State of Washington

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

Final Report

February 18, 2002

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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 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 Services, 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

One of the unexpected consequences of the 1996 federal welfare law has been the nationwide decline in participation in the Food Stamp Program and Medicaid among low-income families. Although large numbers of cash assistance recipients have moved off the welfare rolls and into work, research suggests that in some states many eligible low-income families with children may not be receiving the food stamp and Medicaid benefits they need and for which they qualify.

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

The information for this report was collected primarily through a five-day visit to Washington between April 30 and May 4, 2001. The visit permitted two days in each of the local Community Service Offices (CSOs) and one day in Olympia meeting with DSHS officials. The objective of the site visit was to gain information from a wide variety of perspectives on the policies and practices that may affect participation in the food stamp, Medicaid, and SCHIP programs. We gathered the information through meetings with administrators and staff of the state agencies administering the programs, with the leaders and staff in each local CSO and with clients and the community-based organizations that serve clients.

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

A. WASHINGTON STATE’S VIEW OF FOOD STAMPS AND MEDICAID AS SUPPORTS FOR WORKING FAMILIES

Washington state takes a number of actions reflecting its view that food stamps and Medicaid are important supports that low-income working families should receive, particularly those that do not receive cash TANF assistance. The state relies on client information notices and brochures, media and outreach campaigns, and increased use of call centers to inform families of the various benefits available to families that are not receiving TANF cash assistance. The state’s philosophy that food stamps and Medicaid are work supports shapes many of its
efforts to promote enrollment and retention. For Medicaid and SCHIP, the state’s message on enrollment and retention is clear and is supported by explicit policies, procedures, and systems. For food stamps, however, the message is somewhat mixed, reflecting tension between the state’s philosophical position on food stamps as a work support and the state’s procedural requirements and heavy reliance on short food stamp certification periods.

B. SUMMARY OF ENROLLMENT AND RETENTION FOR MEDICAID

1. Washington State Has Increased the Medicaid Enrollment of Children and Parents in Families Not Receiving Cash TANF Assistance

Washington has succeeded in providing Medicaid coverage independently of welfare receipt to low-income children and, in many cases, their parents. Over one-half million children or parents are enrolled in Medicaid in Washington while fewer than one-quarter of these individuals also receive TANF cash assistance.

- The number of children enrolled in the Medicaid children’s categories has grown by nearly 25 percent since 1997—from about 235,000 in 1997 to about 290,00 in March 2001. None of the increase in the children’s Medicaid caseload is attributable to the expansion of eligibility; it is all the result of increased enrollment, retention, or transfer from other Medicaid coverage categories.

- The number of non-TANF individuals receiving Medicaid for the entire family (parents and children) tripled between July 1997 and March 2001, growing from nearly 42,000 to nearly 127,000 individuals. (These numbers include individuals in families not receiving TANF that are enrolled in either family Medicaid under Section 1931 or Transitional Medical Assistance).

2. Practices That Promote Medicaid Enrollment

Streamlined Enrollment Medicaid Procedures. Washington has streamlined enrollment of children in Medicaid and the state’s separate SCHIP program by developing a short joint children’s application that can be submitted by mail or fax or even taken over the telephone. Other simplification efforts for children include acceptance of self-declaration of income, elimination of the interview requirement, elimination of the asset test, and use of 12-month continuous eligibility.

A few of these streamlined enrollment features have been extended to Section 1931 Medicaid for families. Specifically, no interview is required and, for recipients but not applicants, asset tests have been eliminated. The state has not extended other aspects of its simplified enrollment practices to family medical enrollment. The state does not use the short medical-only application used for children, and requires verification of income and (for applicants) resources. Families apply for Medicaid under Section 1931 by completing the combined application used for food stamps, TANF and other programs. Families can apply for Section 1931 Medicaid through the local CSO through the mail, or in some offices, by phone.
Since the time of the site visit, families and children can also initiate application for benefits online.

**CSO Application Processes Ensure Consideration of Medicaid Eligibility.** A broad commitment to ensure that families are enrolled in Medicaid was evident in local CSO procedures and practices. The staff consistently understood that Medicaid is separate from TANF and that a family need not receive TANF in order to qualify for Medicaid. If a family applies for TANF or food stamps along with Medicaid through the state’s six-page combined application for benefits, Medicaid eligibility will always be determined even if TANF or food stamps are denied. Because no interview is required for Medicaid, each CSO we visited had procedures to ensure that an applicant’s Medicaid eligibility is considered even if the family fails to appear for a TANF or food stamp interview. ACES, Washington’s Department of Social and Health Services’ automated eligibility system, considers all potential categories of Medicaid and SCHIP before Medicaid is denied.

**Coordination Between Medicaid and SCHIP.** Although the state’s SCHIP program is a separate state program, DSHS determines eligibility for SCHIP. ACES determines eligibility for both children’s Medicaid category (covering children with family income under 200 percent of the federal poverty level) and the state’s separate SCHIP program (covering children with family income between 200 and 250 percent of the FPL). Children applying for medical benefits are automatically enrolled in the appropriate program.

### 3. Practices That Promote Medicaid Retention

**Automated Systems Reduce Risk of Loss of Medicaid.** When a family loses eligibility for one category of Medicaid coverage, ACES avoids erroneous loss of Medicaid by automatically “trickling” to other Medicaid coverage categories such as Transitional Medical Assistance (TMA), children’s Medicaid coverage, or SCHIP. If a family loses eligibility for TANF, ACES will automatically continue the family on Section 1931 coverage until the next Medicaid review unless the reason for TANF closure, such as increased earnings, also makes the family ineligible for Section 1931 Medicaid. In such cases, ACES would trickle to other Medicaid coverage categories such as TMA.

**Continually Extending Medicaid at Food Stamp or TANF Reviews Promotes Medicaid Retention.** The state uses an innovative practice in rolling out Medicaid eligibility for an additional 12 months (“resetting the clock”) after any food stamp or TANF eligibility review. (Washington reviews Medicaid for children or families annually and generally reviews TANF or food stamps every three months.) The result is that a family receiving TANF or food stamps is never required to renew Medicaid. Medicaid renewal happens automatically and invisibly to the family with each food stamp or TANF review, and continually stays nine months ahead of the next food stamp or TANF review. Thus, even if a family fails to renew TANF or food stamps, the Medicaid would continue for at least nine more months until a Medicaid review is required. This practice addresses a key risk point (renewal) at which children and families might lose Medicaid coverage. It also fulfills the federal requirement that a state consider on an *ex parte* basis any information already known to the agency before terminating Medicaid.
C. SUMMARY OF ENROLLMENT AND RETENTION FOR FOOD STAMPS

Tension Between Goals of Access and Accuracy. Washington state has attempted to balance its goal of food stamp access against its goal of payment accuracy. DSHS leadership intends to send the message that the Food Stamp Program provides a basic need and is not “welfare;” rather, it is a major benefit that assists low-income working families. The state’s message is reflected in information and outreach efforts as well as in CSO processes that ensure that food stamp eligibility is considered if TANF benefits are denied or closed. At the same time, DSHS has placed a heavy emphasis on payment accuracy in response to 1998 quality control error rates. The concern about accuracy is apparent in the frequent use of short food stamp certification periods, the strong emphasis on verification, and continual auditing of a large percentage of food stamp cases. Based on our observations and interviews, the various policies and procedures governing food stamp enrollment and retention have led to a focus on food stamp accuracy as the dominant culture in the CSOs.

Short Certification Periods As a Barrier to Food Stamp Access. We observed barriers to initial and ongoing participation in food stamps but they are not driven by the state’s welfare reform or TANF policies. (In fact, the state’s food stamp policies, such as three-month review periods, drive the TANF policies.) The food stamp barriers arise from the frequent use of short three-month food stamp certification periods, which typically require a family to reapply for food stamps, appear for an interview at the CSO, and provide additional verification every three months.

Washington has made an effort to increase access within the limits of its short certification period by reminding staff of the availability of longer certification periods and waivers of face-to-face interviews and that circumstances that have not changed need not be reverified every three months. Despite the state’s attempt to lessen risks to food stamp participation, we frequently observed that staff continuing to use three-month reviews and reverification of all eligibility factors at each review. The state’s attempt to bring accuracy and access into better balance, as outlined in a June 2000 policy memorandum, appears to have met with little success.

Washington state is in the process of making improvements to its food stamp retention policies and procedures and is planning to implement the new option now available under federal food stamp rules to use 12-month certification periods with semiannual reporting. In addition, the state is planning to increase the use of call centers or other mechanisms to allow clients to submit changes and conduct reviews without a trip to the local CSO.

D. DELIVERY OF SERVICES AT THE LOCAL CSOs

Key Transition Points. One of the major goals of this study was to examine the transition points at which a family applying for or receiving food stamps or Medicaid finds itself at risk for losing benefits. In particular, the study focused on the transitions that occur when TANF benefits are denied or terminated. We conclude that the automated systems and processes used at the local CSOs in Washington appear to ensure that food stamps or Medicaid coverage are not denied or terminated just because TANF benefits are denied or terminated.
In addition, while the CSOs had TANF and non-TANF units, a family receives all cash, food and Medicaid benefits from one unit at a time. When TANF benefits are denied or terminated, any ongoing Medicaid or food stamp eligibility is determined before the case is transferred to the non-TANF unit.

**Same Day Service.** Both of the CSOs we visited, along with several other CSOs in the state, used a walk-in “same day service” approach for applications for TANF, food stamps or Medicaid. Applicants who arrive before 9:30 a.m. can be interviewed that day and, if all of the verification is available, benefits can be authorized immediately. This system was instituted to eliminate application delays and use staff time more efficiently given the high no-show rate for interviews. One of the offices we visited also uses the walk-in “same day service” approach for food stamp reviews for non-TANF families. DSHS caseworkers and participants in the client focus group generally were positive about the same day service approach.

Under same day service, clients who come in after 9:30 are told to come back another day before 9:30. We were told that CSOs can accommodate a client who needs to schedule an appointment in advance or cannot come in early in the morning, but we observed uneven implementation of such policies by staff at the front desk.

**Call Center.** The Bellingham CSO implemented an on-site call center in July 2000. The Call Center staff handles the majority of the calls that come into the main number of the CSO. The staff answer general questions for clients and community providers, answer client-specific questions about the status or an application or ongoing benefits, and process some Medicaid applications and renewals. At the time of our visit, the CSO was implementing plans for the Call Center to begin to handle food stamp recertifications over the phone. The Call Center appeared to make a major contribution to improved customer service based on input from clients and staff.

**E. OUTREACH AND PUBLIC INFORMATION CAMPAIGNS**

Washington state has multiple efforts to make information available to low-income families including families that have not entered through the CSO. In addition to the initiatives discussed below, the state has developed orientation presentations and written materials to communicate the availability of food stamps and Medicaid for families not receiving TANF cash assistance.

**Medicaid Outreach Project.** This community-based project provides Medicaid outreach for children and families and assists with enrollment. The local projects frequently focus on insular populations such as limited-English proficient and Indian tribes.

**Healthy Kids Now Campaign.** This campaign promotes both the children’s Medicaid coverage categories and the state’s separate SCHIP program. It includes media buys, “rack cards,” and a brochure that includes the joint application for both programs.

**Food Stamp Education and Outreach Program.** This project contracts with local organizations to provide food stamp outreach, general information, referrals, and application assistance at a grassroots level.
Help for Working Families Campaign. This media campaign and call center primarily targets families that would not normally come in contact with the DSHS CSOs with information about food stamps, Medicaid and other health coverage, child care and child support. Families contacting the call center can enroll children for Medicaid over the phone.

Additional Client Information and Access Efforts. Washington state has recently additional implemented initiatives such as an On-Line CSO, which allows families to obtain information and initiate an application for benefits without visiting a local Community Services Office.

We observed that the food stamp and Medicaid/SCHIP outreach efforts, while both performed by community-based organizations, for the most part appear to operate independently of one another. Given that the clients targeted by each effort may need both food assistance and health coverage, better coordination of outreach efforts could increase the outcomes for each outreach initiative. In addition, we observed limited contact between local outreach initiatives and the CSOs serving their respective areas. Given that the CSO provides the only avenue of access to food stamps and family medical, both the outreach contractors and the CSOs could better serve their clients through improved coordination and regular communication.

F. CONCLUSION

Washington state has implemented and continues to develop a number of initiatives and procedures to improve access to food stamps and Medicaid for working families. Efforts dedicated to streamlining policies, increasing the number of ways a client can communicate with the CSO, and improving customer service all show a commitment on the part of DSHS to expediting enrollment and retention. Customer service at the CSO and, in particular, the requirements for frequent in-person contacts at the CSO and verification of various pieces of information present continuing barriers to enrollment and retention in food stamps and Medicaid for families. The state’s emphasis on developing innovative ways to serve clients with fewer CSO visits has great potential to promote enrollment and retention in food stamps and Medicaid among low-income working families.
I. CONTEXT

A. INTRODUCTION

One of the unexpected consequences of the 1996 federal welfare law has been the nationwide decline in participation in the Food Stamp Program and Medicaid by low-income families. Although large numbers of cash assistance recipients have moved off the welfare rolls and into work, research suggests that in some states many eligible low-income families with children may not be receiving the food stamp and Medicaid benefits they need and for which they qualify.

To examine the barriers and enhancements to initial and continuous participation in the Food Stamp Program, Medicaid and the new State Children’s Health Insurance Program (SCHIP), the U.S. Department of Health and Human Services and the U.S. Department of Agriculture commissioned a research project involving case studies of the implementation of these programs at the state level. As part of this project, Washington was chosen as a site to study both promising practices and areas for program improvement with respect to access to food stamps, Medicaid, and SCHIP benefits. The aim of the case study was to learn about and profile innovative policies and practices that enhance participation in the Food Stamp Program, Medicaid, or SCHIP by low-income families.

Washington was selected for this study for several reasons. First, it had implemented a number of promising practices, particularly involving Medicaid, including streamlined enrollment procedures and recent changes to improve retention of benefits. At the same time, the state itself had identified a number of areas for improvement including increasing access to food stamps for working families and improving delivery of services at the local office levels. As Washington has statewide uniformity on all policies and most procedures, and has the additional uniformity that the automated eligibility system brings to procedures, one goal in selecting Washington was to examine how, in this context of statewide uniformity, local variations in service delivery and local practices affected access to food stamps and Medicaid.

