphasized that opposition to the measure was based purely on a fiscal grounds; otherwise HUSKY enjoyed widespread bipartisan support.

Ultimately the legislature reached a compromise. The legislature eliminated the asset test but moved the effective date of the rule change to January 1, 2001. More significantly, the legislature reduced the Section 1931 Medicaid income threshold from 185 percent of FPL to 150 percent of FPL for parents and changed the effective date from July 1, 2000 to January 1, 2001. This compromise created a situation in which children would be eligible at incomes up to 185 percent of FPL but their parents and caretaker relatives would be eligible at incomes only up to 150 percent. It was projected that Medicaid would cover an additional 13,845 adults during the first half of the fiscal year and the number would level off at 18,460 parents.

The legislature anticipated a gradual phase-in of the new provision, and the legislature earmarked $7.8 million for the budget period January 1 through June 30, 2001, far short of the $22.7 million that DSS predicted would be required to cover an entire year. The state would effectively constrain enrollment by not engaging in aggressive outreach and enrollment during the first year.

B. PROMOTING PARTICIPATION IN SECTION 1931 MEDICAID AT BRIDGEPORT DSS OFFICE

1. Centralized Intake of HUSKY A Applications

The Bridgeport office has taken steps to increase participation in Medicaid. Notably, it centralized intake of HUSKY applications in one unit. The office expected three eligibility service workers in one unit to handle all HUSKY A applications. The regional administrator and supervisors believed that a centralized operation would support access to and participation in Medicaid in an environment heavily focused on getting clients off of cash assistance within Connecticut’s 21-month time limit. One unit supervisor noted, “It’s easier to start small and get buy-in. It really is a buy-in process to get workers to believe this, that what they’re doing is aiding the family and getting them onto medical and reaching out. It has worked. It has really worked. If you look at our figures compared to the state, it has worked.”

2 To achieve this eligibility threshold, Connecticut’s state plan amendment disregards all income between the categorically needy income limit and 150 percent of poverty. Connecticut also allows a $90 work expense deduction and child care deductions.
The centralized intake staff reviewing HUSKY A applications took several steps to facilitate enrollment of parents in Medicaid. For example, although not instructed by the state, workers contacted parents by telephone to inform them that they too might be eligible for HUSKY. Additionally workers who were reviewing cases in December 2000 reported reviewing application dates so that any benefits effective January 1, 2001 (the effective date of the expansion) would include parents, as applicable.

Bridgeport DSS officials emphasized that centralization was an effective means to address “schizophrenic messages” communicated about TANF/TFA, Medicaid/HUSKY, and Food Stamp programs. Connecticut officials promote TFA as time-limited, temporary assistance. At the same time, Connecticut officials promote Medicaid as a support to families to remain self-sufficient. According to one state official, “We are willing to be less strict on the Medicaid/HUSKY side than we are on the food stamps that have federal requirements around quality control.”

Bridgeport officials also are attempting to change the culture of authenticity. Traditionally, the agency prides itself on and is measured by its authenticity of eligibility. A person must meet certain income limits to qualify for benefits and there must be proof that a need exists. One official explained, “We need proof. We need to document it many times over because we don’t want persons ineligible for services receiving benefits, tax dollars.” One Bridgeport official added, “it’s a mindset change from ‘check, and check again, and then check again’ to ‘if they say they need it…don’t worry about it even though you might not think it’s true.’”

2. Outreach

In addition to creating a culture promoting Medicaid inside the Bridgeport office, Bridgeport officials emphasized the importance of creating and maintaining collaborative relationships with community and advocacy groups. The Bridgeport office participates in the Bridgeport Child Advocacy Coalition, which promotes the well-being of children across a spectrum of issues. The coalition obtained grant funds to promote the HUSKY program for children and adults. A DSS supervisor trained the coalition’s outreach workers on the HUSKY application form. (The coalition trains other entities on eligibility processes and application assistance.) According to one Bridgeport DSS official, the coalition provides a forum for the office to communicate what it needs to process cases. The coalition also serves as a forum for community members to raise issues and concerns with DSS.

The office had established these relationships several years ago, when the state converted its Medicaid program from fee-for-service to managed care. These relationships facilitated collaboration and dissemination of information about HUSKY.
IV. FINDINGS: ENROLLMENT AND RETENTION IN MEDICAID AND FOOD STAMPS

This chapter describes policies and procedures in Connecticut that support enrollment and retention in the Medicaid and Food Stamp programs, and, in many cases, how they were implemented at the regional DSS office in Bridgeport. Also, we consider if and how changes in case status and redetermination of eligibility for Medicaid, food stamps, or TFA might pose a risk for loss of eligibility through erroneous denial of benefits or improper case closure. Section A discusses the policies and procedures that promote enrollment. Section B describes the potential barriers to enrollment. Section C discusses the policies and procedures that promote retention, and Section D describes the potential barriers to retention. In some cases, a policy or procedure has aspects that both facilitate and hinder participation in Medicaid and food stamps. In those cases, we discuss those conflicting aspects separately under the relevant section.

A. POLICIES AND PROCEDURES PROMOTING ENROLLMENT IN MEDICAID AND FOOD STAMPS

1. Centralized Medicaid/HUSKY A Intake at Bridgeport DSS office

As described previously, Connecticut expanded Medicaid eligibility under HUSKY A to parents with incomes up to 150 percent of FPL and children with incomes up to 185 percent of FPL. To increase participation in Medicaid among families with children, the Bridgeport office elected to centralize the intake of the HUSKY A applications in one unit. By numerous accounts, centralizing the intake promoted a culture that supported families’ enrollment in Medicaid. Eligibility service workers made special efforts to contact families to inform them of the change in Medicaid policy and enroll parents in HUSKY A. Since the Medicaid eligibility expansion, the number of HUSKY A applications processed by the Bridgeport office has increased from 268 applications in January 2001 to 310 applications in May 2001.

2. HUSKY Outreach

The state supports 15 contractors statewide through the Connecticut Community Health Initiative to provide outreach and application assistance for HUSKY A and B. Additionally, the Children’s Health Council, which the Connecticut General Assembly established in 1995, focuses its efforts on ensuring that children in Connecticut have health insurance coverage, especially under the state’s Medicaid and SCHIP programs. The Children’s Health Council is the lead agency for The Robert Wood Johnson’s Covering Connecticut’s Kids program. The Bridgeport Child Advocacy Coalition (BCAC) is the lead agency for a local coalition, which is part of Covering Connecticut’s Kids. BCAC works in Bridgeport and Stratford.

In Bridgeport, the regional DSS office collaborates with community organizations to promote families’ access to and enrollment in HUSKY A. According to one Bridgeport DSS official, the collaboration provides a forum for the office to communicate what it needs to process cases. The coalition also serves as a forum for community members to raise issues and concerns with DSS. Officials recognize the important role of community providers in spreading
the message about health insurance for families with children, especially the recent expansion in coverage for parents.

3. **Simplification of Medicaid/HUSKY Enrollment**

   Over the past several years, Connecticut has taken advantage of several options to simplify enrollment in Medicaid. Families may use a single HUSKY application to apply for either Medicaid or SCHIP. Connecticut does not require families to appear for a face-to-face interview to apply for HUSKY; families may simply mail in an application. Families applying for Medicaid are not subject to an asset test. Most recently, in an effort to increase participation in Medicaid, Connecticut simplified verification requirements. Effective July 1, 2001, Connecticut allows families to self-declare income on the HUSKY application.

4. **Changes in Food Stamp Rules**

   Connecticut aligned its food stamp rules and TFA rules under a research and demonstration project waiver package that expired September 30, 2001. As described previously, the waiver package excluded income from food stamp eligibility determination until it exceeded 100 percent of FPL for food stamp households also receiving TFA. In addition, the demonstration project aligned the certification periods for joint TFA food stamp households. Thus, food stamp households also receiving TFA were subject to recertification of benefits at the 12th month and 20th month TFA exit interview. Since the demonstration’s expiration, food stamp households are subject to the federal rule, which requires that households have gross income of less than 130 percent of FPL.