Two local Department of Social and Health Services Community Service Offices (CSOs) were selected for the site visit: the King South CSO serving southern King County and located in the town of Kent; and the Bellingham CSO serving all of Whatcom County. These offices are located in two of the six DSHS regions. The King South CSO is located the county which includes Seattle and serves many of the families that cannot afford to live in Seattle. It serves a very racially and ethnically diverse population speaking a number of different languages. In many respects, it is more of a typical urban office. The Bellingham office is located in a small city in a rural county. The population this office serves also includes a large number of immigrants and Native Americans. These offices were selected based on a range of considerations including a desire to see offices serving both an urban county and a rural county, with approximate equivalence in caseload size, with specific innovations adopted by the local office, and who face challenges in the delivery of services.
The information for this report was collected primarily through a five-day visit to Washington on April 30-May 4, 2001, which included two days in each of the CSOs and one day in Olympia meeting with state Department of Social and Health Services (DSHS) officials. The objective of the site visit was to gain information from a wide variety of perspectives on the policies and practices that may affect participation in food stamps, Medicaid, and SCHIP. We gathered this information through meetings with administrators and staff of the state agencies administering these programs, leadership and staff in each local CSO, as well as meetings with clients and the community-based organizations that serve clients.

Special attention was paid to barriers that may have arisen or become magnified because of welfare reform policies such as diversion and increased TANF closures. Specific practices examined included those involved in outreach, simplification of enrollment, and use of automated systems to determine or continue eligibility. We paid a great deal of attention to the workflow and process involved in the application and retention process for Medicaid and food stamps for both TANF clients and non-TANF clients and specifically to the procedures followed to ensure that food stamp and Medicaid benefits continue when a family leaves TANF. We also focused attention on the service delivery approaches adopted by each office in areas where there was flexibility for local variation.

This report describes Washington’s state-level policies and procedures as well as the implementation practices and processes observed at the local office level. The first section of this report presents an overview of state-level policies and procedures in the state’s TANF, food stamp, Medicaid, and SCHIP programs and presents an overview of the local offices structure and workflow the state’s automated systems. The second section discusses the initiatives related to enrollment and retention of children and families in food stamps, Medicaid and SCHIP. The third includes a summary of conclusions, a discussion of areas for improvement, and upcoming initiatives.

B. BACKGROUND ON STATE PROGRAMS

In Washington, eligibility for TANF, Medicaid and food stamp benefits generally is administered by the Economic Assistance Administration (ESA) of the Department of Social and Health Services through over 65 state-administered local CSOs. While TANF and food stamp policy is developed within the ESA, a separate division of DSHS, Medical Assistance Administration (MAA), develops Medicaid policy. MAA administers the provision of and payment for medical services. MAA also determines eligibility for SCHIP benefits and, in addition to local CSOs, for children’s Medicaid coverage. Cash assistance and food stamps are provided to recipients through Electronic Benefit Transfer accounts.

1. Washington’s TANF Program—WorkFirst

Washington State provides cash assistance under the Temporary Assistance for Needy Families block grant to low-income families with dependent children through its WorkFirst program. The WorkFirst program includes TANF cash assistance, support services, other payments such as diversion payments or exit bonuses, and a range of work activities. In
Washington, TANF cash assistance benefits are referred to either as TANF or WorkFirst benefits and both of these terms are used throughout this report.

**Eligibility and Benefits.** To be eligible for TANF cash assistance, a family must contain a child who living with a parent, relative, or guardian. Applicants and recipients in two-parent families are eligible on the same basis as single-parent families. Clients apply for TANF at the local CSO by submitting a six-page (front and back of three pages) combined application form that is used for all benefits.

The maximum TANF benefit in Washington is $546 for a family of three, or 45 percent of the 2001 federal poverty guidelines. In determining eligibility and computing monthly benefits, 50 percent of earned income is disregarded for both applicants and recipients. Applying these disregards, a family of three will become ineligible for TANF cash assistance with earnings of $1,092 a month (90 percent of the federal poverty line). In measuring need, Washington excludes up to $5,000 of equity in one vehicle. Any equity interest in the first vehicle over $5,000 or in any other vehicles will count toward the general $1,000 limit on assets. In addition, recipients can accumulate up an additional $3,000 in savings. (Based on a legislative action after the site visit, the state will be revising some of these policies). TANF benefits are provided for three-month certification periods unless the case manager determines that a longer period of six or twelve months is appropriate based on stable family circumstances. Recipients must report changes in circumstances within 10 days.

Washington provides cash assistance through a state-funded program under these same eligibility criteria to immigrants who cannot receive federally-funded cash TANF benefits due to restrictions in the 1996 federal welfare law. This includes families that have arrived in the United States since August 22, 1996 and families that are permanently residing in the United States under color of law.

The state’s TANF caseloads have declined about 46 percent between 1994 and June, 2000, which is less than the 56 percent decline nationally for the same period. As of February, 2001, about 55,000 families received TANF assistance in Washington State.

**Time Limits.** Washington has adopted a 60-month time limit on the receipt of TANF cash assistance. Families first will begin to reach this time limit in August, 2002. The state’s time clock runs on all families except child-only families in which no adult receives TANF benefits.\(^1\) Under state law, up to 20 percent of the TANF caseload can receive TANF beyond 60 months based on hardship or domestic violence. At the time of the visit, the state was in the process of developing the criteria for such extensions.

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\(^1\) Washington State is in the midst of revising its computer programming so that time clocks will not run on those families meeting the exception to the federal TANF time limit for those residing in “Indian country.” Under this federal law provision, months of TANF assistance provided to a family living on an Indian reservation with high unemployment do not count toward the time limit.
**Work Requirements.** Participation in Washington’s WorkFirst program generally begins with job search for up to 12 weeks. Washington does not require applicants to participate in job search in order to qualify for TANF, but it does permit applicants to do so even before their eligibility is established. This is referred to as “fast track” or “same day” job search. Because of the high proportion of the population that is limited-English proficient (LEP), an LEP job search component has been designed to serve these clients in some locations.

Parents caring for infants under the age of three months are exempt from WorkFirst work participation. While Washington does not have any other formal exemptions, it does allow for deferral of work activities on a case-by-case basis for reasons including illness, caring for an incapacitated household member, and domestic violence. Clients are initially screened to determine if they are ready for job search. WorkFirst participation requirements can also be met through work preparation activities such as substance abuse treatment.

**Sanctions.** The law in Washington authorizes but does not require full-family sanctions for failure to participate in work requirements without good cause. DSHS has chosen not to terminate the entire family but instead to impose partial sanctions. These sanctions escalate if noncompliance continues for a period of time. For each instance of noncompliance, the initial sanction reduces the grant by the adult’s portion, the second stage provides this reduced amount through a protective payee, and the maximum sanction results in a 40 percent grant reduction. Nearly 3,500 families were in sanction status at the time of the site visit.

**Cash Diversion, Additional Requirements, Exit Bonus.** Washington has a formal lump sum diversion program. Families that otherwise would qualify for cash TANF benefits can instead receive a lump sum payment of up to $1,500 once in 12 months. The lump sum payment is disregarded as income for Medicaid and food stamps. If family comes onto cash TANF during this 12-month period, the diversion payment is considered a loan and a portion is recouped through mandatory grant deduction. The amount that must be paid back is prorated based on the amount of the 12-month period that the family did not receive cash TANF benefits. The diversion payment is not used extensively, largely due to the repayment provisions. Only a handful of cases receive diversion payments in a given month in most CSOs for a monthly total of about 250 cases statewide.

Washington provides an alternate benefit, called Additional Requirements-Emergent Need or AR-EN, that is used more frequently than lump sum diversion. AR-EN can provide up to $1,500 to a family that receives for TANF for expenses such as obtaining or repairing housing or preventing eviction. It is perceived as more useful to families because it allows families to receive TANF and does not require repayment of benefits for families that need to receive TANF benefits.

Washington also provides a once-in-a-lifetime exit bonus of up to $1,000 to families with income that leave TANF. The family must be employed, not in sanction status, eligible for a TANF grant of less than $100, and leaving TANF voluntarily. Case managers have discretion on who can receive the bonus if they meet the financial eligibility criteria of receiving a grant less than $100.
Other Benefits. Washington provides support services to families receiving TANF and to those who have left TANF for 24 months. (Since the site visit, the state has proposed a policy change shortened the period of support services to 12 after TANF exit.) Assistance can cover a broad range of work/work preparation needs including car repair, relocation costs, tools and equipment, and clothing or uniforms.

Washington provides Working Connections Child Care to families with incomes under 225 percent of the federal poverty line. The same child care benefits are provided to TANF recipients and other low-income families with co-payments on a sliding fee scale. There is no waiting list. Since 1997 Washington has nearly tripled the amount of state investments in childcare for working families.

2. Washington’s Food Stamp Program

The Food Stamp Program is a federal entitlement program for low-income individuals administered through the states and, in Washington, through the Department of Social and Health Services. Federal rules governing eligibility for food stamps require that recipients have incomes below 130 percent of the federal poverty level and meet asset tests and other procedural requirements. The 1996 federal welfare law included food stamps changes that disqualified most legal immigrant adults who are not elderly or disabled and restricted benefits and mandated work activities for able-bodied adults without dependents (ABAWDs).

Washington continues to count the full value of TANF benefits in computing a family’s food stamps even if the benefits have been reduced or terminated due to noncompliance with TANF work requirements. Washington has not elected to adopt optional food stamp sanctions for noncompliance with work or other behavioral requirements.

Individuals apply for food stamps at the local CSO through submittal of a six-page combined application form that covers all benefits. In Washington, submittal of Part 1 of the Application for Benefits (the front and back of the first page of the combined application form) begins the application process is used for screen for expedited food stamps. Typically, food stamp clients in Washington receive three month certification periods, and the automated system (ACES) defaults to three-month certification periods for food stamps (and TANF) for all recipients. While all food stamp recipients generally must report changes within 10 days, there is an exception for certain employment-related changes. Because, Washington has a “status reporting” waiver from USDA, employed food stamp recipients need only report limited changes in their work status in between reviews, such as changes in wage rate or going from part-time to full-time employment.

Washington uses “categorical eligibility” for food stamps for families that have left TANF for 24 months after the case is closed due to employment. Since these families are eligible for TANF-funded post-employment support services, they need not separately meet food stamp resource tests and they receive a minimum $10 food stamp benefit.

Washington has a state-funded food stamp program for legal immigrants who do not qualify for federally-funded food stamps due to the immigrant restrictions in the 1996 welfare law.
These benefits primarily go to adults who are not elderly or disabled and immigrants who arrived after August 22, 1996. The different programs are seamless to the family, with a total amount appearing in the EBT account which may include a blend of federally-funded food stamps for some household members and state-funded food assistance for other household members.

3. Washington’s Medicaid Program for Families and Children

Medicaid is a federally-matched medical assistance program that provides health insurance coverage for low-income children and families as well as elderly and disabled persons. ²

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

Washington State calls its Medicaid coverage category under Section 1931 “family medical.” Washington has used less restrictive methodologies to conform the treatment of earnings in its family medical to the treatment used for TANF. The state disregards 50 percent of earnings for applicants and recipients for family medical. This results in an income eligibility cut-off of $1,092 (90 percent of the federal poverty level) for a family of three.

Washington State also uses less restrictive methodologies with respect to treatment of resources for family medical. For applicants, a car is disregarded up to $5,000 and there is a $1,000 limit on other assets for applicants. Assets of recipients are disregarded completely. Two-parent families are eligible on the same basis as single-parent families. Washington has not opted to extend the TANF work sanction to Medicaid.

Family medical is available on the same basis to cash TANF recipients and non-TANF recipients. The programs are aligned so that all cash TANF recipients will qualify for family medical and receive it automatically. Since the state uses the same earnings disregards and the same income standards for TANF and family medical, families often lose eligibility for both programs at the same time. Family medical, however, has some disregards (actual childcare expenses, court-ordered child support payments) that are not available for TANF.

² Washington State also provides a state-funded coverage for individuals and families under the Basic Health Plan (BHP) which provides subsidies for persons with incomes up to 300 percent of the federal poverty line. BHP is administered by a separate state agency and, generally is not integrated or connected to Medicaid except that Medicaid-eligible children receiving BHP benefits are really enrolled in Medicaid.
Eligibility for family medical is determined at local CSOs based on the combined application for benefits that a family would also use for TANF and food stamps. Family medical coverage has 12-month certification periods.

**Transitional Medical Assistance.** TMA is available for up to 12 months when a family loses eligibility for family medical due to earnings and for up to four months when a family loses eligibility due to child support income. To receive TMA, a family must have received family medical for three of the prior six months. The state is implementing (estimated as of spring of 2002) a state plan amendment to disregard the second and third month of earnings for family medical to ensure that recipients can meet the 3 of 6 month for TMA.

**Children’s Poverty-Level Medicaid Coverage.** In Washington, children up to age 19 are eligible for medical coverage with incomes up to 200 percent of the federal poverty level, or $2,438 for a family of three. Countable income is determined by disregarding $90 in work expenses and childcare expenses. Washington has streamlined eligibility with a short mail-in application (no face-to-face interview required), self-declaration of income unless unclear, elimination of asset tests, and 12-month continuous eligibility.

**Immigrants.** Washington also has several coverage categories for immigrants who do not qualify for Medicaid. The family-coverage category serves families who would be eligible for Medicaid but for the immigrant restrictions of the federal welfare law. This provision primarily serves families that arrived after August 22, 1996. In addition, Washington uses state funds to provide coverage to all immigrant children in families with an income up to the federal poverty line, thus covering undocumented and other immigrant children who cannot receive other Medicaid coverage.

4. **Washington’s SCHIP Program**

Since Washington had already provided Medicaid to children in families with incomes below 200 percent of the federal poverty level when the federal SCHIP legislation was passed, it did not initially implement a SCHIP program and has been unable to obtain SCHIP matching funds for these children. The state could, however, obtain SCHIP matching funds for children up to 250 percent of the federal poverty line because of its prior Medicaid coverage policies. In February 2000, Washington implemented a separate state SCHIP program, administered by DSHS, to cover children in families with incomes between 200 percent and 250 percent of the federal poverty line. As of March 2001, about 3,300 children were enrolled in SCHIP.

Washington has aligned SCHIP eligibility policies and procedures with that of the children’s poverty level category for Medicaid to the greatest extent possible. Accordingly, both use the same income counting rules, the same deductions and disregards (child care and $90 per worker expenses), the same household composition rules and no asset test. They also have parallel procedures with 12-month continuous eligibility, no interview requirement, and self-declaration of income. Unlike Medicaid, SCHIP has a premium of $10 per month per child with a family maximum of $30 per month, as well as co-pays that are generally $5. The separate state SCHIP program and the children’s Medicaid coverage category are presented as a single program called
Healthy Kids Now. All outreach and enrollment activities relate to both programs and the state uses a single short application for both.