   While DSS officials acknowledge that the focus in Connecticut in recent years has been on reducing its high food stamp error rate by ensuring payment accuracy, the state has adopted new rules to increase Food Stamp Program participation. For example, effective October 1, 2001, Connecticut counts as categorically eligible for food stamps all members of a household if at least one member receives public assistance or TANF-funded benefits. Under categorical eligibility, asset and gross and net income limits are presumed met. This policy change has the potential to increase the number of people eligible to receive food stamp benefits. Bridgeport DSS officials noted the importance, in practice, of identifying all TANF-funded programs to yield an increase in participation among all potentially eligible persons. They suggested, for example, developing a checklist of TANF-funded programs to which workers might refer in determining eligibility for food stamps. A DSS official noted that workers will ask clients to inform them of TANF-funded programs from which they receive benefits. DSS workers will, in turn, add categorical eligibility under the appropriate system codes.

5. **Same-Day Service**

   Most applicants complete the application process in one day. DSS staff believe that completing the intake interview on the day the applicant applies for assistance reduces the number of incomplete applications, because approximately 30 percent of clients fail to appear for scheduled appointments.
B. BARRIERS TO ENROLLMENT IN MEDICAID AND FOOD STAMPS

This section describes barriers to enrollment in Medicaid and the Food Stamp Program.

1. “Schizophrenia”

Several Bridgeport DSS staff emphasized that public programs—TFA, HUSKY, and food stamps—send out conflicting messages. Bridgeport officials characterized these messages as “schizophrenic.” Several DSS officials claimed that the inconsistent philosophies of the federal agencies create disincentives for Medicaid and food stamp participation. One DSS official stated:

“We’re saying Medicaid costs out much higher than food stamps, but Medicaid policy is more liberal. In a food stamp case [with] a single individual getting $10, there are much more strict rules to follow than for Medicaid. It’s the wrong philosophy for workers and clients. They go by quality control rules rather than what’s best for the client and administration. The issue of access to food stamps is control by verification. How much rigor do you make people go through to obtain a benefit? They know that some people just don’t bother. It’s not worth it. We send a mixed message to our staff by saying in food stamps that the focus is on ‘verify, verify, verify’ because we want payment accuracy at all times. Otherwise we’re going to be sanctioned. And yet in other programs we’re saying, ‘come one, come all, provide the service.’ We want everyone to have the service and don’t worry. The same staff are handling both [food stamps and Medicaid] programs and are schizophrenic about what to do.”

While state DSS officials point to the inconsistent messages implicit in federal policies, state policies also contribute to the schizophrenia. DSS officials emphasized that since implementation of welfare reform, the focus in Connecticut DSS offices is on getting clients off cash assistance before the 21-month time limit expires. Statewide, the TFA caseload has declined by 60 percent from August 1996 and June 2000. Additionally, eligibility service workers processing applications for TFA abide by a “culture of authenticity”: A person must be eligible for benefits by meeting certain income and resource limits, and clients must establish proof that they need assistance. They require documentation because they do not want ineligible persons receiving benefits, thus using tax dollars.

The approach is very different for people applying for Medicaid. Regional officials noted that Connecticut has expanded presumptive eligibility so that many agencies, civic organizations, and social service institutions are presumptive eligibility providers. Clients present themselves at one of the presumptive eligibility sites and simply state that they have a need. One regional DSS official explained that there’s a mindset change from “check, and check again, and then check again to if they say they need [Medicaid], they get it, and don’t worry about it, even though you might not think [what the client says is] true.” The regional DSS official concludes, “It’s schizophrenic because we’re saying [check eligibility] on this side for this program but don’t [check eligibility] on this side for that program.”

This confusion was apparent in discussions with Bridgeport DSS eligibility service workers about the new self-declaration of income option. (At the time of the site visit Connecticut had passed—but was a few days shy of implementing—the new self-declaration option for all HUSKY A applications, including those submitted by families with children. The state had not
yet issued procedures for workers, but workers and their supervisors were aware of the upcoming change.) One eligibility service worker called the new rule “awful” and a “nightmare.” When asked what the new rule would mean for her, she responded, “more chaos.” She added, “When they do types of things saying that it is going to make it easier for clients but in essence it’s really not. Because what you’re going to do is grant cases going by what you have in the application and then you are going to send out for verification and 9 times out of 10 you’ll probably end up closing those applications. So it’s double the work.” She explains, “It’s very common for someone to say my wages are this and for you to get wage verification and it’s that. It’s very common. They say what their net income is and we go by their gross income. We get applications where the mother puts herself down and her two children but then when we send out for verification we find out that the husband is in the home also and his income hasn’t been counted. By the time you include his income and her income, you’re closing them. It’s not easy.”

In addition, Connecticut is working to expand—not reduce—the Medicaid caseload. In recent years Connecticut has adopted policies (including the Medicaid expansion under Section 1931 for families with children and expansion of health insurance for children under Medicaid and SCHIP) to increase the number of families receiving Medicaid assistance.

As a result, DSS staff send mixed messages about TFA, Medicaid and food stamps. The Connecticut DSS promotes Medicaid as a support to families to remain self-sufficient. Moreover, Medicaid will keep families independent and will help families succeed. Connecticut DSS officials emphasize that TFA is a time-limited program, with requirements and obligations tied to participation. They measure success in TFA by caseload decline. The $1.1 million sanction in 2000 for its high food stamp error rate in 1998 and 1999 has caused DSS officials to focus on reducing its error rate by emphasizing payment accuracy, not on improving food stamp participation.

2. **Job Conditions for Workers**

Diminishing resources have made it more difficult for the Bridgeport office to maintain specialists in an environment that favors generalist practice. The state has been subject to a hiring freeze for quite some time; Bridgeport officials project that for every six staff members they lose (through termination, retirement or new job) only one is replaced. The regional administrator noted that staffing levels simply do not allow for workers to specialize only on one program. Programs and policies that can benefit from specialists are, because of diminishing resources, being implemented by workers who are generalists. For example, because of staffing shortages, the other two offices in the southwest region do not divide workers by intake and ongoing case management; rather, they combine these functions. If Bridgeport were to combine the intake and case management functions, it would sacrifice the ability to conduct same-day interviews simply because the volume of cases would not allow workers to see clients who walk in and clients with scheduled appointments on the same day.

While the potential for centralized intake seemed promising, recent events have diminished its potential benefits. Declining staffing levels in the Bridgeport office have already had an adverse impact on the centralized HUSKY A unit. Initially the Bridgeport DSS office assigned three workers in one unit to process only HUSKY A applications. With one of the three designated workers on medical leave, the unit supervisor was forced to distribute her HUSKY A caseload to other units. Additionally, as community awareness grows for HUSKY A eligibility
for parents and the new self-declaration rule, the number of applications increases. The number of applications that must be processed by workers outside the centralized unit likely will continue to increase. Furthermore, the two remaining workers handling HUSKY A applications were trained recently to conduct food stamp interviews. Thus, staffing shortages have compromised the initial goal of centralizing HUSKY A applications in one unit.

Furthermore, one Bridgeport DSS official noted that “the chronic state of change” has strained the office’s ability to focus on increasing participation in Medicaid and food stamps. Staff at the state and regional level have had to adapt to numerous (and often complex) changes introduced by the new welfare law. As a result, Bridgeport staff have had to implement radical programmatic changes, which require a change in mindset from “keeping people on assistance until they age out to setting an expectation for employment and self-sufficiency.” During this transition, Connecticut has experienced a decline by nearly half of its cash assistance caseload. Furthermore, the role of regional DSS offices has shifted from a focus on providing employment services (which is now under the auspices of the Department of Labor) to a focus on providing supports (Medicaid, food stamps, and child support) for families seeking employment. Program and policy changes also create a burden for the EMS, as described below.

3. Absence of Specific State Outreach about Medicaid Expansion

While the state legislature agreed to expand Medicaid eligibility to parents with incomes up to 150 percent of FPL, it made it clear that, due to budgetary concerns, it would not undertake special efforts to raise awareness about the specific change or enroll parents in the program. The state did not notify families of the new law nor did it mail applications to all families who likely contained a newly eligible parent. One state official emphasized that community organizations and advocacy groups undertook the responsibility of raising awareness about the expansion as part of their ongoing HUSKY outreach activities.

4. Inconsistencies between the EMS and State Policies

Several DSS officials noted that the EMS programming does not reflect current state policy, and this creates obstacles for staff, who must work around the system. This problem is persistent because rules change regularly and programming does not keep up. For example, workers must manually determine eligibility for legal immigrants, whose eligibility for public assistance was restricted under the 1996 law, but who might remain eligible for Medicaid and food stamps under state-funded programs. DSS officials noted, for example, that the food stamp corrective action specialists discovered a disproportionate number of errors for this population. A DSS official expected that the EMS changes to support PRWORA non-citizen changes will be addressed in early 2002.

Furthermore, the EMS does not always explore all bases of Medicaid eligibility. For example, the EMS does not automatically sprout under the medically needy category unless a
family’s income exceeds 185 percent of FPL. Thus, workers must manually screen a medically needy case for families whose income falls between 150 percent of FPL and 185 percent of FPL. In practice, however, because the medically needy income threshold is so low (approximately 70 percent of FPL), few families will qualify for medical assistance.

5. **Change in Categorical Eligibility for Food Stamps**

As noted above, as of October 1, 2001, Connecticut expanded eligibility for food stamps. Under this new rule, if one member of a household receives assistance from any TANF-funded program or any public assistance program, all family members are granted categorical eligible for food stamps. Bridgeport officials noted, however, that it will be difficult to identify eligible households because the office does not interface with other agencies that provide TANF-funded services (for example, child care). The on-line eligibility system prevents workers from knowing if clients are receiving benefits from any TANF-funded program, such as child care.

6. **Communication between HUSKY A and HUSKY B**

The EMS supports HUSKY A (Connecticut’s Medicaid program) but does not support HUSKY B (Connecticut’s SCHIP program). Benova, the state’s enrollment broker, is the single point of entry servicer for Medicaid only and SCHIP. It uses a separate eligibility system called BESST. EMS and BESST do not interface with one another. A state DSS worker is outstationed at Benova, but, in general, DSS workers cannot gain access to the BESST system to check the status of HUSKY B eligibility for an applicant or recipient. Thus, if a DSS worker determines that an applicant is not eligible for HUSKY A, she must transfer a physical copy of the applicant’s file to Benova for HUSKY B eligibility determination. This transition delays the determination of eligibility for health insurance. DSS officials also report that sometimes Benova and DSS interpret policies differently, which may result in a case being bounced between Benova and DSS and cause a delay in determination of eligibility. There is also a risk that a case falls through the cracks. No monitoring system tracks the outcomes of case referrals from HUSKY A to HUSKY B.

C. **POLICIES AND PROCEDURES PROMOTING RETENTION IN MEDICAID AND FOOD STAMPS**

This section describes policies and procedures that promote retention in the Medicaid and Food Stamp programs.

1. **Changes in Food Stamp Rules: Food Stamp Change Reporting**

In anticipation of the September 30, 2001, expiration of its research and demonstration project waiver package, Connecticut switched from monthly reporting to change reporting. It also sought and received approval for a waiver from the USDA to raise the amount of the monthly income change that must be reported to $100 or more. DSS implemented the new policy on October 1, 2001 (December 1, 2001 in the EMS). This change has removed a barrier to program participation, as it has eased families’ reporting burden. Perhaps, more importantly, it
has likely generated a huge savings in workload. The time a worker spent processing monthly reports each month is now freed to allow her to manage her cases.

2. **Transition From TFA and Food Stamps to Food Stamps Only**

   The Bridgeport office adopted a procedure of keeping a family that is no longer eligible for TFA (or elects to discontinue TFA) with the same case maintenance worker until after the first food stamp monthly report is issued. Having the worker retain the case helped to assure that the family continued to retain food stamp benefits after its cash assistance was discontinued. One of the reasons for this procedure was that until fall 2001, the EMS was not able to support the transition off TFA. When the TFA benefit ended, instead of zeroing out the TFA payment, the EMS counted the discontinued TFA payment against the food stamp benefit amount. To process the case correctly, the worker needed to contact the DSS Central Office to remove the TFA payment from the benefit determination. Requiring that the case maintenance worker retain the case an extra 30 or 60 days provided an added level of assurance that the family would receive their food stamp benefits.

   The EMS now automatically recalculates the food stamp award excluding the TFA income, and the work-around is no longer needed.

3. **Extended TMA**

   Connecticut effectively provides up to two years of transitional Medicaid assistance for families who lose eligibility for Medicaid under Section 1931. Under an AFDC/Title XIX waiver in effect through September 30, 2001, Connecticut extended TMA for two years to families whose lost eligibility under Section 1931 because of increased income.

   In anticipation of the waiver’s expiration Connecticut changed its Medicaid policy to continue to provide two years of transitional coverage. Currently, Connecticut disregards all income greater than 150 percent of FPL for 12 months at the point the family is about to lose Section 1931 Medicaid coverage, thereby guaranteeing one year of extended Medicaid eligibility under Section 1931. Following the period of Section 1931 eligibility families become eligible for up to an additional 12 months of TMA.

4. **Medicaid Renewals/Redeterminations**

   Connecticut reduced the number of pages of the redetermination form (now called renewal) from 16 pages to 4 pages. In addition, Medicaid eligibility is renewed by mail or by telephone; no face-to-face interview is required. These efforts to simplify the renewal process make it easier for families to continue to receive Medicaid.
5. “Sprouting,” “Trickling,” and “Spawning” Functions in EMS

The EMS facilitates enrollment in and continued receipt of Medicaid benefits. The EMS is designed to check for a family's eligibility for medical assistance, beginning with the program that offers the broadest coverage. DSS staff refer to this as “trickling.” If the family does not qualify under one program (for example, Section 1931 coverage), the EMS checks automatically under the next level of rules (for example, TMA). If the family fails to qualify under the next set of rules, the EMS continues to check all bases of eligibility (for example, continuous eligibility for children) until it identifies a basis of eligibility. EMS is also designed to safeguard against the loss of Medicaid when a family transitions off cash assistance.

“Sprouting” occurs when a client leaves one program for another. Connecticut designed a sprouting function in its EMS to ensure that clients leaving TFA would not also lose Medicaid. The EMS has not delinked eligibility for cash assistance/TFA and Medicaid: a TFA recipient automatically receives Medicaid. If a client becomes ineligible for TFA, the EMS will “sprout” another Medicaid category (for example, noncash 1931 Medicaid).

Finally, EMS has a “spawning” function when a case is reopened, reinstated, or redetermined. For example, if a client is currently eligible for Medicaid under a medically needy category, EMS will try another, more generous, category, such as family coverage under Section 1931.

6. Added Protection for Discontinued Cases

To prevent workers from closing cases erroneously and to reduce the number of duplicate applications, the Bridgeport DSS office adopted a procedure that when a case is discontinued and the client reapplies for benefits within 30 days, the case is returned to the case maintenance worker rather than processed by an intake worker.

D. BARRIERS TO RETENTION IN MEDICAID AND FOOD STAMPS

1. Inconsistencies Between EMS and State Policies

In the same way that inconsistencies between the EMS and state policy may present a barrier to enrollment in Medicaid and food stamps (described above), the EMS poses a challenge for retention of benefits. Until fall 2001 (when Connecticut discontinued its monthly reporting of cases with related food stamps and suspended monthly reporting of income), the EMS did not support the transition from TFA food stamps to food-stamp-only cases. Instead of zeroing out the TFA payment, the EMS counted the discontinued TFA payment against the food stamp benefit amount. In other words, EMS continued to assume receipt of TFA after the payment was discontinued. To remove the TFA payment from the benefit determination, the worker needed to contact the DSS central office for a manual correction. Unless a worker contacted the central office for a budget correction, a family might not have received food stamp benefits.

Bridgeport DSS workers also explained that if a client appears late (for example, on or after the 10th to 12th day of the 21st month for the TFA exit interview and on or after the 26th to 29th day of the 12th month for TFA redetermination) the worker must process continued Medicaid
eligibility manually because the EMS shows that the client failed to appear for the redetermination or exit interview. This presents a risk point for loss of Medicaid.

These examples illustrate that in an environment dependent on a computerized eligibility system, any inconsistencies between the system and state policy can cause an improper denial (or disruption) of benefits, unless a worker takes action to override the system. Moreover, reliance on workers to recognize the need for manual correction likely means cases are treated differently.