TABLE 1
SUMMARY OF WASHINGTON STATE’S PRIMARY MEDICAL PROGRAMS FOR FAMILIES AND CHILDREN

<table>
<thead>
<tr>
<th></th>
<th>Family Medical (Section 1931)</th>
<th>Children’s Medicaid</th>
<th>SCHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income Eligibility Limit</strong></td>
<td>90% FPL$^a$</td>
<td>200% FPL</td>
<td>250% FPL</td>
</tr>
<tr>
<td><strong>Asset Tests</strong></td>
<td>Applicants: $1,000 plus car up to $5,000</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Self-declaration of income</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Certification periods</strong></td>
<td>12 months</td>
<td>12 months—continuous eligibility</td>
<td>12 months—continuous eligibility</td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td>Combined application for all benefits (TANF, food stamps, etc.)</td>
<td>Combined application for all benefits, or Short combined children’s medical application</td>
<td>Combined application for all benefits, or Short combined children’s medical application</td>
</tr>
<tr>
<td><strong>Where Eligibility Determination Made</strong></td>
<td>DSHS CSO</td>
<td>DSHS CSO or MEDS unit at MAA or Help for Working Families Call Center</td>
<td>MEDS unit at MAA</td>
</tr>
<tr>
<td><strong>Interview Required</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

$^a$Family Medical eligibility is determined by disregarding 50 percent of earnings and counting net income against TANF payment standard. The resulting income cut-off for a family of three is 90 percent of the Federal Poverty Level.
C. STRUCTURE AND ENVIRONMENT OF KING SOUTH AND BELLINGHAM CSOs

1. Site Environments

a. King South CSO

Clientele and Office Environment. The King South CSO serves suburban and rural communities in the southern part of King County, the county in which Seattle is located. The office is located in Kent, a town about 25 miles from Seattle. While Kent is also the location for a number of services for southern King County (such as a Regional Justice Center), other services and providers are dispersed in other nearby towns or based only in Seattle. The clients served by the King South DSHS office face this dispersal in access to community-based services or employment.

The clientele served by the King South CSO includes a racially and ethnically diverse population. Because of the high cost of housing in Seattle and the eastern suburbs of King County, poor families have increasingly moved to or settled in the southern part of the county. The office serves a large and diverse immigrant population including Vietnamese and Somalis. The office also serves the Muckleshoot Indian Reservation. King South has experienced smaller TANF caseload reduction (39 percent) than the state as a whole. There were 1,444 families receiving TANF from the King South office in March, 2001.

The office is located in a relatively new building located about a mile from downtown Kent. It is not immediately on a bus line. There is very limited bus transportation available within the office’s broad geographic service area. Clients served by this office may live several miles away and face all of the transportation access problems of a rural area. Several times a month a worker from the King South CSO workers will be stationed in another town or on the reservation.

The King South CSO also holds several subcontracts with community based organizations who have staff located on site. The CSO has a contract with a public health nurse, available in the office four days a week, who gives pregnancy tests and birth control. A counselor from King County Assessment is also available 4 days a week to do assessment for alcohol and drug abuse problems. There is also a counselor available from Employment Security.

The King South office has a great deal of staff turnover with most supervisors having five to 10 years of experience and many financial workers having less than two years of experience. Because of the location, this office must compete with many other nearby opportunities within DSHS and in the public and private sectors for personnel. We were told that because of staff vacancies, as well as the significant time that new staff spend in training and the typically lower productivity of new staff, this office faces chronic staffing and workload issues.
b. Bellingham CSO

Clientele and Office Environment. Bellingham is a small city 80 miles north of Seattle. It is the urban center for rural Whatcom County which extends north to the Canadian border and west to the Puget Sound. Bellingham is the location for most social services and community-based organization serving the county. Whatcom County includes a large Hispanic community, two Indian reservations, and a large number of immigrants and refugees, and in particular a large Russian-speaking population. Bellingham has experienced TANF caseload reduction of 47 percent, very slightly more than the state as a whole. There were 1,999 families receiving TANF from the Bellingham office in March, 2001.

The Bellingham CSO is located several miles northeast of downtown Bellingham in a building which also includes space for co-location with a number of representatives for agencies serving the DSHS CSO clientele. These include representatives of the Employment Security Department, the local community action agency, local technical and community colleges, WorkForce Development (WIA), refugee social service organization, a family planning nurse and domestic violence counseling.

The Bellingham CSO experiences longevity of staff with many supervisors who have over 20 years of experience and the majority of financial workers having more than five years experience. Bellingham has an attractive location near water and mountains and we were told that because of the quality of life many people do not want to move away. Unlike King South CSO, the Bellingham CSO has little nearby competition for personnel both within DSHS or in the public or private sector. Western Washington University is located in Bellingham and has provided a source of college-educated CSO staff.

2. CSO Organizational Structure

In all CSOs in Washington State, DSHS staff making eligibility determinations are graded as financial service specialists. However, the title by which they are commonly referred depends on the types of cases with which they work. Staff serving non-TANF families are called financial workers and those serving WorkFirst (TANF) families are referred to as case managers. In addition, the two offices we visited had staff called community service specialists (CSS) who often staff the front-desk and handle screening functions. The following describes the primary roles of client-serving staff in the CSOs we visited:

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3 Accordingly, throughout this report we use the term “financial worker” when specifically referring to staff serving non-TANF clients and the term “case manager” when specifically referring to staff serving TANF caseloads. At times we use the term caseworker when we refer generally to either or both of these types of workers.

4 CSS are not graded as financial service specialists. While both of the offices we visited used CSS workers, not many CSOs throughout the state have staff in this position.
• Customer service specialists are available to clients in the reception area to answer questions about programs and to screen applications and schedule same day appointments. They also receive verification and distribute EBT cards and medical coupons.

• Non-TANF financial workers determine eligibility and perform ongoing reviews for Medicaid and food stamp cases that are not also applying for or receiving TANF. They also handle other cash benefits such as General Assistance for disabled individuals. In Bellingham, the non-TANF unit was called the Multi-Program Services (MPS) unit.

• WorkFirst case managers determine eligibility and perform ongoing eligibility tasks for TANF applicants and recipients. WorkFirst case managers also handle any other benefits such as food stamps or Medicaid for TANF applicants or recipients. Case managers develop Individual Responsibility Plans with clients, orient clients to the WorkFirst program, monitor client participation in the WorkFirst program, and provide clients with other support services that they may need to obtain and maintain employment.

• Social workers assist caseworkers in with the harder-to-serve TANF cases based on a referral from the caseworker. Examples of such cases include those where significant barriers to work are present and domestic violence cases. They also handle childcare eligibility.

Generally, the King South CSO and the Bellingham CSO had similar organizational structures with caseworkers divided into TANF and non-TANF units. There were two areas of difference. First, the Bellingham CSO had an additional specialized unit comprised of WorkFirst case managers. This unit is responsible for conducting a thorough screening of TANF applicants in the morning, holding a group orientation at 10:00 am every morning for TANF applicants, and for handling AR-EN, diversion and sanction cases. Second, the Bellingham CSO has a Call Center. Staff in the Call Center answer basic questions about programs and case status, process Medicaid-only applications and reviews, and assist clients in obtaining medical coupons and EBT cards. For more detailed information on the organizational structures of the King South and Bellingham CSOs, see Appendix B.

3. Automated Systems

Washington State uses three main systems to assist CSO staff in conducting casework related to TANF, food stamps, and Medicaid. The Automated Case Eligibility System (ACES) is the state’s primary mainframe system of record for public assistance that was introduced in 1996. The Jobs Automated System (JAS), introduced in 1988/89, is used by both DSHS and Employment Security staff to track employment-related activities for WorkFirst and food stamp

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5 Note that there also are separate systems for the Working Connections Child Care Program and for the Adult Services Division (ICMS), but that these programs were not explored in detail for this study.
Barcode was introduced in 1994, and this system provides the ability to run reports to monitor caseflow processing.

ACES handles initial eligibility and ongoing case reviews for system for TANF, food stamps, Medicaid, General Assistance, and diversion. Financial workers and case managers impute basic information about the client into ACES during intake and review interviews. The caseworker notes which programs the client is applying for and ACES runs an eligibility determination for these programs, but the caseworker must authorize the benefits. ACES also generates letters and notices regarding benefits and case status that are sent to clients, primarily from the state offices in Olympia. Many ACES notices are available in seven languages, in addition to English. To ensure continued access to medical benefits when a family leaves TANF, ACES has been programmed to perform a “trickling” process that will check eligibility for TMA, family medical, and Medicaid for children.

JAS is used to track the activities of WorkFirst and food stamps clients that are participating in work-related activities (referred to as J codes), and as such is also available to staff from Employment Security. It includes a needs assessment that can be used by the case manager to determine whether the client has significant barriers to work, although this information is available only to DSHS staff to ensure the client’s privacy. JAS documents the Individual Responsibility Plan that is agreed upon between the case manager and the client, and monitors progress toward this plan, as well as diversion and TANF bonuses. It also processes the vouchers for support services. Since many clients have cases in both ACES and JAS, JAS pulls demographic information on clients from ACES during overnight batch processing.

Barcode provides a tracking tool for case processing timeframes, food stamps accuracy review, and case file/records storage. Barcode enables supervisors to run statistics by workers and by the types of cases using both standard and ad hoc reports. It also provides an audit function, such as the Audit 19 process that helps to ensure clients do not lose Medicaid benefits inadvertently. Audit 19 provides a daily report that lists any individual in a case who has lost Medical coverage so these cases can be reviewed by managers. The case data that it used for the reporting and audit functions in Barcode is pulled from ACES.

4. Workflow at the CSO

The following section describes the workflow we observed at the King South and Bellingham CSOs. A graphical depiction of this workflow appears in Appendix C.

a. Reception Area, Screening, and Orientation Processes

When a client arrives at the CSO, the main activities covered in the reception area are distributing and receiving applications, screening clients for appropriate services, and scheduling clients for appointments.

Under the same-day services model in place at both King South and Bellingham CSOs, clients who arrive at the CSO office before 9:30 a.m. receive an appointment with a caseworker
for the same day. Clients who check in at the CSO office after 9:30 are told that they should come back to the office on another day prior to 9:30 to receive a same day appointment. Clients who are unable to return to the office on another day may be given the option to schedule an appointment with a caseworker in advance.

- **At the King South CSO**, clients applying for services will speak with a CSS who receives the application, checks case history in ACES, and schedules an appointment the same day at the next available appointment time with the caseworker who has been assigned the case based on the client’s last name.

- **At the Bellingham CSO**, clients applying for Medicaid and/or food stamps (but not TANF) will check in with a CSS from the up-front services unit as well. The CSS will perform a search in ACES to view case history, and will enter or update basic case information such as household members and address. The CSS notifies the next available financial worker in the Multi-Program Services unit that a client is waiting.

  Bellingham clients applying for TANF are first screened by a case manager from a specialized TANF unit to make sure the client is likely to be eligible for TANF. If she is not, the case manager will notify the MPS (non-TANF) unit so that the client can interview for other programs such as food stamps and/or Medicaid more quickly. If the client is likely to be eligible for TANF, the case manager performs the screening instructs the client to attend a group orientation at 10:00 a.m. and schedules an appointment with the client’s designated case manager (based on last name) sometime after 11:00 a.m. This appointment will be an intake interview for all benefits covered in the application. For TANF applicants, the office tries to assign clients intake appointments with their designated case manager. However, if the client’s designated case manager has no appointment slots available, the intake appointment will be scheduled with another case manager in the same unit.

To orient TANF clients on the program requirements and benefits, King South TANF case managers discuss the program with their clients and give them a packet of information about child care and support services. Bellingham clients all attend a group orientation held each day at 10:00 a.m. This structured orientation, presented by the case managers in the specialized WorkFirst unit, provides information on the WorkFirst program and work requirements, including associated benefits such as support services, food stamps, and Medicaid. The content of the orientation includes the type of work-related activities and support services. Clients are also informed about their continued eligibility for Medicaid up to 12 months when they leave TANF and about their potential continued eligibility for food stamps, depending on income.

**b. Intake Processes**

The caseworker performs the intake interview by reviewing information on the combined application for benefits and by entering information in ACES, in conjunction with discussion with the client. The caseworker will check the programs for which the client is applying in ACES, and the system will bring up the resulting screens that need to be completed for these
programs. Behind each ACES eligibility screen, there is a narrative screen where the worker is trained to enter information about any verification received and client circumstances.

Caseworkers review a paper “standards chart” during the interview to determine whether the client is likely to be eligible for various programs, based on income, family size, and deductions. Interviewees described that workers are trained to tell clients applying for programs about their potential eligibility for other programs, as ACES performs eligibility calculations only for those programs that the client is interested in applying for. The final screen in the ACES intake interview is a summary screen that tells the caseworker how eligibility for various benefits was calculated. The caseworker has to then authorize the case for the client to receive his/her benefits. Unless the application is pended for additional verification, the client will learn whether he/she is approved or denied benefits during the interview, and approval and denial letters are mailed directly from the state office. After the Work First interview, case managers also perform a work-related assessment in JAS and refer clients to the employment security staff to discuss their job search.

If the client does not have all verification to process a TANF or food stamp case, the caseworker pends the case and the client receives a customized letter from ACES with a list of the verification that is needed to complete the application. If the client provides the necessary verification within the 30 days, the caseworker would authorize the case and the client would receive the approval letter generated from the state office. If the client does not return the necessary information within 30 days, the TANF or food stamp portion of the case is denied. The caseworker also will receive an alert to process the Medicaid portion of the case by determining whether there is a category of coverage for which the family or children are eligible.

c. Review Process

TANF and food stamp eligibility is reviewed every three months unless the caseworker has established a longer certification period. ACES notifies recipients 45 days in advance that a review is due and alerts the caseworker that the case needs to be reviewed. The offices we visited differ slightly in how they schedule their eligibility review interviews.

• **In King South**, caseworkers schedule reviews for TANF and food stamps programs in advance at designated appointment times in the afternoon, as the mornings are busy with same-day services intake appointments.

• **In Bellingham**, advance appointments for reviews are scheduled for TANF clients (for both TANF and food stamp benefits). Non-TANF recipients receive an invitation letter that asks them to come in and recertify for food stamp benefits anytime before the end of the review period, using the same-day services process of coming in between 7:00 a.m. and 9:30 a.m. to be seen that day.

For Medicaid-only cases, a face-to-face interview is not required, so the letter informs clients to complete and return the review form. Caseworkers may provide clients the option of completing the food stamp interview by phone as well, and ask them to mail in or drop off a
signed application and the required verification. For food stamp cases in Bellingham, the financial worker also sends the client a new application form for a food stamp review which the staff prefers the client use over the eligibility review from the state office.