2. Continued Receipt of Medicaid and Food Stamps Following Loss of TANF/TFA

Connecticut has established a separate eligibility category for Section 1931 Medicaid that does not require eligibility for TFA (that is, delinking). However, the EMS is programmed to code Section 1931 Medicaid for a family with cash assistance (“F01”) differently from Section 1931 Medicaid for a family without cash assistance (“F07”). As a consequence, the redetermination periods and procedures for TFA apply to Section 1931 Medicaid, so Medicaid is reviewed when the TFA clock reaches the 20th month, as opposed to when the Medicaid redetermination separately would be due (24th month).

By having the two programs linked in the EMS system, EMS also links the redetermination cycles. Therefore, a time-limited TFA family receives its first Medicaid redetermination at 12 months along with TFA and its second Medicaid redetermination with TFA at the 21-month exit interview, even though the family is likely not due for its Medicaid redetermination at the 21st month. The Medicaid redetermination cycle occurs every 12 months. If the family fails to complete its dual redetermination, its Medicaid assistance ends, unless the children continue to be eligible under the continuous eligibility provision or the family has earnings during the month of TFA ineligibility and is eligible for transitional medical assistance.

DSS officials are aware of this problem and anticipate that by the middle of 2002 they will abolish the “F01” coverage group for TFA and Medicaid and put all Section 1931 cases in the Medicaid-only “F07” coverage group. (Currently only noncash cases are coded as an “F07” case.) When that programming change occurs, the family’s Medicaid eligibility will continue independent of a 21-month TFA case closure.

For joint TFA and food stamp households, the state links the redetermination cycle for TFA with the recertification cycle for food stamps. Therefore, a time-limited TFA family receives its first face-to-face food stamps recertification at 12 months, along with TFA and its second food stamps recertification with TFA at the 21-month exit interview. Although aligning the redetermination cycles helps families by consolidating the redetermination process to completing a single form and office visit, it does have some risks. Families that fail to complete the dual redetermination at the 21-month exit interview would stand to lose not only their TFA, but also their food stamp benefits. By contrast, noncash food stamp households with income from earnings, unemployment compensation, or worker’s compensation recertify food stamp benefits every six months, with alternating mail-in and face-to-face recertification.
3. Manual Reason Codes

Workers who use manual codes (500-series codes in the EMS system) override the EMS. A worker who inputs, for example, a 552 code (failure to verify information) would interrupt the “sprouting” of, for example, TMA. In this example, the EMS would sprout, under normal circumstances, a TMA case (F03) for a family who loses Medicaid eligibility under Section 1931 (F01) or 1931 Medicaid (F07), but the worker’s action interrupts this automatic process. It is unclear how often workers make errors because Bridgeport DSS officials report that they do not systematically review workers’ use of manual codes.
V. SUMMARY AND OPPORTUNITIES

This section summarizes findings and discusses opportunities that the state and Bridgeport office are taking, or could take, to improve participation in Medicaid and Food Stamp programs in the post-welfare reform era.

A. CONNECTICUT EXPANDED MEDICAID BUT NOT ADMINISTRATIVE SUPPORT

Connecticut has made a significant commitment to expand participation in health insurance programs for families with children. Its SCHIP program, HUSKY B, provides subsidized health insurance coverage to children living in families with incomes up to 300 percent of FPL. Most recently, Connecticut expanded Medicaid eligibility under HUSKY A to parents with family incomes up to 150 percent of FPL. The governor, key legislators, and the children’s advocacy community supported this initiative in large part because they viewed family coverage as a vehicle to improve participation in Medicaid among children.

In response to the state’s decision to expand Medicaid eligibility to parents, the Bridgeport DSS office initiated several actions to improve participation among eligible families. Bridgeport officials centralized into one unit the intake process for HUSKY A applications in an attempt to create a culture that would support the state’s goals of expanding access to Medicaid. Furthermore, DSS officials initially designated three eligibility services workers to process HUSKY A applications. Consistent with these goals, intake workers reported contacting families to inform them of their potential eligibility for the program and to encourage parents to apply. Furthermore, DSS staff worked closely with community members to disseminate information about Medicaid and encourage families to apply for benefits.

Despite its actions to promote participation in Medicaid, a Bridgeport official noted persistent threats to effective implementation. Most notably, diminishing resources have resulted in assigning HUSKY A applications to units outside of the centralized unit. Furthermore, the two remaining workers (one worker is currently on medical leave) have recently been assigned food stamp cases in addition to Medicaid cases. As the number of HUSKY A applications continues to increase, the number of applications handled by workers outside of the unit also will necessarily increase. This trend compromises the Bridgeport office’s goal of centralizing HUSKY A applications.

The central motivation behind the Bridgeport office’s effort to create a centralized unit for HUSKY A application concerned the “schizophrenic” messages communicated about public assistance programs. In post-welfare reform Connecticut, the mixed messages have become starker. Economic self-sufficiency has been encouraged by making cash assistance temporary (21 months, with opportunities for extensions) and requiring more stringent work requirements and other obligations. By contrast, since welfare reform, Connecticut has made it easier for families to enroll in Medicaid by expanding Medicaid eligibility for families with children under its HUSKY program and simplifying the application process (for example, allowing mail-in applications in lieu of face-to-face interviews, reducing number of pages of Medicaid application from 16 pages to 4 pages, using the same application for Medicaid for families and SCHIP).
Connecticut also has made it easier for families to retain Medicaid coverage by providing up to two years of transitional Medicaid coverage, both under a waiver that expired September 30, 2001, and under a subsequent amendment to its Section 1931 state plan, which disregards all income above 150 percent of FPL for 12 months, followed by up to 12 months of federal TMA.

The message about the Food Stamp Program falls somewhere in the middle of TANF and Medicaid. Like Medicaid, the Food Stamp Program is viewed as a support to families but the focus on food stamps remains on ensuring payment accuracy. Connecticut was sanctioned more than $1 million in 2000 for high food stamp error rates experienced in 1999 and 1998. The sanction reinforced the culture of authenticity. As a result, DSS officials are not focused on measuring their effectiveness in increasing access to food stamp benefits. One Bridgeport DSS supervisor stated, “People come up for their exit interviews. Either they’re eligible [for food stamps] or they’re not eligible. That’s all I’m concerned about really.”

This culture of authenticity still persists in the Medicaid program. While the state has enacted policies to increase enrollment and retention in Medicaid, eligibility services workers are sometimes reticent about implementing these policies. For example, Connecticut passed a law allowing self-declaration of income for HUSKY A applications. At the time of our site visit Connecticut had not yet implemented the new rule, but several eligibility service workers expressed concerns about the likely impact of the rule on their caseload. Rather than view the self-declaration rule as an opportunity to simplify the Medicaid application process and promote participation in Medicaid, one DSS worker stated, “Chaos is how I see it.”

**B. CONNECTICUT’S AUTOMATED ELIGIBILITY SYSTEM IS BOTH A STRENGTH AND LIABILITY**

The EMS may be Connecticut’s greatest strength and, at the same time, a formidable liability. The EMS facilitates enrollment in and continued receipt of Medicaid benefits in several ways. The EMS is designed to “trickle” or cascade through different bases of Medicaid eligibility, and, in so doing, it captures the most generous basis of eligibility. The EMS also is designed to safeguard against the loss of Medicaid when a family leaves cash assistance. If a client becomes ineligible for TFA, the EMS sprouts another Medicaid category. Finally, the EMS is designed to spawn a new Medicaid category when a case is reopened, reinstated, or redetermined. The spawning process initiates the trickling process.

Despite these protections, the EMS cannot keep pace with the rapid change in programs and policies. As a result, DSS workers often must work around the system. In cases in which the EMS does not support current state policy, workers must manually override the system. This requires that the worker keep abreast of the changes in policy so that she recognizes when a manual override or workaround is demanded. Relying on workers to compensate for errors in the system creates opportunities for inconsistent implementation of state policies. Moreover, the temporary fixes add to the volume of changes workers must contend with in their jobs.

**C. FOCUS ON RETENTION**

Since welfare reform, Connecticut has imposed time limits on the receipt of TFA and other requirements aimed to reduce the welfare caseload. At the same time, it has expanded eligibility
under its HUSKY program for families with children and has simplified the HUSKY application process. Now that Connecticut has unquestionably made it easier for families (especially parents) to enroll in Medicaid, it is important to reflect on how well Connecticut is doing in retaining families on Medicaid after they leave cash assistance, given that the eligibility threshold for Medicaid is much higher than for cash assistance. In other words, retention issues now supplant enrollment issues. To date the evidence suggests that Connecticut has had mixed success.