Depending upon the program for which benefits are being recertified, ACES will require that the caseworker complete certain fields during the recertification interview. If the client completes a TANF or food stamp review, Medicaid is automatically extended for one year if eligible based on the information provided in the review. When TANF benefits are closed, based on information reported by the client at or between regularly scheduled reviews, ACES will automatically continue any food stamp benefits and Medicaid for which the family qualifies.
II. ANALYSIS OF WASHINGTON STATE’S POLICIES, PRACTICES, AND INITIATIVES TO PROMOTE ENROLLMENT AND RETENTION IN FOOD STAMPS, MEDICAID, AND SCHIP

A. WASHINGTON STATE’S PROMISING PRACTICES TO PROMOTE ENROLLMENT AND RETENTION IN MEDICAID AND SCHIP

1. Washington State’s Commitment to Enrollment and Retention in Medicaid

   Throughout our visits to local CSOs, it was clear that staff believed that one of their primary goals was to ensure that eligible clients received Medicaid coverage. We observed that a clear message is communicated to staff and to clients that Medicaid is an important support for families. Some of the following sections address the various ways this commitment is implemented including analysis of the state’s policies, procedures and systems to support ease of enrollment in Medicaid, processes to support retention of Medicaid benefits as well as state outreach and education efforts ensure access to Medicaid.

   Washington State’s success in ensuring that children and families become enrolled in and retain Medicaid is demonstrated by its increased enrollment statistics. The number of children enrolled in the Medicaid children’s categories or SCHIP has grown from 233,281 in 1997 to 290,703 in March 2001, with nearly all of this increase within the Medicaid coverage categories. Moreover, the number of non-TANF families receiving family-based Medicaid (either family medical under Section 1931 or Transitional Medical Assistance) has grown as the number of families receiving TANF has declined. The number of non-TANF individuals receiving family-based Medicaid has tripled from July 1997 to March 2001, growing from nearly 42,000 to 128,000. Now more non-TANF individuals receive family-based Medicaid (128,087) than do those in TANF families (123,379). (See Table 2.)

2. Ease of Enrollment for Medicaid and SCHIP

   a. Simplified Application Processes for Children in Medicaid and SCHIP

   Washington State has streamlined enrollment for children in Medicaid and SCHIP by using a short children’s medical application for both programs, eliminating asset tests, eliminating interview requirements, and using self-declaration of income. The state also has aligned treatment of income between SCHIP and Medicaid. These streamlined processes, combined with the state’s outreach efforts, have increased the number of insured low-income children in Washington State as these programs combined cover children in families with incomes up to 250 percent of the federal poverty line.

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6 Because of the state’s expanded children’s Medicaid policies and outreach efforts prior to 1997, the state already had a significant number of children enrolled in Medicaid.
TABLE 2

NUMBER OF INDIVIDUALS RECEIVING FAMILY-BASED MEDICAID IN WASHINGTON STATE UNDER EITHER SECTION 1931 OR TRANSITIONAL MEDICAL ASSISTANCE (Change from July 1997 to March 2001)

<table>
<thead>
<tr>
<th></th>
<th>Family Medical and TANF</th>
<th>Transitional Medical Assistance (no TANF)</th>
<th>Family Medical but not TANF</th>
<th>Total receiving TMA or Family Medical but not TANF</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1997</td>
<td>236,219</td>
<td>22,475</td>
<td>19,393</td>
<td>41,886</td>
</tr>
<tr>
<td>March 2001</td>
<td>123,379</td>
<td>57,387</td>
<td>70,700</td>
<td>128,087</td>
</tr>
<tr>
<td>Change from 7/97 to 3/01</td>
<td>(112,840)</td>
<td>34,912</td>
<td>51,307</td>
<td>86,219</td>
</tr>
</tbody>
</table>

Source: Washington State DSHS MAA

Short Combined Application. To encourage awareness of the program and enrollment, Washington State has developed a two-page Healthy Kids Now application that covers both children’s Medicaid coverage categories and SCHIP. The Healthy Kids Now application, which also can be printed from the Internet, is packaged in a colorful fold-out brochure that includes an addressed mailer to submit the application directly to the state Medical Eligibility Determination Section (MEDS). This brochure/application was developed in consultation with focus groups with potentially eligible parents to ensure that it got the attention of these parents and that it was easy to understand and complete. In particular, the focus group results noted that it was important to include the income guidelines as many families assumed they would not be eligible and thus would not complete an application. They also found that it was important to describe the benefits covered, as the value of these services caught parents’ attention.

Self-Declaration of Income and No Interview Requirement. Because no interview is required, the application can be mailed in, faxed in, dropped off, and (in some circumstances) taken over the phone. Washington State uses self-declaration of income for Healthy Kids Now so that the application process can be completed upon submittal. The only exception would be in the case of questionable statements of income, in which case a caseworker may follow up with the family. Interviewees noted that these simplified procedures were particularly helpful because they enable all steps to complete enrollment can take place with a single contact with the family.

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7 Children’s Medicaid coverage can also be awarded through the combined application that covers all benefit programs such as TANF and food stamps and through an older short application used for children and pregnant women.
**DSHS Determines Eligibility for Both Medicaid and SCHIP.** Although the state has a separate state SCHIP program, eligibility for both can be determined by the MEDS unit of DSHS’s Medical Assistance Administration so the process of screening and enrolling SCHIP applicants for Medicaid is seamless. If an application is received by MEDS, the child is placed in either SCHIP or Medicaid, whichever is appropriate. While SCHIP eligibility is determined only by MEDS, eligibility for Medicaid for children (under 200 percent of the poverty line) can be determined at the local CSO, by phone through the Help for Working Families Hotline, or by the MEDS unit. In the Bellingham CSO, enrollment was also available by phone through the Call Center. If an application is received through the CSO or through a call center, the child is placed on Medicaid if eligible, and the application is forwarded to the MEDS unit in Olympia for a SCHIP determination if the child’s income is above the Medicaid income limits.

b. **CSO Application Processes Ensure That Medicaid Eligibility Is Considered**

A broad commitment to ensure that families get enrolled in Medicaid was evident in local CSO procedures and practices. The staff consistently understood that Medicaid is separate from TANF and that a family need not receive TANF in order to get Medicaid. If a family applies for TANF or food stamps along with Medicaid through the combined application for benefits, the Medicaid will always be determined even if TANF or food stamps are denied.

Because no interview is required for Medicaid for families, children, or pregnant women, the CSO will determine Medicaid eligibility for any application received even if the family does not appear for an interview or otherwise complete the application process. In both King South and Bellingham CSOs, systems were set up so that combined benefit applications that were denied for failure to attend an interview were batched together until the 30th day at which point food stamps and TANF were denied and the Medicaid eligibility was considered. (In Bellingham, these cases were handled by the Call Center.) Because verification is not needed for children’s Medicaid but is required for family medical, this procedure generally is more effective in enrolling children than families in Medicaid. In an effort to assist family medical enrollment, the CSO will contact the family for verification and child support cooperation information.

c. **Challenges to Implementation: Eased Enrollment Processes More Limited for Family Medical**

While the simplified application procedures and ease of enrollment is impressive with regard to Medicaid for children, DSHS has not extended all of the simplified enrollment procedures it uses for children to family medical. Although no interview is required for family medical, income and asset verification requirements limit the ability to process the application without additional client contact. Family medical cannot be obtained through the short form used for children. Moreover, since applicants of family medical must meet an asset test (recipients need not), it would lengthen any short form to include family medical. Finally, family medical eligibility can only be determined at the local CSO. The Help for Working Families Hotline and the MEDS unit in Olympia do not determine eligibility for this coverage category.
3. Processes That Support Retention in Medicaid

a. Washington’s Innovative Approach of Continually Extending Medicaid for 12 Months Supports Retention of Benefits

Washington State has implemented an approach to renewal of Medicaid for families and children that minimizes risk of loss of Medicaid benefits due to failure to complete the annual review process for any family that also receives TANF or food stamps. Each time a family completes a TANF or food stamp recertification, which is generally every three months, the 12-month Medicaid certification period is rolled forward in ACES for an additional 12 months. This procedure effectively takes advantage of the family’s contact with the CSO to “extend” Medicaid coverage further into the future.

This approach of continually rolling out the Medicaid certification period based on food stamp or TANF information means that the family or children never will risk loss of Medicaid for failure to complete a review form as long as they are providing information to DSHS in another benefit program. This approach virtually eliminates renewal procedures for families and children receiving other benefits. It is an innovative way to maximize retention and to comply with the federal requirement that the state consider any information available on an *ex parte* basis prior to termination of Medicaid. The information considered, however, does not extend to other sources of income information such as child care or child support information.

Another Washington policy that aids in retention of benefits is that, when a recipient must take an action to renew Medicaid (that is, if they are not receiving food stamps or TANF and have not for some time), the renewal can be accomplished by mail as no interview is required for either family medical or children’s Medicaid coverage. In addition, Washington has eliminated asset tests for *recipients* for family medical so that less information is required at renewal and any recently acquired assets acquired have no impact on eligibility. To further streamline the Medicaid review process, DSHS is in the process of implementing a short combined children and family medical renewal form that does not ask any asset information.

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8 The Washington State approach is illustrated by the following example. Consider an employed family that receives food stamps and family medical beginning in January, 2001. The initial Medicaid review will be due 12 months later (January, 2002) and the first food stamp review will be due April, 2001. When the family completes the food stamp review in April, 2001, ACES will automatically extend the family medical for 12 months and will reset the next Medicaid review for April, 2002. After the April, 2001 food stamp review, the family is next scheduled for a food stamp review in July, 2001. If the family does not complete this food stamp review, food stamps will close but Medicaid will remain open as it had already been rolled out until April, 2002. If the family remains off of food stamps as of April, 2000, it would need to complete an eligibility review to renew Medicaid.
b. Washington’s Processes Ensure Retention of Medicaid Benefits When TANF Is Closed

Washington State has a number of systems in place to ensure that families do not lose Medicaid coverage just because the TANF case is closed. These include automatic continuation in an ongoing Medicaid coverage category through ACES, a back-up system of a list of daily audits generated of individuals losing Medicaid coverage, and special procedures to prevent loss of Medicaid when a recipient requests closure of TANF benefits. Together these contribute to a strong message and emphasis that Medicaid should nearly always continue.

This was not always the case. During the first years after implementation of WorkFirst and Medicaid under Section 1931, Washington unintentionally terminated Medicaid coverage of thousands of families when their TANF benefits closed. To remedy this situation, starting in 1999 Washington instituted an interim manual system of ensuring continuing Medicaid along with monitoring, and ultimately implemented a permanent automated fix and a Family Medical Project involving the reinstatement and review of ongoing Medicaid eligibility for about 30,000 families. The state’s corrective steps appear to have heightened awareness on the part of staff that Medicaid should continue when TANF is closed.

The changes Washington has implemented to the automated system appear to have resulted in an effective automated continuation in most instances. While Washington policies under Section 1931 provide for a single eligibility criteria for TANF families and non-TANF families, the automated system tracks these cases separately by assigning them different computer codes. When a TANF case is closed for earnings, ACES automatically trickles the case to provide up to 12-months of TMA (subject to federal quarterly reporting requirements). When a TANF case is closed for other reasons that do not affect Medicaid eligibility, the family medical will continue and ACES automatically shifts the case coding to continue family medical with no change. Family medical continues until the next regularly scheduled review, albeit under a different computer code invisible to the family. We observed this automated system working as described.

One of the ways that Washington State eliminates a risk for loss of Medicaid is that the closure of TANF, in and of itself, does not trigger a request for information or a review of eligibility. While the automated system may shift the family to another Medicaid coverage category or take other action based on information that was the basis of the TANF closure, there is no additional information requested. In some states, families lose Medicaid after TANF closure because the state routinely does an eligibility review and then closes Medicaid for non-response. Washington State takes action based on information it has but reduces the risk of procedural termination by avoiding unnecessary requests for information.

An additional procedure that ensures ongoing health coverage is provided by a daily monitoring of all Medicaid case closures that do not result in a new category of Medicaid opened. This is referred to as Audit 19 and is a daily report generated by the Barcode system.

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9 The automated system uses two different codes for family medical coverage under section 1931 for TANF recipients (code F01) and for non-TANF recipients (F04). It also uses two different codes for TMA for extensions up to 12 months based on earnings income (F02) and extensions up to four months based on child support income (F03).
The Audit 19 reports are reviewed daily to identify and correct any individuals that appear to have lost Medicaid erroneously.

Another practice that ensures that Medicaid is not lost inadvertently during TANF closure is the use of a Medicaid “informed consent letter.” When a TANF recipient asks to have her case closed, the caseworker can close the TANF, but the Medicaid remains open until the recipient signs a letter specifically requesting Medicaid closure.

**Implementation Challenges.** We observed variation in knowledge of family medical eligibility among financial staff who relied on ACES to determine eligibility. There are circumstances when ensuring that Medicaid covers all eligible family members requires knowledge of program eligibility to determine if Medicaid should be run on the computer for a different coverage category at renewal. ACES will “trickle” through all children and family Medicaid categories at the outset, but if a family with children already enrolled in Medicaid comes in to apply or renew, ACES does not automatically “trickle” back up to family eligibility. When a family has a change in circumstances such as reduction of income, it might qualify for family medical at review although it did not at the outset. Unless a worker is familiar with family eligibility and deliberately runs the case from the beginning when appropriate, an eligible parent may not be added into the Medicaid case.

We also observed or were informed of potential barriers to access to TMA that the state is in the process of addressing. As in many states, some recipients losing eligibility for family medical due to earnings may not qualify for TMA because they have not received family medical for three of the prior six months as required by federal law. Washington has decided to adopt a policy change in family medical to disregard a recipient’s earnings entirely for the second and third months after obtaining employment. In this way, any recipient of family medical will be able to remain eligible for family medical for at least three months so as to qualify for TMA. This change has not yet been implemented because of time lag in implementing changes to ACES. Another ACES change currently waiting in the queue would correct how ACES counts months of family medical receipt for meeting TMA’s “3 of 6” month requirement. Currently, a manual work-around must be used for some cases.

**B. WASHINGTON STATE’S PROCEDURES GOVERNING FOOD STAMP ENROLLMENT AND RETENTION**

1. **Food Stamp Messages**

Washington State has attempted to balance goals of food stamp access and payment accuracy in its directives to CSO staff regarding food stamp procedures. DSHS leadership intends to send the message that the Food Stamp Program provides a basic need and is not “welfare,” but rather is a key transitional benefit to assist low-income working families. This message is reflected in information and outreach efforts as well as CSO processes that ensure that food stamp eligibility is considered if TANF benefits are denied or closed. At the same time, DSHS has placed a heavy emphasis on payment accuracy in response to 1998 quality control error rates. This message is reflected in frequent use of short food stamp certification periods, heavy emphasis on verification, and continual auditing a large percentage of food stamp
cases. Based on our observation, these policies and procedures governing food stamp enrollment and retention led to a focus on food stamp accuracy as the dominant culture in the CSOs.