The sprouting, trickling, and spawning functions under Connecticut’s EMS seem to find the most generous bases of Medicaid eligibility for families and later retain the most advantageous category when a family leaves one program or when its eligibility is redetermined. However, the EMS cannot protect a family from improperly losing Medicaid for failure to appear for the required TFA interviews. The EMS links the redetermination cycles for TFA, food stamps, and Medicaid so that a family receiving TFA also has a redetermination interview for Medicaid and food stamps at the 12th and 20th month. Unlike TFA, Medicaid has no face-to-face requirement. Moreover, Medicaid families are subject to a redetermination of Medicaid eligibility every 12 months. Linking the redetermination cycles for TFA and Medicaid imposes, in effect, a face-to-face requirement for continued Medicaid receipt and shortens the redetermination cycle (for example, families appear for redetermination interview at the 8th month rather than mail in a review form at 12th month). Failure to appear for 12th-month redetermination or 20th-month exit interview will result in loss of food stamps and Medicaid, except if a child remains eligible under continuous eligibility or if the family has earnings in the month it is found ineligible, in which case the EMS will sprout up to 24 months of extended Medicaid coverage. DSS officials are aware of this problem and anticipate that the EMS programmers will delink the redetermination cycles in the EMS for TFA and Medicaid by the middle of 2002. With this programming change, continued receipt of Medicaid will not depend on a family’s compliance with TFA redetermination rules.

D. OPPORTUNITIES

1. Eliminate Procedural Barriers to Continued Receipt of Medicaid and Food Stamps for Recipients Leaving TANF

Unlike most other states which discontinue TANF once a family obtains a job, Connecticut’s approach to welfare reform has been to provide a generous earned income disregard (100 percent of FPL) for TFA recipients, thus creating a welfare reform program that combines work and welfare. However, in exchange for allowing families to stay on TANF while working and retain earnings up to 100 percent of FPL, Connecticut has severely limited the number of months a family may continue to receive cash benefits. Of all states, Connecticut has one of the shortest time limits, and it has the shortest lifetime time limit. Families not exempt from work requirements are subject to a 21-month time limit, with opportunities for TFA extensions restricted to people with very low incomes (that is, below the TFA payment standard). Thus, Connecticut offers a relatively generous—but short-lived—TANF benefit for working families.

With its generous earned income disregard, most families who exit TFA leave the program not because of an increase in earnings but because of the loss of the earnings disregard when the time limit is reached. With large numbers of families leaving TFA because of time limits, it is especially important to examine what Connecticut is doing to facilitate or impede continued
receipt of Medicaid and food stamp benefits for families losing TFA. Medicaid and food stamps are supports to working families and help them remain self-sufficient. The importance of having health insurance for maintaining employment is widely recognized.

Arguably Connecticut has created a procedural barrier to continued participation in Medicaid and food stamps by making the 20-month TFA exit interview also a redetermination of eligibility for Medicaid and food stamps. Families who fail to appear for the 20-month TFA exit interview and fail to return the redetermination form will lose food stamps and Medicaid, unless the children in the family continue to be eligible for Medicaid under continuous eligibility or there are earnings in the month of loss of TFA eligibility in which case the family would continue to be eligible for transitional Medicaid assistance.

With its recent Medicaid expansion for families with children and considerable efforts to simplify the Medicaid/HUSKY application and renewal process, Connecticut has made a significant commitment to removing procedural barriers and increasing enrollment in Medicaid. But by aligning the TFA exit interview with the redetermination of eligibility for Medicaid, Connecticut may, in fact, be undercutting the effectiveness of its efforts to expand Medicaid eligibility and streamline the eligibility process.

Connecticut could mitigate the potential risk point for loss of Medicaid and food stamps in the event of TFA case closure by decoupling the TFA exit interview from the redetermination of eligibility for Medicaid and food stamps. As noted previously, the EMS is programmed to code Section 1931 Medicaid for a family with cash (“F01”) differently from Section 1931 Medicaid for a family without cash (“F07”). As a consequence, the Medicaid review/redetermination periods and procedures are different for TFA and non-TFA households. For joint TFA and Medicaid households, the TFA redetermination rules apply to Section 1931 Medicaid, such that Medicaid is reviewed when the TFA clock reaches the 20th month, as opposed to when the Medicaid redetermination would be due if not linked to receipt of TFA (for example, the 24th month). DSS officials anticipate a programming change by the middle of 2002; the programming change will abolish the “F01” coverage group for TFA and Medicaid and put all Section 1931 cases in the Medicaid only “F07” coverage group. After the programming change becomes effective and TFA and Medicaid are separated, the redetermination cycles for time-limited TFA cases and their related Section 1931 Medicaid will become unlinked. Therefore, failure to appear for a 20-month TFA exit interview will have no bearing on Medicaid eligibility.

2. Reduce Barriers to Participation in Medicaid and Food Stamps for Non-TFA Families by Coordinating Medicaid and Food Stamp Program Rules

By limiting receipt of TFA to 21 months and, most recently, by establishing a much higher income eligibility threshold for Medicaid than for TFA, the number of families eligible only for Medicaid and food stamps (but not TFA) will continue to grow. To make it easier for families to retain Medicaid and food stamps following the loss of TFA (or in the absence of TFA),
Connecticut could take advantage of two opportunities to extend Medicaid to families receiving both food stamps and Medicaid.  

**Prospectively.** Connecticut could, for example, reset the Medicaid clock each time DSS completes a food stamp certification. Connecticut requires a mail-in food stamp certification every six months for non-TFA families with income from earnings, unemployment compensation, and worker’s compensation. DSS workers could use information known to the agency to extend Medicaid an additional six months. By doing so, food stamp families never need to complete a Medicaid review; moreover, their Medicaid will continue to be extended so long as they remain eligible for food stamps. With Connecticut’s Medicaid eligibility expansion up to 150 percent of FPL, all food stamp households would meet the Medicaid income threshold. DSS officials noted that currently a worker can choose to initiate a redetermination on all cases belonging to the same head of household, as all related assistance units are displayed on the screen in the EMS. Therefore, a worker can choose to recertify the Medicaid assistance unit when recertifying a food stamp assistance unit. To the extent that the redetermination of Medicaid when recertifying food stamps is at the discretion of the worker and is not required, workers could overlook this step. Moreover, the EMS is not programmed to reset redetermination periods on one program (for example, Medicaid) when a redetermination is done on another (for example, food stamps).

**Retrospectively.** Connecticut could look back at the most recent food stamp certification as the basis to roll out Medicaid for an additional six months. In other words, if a family fails to complete the HUSKY renewal form, DSS workers could use the six-month food stamp certification to extend Medicaid. According to a DSS official, EMS is not programmed to look back at the most recent food stamp recertification and grant an additional six months of Medicaid. A worker must initiate and complete a Medicaid review to extend the Medicaid redetermination period.

3. **Adopt Federal Food Stamp Semi-Annual Reporting Option**

The new federal semi-annual reporting option would reduce slightly the reporting burden placed on families. Connecticut requires reports between redeterminations only if households experience a change in monthly income above $100. Rather than be required to report changes in monthly income greater than $100, families would be required to report only changes in income that lifted the family’s eligibility above 130 percent of FPL. Like Connecticut’s current policy, the new federal option requires semi-annual reporting and annual recertification. The food stamp reporting option would, however, provide much greater quality control protection for Connecticut. (A state official noted that the DSS is considering the semi-annual reporting option for its quality control advantages.) Under the new federal option families would be reporting changes in income less frequently between the certification periods and thus likely to make fewer errors. Improved accuracy of the food stamp benefit amount could potentially mean additional funding for achieving error rates below the national average.

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APPENDIX A: RESEARCH METHODS

The information for this report was collected primarily through a three-day visit to Bridgeport, Connecticut, from June 27 through June 29, 2001. The objective of the site visit was to gain insight from a wide variety of perspectives into the policies and practices that may affect participation in food stamps, Medicaid, and SCHIP. We gathered the required information through meetings with the leaders and staff of the state agencies administering the programs, with the leaders and staff in the Bridgeport regional DSS office, and with clients and the community-based organizations that serve clients. The research team worked to analyze the state’s general approach to enrollment and retention in food stamps, Medicaid and SCHIP. It also identified the specific strategies currently in use to improve enrollment and retention in these programs with the aim of documenting a site’s experiences and lessons learned in the implementation of these practices.