2. Food Stamp Enrollment at the CSO

Food stamp enrollment is available only through the CSO by the submittal of a combined application for benefits (both sides of three pages). While Washington State does not use the same streamlined enrollment approach for food stamps that it uses for Medicaid for children, families can enroll quickly if they have all of the required verification. The same-day services approach used in King South and Bellingham enabled an applicant to be interviewed promptly. Generally, a face-to-face interview (unless waived due to hardship) and extensive verification is required for food stamp enrollment. All food stamp eligibility factors must be verified at application unless an applicant qualifies for expedited services. Because of the heavy emphasis on payment accuracy, we observed that caseworkers may be more rigorous in the extent of type of verification required. Any additional verification required after the interview can be mailed or left at the “drop box” outside the CSO.

Local CSO procedures appear to ensure that food stamp eligibility will be considered if a TANF application is denied or withdrawn. Because Washington State does not impose any work requirements such as job search before a TANF application is approved, a combined food stamp and TANF application should not result in any delay in food stamps. An applicant who applies for both TANF and food stamps would have food stamp eligibility determined by the TANF unit even if the TANF benefits are not awarded. In addition, if an applicant receives a lump sum diversion payment, any food stamp application is acted upon and the lump sum payment is excluded for food stamp eligibility purposes.

3. Use of Three-Month Food Stamp Certification Periods

Washington State’s use of three-month food stamp certification periods poses a barrier to food stamp access due to the frequent face-to-face recertification interviews and the additional verification asked for during these reviews. Washington State has made an effort to increase access within the limits of its short certification period approach. In June, 2000, DSHS issued a memo to CSO staff detailing the flexibility available with respect to longer certification periods, highlighting the option of waiving face-to-face interviews at reviews, and clarifying the verification requirements for food stamps. Despite this attempt to soften the approach with regard to food stamps reviews, we observed that staff continue to place highest priority on avoiding quality control errors.

Certification Periods Longer Than Three Months. Caseworkers have authority to extend certification periods to six or 12 months when families have stable income. In the June, 2000, memo DSHS indicated that three-month certification periods would be appropriate when a recipient has just gotten a new job or has fluctuating income but a six-month certification period should be considered when a client has held the same job for some time, has stable income, and reports changes timely. Most of the cases we observed continued to use three-month food stamp certification periods
Waiver of Face-to-Face Reviews. Face-to-face interviews can be waived on an individual basis due to hardship, in which case a telephone interview can substitute. The June, 2000 memo provides some examples of hardship reasons such as work or training hours that make it difficult to come into the office during regular business hours. We observed significant, but uneven, use of telephone interviews for food stamp recertification. Some focus group participants had received telephone interviews while other were not aware of the option.

Verification at Reviews. The June, 2000 memo reminds financial eligibility workers that, while all eligibility factors must be verified at application, the only things that must be verified at recertification are changes that the client reports, changes not reported by the client but known to the worker, and information that is questionable. In both offices we visited, we observed instances of workers requiring verification of additional factors such as landlord statements, bank statements, and utility bills at each review.

Washington State is in the process of revising its approach to food stamps certification periods. DSHS is actively considering shifting to the new option available under federal food stamp new option available under recent federal rule changes to use 12-month certification periods with semi-annual reporting for working families. This approach would ease the burden that frequent recertification and reverification places on both families and CSO staff. Under this option, working families will only need to file one semi-annual report during the 12-month certification period and will not need to report any changes of circumstances except if total income exceeds the food stamp eligibility limit of 130 percent of the federal poverty line ($1,533 for a family of three). In addition, DSHS is exploring increased use of external sources of verification such as checking the registration and value of vehicles on-line.

C. STRUCTURES TO SUPPORT DELIVERY OF SERVICES AT THE LOCAL CSO

We observed several aspects of local office organization and caseflow that appeared to improve client access and streamline service delivery.

1. Same-Day Services

Both Bellingham and King South CSO use a “same-day services” approach for scheduling intake appointments, as do several other CSOs in the state. Under the same-day services model, clients who arrive at the CSO office by 9:30 in the morning receive an appointment with a caseworker; if the client brings the necessary verification, benefits can be authorized the same day. These CSOs changed from scheduled appointments to the same-day services model to eliminate clients’ having to wait days after submitting an application for an intake appointment and to cut down on no-show rates as under the previous system no-show rates could be as high as

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10 The Bellingham office sends customized recertification letters (because it handles recertifications as walk-ins) and we observed such letters offering the opportunity for a telephone recertification. A telephone interview would involve a recipient mailing in or dropping off paperwork including needed verification.
50 percent. Caseworkers we spoke with felt that same-day services rewards those who show up by getting them in to complete the intake process quickly.

Within a basic structure, the same-day-services model is implemented slightly differently in the King South and Bellingham CSOs. One key difference between same-day services in the CSOs we visited is the extent to which the local office attempts to match the applicant to the caseworker who will be handling the case on an ongoing basis. King South and Bellingham use different approaches that make trade-offs between trying to pair the client with her regular caseworker and moving the client through the process as quickly as possible. At the King South CSO, the guiding principle is to assign the applicant to their regular caseworker, which may result in the client waiting for an afternoon appointment. The primary goal at the Bellingham CSO is for the client to be seen by a caseworker as quickly as possible.

Another difference between same-day services in Bellingham and King South is how appointments are handled for eligibility reviews. For all reviews at King South and for reviews of WorkFirst cases in Bellingham, caseworkers provide the client with an appointment time in advance. However, at the Bellingham CSO, clients who are due for food stamp reviews are issued an invitation letter asking them to come in before 9:30 for a same-day services appointment.

It appears that same-day services have made it easier for clients to access benefits by assuring them of an intake appointment if they arrive at the CSO in the morning. Clients in both focus groups and CSO staff described same-day services as an improvement over the previous system because of reduced waiting times for clients at the CSO office and because it eliminates extended waiting periods between the day of application and the day of the intake appointment. Additionally, caseworkers credit same-day services with increasing their efficiency as there are no longer “no-shows.” One focus group participant in Bellingham stated: “I like that I can come in between 7:00 and 9:30 am, see a worker within a half hour [for screening], go to orientation [in the morning for TANF], and be done in the afternoon.” A participant in the King South focus group commented: “If you get there between 7:30 and 9:00 there’s no question that you will be seen that day.”

**Implementation Challenges.** Same-day services can pose barriers to access to benefits, particularly if the appropriate level of flexibility is not integrated into the approach. In both the King South and Bellingham offices, clients who come in after 9:30 to apply for food stamps, Medicaid, or TANF are told to come back on another morning to receive a same-day appointment. Both CSO offices indicated that they can accommodate clients who need to schedule appointments in advance, although this appeared to be more of an exception than a common practice. We observed uneven practices by front desk staff in informing clients of the option to make an appointment. As a result, it was not clear under which circumstances clients can receive an appointment or how soon these appointments would be scheduled. Greater client information about the appointment option and more flexibility in providing it would improve access while maintaining many of the benefits of same-day services.

Another potential drawback of rigid implementation of same-day services is the impact on screening applicants for expedited food stamps. Clients who do not arrive before 9:30 are
instructed to complete and submit the first page of the application to protect the application date and to return another morning to receive an appointment. The result is that the same-day services approach may actually delay rather than expedite issuance of food stamps for an applicant.

Finally, same-day services may decrease continuity in the relationship between the caseworker and the client due to the commitment to quick client service. Supervisors we spoke with acknowledged this trade-off, but felt it was balanced by the customer service aspect of seeing clients as quickly as possible. However, caseworkers noted that they did not know their caseload as well as they did under the prior system. Established relationships between caseworkers and clients may minimize the number of times that a client is having to retell her story by increasing the caseworker’s knowledge of the case situation. By placing a priority on the client being seen by caseworker who will handle the case on an ongoing basis, the King South CSO may have reached a more careful balance between maintaining the caseworker/client relationship and meeting the desire for prompt service.

2. Call Center at the Bellingham CSO

The second practice we observed that effectively supports client access CSO services and benefits was the Call Center at the Bellingham CSO. The Bellingham Call Center opened on July 10, 2000 and was the first CSO-based call center in the state. Anyone who calls the main number of the Bellingham CSO office reaches a staff member in the Call Center who asks the caller: “Department of Social and Health Services, how may I help you?” Most calls are picked up immediately, and if put on hold the average hold time is only 6-8 seconds. The Call Center is open for extended hours from 7 a.m.–6 p.m., giving clients additional access to the CSO office.

Staff at the Call Center can provide general information to clients, such as answering basic questions about eligibility and re-certification requirements; informing clients on the status of applications and ongoing benefits; and assisting clients with inactivated EBT cards. In some cases, the Call Center may be able to handle the client’s issue and eliminate the need for the client to contact her caseworker directly or come into the CSO office. Call Center staff work with providers by faxing medical coupons and verifying the Medicaid eligibility status of clients. The Call Center also handles general calls from community-based organizations serving clients.

In addition to providing general information to clients and the community, Call Center staff also process some Medicaid applications and renewals over the phone. If the caller expresses interest in programs other than Medicaid, the caller is referred to the appropriate caseworker unit. Between 55-58 percent of all incoming calls are handled completely by staff in the Call Center; the remainder are forwarded to another person or unit.

Call Center staff approve Medicaid applications and renewals for pregnant and children Medicaid over the phone, which is possible because income is self-declared. During down time, Call Center staff process paper Medicaid applications that have been dropped off or mailed in, including family medical under Section 1931. This is possible because no interview is required for Medicaid for families, children, or pregnant women. In addition, the Call Center processes the Medicaid eligibility for joint applications where food stamps or TANF were denied because a
client failed to appear for an interview or otherwise complete the application process. However, the Call Center supervisor indicated that processing family medical in these cases is more complicated because income and asset verification and child support cooperation is required and that staff must ask clients to send in necessary verification. The Call Center is currently processing between 400-500 Medicaid-only cases per month. A direct result of the Call Center’s Medicaid efforts is that most of the remaining caseload in the MPS unit consists of clients participating in both the Medicaid and Food Stamp programs.

To give a sense of the volume of work at the Call Center, one day during our visit the Call Center handled 583 calls and processed 21 Medicaid applications; this was considered a heavy use day. The Call Center is staffed by four financial workers and two office assistants, plus a supervisor. Staff in the Call Center speak Spanish, have access to Spanish and Russian interpreters in the office, and use the ATT interpreter line for other languages.

Focus group participants who had recently called the CSO said that they had noticed a difference in being able to get through on the telephone. However, they did not know that the recent improvements were due to the implementation of the Call Center. However, participants were not aware that they could apply for Medicaid over the telephone using the Call Center. Participants thought that the people answering the phone could answer general questions but, could not provide significant detail about a particular case. One focus group participant commented: “It’s nice knowing when you call there is somebody there who knows about the programs.” Another noted: “You don’t have to be transferred to your caseworker [only] to not

There are two new call center initiatives scheduled to be implemented after our site visit. In June, 2001, the Bellingham Call Center will begin handling food stamp recertification interviews over the phone. In addition, there is a plan for a North County call center that will link three northern rural counties in Western Washington into a virtual call center, with each office able to provide back-up to the others if more than three calls are in the queue.

The Call Center makes a key contribution to improved customer service. Clients and community callers can get information promptly, and having the Call Center answer questions and process Medicaid applications and reviews decreases the workload for other staff. Finally, the Call Center provides another avenue for clients to reach the CSO in the event they are not able to connect directly with their caseworker.

According to staff at the Bellingham Call Center, appropriate technology is an essential ingredient for success. This includes access to an automated system that allows staff to look up case status and detail. In Bellingham, staff felt it was important to be able to be able to access ACES in multiple ways, in order to be able to switch between screens and assess comprehensive information about a specific case. Additionally, staff noted the necessity of a fax machine, a tracking program to monitor types of calls and resolutions, and good telephone technology with appropriate staff support. In implementing a call center, confidentiality is one of the key issues for consideration, as information about a client’s specific case cannot be shared with another caller (such as a provider) without a release from the client.
In staffing the Call Center, the supervisor looked for staff with good customer service attitudes and a willingness to change work schedule to accommodate the extended hours. One particular challenge in setting up the Call Center was resolving the tension between serving clients through the Call Center and through direct contact with the client’s assigned worker, particularly a WorkFirst case manager. For many reasons, WorkFirst case managers want to talk with their clients directly. For this reason, the call center handles certain eligibility-related questions for WorkFirst clients but does not handle any questions relating to work activities including changes in income.

3. **Customer Service Initiatives at the Bellingham CSO**

The Bellingham CSO has instituted a number of customer service initiatives intended to place emphasis on client services. One interviewee noted that the objective of customer service is to: “make sure that people get what they come in for, and if they don’t, make sure that they understand.” The office has been conducting a customer service survey that will be going statewide.

To increase the emphasis on customer service, Region 3 (in which Bellingham is located) held a one day workshop for selected CSO staff with speakers from private sector industries that focus on customer service. Following the workshop, each CSO in the region formed customer service committees who were offered a prize of $250 to the CSO with the best idea for promoting customer service. The Bellingham CSO committee placed a fishbowl in the office where staff could enter in examples of colleagues offering exceptional customer service. The fishbowl initiative resulted in a drawing, where the examples were read and prizes were given to the winners. The objective of this initiative was to ask staff to recognize their peers and to offer public acknowledgement as a reward. The Bellingham CSO also distributes Comment Cards to clients, which appear to be helpful in raising awareness of customer service issues both at the office and at the unit level. A Quality Improvement Team analyzes the results of the Comment Cards, and devises ways to reward staff and address potential problems.

According to our interviewees, a critical aspect of promoting customer service is the existence of a reward system to recognize good customer service and to send a clear message to staff that this is one of the agency’s primary goals. Implementing such a message in the human services field can be challenging given the high level of attention to other performance measures, such as accuracy and timeliness.

D. **OUTREACH AND EDUCATION EFFORTS PROMOTE AWARENESS OF AND ACCESS TO MEDICAID, SCHIP, AND FOOD STAMPS**

Washington State uses a number of approaches to reach families that are potentially eligible for Medicaid, SCHIP, and food stamps. At the local level, DSHS provides contracts to community-based organizations to perform outreach for Medicaid for families and children and SCHIP. DSHS also provides contracts to community organizations to conduct locally-based food stamp outreach. In addition to these local efforts, DSHS has implemented two statewide campaigns. The Healthy Kids Now campaign is a mass marketing effort that publicizes the
availability of Medicaid and SCHIP benefits and promotes enrollment in these programs. The Help for Working Families campaign targets low-income families in an effort to make them aware of potential benefits. Washington State also has developed additional materials to inform families of benefits for which they may qualify.

1. Community-Based Healthy Kids Now Outreach

There are two primary Medicaid outreach efforts in Washington State funded through the “Medicaid $500 million fund.” This national fund was created to support the de-linking of Medicaid from TANF as a result of welfare reform and is matched at a 90 percent rate. The programs funded by the $500 million fund are the Medicaid Outreach Project with local community based organizations and the Healthy Kids Now Campaign. Additionally, outreach through the school districts is funded by Medicaid administrative funds at a 50 percent match rate. A reduction in state funding for outreach for state fiscal year 2002 will require additional local funding to maintain the same level of service.