The research team paid special attention to how welfare reform policies related to increased TANF closures may pose or magnify barriers to receipt of services. The team looked specifically at practices involved in outreach, simplification of enrollment, and use of automated systems to determine or continue eligibility. In addition, the team considered the workflow practices associated with the application and retention process for Medicaid and food stamps for both TANF clients and non-TANF clients and, particularly, the procedures that ensure the continuation of food stamp and Medicaid benefits when a family leaves TANF.

During the office visits, we conducted interviews to learn about staff procedures and client interactions, workflows, supervisory approaches, and the local office environment. Information-collection methods included:

- Group interviews with state DSS officials, the regional administrator, and supervisors at Bridgeport DSS office
- Individual and group interviews with TANF and non-TANF caseworkers handling food stamps and Medicaid
- Case reviews with TANF and non-TANF caseworkers handling food stamps and Medicaid
- Job shadowing of TANF and non-TANF food stamp and Medicaid caseworkers during interviews with clients
- Observation and shadowing of the reception/front-desk area and activities
- Individual interviews with DSS staff responsible for policies and procedures in the TANF, Food Stamp, Medicaid, and SCHIP programs
- Systems interviews with DSS management information systems staff
- Interviews with representatives of community-based organizations serving clients of the Bridgeport welfare office and statewide constituencies
• Focus groups with program clients served by the Bridgeport office

During our visit we also conducted a focus group with nine recipients of public assistance in Bridgeport. The focus group took place at a career resource center. The discussion, which lasted two hours, focused on participants’ knowledge and attitudes toward TANF, food stamps, and Medicaid, and their experiences in applying for and maintaining benefits. Results from the client focus group are summarized in Appendix B.
APPENDIX B: SUMMARY OF CLIENT FOCUS GROUP

The Connecticut site visit team held a focus group in Bridgeport with eight current participants in TANF, Food Stamp, and Medicaid programs. The focus group was held on the evening of June 27, 2001 at Career Resources. The staff at Career Resources recruited the focus group participants from their program. Five of the participants were receiving benefits from all three assistance programs. Two were receiving Medicaid benefits only and one was receiving food stamps and Medicaid coverage. In exchange for their participation, attendees received a $25 stipend and reimbursement for transportation and child care costs.

A. KNOWLEDGE OF PROGRAMS

We began by asking participants about their knowledge of the TANF, Food Stamp, and Medicaid programs. In general, the participants’ knowledge appeared to be formed from their personal experiences, they knew some aspects of the programs better than others, and knowledge varied greatly among respondents. At least one participant seemed to be quite knowledgeable. For the most part, the participants felt the TANF program expectation was unrealistic and the system insensitive to their needs.

1. Food Stamps

The participants knew that their food stamp benefits were tied to their income and the size of their family. They also knew that they and their children needed to be United States citizens and that they needed to go to the office to apply for food stamps. However, there was some confusion over whether they could continue to receive food stamps once they started to work. This confusion might stem from Connecticut’s TANF waiver, which excluded earnings under the federal poverty level for food stamp households receiving TANF, which increased the likelihood that families would lose their TANF and food stamp benefits at the same time. The participants liked the Electronic Benefit Transfer card and reported having no problems using it.

2. Medicaid

The participants agreed that it was easier to qualify for Medicaid than for food stamps or TANF. Although many knew of the program’s 800 number, only one actually used it to apply for Medicaid and reported having no difficulties. They also agreed that they would continue to receive the medical assistance for two years after their TANF benefits ended. One participant added, “they (the workers) make sure you get that.”

Participants were unsure of the distinction between Medicaid (HUSKY A) and SCHIP (HUSKY B). One participant said she thought the type of HUSKY coverage depended on the family’s income. She recalled seeing a pamphlet on the programs, but did not recall the specifics. Another participant thought one was for working families and the other was for non-working families.
3. TANF

The focus group participants were aware that the program expected them to be employed within 21 months of their initial receipt of TANF. Their workers impressed upon them that their TANF benefits were not guaranteed after 21 months. After 21 months they could apply for six-month extensions, but the eligibility standards for the extensions were stricter. The participants reported that cooperating with child support was an important condition to getting their TANF benefits—“if you don’t cooperate, you get nothing.” One participant reported that the father of her child was “crazy” and had threatened her, but, despite telling her worker this, she was still told that she need to provide information on the father in order to receive benefits. The participants were unsure of the minimum information they needed to provide to qualify for benefits.

B. ATTITUDES TOWARD THE PROGRAMS

The participants were intent on sharing their opinions and spent much of the evening expressing their frustration with the welfare system. They felt that the program expectations were unrealistic and that the workers were insensitive to their circumstances. Many saw the importance of having a career, but felt the 21-month time limit was not long enough for many to secure a job, especially because some recipients do not even have the basic skills needed to keep a job. “You can’t just expect people who have been spending all day at home taking care of their kids to then get up 6:30 in the morning, get their kids ready for school, take them to school, attend conferences, planning, (and prepare) dinner.” However, they felt that the training available to them would not provide them with the skills they needed to get jobs that would keep them off welfare. In addition, with the 21-month time limit, they would not have the work experience employers wanted in their job candidates. Two participants reported that they worked at McDonalds and their pay was not enough to cover their needs. Some participants felt they needed more education, but that was not an allowable activity under the program.

Participants felt that most of their workers were bad. They felt that the workers did not treat them with respect, were distrustful of them, and had a condescending attitude. They reported incidences when they were treated rudely or were unfairly challenged. Perhaps, because of their expectation of a skeptical worker, they admitted how they needed to play the system to get positive results. One participant reported, “You are pre-warned by anybody else who knows, you don’t go there talking truth because you won’t get a dollar.” Another said, “They want you to sound like you don’t have nothing and that is impossible because, if you have family members, they give you stuff. So when they ask about income and you admit to that, you don’t get anything. So you lie, lie, lie.” One participant advised, “When you apply, dress poorly and you won’t get hassled. When you act naive, you don’t get hassled, but when you are assertive, you are.”

C. VALUE OF PROGRAM BENEFITS

The participants were satisfied with food stamps and medical assistance. As one participant said, “They make sure you eat and they make sure you are healthy, and that’s it.”
1. Food Stamps

The participants felt the food stamp program was important to making ends meet. In fact, their only complaints were that the benefits were too little, especially as their children get older. In addition, they felt that the reduction in food stamps when they have earnings was too sharp. The concomitant drop in food stamps and cash assistance makes it difficult for a family to meet its needs.

2. Medicaid

The participants agreed that they liked the Medicaid program and that enrolling in the program was not difficult. Having Medicaid coverage relieved them of their concern over incurring a medical cost. With Medicaid, they do not need to worry about seeking health care for their children. The coverage is comprehensive, covering both dental and prescriptions. They would not be able to afford the cost of prescription drugs without their Medicaid coverage.
PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING
Figure C.1: Screening & Intake Process - New Applicants

Front Desk/Receptionist

Applicant checks in

Applying for assistance?

Yes

Intake Routing Slip

Receptionist completes intake routing slip

No

Answer questions, refer as necessary

Facilitator

Receptionist makes app with ongoing FIR

Yes

Screen routing slip

Child under 21 in household?

Yes

Review history in EMS

No

Refer to adult services

Review active case in last 30 days?

Yes

Refer to Intake Unit

No

Intake Unit

Online eligibility interview in EMS

Eligible for Expedited FSP?

Yes

Authorize immediate FSP benefits

No

Continue with eligibility determination

Candidate for diversion?

Yes

Verification sufficient?

Yes

Complete eligibility determination

No

Candidate not for diversion

Verification insufficient?

Yes

Complete diversion application, authorize if eligible

No

Client gathers/submits required verification

Verification sufficient?

Yes

Complete eligibility determination

No

Verify application

Deny application

EMS assigns ongoing worker

Transfer to intake supervisor (reviews sample of cases)

Transfer to ongoing unit supervisor

Deny application
Figure C.2: Screening & Intake Process--Medicaid Applicants
Phone and Mail

Screeners

Phone Application

Medicaid Intake Unit

Review application

Authorize & refer to ongoing caseworker

Medicaid Intake Unit

Additional eligibilities noted?