For the Medicaid Outreach Project, DSHS contracts with 35 community based organizations across the state, including 23 health districts, 2 local governments, and 9 tribal authorities. Based on the proposed approach they submit to the state, these organizations may target Section 1931 families, pregnant women, and children eligible for Medicaid or SCHIP. The primary outreach activities are to identify Medicaid-eligible individuals, assist with the application process, enroll clients in managed care, and help clients access to health services. The grants to community organizations began in October, 1998 and run through June, 2001.

Local outreach through the community-based organizations primarily focuses on under-served populations such as communities with limited English skills and Indian tribes. To reach these targeted audiences, the community organizations develop a marketing plan for each specific audience. For example, outreach with tribes promotes the fact that Medicaid has no premium or copayments, so it can provide advantages even if the family uses Tribal Health Care. For Hispanic audiences, the plans may include PSAs on Hispanic TV and mailings to Catholic Charities organizations.

Local outreach organizations we spoke with serving Kent and Bellingham assist families by completing applications for children’s Medicaid and SCHIP and sending them to the MEDS unit of MAA for processing. In South King County, the public health department coordinates a team of outreach staff who are focused on identifying and enrolling pregnant women and children through varied means in diverse communities. One staff conducts outreach in low-income Russian communities, one with the Vietnamese community, and two with Latino communities. Two staff work in school districts educating staff, school nurses, and parents.

In addition to the Medicaid Outreach Project, DSHS funds outreach activities through the school districts. Much of the target population (both children and adults) is already participating in Medicaid programs, so this program primarily focuses on linkages to health service providers.

The Medicaid Outreach Project in Washington is notable due to its approach of partnering with community-based agencies and targeting of populations with limited experience with CSOs.
(such as limited English-speaking populations). However, we observed a couple of instances where the results of outreach may be more limited than need be due to an emphasis on children rather than families and a lack of communication between the local outreach projects and the CSOs. Outreach interviewees did not typically assist families eligible for family medical due to the longer application and the additional income verification and child support cooperation requirements. If the family appeared to the eligible, interviewees said they would typically sign up the eligible children up through the MEDS unit of MAA first and then recommend that the parents pursue additional coverage by applying for family medical at the CSO at a later date. Outreach workers seemed reluctant to become involved with the local CSOs, as they believe applicants access benefits more quickly by going through MEDS. These types of procedures may result in adults not following through to receive the medical coverage for which they are eligible. Additionally, families could benefit from increased interaction between the outreach organizations and the CSO as the CSO is an access point for other benefits the family may be eligible for, such as food stamps.

2. **Statewide Healthy Kids Now Marketing Campaign**

The Healthy Kids Now campaign provides a mass media marketing campaign focused on Medicaid and SCHIP children. It was modeled after a successful effort that ran locally in Spokane during 1999. The Health Improvement Project in Spokane had already created the brand concept and the media development strategies, and DSHS combined with this group to create Healthy Kids Now and to adopt the strategy to go statewide. The statewide campaign launched in February 2000 in association with the introduction of the SCHIP program. The primary activities of the Healthy Kids Now campaign are: development of marketing collateral materials; purchased airtime; and call response mechanisms.

To support the statewide campaign, DSHS created a Statewide Advisory Council with partners represented different geographical locations and points of view such as the hospital association and local outreach contractors. The Council participated in the development of the key message and provided feedback on the test materials. The Council met five times in the first year and were called together as necessary on an ongoing basis.

Healthy Kids Now developed marketing and media relations materials such as a statewide brochure (including a self-mailer application) and press releases. In addition to this application/brochure, over 1 million 4” x 6” “Rack Cards” were distributed in first year of the campaign. Healthy Kids Now also created templates to support the local outreach projects, which could be customized at the local level.

Healthy Kids Now spent $150,000 in media buys for paid TV, radio, transit, and print advertising. To maximize the use of these dollars, they negotiated with the media companies to donate a slot of equal time/size for each paid spot. They also included a media relations component to get additional “free” coverage through interviews, stories, and editorials. According to interviewees, mass media and local newspaper or TV interviews “really made the phones ring.” Healthy Kids Now also sponsored Governor’s Enrollment Fairs, special events with DSHS staff available to perform eligibility on the spot, that were highly successful.
Interviewees noted that one of the key strategic decisions for Healthy Kids Now was to move the responsibility for calls coming in through the national “Kids Now” number to the Healthy Mothers, Healthy Babies (HMHB) call center for handling, as their mission was similar. HMHB asks the callers how they heard about the program, takes care of vital services, then triages the calls to the local Medicaid Outreach Project organization by sending them a kit with information on the client. The calls received by the Healthy Kids Now call center are about 3:1 regarding Medicaid:SCHIP.

One of the hallmarks of the Healthy Kids Now campaign was its emphasis on research and evaluation to assess and refine its efforts. All marketing materials and advertising were tested with local outreach project staff and focus groups of potential clients to ensure that the messages would be appropriate and effective. The efforts of the Healthy Kids Now campaign have been recognized by national organizations: the campaign received an award from the Public Relations Society of America and the application/brochure received a 2001 Communicators Award.

3. Community-Based Food Stamp Outreach Project

Washington State is one of a small number of states that operates outreach programs for the Food Stamp Program. The mission of the Food Stamp Education and Outreach program is to inform local agencies, low-income households, and individuals about the availability, eligibility requirements, application procedures, and benefits of the Food Stamp Program. The intention of the program is to facilitate access and to increase participation in the Food Stamp Program. The program is funded at $3.8 million this year with only $200,000 for administration coming from state funds. The rest of the funding comes from local funds and federal match.

The food stamp outreach program is structured to operate in a locally-based grassroots level. DSHS selects a prime contractor in each of six DSHS regions, who in turn recruits local subcontractors for outcome-based outreach contracts. Each prime contractor identifies for the state their target audiences and how they are going to carry out activities. Some of the subcontractors have contact with potential clients as part of multi-purpose broad-based community action agencies, while others focus on going out to reach potential clients at places like food banks or bus stations. While most outreach contacts take place at locations used by clients, referrals also come from the Help for Working Families hotline, and each prime contractor advertises a toll free number.

The tasks carried out by the contractors and subcontractors may include providing general information about the Food Stamp Program; assisting individuals with the application process; providing information about required food stamp verifications and interpreter services; continuing education about the use of the EBT card to access food stamps; conducting public presentations about the Food Stamp Program; and preparing and delivering approved public service announcements, mail campaigns, posters and brochures.

The state also contracts with the Children’s Alliance, a statewide advocacy organization, to provide training and coordination. Included in the statewide coordination effort are meetings between the outreach and CSO staff to discuss practical solutions such as earmarking.
applications; devise communication methods, and develop one-to-one relationships between outreach workers and CSO staff.

The contracts are structured on a performance basis which results in collection of information on each contact that the outreach project has with a potential client. A database covering a 15-month period reflects 38,000 client contacts. Because Social Security Numbers are not required for each contact, DSHS is not able to fully assess how many outreach contacts result in food stamp enrollment, but available data (covering about one-third of the contacts) indicates that 75 percent of the clients become enrolled in the Food Stamp Program within 60 days of the outreach contact.

During our visit, we observed limited interaction between the Medicaid outreach workers and the Food Stamp Program outreach workers, who in some cases were working with families potentially eligible for both programs. If the Medicaid outreach projects continue and given recent budget constraints for outreach, promoting coordination between the local outreach projects may allow efforts to go further in helping families access benefits.

4. Statewide Help for Working Families Campaign

Washington State initiated the Help for Working Families campaign in spring of 2000 to provide information to working families about several types of non-cash assistance, including Medicaid, the Basic Health Plan, food stamps, Working Connections Childcare, and assistance in claiming child support payments. Help for Working Families includes a media campaign, marketing materials, and a call center each funded at about $500,000 for state fiscal year 2001.

The media campaign targeted working families who are not currently receiving assistance, provided Spanish and English radio spots in Seattle, Yakima, the Tri-Cities, and Spokane. Advocates in community-based organizations commented that the “Help for Working Families” media campaign might have been more successful by also having television spots and by better articulation of a compelling message for how these programs could help working families.

The campaign also produced posters, flyers, brochures and business cards publicizing the telephone number of the call center and the website location. About 160,000 brochures have been distributed. The brochure includes information on income eligibility guidelines by family size for food stamps, child care, and Medicaid coverage for children. This brochure is being sent to about 40,000 families that have left TANF in the prior six months to remind them of the availability of these supports and benefits. The information in the brochure also is available through a website (www.Washington.gov.workfirst) that also includes links to information on each type of benefits. The website is available in seven languages besides English.11

The Help for Working Families call center began its operations in August of 2000. The call center (located in Everett) uses a statewide toll free number and is staffed with experienced financial workers with previous experience at CSOs. Financial workers at the call center can

11 The website also links to DSHS’s on-line Trial Eligibility Calculator at http://www-app2.wa.gov/dshs/TEC/.
make eligibility determinations for Medicaid for children and pregnant women over the phone. The call center also provides information about assistance with child support collection. When families are interested in food stamps or child care, the call center will send an application to the client and refer her to her local CSO office. The call center also asks the potential client for permission to pass her name onto a local outreach organization who can help in the process of obtaining assistance, for example, with food stamps.

About one-third of the calls received are general information inquiries. About one-fifth of the calls are about Medicaid programs and nearly one-fifth are about access to child care subsidies. One of the tasks of the call center staff is to do cross-selling of programs and to inform callers of other programs for child they may qualify. As of April 23, 2001, the call center had taken 16,436 calls, an average of 135 calls per day. As of March 15, 2001, the call center had completed 675 Medicaid eligibility determinations and had sent out about 1,000 applications for food assistance. As of July, 2001, the funding for the media campaign had expired and DSHS was in the process of bringing the call center functions within its agency staff to be conducted at a more local or regional level.

5. Additional Client Information and Access Efforts

In addition to the locally based outreach efforts and the statewide outreach campaigns, Washington State also has initiated educational efforts to inform families about potential eligibility for Medicaid or food stamps.

“Ask About Medicaid” Message. The “Ask About Medicaid” message is promoted through buttons and posters at CSOs. The 11” x 17” poster notes that a family need not receive cash assistance to get Medicaid; that time limits, work requirements and sanctions do not apply to Medicaid; and that receiving Medicaid will not affect immigration status.

WorkFirst Orientation Information. The WorkFirst orientation materials and group presentation developed in the Bellingham CSO emphasized that food stamps and Medicaid are available on an ongoing basis if a family leaves TANF for work. To ensure a similar consistent message for all new recipients, DSHS has developed a video to use in orientation which also contains information on the availability of food stamps and Medicaid. Barbara—we have not seen the video but have been told this—is it true?

MAA “Informed Choice” Notices. Since January 2000, an “Informed Choice” notice has been inserted into award letters for children’s Medicaid. This notice is inserted when it appears that the family’s income would make them eligible for family medical, thereby providing coverage for the parents as well as the children. The notice indicates that families can get medical assistance without receiving cash and that TANF requirements such as job search or time limits do not apply to those only receiving medical assistance. It also clearly states that a person’s immigration status will not be affected by receiving medical assistance.

Trial Eligibility Calculator. Washington State has an on-line trial eligibility calculator that allows a family to enter information in response to seven questions and then informs the family of the types of benefits for which they may qualify. The benefits covered include cash, medical,
food stamps and childcare. DSHS’s on-line Trial Eligibility Calculator is located at http://www.app2.wa.gov/dshs/TEC/.
III. SUMMARY AND CONCLUSIONS

A. SUMMARY OF WASHINGTON’S PRACTICES RELATED TO MEDICAID AND FOOD STAMPS

1. Medicaid and Food Stamps Are Viewed As Supports for Working Families

Washington State views Medicaid and food stamps as a support for working families and seek to notify families of the availability of these benefits in a variety of ways including client information notices and brochures, media and outreach campaigns, and increasing use of call centers. Procedures at the local CSOs are designed to ensure that food stamps or Medicaid are not denied or terminated just because TANF benefits are denied or terminated. Many of the upcoming initiatives discussed at the end of this report are likely to further improve delivery of these benefits to working families and limit the need for working families to appear at the CSO.

2. Ease of Enrollment for Medicaid and SCHIP

Washington State has streamlined enrollment of children in Medicaid or SCHIP with a short joint Health Kids Now application that can be submitted by mail, fax or taken over the telephone. Other simplification efforts for children include accepting self-declaration of income, elimination of interview requirement, elimination of assets test, and use of 12-month continuous eligibility. A few of these streamlined enrollment features have been extended to family medical; specifically, no interview is required and asset tests have been eliminated for recipients.


Washington State’s innovative practice in rolling out Medicaid eligibility for 12 months after any food stamp or TANF eligibility review addresses a key risk point (renewal) at which children and families might lose Medicaid coverage. In addition, Washington’s automated systems avoid loss of Medicaid when TANF is closed through automatically “trickling” to ongoing family medical or other Medicaid coverage categories such as children’s coverage or TMA.

4. Washington’s Practices May Not Promote Retention in Food Stamps

Washington’s food stamp procedures may not support the state’s view of food stamps as a support for working families. The state’s frequent use of three-month certification periods combined with face-to-face interviews and requests for reverification of many circumstances pose barriers for retention of food stamps, particularly for working families. The result is that retention of food stamps is burdensome both to families needing assistance and to DSHS caseworkers administering benefits.
B. AREAS FOR IMPROVEMENT

Although Washington has implemented many effective strategies for outreach and enrollment activities, particularly with regard to children’s Medicaid and SCHIP, there are a few areas where DSHS may wish to consider other activities to increase program participation.

1. **Short Certification Periods Undermine Message on Access to Food Stamps**

   While Washington State’s message on access to Medicaid is supported by policies, procedures and systems, this is not true for the state’s message on access to food stamps. In particular, the focus on accuracy including short three-month certification periods, heavy use of audits, frequent reverification of many eligibility factors, and frequent trips to the CSO for face-to-face interviews undercut access to food stamps by working families. The resulting message to both clients and caseworkers is an emphasis on accuracy at the expense of access. Washington State is in the process of making improvements to the food stamp retention policies and procedures in this area. The state is considering implementing the new option available under federal food stamp rules to use 12-month certification periods with semi-annual reporting. In addition, the state is planning to increase the use of call centers or other ways to allow clients to submit changes and conduct reviews without a trip to the local CSO.

2. **Extend Streamlined Medicaid Enrollment Practices to Family Medical**

   Washington State has not extended all of the simplified enrollment practices that it uses for children to family medical. Specifically, the state still retains an asset test for applicants, does not use the short medical-only application it uses for children, and requires verification of income and (for applicants) resources. Moreover, enrollment in family medical is only available through the CSO and via the combined TANF, food stamp and Medicaid application. The MEDS unit at MAA does cover family medical enrollment. Because enrollment in family medical has these additional barriers, outreach efforts that could include family medical more often focus on enrolling the children through the streamlined enrollment processes.