Mail Applicants (Medicaid only)

Refer to Medicaid Intake Unit

Enter key information in EMS

Refer to Medicaid Intake Unit

Refer to ongoing caseworker

No

Yes

Contact applicant for additional information

Yes

No

Refer to ongoing caseworker

Mail Applicants (Medicaid only)

Refer to Medicaid Intake Unit

Active case in last 30 days?

Benova

Worker takes HUSKY applications

Refer to appropriate local office via mail (see mail-in process above)

HUSKY eligibles? Yes

No

Determine HUSKY eligibility

HUSKY eligibles?

Yes

No

Authorizes HUSKY eligibility?

Yes

No

Send paper application to Bridgeport office for processing

No

Refer to DSS worker @ Bridgeport office for eligibility determination

HUSKY eligibles?

Yes

No

Yes

No

Refer to appropriate local office via mail (see mail-in process above)

HUSKY eligibles?

Yes

No

Refer to appropriate local office via mail (see mail-in process above)

Additional verification needed?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligible?

Yes

No

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Additional verification needed?

Diep application

No

Yes

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?

Yes

No

Review application

Authorize & refer to ongoing caseworker

Medicaid eligibles?

Yes

No

Contact applicant for additional information

Additional verification needed?

Yes

No

Medicaid eligibles?
Post-intake assessment

Case transferred from Intake Unit

Conduct needs assessment

Refer client to Kennedy Center for employment services

12 month review

Review letter sent to client 1 month prior to review

Have atttendance review?

Yes

Conduct face-to-face review for all programs

Applicant remains eligible?

Yes

Authorize case for additional review period

No

All benefits terminated

No

Case closed

20th month exit interview (only for time-limited TFA clients)

*Clients with no time limits have only annual review

20th month review letter sent to client 1 month prior

Has client attended review?

Yes

Conduct time limit review

Has client complied with work report?

Yes

Grant extension?

No

Discontinue TANF, extend FSP/Mcd (after 21st month)

Discontinue TANF, extend FSP/Mcd (after 21st month)

Yes

Grant extension and review every 6 months

No

All benefits terminated (after 21st month)
**APPENDIX D: HOW CONNECTICUT’S CURRENT POLICIES AND PRACTICES FOR HANDLING KEY TRANSITION POINTS SUPPORT OR RISK ENROLLMENT AND RETENTION IN MEDICAID AND FOOD STAMPS**

<table>
<thead>
<tr>
<th>Transition Point</th>
<th>Practices Supporting Enrollment and Retention</th>
<th>Risks for Loss of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application and Enrollment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal Diversion (Client Enters Office But Does Not Apply)</td>
<td>Applicants can complete application process in one day</td>
<td>Physical facilities do not promote private conversations</td>
</tr>
<tr>
<td></td>
<td>Intake workers must see applicant within 15 minutes after being notified</td>
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<tr>
<td></td>
<td>Intake workers have access to applicant’s vehicle registration and employment files</td>
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<tr>
<td></td>
<td>Medicaid application has been shortened from 16 to 4 pages</td>
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<tr>
<td></td>
<td>Medicaid application may be completed by telephone or mailed in (no face-to-face interview with DSS worker is required)</td>
<td></td>
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<tr>
<td></td>
<td>Medicaid application does not request information about assets and permits self-declaration of income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Applies For One Benefit But Is Not Informed of Others</td>
<td>Intake workers can process applications for all programs</td>
<td>EMS runs eligibility only on programs that worker selects for eligibility determination</td>
</tr>
<tr>
<td></td>
<td>Effective 10/01, all members of a household are categorically eligible for food stamps if at least one member receives public assistance (e.g., TANF-funded benefits)</td>
<td></td>
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<tr>
<td>Application Started But Not Completed</td>
<td>EMS produces a report of pending applications twice per month</td>
<td>N/A</td>
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<tr>
<td></td>
<td>EMS allows workers to approve programs separately because each program is treated as separate assistance unit</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal Diversion (Lump Sum Cash Payment)</td>
<td>Few diversion cases</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denial From TANF</td>
<td>EMS determines eligibility for food stamps and Medicaid if client is determined ineligible for TANF</td>
<td>N/A</td>
</tr>
<tr>
<td>Transition Point</td>
<td>Practices Supporting Enrollment and Retention</td>
<td>Risks for Loss of Benefits</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Retention/Recertification</td>
<td>EMS selects program offering the broadest coverage first, “trickling” down to next level until it finds a basis of eligibility</td>
<td>For clients receiving TFA, recertification periods for Medicaid and food stamps are aligned with TFA’s. EMS has separate codes for non-TFA/Section 1931 category and TFA/Section 1931 category. If client fails to appear for 20-month TFA exit interview, food stamps and Medicaid close except for children covered under continuous eligibility and families with earnings in month of loss of eligibility—both continue to receive TMA. Before 10/01, CT required monthly reporting of income for all non-TFA food stamp households.</td>
</tr>
<tr>
<td>Maintaining Eligibility at Recertification for Benefits</td>
<td>CT has 4-page Medicaid renewal form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Same form used for application and renewal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternating mail-in and face-to-face recertification for food stamps every six months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective 10/01, replaced monthly reporting of income for food stamp households with reporting of changes in income greater than $100</td>
<td></td>
</tr>
<tr>
<td>Closure of TANF</td>
<td>Medicaid and food stamps continue because each program is treated as separate assistance unit in EMS, and workers must close each assistance unit separately</td>
<td>Former clients who are employed within 6 months of their TFA case closing may not be aware that they are eligible for TMA.</td>
</tr>
<tr>
<td>TANF Closed Due to Earnings</td>
<td>EMS automatically checks (“sprouts”) eligibility for Medicaid</td>
<td>Until 12/01, EMS counted discontinued TFA payment against food stamp benefit amount; manual correction by central office was required to recalculate food stamp award excluding TFA income.</td>
</tr>
<tr>
<td></td>
<td>Until 10/01, CT provided 2 years of TMA for families who lost 1931 eligibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On/after 10/01, CT disregards all income &gt;150% FPL for 12 months, followed by 12 months of federal TMA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Families employed within 6 months of their TFA case closing are eligible for TMA</td>
<td></td>
</tr>
<tr>
<td>TANF Closed for Other Reasons</td>
<td>Actions within 30 days of closure must be by the on-going worker</td>
<td>EMS requires a manual reason code for voluntary closures, which stops EMS’ s automatic review for eligibility in other programs.</td>
</tr>
<tr>
<td>TANF Benefits Reduced or Closed Due to Sanction</td>
<td>During sanction period, Medicaid and food stamp benefits continue. Medicaid and food stamps are treated as separate assistance units and do not close automatically when TANF is closed</td>
<td>N/A</td>
</tr>
</tbody>
</table>
APPENDIX E

HUSKY APPLICATION
### Section A:  I want health insurance for:  (Check (√) the category or categories that match your situation.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myself, my spouse and our children under age 19 who live with us.</td>
<td>Myself only, I am pregnant. The date that my baby is due is __________.</td>
</tr>
<tr>
<td>Myself, and children in my care who live with me.</td>
<td>My children under age 19 who do not live with me. I am under a court</td>
</tr>
<tr>
<td>Only for the children in my care who live with me. I do not want health</td>
<td>order to provide medical support. This is the address of my children</td>
</tr>
<tr>
<td>insurance for myself.</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>Myself only, I am under age 19.</td>
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</tr>
<tr>
<td>Myself only, I am pregnant.</td>
<td></td>
</tr>
</tbody>
</table>

### Section B: Applicant Information - Tell us about yourself

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Day Phone Number</th>
<th>Evening Phone Number</th>
<th>Client ID</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Date of Birth</th>
<th>Gender</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Male</td>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Other Names You Have Used</th>
<th>Race/Ethnicity (optional)</th>
<th>Social Security Number*</th>
<th>Are You a US Citizen?*</th>
<th>What Language Do You Speak Best?</th>
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*Optional if you are not applying for yourself

### Section C: Tell us about the other people who need HUSKY health insurance. Do not include yourself, as your information is listed above.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name and Middle Initial</th>
<th>Relationship to the applicant</th>
<th>Is this person a parent of at least one of the children?</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Gender M/F</th>
<th>Race/Ethnicity</th>
<th>US Citizen? If No, fill out Section J</th>
<th>Has Earnings or other Income?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
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<td>Yes No</td>
<td>Yes No</td>
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<td>Yes No</td>
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<td>Yes No</td>
<td>Yes No</td>
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<td>Yes No</td>
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<td>Yes No</td>
<td>Yes No</td>
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<td>Yes No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

If anyone listed in this section is pregnant, please list their name and the date that the baby is due ___________________________.