3. **Customer Service at the CSOs**

   During our site visit and in the focus group with program participants, we observed and were informed of uneven customer services. DSHS can take steps to improve customer service including measuring, recognizing and rewarding good customer service. DSHS has undertaken a number of efforts to evaluate and improve customer services including initiatives to allow clients to conduct business more conveniently by through call centers or on-line submissions.

4. **Potential Improvements to the Automated Systems**

   Generally, the staff we interviewed were comfortable with the automated systems and found that they serve many of their casework needs with minimal work-arounds. One downside of ACES that we heard about from staff and clients in the focus group was the complexity of the
letters and notices, although DSHS is in the process of rewriting these to improve communication with clients. CSO staff also mentioned the need to enter and track case information in multiple systems, which they felt provided a barrier in terms of their own workload and efficiency. Staff we spoke with would consider it an improvement if the systems were better integrated with each other through an interface with a “common log-on.” This would allow them to be able to easily track case status across different systems and would improve their efficiency as they would not need to enter duplicate data and would only need to log in once to gain access to all client records.

Delays in programming changes for ACES at times controls implementation of policy changes. During our visit we were informed of a number of policy improvements that had already been decided upon but that would not be implemented for many months. For example, DSHS had decided on a policy change to disregard earnings for two months to increase access to Transitional Medical Assistance for family medical recipients who are working. We were informed that this change will not be implemented until it is automated which now will be about a year from the time of the site visit. This and other policy decisions that would support access to food stamps and Medicaid for working families are being delayed solely due to programming delays. To better support these families, Washington State could give these changes higher priority in the ACES queue or, if necessary, begin implementation before the change is fully automated with training and audit support.

5. Improve Coordination Among Food Stamp and Medicaid Outreach Efforts and Local CSOs

Washington State contracts with community-based organizations for both food stamp outreach efforts and Medicaid/SCHIP outreach, yet these contracts and efforts appear to be largely separate from each other. As the clients reached by each effort may need both food assistance and health coverage, better coordination of these efforts could increase the outcomes for each outreach initiative. In addition, we observed limited contact between the local outreach initiatives and the DSHS CSO serving the local area. Since access to food stamps and family medical is only through the CSO, both the outreach contractors and the CSO could better serve their clients by working together more and communicating regularly.

C. CONCLUSIONS AND UPCOMING EFFORTS

In addition to the practices described in this report, the Economic Services Administration (ESA) of DSHS has a number of initiatives underway as part of a broad “ESA of the Future” plan. Many of these efforts relate to improved delivery of services and benefits through the increased use of information technology. The impressive array of efforts focusing on increasing the number of ways a client can communicate with the CSO, improving customer service, and streamlining policies show a commitment on the part of DSHS to ease the enrollment and retention processes for clients.

Informed Client Initiative and “On-Line CSO”. This effort provides detailed information about benefits both in print and on the Internet. It includes an “On-line CSO” that allows an
application for benefits, an eligibility review or changes in circumstances to be completed and submitted on-line. Additional DSHS forms such the short children’s Medicaid application and forms used for third-party verification are available on line, many of which can be completed on-line and then printed for submittal to DSHS. At the time of the site visit, the on-line application was available on a pilot basis in Region 4 (where King South is located). Since that time, the on-line CSO is operating statewide. It can be found at https://wws2.wa.gov/dshs/onlinecso/.

The Answer Phone. This Interactive Voice Response Telephone system provides case level information to clients. It also provides a voice mailbox at which workers can leave messages for clients to retrieve at a later time. The Answer Phone went into operation shortly after our site visit.

Customer Service Initiatives. A Customer Service Advisory Committee has recommended a number of steps toward improving delivery of services at the CSO level, including setting standards of access. Other efforts include a Customer Satisfaction survey, additional training on customer service, increased use of call centers and a statewide toll-free Customer Relations number for clients or service providers to contact about difficulties with a CSO.

Simplification Initiative. DSHS is seeking to better align and simplify programs and to streamline verification and eligibility maintenance tasks. The move from three-month food stamp certification periods to 12-month certification with semi-annual reporting is part of this initiative. With this initiative, DSHS expects to increase the use of call centers for eligibility determinations and reviews.

In conclusion, Washington State has implemented and continues to develop a number of initiatives and procedures to improve access to food stamps and Medicaid for working families. Client service at the CSO, including required in-person contacts and frequent verifications, remain one of the biggest barriers to access to benefits. The state’s emphasis on developing innovative ways to serve clients with fewer CSO visits has great potential to better serve low-income working families that qualify for food stamps and Medicaid.
APPENDIX A: RESEARCH METHODS

The information for this report was collected primarily through a five-day visit to Washington on April 30-May 4, 2001, which included two days in each of the local welfare offices and one day in Olympia meeting with state Department of Social and Health Services (DSHS) officials. The objective of the site visit was to gain information from a wide variety of perspectives on the policies and practices that may affect participation in food stamps, Medicaid, and SCHIP. We gathered this information through meetings with leadership and staff of the state agencies administering these programs, leadership and staff in each local CSO, as well as meetings with clients and the community-based organizations that serve clients. The research team worked to analyze the general approach and to identify the specific strategies currently in use to improve enrollment and retention in food stamps, Medicaid, and SCHIP with the aim of documenting the site’s experiences and lessons learned in the implementation of these practices.

Special attention was paid to barriers that may have arisen or become magnified because of welfare reform policies such as diversion and increased TANF closures. Specific practices examined included those involved in outreach, simplification of enrollment, and use of automated systems to determine or continue eligibility. A great deal of attention was paid to the workflow and process involved in the application and retention process for Medicaid and food stamps for both TANF clients and non-TANF clients and specifically to the procedures followed to ensure that food stamp and Medicaid benefits continue when a family leaves TANF. Attention also focused on the service delivery approaches adopted by each office in areas where there was flexibility for local variation.

During the office visits, interviews were conducted at the office to explore staff procedures and client interactions, workflow, supervisory approach and the local office environment. Information collection methods included:

- Group interviews with supervisors and CSO Administrator
- 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 TANF and non-TANF caseworkers handling food stamps and Medicaid during interviews with clients
- Observation and shadowing of the reception/front desk area and activities
- Interviews with technology support staff at the CSO
- Interviews and shadowing with supervisor and staff at Call Center in the Bellingham CSO
In addition, information was also gathered from a variety of other sources:

- Interviews with state Department of Social and Health Services leadership
- Group and individual interviews with DSHS staff with responsibility for policies and procedures in the TANF, food stamps, Medicaid, and SCHIP programs
- Systems interview with DSHS Management Information Systems staff
- Interview with a member of the Governor’s policy staff about the Help for Working Families Call Center
- Interviews with representatives of community-based organizations serving clients of both the King South and Bellingham welfare offices and statewide constituencies
- Group interview with community-based outreach contractors performing Medicaid, SCHIP, and food stamp outreach serving both the King South and Bellingham areas
- Focus groups with program clients served by the King South and Bellingham CSOs
APPENDIX B: BACKGROUND ON THE CSO ORGANIZATIONAL STRUCTURES

A. KING SOUTH CSO ORGANIZATIONAL STRUCTURE

The King South CSO is organized into nine units.

- An administrative unit consisting of the Administrator, Deputy Administrator, an information technology staff member, and an administrative secretary.

- A clerical unit with approximately 10 staff, including CSS staff and clerical staff who staff the reception area. The CSS staff are available to screen clients in the morning and perform case data entry in the afternoon. Clerical staff are available to clients in the reception area all day.

- Two non-WorkFirst units each containing approximately 10 staff plus a lead worker and a supervisor. Financial workers in these units carry an average caseload of 600 cases, which has increased from an average of 480 cases since January 2001.

- Two WorkFirst units also containing approximately 10 staff plus a lead worker and supervisor. Case managers in these units have an average caseload of 80 families, an eight-case increase since January 2001. WorkFirst case managers in the King South CSO also handle diversion, AR-EN payments, sanctions, and exit bonuses associated with their TANF cases.

- Two social service units with approximately eight staff each. One provides family and adult services such as intensive social services to clients having problems with domestic violence and alcohol/substance abuse. The other unit handles initial and ongoing eligibility for Working Connections Childcare for both TANF and non-TANF families.

- A specialty unit that consists of three customer service specialists, two food stamp auditors, one fair hearings coordinator, and intermittent staff who work on underpayments and overpayments to recipients.

In addition, the King South CSO has supervisors and lead workers for each unit (except for the administrative unit). The role of the supervisor is to hire staff and to monitor training needs, caseload accuracy, and timeliness. Supervisors also handle client/worker disputes and authorize support services for WorkFirst families. They are responsible for generating unit and worker specific reports. Lead workers, in addition to maintaining their own caseload, provide administrative support to the supervisor and can fill in for the supervisor.
B. BELLINGHAM CSO ORGANIZATION STRUCTURE

The Bellingham CSO’s office structure is similar in many respects to the King South CSO in the separation of WorkFirst and non-WorkFirst units and the general responsibilities of caseworkers. There also are nine units in the Bellingham CSO, although there are two significant differences in organizational structure between the Bellingham and King South CSOs. They are that the Bellingham CSO has a specialized WorkFirst unit and a Call Center unit.

- An administrative unit containing the Administrator, an administrative secretary, a fiscal technician and an information technology staff person.
- An up-front services unit that contains approximately 11 staff members, including four CSSs.
- A non-WorkFirst unit called Multi-Program Services (MPS) unit. The MPS unit has 14 financial workers, each having an average caseload of about 800 cases. Financial workers from the MPS unit handles food stamps and Medicaid for non-TANF clients and other cash benefits such as General Assistance. They also conduct client screenings at the front desk.
- Two WorkFirst units, each with nine case managers. The average caseload size for each case manager in the Work-First unit is 100 clients.
- A social services unit with 12 staff members that consists of social workers who handle hard-to-serve TANF clients, ADATSA (substance abuse), and domestic violence cases. Approximately 12 staff members are in this unit.
- A child care unit that makes eligibility determinations for childcare containing nine social workers.
- A specialized WorkFirst unit that consists of two case managers, an up-front worker, and a supervisor. This unit does not carry a caseload but relieves case managers in the WorkFirst units from certain tasks and responsibilities. The specialized WorkFirst unit screens potentially eligible TANF clients, provides a group orientation for TANF clients every morning, and handles AR-EN, diversion and sanction cases. The formal structure and materials of the group orientation ensures that a consistent message to clients on access to food stamps and Medicaid after leaving TANF.
- A Call Center, which consists of a supervisor, two office assistants, three experienced financial workers, and one financial worker-in-training. Staff in the Call Center answers general questions about programs and case status of their case, and assists clients in obtaining medical coupons and EBT cards. The Call Center also processes Medicaid-only applications and reviews.
**APPENDIX C: DSHS’ POLICIES AND PRACTICES FOR HANDLING KEY TRANSITION POINTS SUPPORT OR RISK ENROLLMENT AND RETENTION IN FOOD STAMPS AND MEDICAID**

<table>
<thead>
<tr>
<th>Transition Point</th>
<th>Treatment to Support Enrollment or Retention</th>
<th>Risks for Loss of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal Diversion</strong>&lt;br&gt;(Client Enters office But Does Not Apply)</td>
<td>Combined application for benefits is not extremely long (3 pages - 6 sides). Application process can be started by submitting Part I (first page) only. Same-day services offered at CSOs visited may facilitate carrying through with process. On-line application permits client to begin the application process without entering CSO.</td>
<td>Clients may face lines to get basic application information from reception desk.</td>
</tr>
<tr>
<td><strong>Client Applies for One Benefit but Is Not Informed of Others</strong></td>
<td>Joint combined application for benefits covers all benefits – applicant indicates benefits being sought on form. All workers handle food stamps and Medicaid so are knowledgeable on eligibility. Specialized WorkFirst (TANF) Unit in Bellingham screens for likely TANF eligibility to start application process in the right unit.</td>
<td>Automated system will only run eligibility on programs that worker selects for eligibility determination. An applicant who does not ask for a benefit may not be informed of potential eligibility. An applicant not seeking TANF will be interviewed in a non-TANF unit.</td>
</tr>
<tr>
<td><strong>Application Started but Not Completed</strong></td>
<td>Same-day services offered in CSOs visited facilitates completion of application process. Medicaid applications are batched and reviewed for eligibility at 30 days when TANF and food stamps are denied for not completing application process. No interview required for family medical or children’s Medicaid so eligibility is considered even if application process not completed. Self-declaration for children’s Medicaid.</td>
<td>Extensive required verification for food stamps may require applicant to return again (or mail in or drop off) additional information. Verification requirement for family medical limits ability of CSO to cover parents if application process not completed.</td>
</tr>
<tr>
<td>Transition Point</td>
<td>Treatment to Support Enrollment or Retention</td>
<td>Risks for Loss of Benefits</td>
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<td><strong>Formal Diversion (Applicant Receives Cash Lump Sum Instead of Ongoing Benefits)</strong></td>
<td>Eligibility for Medicaid and food stamps is determined if lump sum diversion payment received. Diversion payment disregarded in food stamp and Medicaid determination.</td>
<td>Lump sum diversion is infrequent because of cumbersome recoupment policies if family comes onto TANF.</td>
</tr>
<tr>
<td><strong>Denial From TANF</strong></td>
<td>Eligibility for food stamps and Medicaid will be determined if client is determined ineligible for TANF.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Maintaining Eligibility at Recertification for Benefits</strong></td>
<td>12-month certification periods for family medical and children’s Medicaid limits frequency of reviews. Mail-in Medicaid reviews (no interview) makes renewal easier. No asset test for recipients for family medical makes renewal easier. Continual rolling-forward of 12-month Medicaid certification period at each TANF or food stamp review limits need for family to recertify Medicaid.</td>
<td>Default to short 3-month food stamp certification periods coupled with face-to-face reviews and re-verification of many factors make food stamp retention more difficult.</td>
</tr>
<tr>
<td><strong>TANF Benefits Closed Due to Earnings</strong></td>
<td>ACES generally automatically transfers to Transitional Medical Assistance, if eligible, or to children’s Medicaid. Food stamps would be adjusted based on the earnings; no change in the certification period.</td>
<td>ACES manual work-around needed in some situations to properly count 3 of 6 months of family medical to qualify for TMA.</td>
</tr>
<tr>
<td><strong>TANF Closed for Other Reasons</strong></td>
<td>ACES automatically trickles to ongoing family medical (if eligible) or to children’s Medicaid; no client action is required. Food stamps would be adjusted based on the earnings; no change in the certification period.</td>
<td>N/A</td>
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<tr>
<td><strong>TANF Closed Due to Client Request</strong></td>
<td>Informed consent letter signed by recipient required to close Medicaid. Client education that food stamps and Medicaid are available to families not receiving TANF.</td>
<td>Food stamps can be closed on oral request.</td>
</tr>
<tr>
<td>Transition Point</td>
<td>Treatment to Support Enrollment or Retention</td>
<td>Risks for Loss of Benefits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>TANF Benefits Reduced Due to Sanction (No Full-Family Sanction so TANF Does Not Close)</td>
<td>By policy, there is no impact on Medicaid. While food stamps are not increased to reflect reduced income, by policy there is no other food stamp impact.</td>
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</tbody>
</table>
APPENDIX D: DIAGRAM OF DSHS WORK FLOWS

Figures D.1 and D.2 show the work flows for the intake process and ongoing case management in the King South and Bellingham CSOs.
Figure D.1: Washington State Workflow in KinG South and Bellingham CSOs Under Same-Day Services: Intake Process

**Receptionist/Customer Service Specialist**

- Application form
  - Does client arrive before 9:30?
    - Yes: Client participates in screening.
    - No: Client drops off application and is instructed to return another day before 9:30 a.m. for same day services or to request appointment to accommodate schedule.