---

This application is for families who only need health insurance. If you need other types of assistance for your family, call INFOLINE at 211. Deaf and hearing-impaired individuals may use a TDD/TTY by calling 1-800-410-1681. Questions, concerns, complaints, or requests for information in alternative formats must be directed to 1-800-842-1508.

If you have any questions about this application or need help completing it, call 1-800-656-6684. If the information you have does not fit on this form, please attach separate sheets of paper as needed.
Section D: Other Household Members - We need information about others who live in the household and who are the parents, stepparents and spouses of the people who want HUSKY health insurance. Also, please list any other children in the household under age 19 who are not applying for HUSKY health insurance. Do not include anyone listed in Section B or C of page one. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Social Security Number (Optional)</th>
<th>Show who this person is related to and how they are related (Example, father of Billy Smith)</th>
<th>Receives Earned Income?</th>
<th>Receives Other Income?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
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<td></td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

Section E: Parents Who Do Not Live in the Household - Please complete the following for parents (of children who are applying for HUSKY) who do not live in the household. Include yourself if you are a non-custodial parent. Attach additional sheets if necessary. We will ask you to cooperate with child support if your child qualifies for HUSKY A. You may ask for an exemption from this requirement if you feel there is good cause to do so. Your children can still qualify for HUSKY if you choose not to cooperate. However, you will not qualify for HUSKY for yourself if you do not cooperate with child support without good cause.

<table>
<thead>
<tr>
<th>Name of Parent</th>
<th>Name of Child</th>
<th>Parent’s Address</th>
<th>Name, Address, and Phone Number of Parent’s Employer</th>
</tr>
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<tbody>
<tr>
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</table>

Section F: Employment Income - Complete the following for anyone in Sections C and D who receives earned income. Also include your earnings if you are a parent or if you are a caretaker relative who wants HUSKY for yourself. If a person has more than one job, list each job separately. (See instruction sheet for acceptable verifications.)

<table>
<thead>
<tr>
<th>Name of Employed Person</th>
<th>Full-time or part-time student? If yes, name of school?</th>
<th>Employer Name, Address and Phone Number</th>
<th>Government Employee?</th>
<th>Hours Worked per Week</th>
<th>Pay Before Deductions (including tips)</th>
<th>Date Started</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>City/Town State Federal</td>
<td>$ per</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>City/Town State Federal</td>
<td>$ per</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section G: Other Income - Please complete the following for anyone in Sections C and D who receives other income such as child support, Social Security, or Unemployment Compensation. Also include your unearned income if you are a parent or if you are a caretaker relative who wants HUSKY for yourself.

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Type of Income</th>
<th>How Much?</th>
<th>How Often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION OR NEED HELP COMPLETING IT, CALL 1-800-656-6684.
**Section H: Day Care Expenses** - If you or anyone in the household pay for day care for a child or a disabled adult complete the following. Also, include any day care payments made by a state agency such as the ChildCare Assistance Program (CCAP).

<table>
<thead>
<tr>
<th>Name of Person who Receives Care</th>
<th>Amount Paid By You</th>
<th>Amount Paid by the State</th>
<th>How Often?</th>
<th>Day Care Provider Name, Address And Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Section I: Health Insurance** - Does anyone for whom you are applying currently have other health insurance?  

<table>
<thead>
<tr>
<th>Name(s) of Insured</th>
<th>Insurance Company Name, Address, and Phone Number</th>
<th>Type</th>
<th>Policy or Member Number</th>
<th>Begin Date</th>
<th>Source</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If yes, please complete the following.

Did anyone have employer-sponsored health insurance terminated or canceled in the last six months?  

<table>
<thead>
<tr>
<th>Name of Insured</th>
<th>Insurance Company Name, Address, and Phone Number</th>
<th>Type</th>
<th>Policy or Member Number</th>
<th>Date Ended</th>
<th>Why is this Insurance No Longer Available?</th>
</tr>
</thead>
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How much do you pay, or did you pay for this insurance? $________________. How often?__________________.

If anyone in the household has unpaid medical bills, paid bills for medical services received in the past 3 months, or is currently paying on a loan that was taken to pay for medical bills, please provide the following information. We may need more information about your medical bills later.

<table>
<thead>
<tr>
<th>Date of Medical Service</th>
<th>Total Charge</th>
<th>Amount Still Owed</th>
<th>Amount Paid Each Month</th>
<th>If you took a loan to pay for medical care, give the Name of the Lender, Amount of the Loan and the Date the Loan was Taken</th>
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**Section J: Immigration** - Provide immigration information for those who are not citizens and who are applying for HUSKY health insurance.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Entry into US</th>
<th>INS Number</th>
<th>INS Status</th>
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**Section K: Tribal Membership** - Members of federally recognized American Indian tribes and Alaskan Natives who qualify for subsidized HUSKY coverage do not have to pay premiums or co-payments. Are any of the people listed in Section B or C members of a federally recognized American Indian tribe or Alaskan Natives?  

Yes  No  If yes, list the person’s name and tribe and provide a tribal card or letter as verification.

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION OR NEED HELP COMPLETING IT, CALL 1-800-656-6684.
Section L: Read Carefully and Sign Below

I UNDERSTAND
• That there is a grievance process if I disagree with an action taken on my case;
• That all information given on this form is subject to verification by federal, state and local officials;
• That all information given on this form is confidential and the Department of Social Services (DSS) or its agent will only use this information to administer DSS programs;
• That by receiving medical assistance, I allow the state to recover the cost of my medical bills, which may have been covered by other insurance, directly from the insuring company;
• That the state may recover from the proceeds of a lawsuit, based upon negligence, the cost of accident-related medical services paid by the state;
• That any payment made by the state on behalf of an enrollee as a result of a false statement, misrepresentation or concealment of or failure to disclose income or health insurance coverage by an applicant responsible for maintaining insurance may be recovered by the state; and
• That if I have knowingly given incorrect information I may be subject to penalties for false statements and larceny as specified in the Connecticut General Statutes sections 53a-122, 53a-123, 53a-157b, and 17b-97, as well as penalties under Federal Law.

I AGREE
• To notify DSS or its agent within 10 days of all changes in family circumstances, for example, income, medical insurance, address, residence of child, or household size;
• To cooperate with federal, state, and local officials by providing authorizations, documents and other proof regarding the information that I have provided on this form;
• To cooperate with federal and state personnel in a Quality Control Review;
• To cooperate with child support requirements if my child is eligible for HUSKY A, unless I am determined exempt from such requirements. Cooperation includes, but is not limited to, supplying minimum information about the noncustodial parent(s), helping DSS establish paternity and a medical support order, and giving the state permission to receive medical support payments from the non-custodial parent(s),
• To not alter, trade, lend, or sell my medical services card and/or the medical services card of any child for whom I applied for medical health insurance, and to have the Department or its agent file Medicare claims and pursue appeals.

I CERTIFY
• That I have read or have it read to me in a language that I understand and the information given on this form is true and complete to the best of my knowledge.

SIGNATURE Date
Witness’ Signature (if signed with an X) Date

If someone helped the applicant complete this form, this person must sign also.

Interpreter’s Signature Date

Helper’s Signature Date

If someone completed this form on the applicant’s behalf, this person must sign also.

Representative’s Signature Date

If you have any questions about this application or need help completing it, call 1-800-656-6684.

Return this form in the self-addressed envelope provided. If no envelope was provided, mail the completed forms to:
HUSKY PROGRAM, P.O. BOX 280747, EAST HARTFORD CT 06128

How did you hear about the HUSKY Program?

TV Radio Newspaper Doctor’s Office InfoLine Presentation Other

HUSKY medical assistance coverage will not be denied due to a pre-existing medical condition.

This application will be considered without regard to race, color, gender, age, physical or mental disability, religious creed, national origin, sexual orientation, ancestry, language barriers, or political beliefs.