**Case Manager/Financial Worker**

- At Bellingham CSO, client screened by caseworker; at King South CSO, client screened by Customer Service Specialist (CSS).

- During intake interview, case manager processes case and determines eligibility for TANF, food stamps, and Medicaid. If eligible for Workfirst, client also referred to Employment Security.

- Workfirst/TANF (plus Medicaid/Food Stamps)
  - Medicaid or Food Stamps only

- Client participates in same-day services appointment with Workfirst case manager; information entered into ACES.

- Client participates in same-day services appointment with financial worker; information entered into ACES.

- If client has all verification available at the interview, the case is authorized in ACES. If not, the case is pending. If the client does not return necessary information after 30 days, TANF and/or Food Stamps are denied but the caseworker processes Medicaid based on information available.

- During intake interview, financial worker processes case and determines eligibility.
Food stamps are generally recertified every 3 months, although caseworkers could extend the certification period to 6 or 12 months for cases with stable income; Medicaid is recertified every 12 months.

At Bellingham CSO, client would receive ACES-generated invitation letter asking client to come to the CSO any day before 9:30 to receive a same day services appointment. At King South CSO, client would receive appointment time in the letter from ACES.

Whenever a client recertifies for TANF or food stamps, the financial worker or case manager reviews Medicaid and sets the certification period for 12 months in the future. This results in a Medicaid certification period that does not come up for review if client cooperates with TANF and/or food stamps reviews.
APPENDIX E: FOCUS GROUP RESULTS

During the site visits to Washington state, focus groups were held with clients participating in food stamps, Medicaid, and/or TANF (known as WorkFirst in Washington) near the King South and Bellingham Community Services Offices (CSOs) we visited. The first focus group was held in Kent on April 30th in a community building downtown. Two community organizations and the King South CSO office recruited participants. The second focus group was held at a Bellingham childcare center on May 2nd. A community-based organization and the Bellingham CSO office recruited participants. In exchange for their attendance, participants were provided a $25 stipend and were reimbursed for child care and transportation costs.

A. KING SOUTH FOCUS GROUP

The 12 participants in King South County represented a mixture of experiences with public assistance programs. Seven of the participants were current or former WorkFirst recipients. All of these clients also received Medicaid and food stamps. A couple of participants only had Medicaid for their children and four of the group were single men who were in the process of applying for or currently receiving food stamps and medical benefits.

1. Experience in Applying for and Retaining Benefits

Participants were asked about their experiences in applying for benefits. In response, they described experiences with particular caseworkers, the intrusiveness of being asked personal information, and the burden of documentation (both in it being lost and the need to provide it during multiple interviews).

2. Customer Service

In terms of customer service, participants mentioned that they feel that caseworkers have a lot of discretion in giving them benefits, and they feel that the service and benefits they receive is highly dependent on the caseworker to whom they are assigned. Some participants described negative experiences with caseworkers, while a few participants in the group balanced these experiences with their own positive impressions.

- “[Caseworkers] will give you something when you apply for it. I had a positive experience but I came from a shelter and I think my worker was sympathetic.”
- “[Caseworkers] ask a lot of personal questions.”
- “[Caseworkers] think we’re the bottom of the dirt pile. They need diversity training.”
- “[Caseworkers] have a lot of cases and I think they’re overwhelmed. At Kent, they are young, inexperienced, and there is high staff turnover.”
“One social worker has been helping me through the whole time. She’s done a good

“[Caseworkers] need empathy and not attitude. However, some do bend over backwards to help you.”

“It would be good if you only had one worker and they knew you.”

3. Other Application Experiences

Some of the negative comments by participants were related to paperwork being lost at the CSO, phone calls that were not returned, and the perception that clients are required to bring in the documentation “over and over again” when they recertify for benefits.

“They do a food stamp recertification every 3 months and don’t keep your stuff. When they swap caseworkers it’s even more likely that they will lose your stuff.”

“I drop everything off at the welfare office. Nine times out of ten it gets lost in the mail. Every three months I have to provide everything all over again. They ask me for my lease, identification etc.”

“I gave up trying to apply for food stamps. I gave them everything but my pay stub didn’t have my company’s name on it.”

“Its impossible to get through to your caseworker by phone.”

“My case worker always calls me back within 24 hours.”

4. Same-Day Services

Participants had nothing but positive comments about same-day services, in particular because they felt it got them “in and out” of the office faster when they are conducting business at the CSO.

“It takes about an hour and fifteen minutes when you go to the welfare office in the morning.”

“It takes about an hour.”

“If I get in by 7:30 I always out by 11:00 am.”

“If you get there by 9:00 or 9:30 you’ll be seen.”

5. Program Knowledge

Participants in the focus group had accurate knowledge of program rules and policies, although the discussion about these issues was brief. Clients had learned about the programs
from varied sources including word of mouth, through the WIC program, and at the Salvation Army.

- “For medical you’re allowed one year after you start work but you still have to do all the paperwork.”
- “Children can stay on Medical until they are 18. They allow you 60 months to get your life together (for WorkFirst).”
- “They tell you that you have 5 years (for WorkFirst) but they make you start looking for work right away.”
- “The notices are 4 to 5 pages long. They don’t make any sense. The computations

- “The notices are understandable.”

6. Closing Remarks

In closing, participants were asked about the value of benefits they received. A few mentioned the value of Medicaid coverage for their children in particular. Others responded by mentioning that they had caseworkers that had been helpful in assisting them.

B. BELLINGHAM FOCUS GROUP

The 18 participants in this focus group also represented a mixture of experiences with public assistance programs. Similar to the King South focus group, most were current or former TANF recipients although a few of the participants were enrolled in Medicaid and food stamps only. There were several men—one was a single father and another was part of a couple that received TANF while enrolled in school.

1. Program Knowledge

For the most part, clients understood program rules and eligibility for the TANF, food stamps and Medicaid programs. There was confusion about whether the TANF work requirement also apply to the food stamp program and at least one participant thought that the verification requirements during the food stamp intake interview were the same for recertification. Focus group participants also disagreed on the length of the lifetime limit for receipt of TANF benefits. One participant asserted that there is a 5-year limit on TANF while someone else disagreed saying the limit was only 3 years. Another participant had heard that under certain circumstances you may be able to go beyond the limit but she wasn’t sure what that was all about. Participants generally learned about the food stamp and Medicaid programs at the CSO office, at the Salvation Army, in food banks, from the Opportunity Council (a local community organization)) and from friends and family.
Food Stamps

- “Have to apply at DSHS.”
- “Have to reapply every 3 months.”
- “There are no time limits for food stamps.”
- “As soon as you get housing the food stamp benefit bottoms out.”

Medicaid

- “There is no life-time limit for Medicaid.”
- “They like to give Medicaid to children more than to adults.”
- “The income limit for adults should be higher.”
- “You can get Medicaid for a year after TANF ends.”

TANF

- “They require you to work 20 hours per week but once you find a job they kick you off.”
- “It’s very easy to get kicked off the program. They sanction you if you fail to show up.”
- “When you are in sanction you have to show your caseworker that you can follow through with your IRP for two weeks and full benefits will be restored.”
- “If you get TANF you automatically get everything else, the food stamps and the...”
- “There is too much emphasis on work and not enough on education. The system traps you. You get shoved into these $6 per hour jobs and there is not way to support yourself.”

2. Experience in Applying for and Retaining Benefits

When asked about their experiences in applying for and retaining benefits, participants described their experiences with CSO staff, their reactions to same-day services and the call center, and the recertification process. Participants generally felt it was easy to apply for and recertify for Medicaid, particularly relative to food stamps or TANF. They also noted that the ease of recertifying for the Medicaid for children program, as the recertification periods were longer than three months. In contrast, participants found the required verifications and the three-month recertification periods for food stamps to be daunting. To some extent, participants complained about negative treatment by caseworkers and some participants felt that some caseworkers withheld information about certain programs depending upon who was applying.
- “It is particularly easy to get medical for kids, there is less paperwork have to go to the office every three months.”
- “If you’re not on cash, it easier to get both food stamps and Medicaid.”
- “They go on and on about all the rules of participating. The long list of do’s and don’ts seems impossible and overwhelming.” Now that the participant has been on assistance for a while she noted: “it’s easier.”
- “The workers have these criteria that they want you to fit into. It you don’t meet their criteria, you’re out. They don’t care about your individual circumstances.”
- “Some of the workers are nice and others are rude.”
- “Some workers are really supportive, others are waiting for you to fail.”
- “We’ve been lucky. We’ve had really nice caseworkers.”
- “My worker doesn’t make me aware of services or opportunities that I can get. I have to hear about them from other people. My worker didn’t tell me about exit bonuses and when I asked her about them she told me that she didn’t think I could stay off TANF and therefore, I wasn’t eligible.”
- “A lot of people are embarrassed to go to the welfare office because it is humiliating.”
- “When you apply, the workers aren’t considerate and they ask a lot of personal
- “Each worker tells you something different about what you can get in terms of
- “It’s not difficult to apply. The application is long and it’s a pain to provide the proof—that varies by which worker you get.”
- “All the paperwork makes you not want to apply.”
- “It was demoralizing to have to take forms to your landlord and employer.”
- “I don’t like that I can’t do the recertification interview over the phone.”
- “Having recertification interviews [for food stamps] every three months is too much. It’s hard to take off work that often.”
- “When you’re on cash it seems like you’re at the welfare office everyday. Ther monthly report. If you just get food stamps and Medical you have to report but not as often.”

3. Same-Day Services and Call Center

Participants liked same day appointments and seemed to know that you use same-day services for redetermination interviews. Participants who had called the CSO recently said they
had noticed a difference in being able to get through on the telephone and reach a live person who could answer some of their questions. However, they were not aware that the recent improvements were due to a call center. Nobody in the group was aware that they could apply for Medicaid over the telephone using the Call Center. Participants felt that the people answering the phone could answer general questions but, couldn’t give a lot of details about a particular case.

- “I like that you can come in between 7:00 and 9:30, see a worker within a half hour, go to orientation, and be done in the afternoon.”
- “I like the same day service because you get told ‘no’ more quickly.”
- “Its nice knowing when you call there is somebody there who knows about the programs.”
- “You don’t have to be transferred to your caseworker to not get called back for days.”
- “If you call your caseworker and don’t get through push “0” and somebody will pick

4. Closing Remarks

In closing, participants were asked about the value of the benefits they receive. They felt that what you have to go through for food stamps is worth it “as long as you are getting more than $10 per month.” One person said, “[Food stamps] help a lot.” In terms of Medicaid benefits, one participant said they were “awesome.” One woman qualified this statement with how hard it is to find providers who will take Medicaid for dental. Another woman said providers degrade you when you are on Medicaid. One participant was excited that the Medical coupon covers transportation. Most of the participant’s suggestions for program administrators referred to the importance of having education as part of the work program and the importance of telling individuals about all the programs for which they may be eligible.
APPLICATION FOR BENEFITS
Part 1

1. NAME
   FIRST       MIDDLE INITIAL       LAST
   _____________________       _____________________       _____________________

2. SIGNATURE
   _____________________

3. ADDRESS WHERE YOU LIVE
   _____________________
   CITY       STATE       ZIP CODE

4. MAILING ADDRESS (IF DIFFERENT)
   _____________________
   CITY       STATE       ZIP CODE

5. Phone number
   Home (_______)
   Work or message (_______)

6. I am (we are) applying for:
   [ ] Cash
   [ ] Nursing Care
   [ ] Food Stamps
   [ ] Drug and Alcohol Treatment
   [ ] Medical
   [ ] Other:

7. If you want another person to get and use your food stamp benefits for you, complete the following:
   Their name: _____________________
   Telephone number: _____________________

After completing above information, please read the following before completing the application.

This application is a statement of facts about the people who need help. If you are applying for someone else, complete the questions as they relate to those people. You will need to answer all questions before we will know if we can help you.

NON-DISCRIMINATION

Discrimination is prohibited in all programs and activities administered by the Department of Social and Health Services (DSHS). No one shall be excluded from these programs on the basis of race, color, creed, political beliefs, national origin, religion, age, sex, or disability.

If you need help completing any part of the form, let us know.

Part 1

Part 1 of the application begins your request for help. THE SOONER YOU COMPLETE AND RETURN PART 1, THE QUICKER WE CAN HELP YOU IF YOU ARE ELIGIBLE.

A. You may complete Part 1 and take it to the receptionist NOW if:
   1. You have an emergency (see questions 13 and 14), or
   2. You cannot or do not want to answer all of the questions in Part 2 while you are here.

B. If you want Food Stamp benefits:
   1. We will base the amount of your Food Stamp benefits on the date we get Part 1.
   2. You need to complete at least questions 1, 2, and 3 above before we will accept Part 1.
   3. You may get Food Stamp benefits within 5 days if you complete question 13 and:
      a. You have very little income or resources, or
      b. Your income and resources are not enough to cover your monthly rent/mortgage and utilities, or
      c. You have no place of your own to live, or
      d. Your household includes a migrant or seasonal farm worker.
   4. You must give us a Social Security number or apply for one for each household member as required by law.

Part 2

Part 2 contains the rest of the information we need to determine if you are eligible for help. If you have the time and can answer all the questions now, please complete the entire form and give it to the receptionist.

If you only complete Part 1 now, you must complete the rest of the application before your appointment. If you need help, let us know. You may give us Part 2 of the application before or at your appointment.
APPLICATION FOR BENEFITS
Part 1

GENERAL INFORMATION

8. Do you have trouble speaking, reading, or writing English? □ YES □ NO
Do you need an interpreter? □ YES □ NO
If yes, we will provide one.
What language do you speak?

9. I am having problems with this form:
□ because I am visually impaired.
□ because I am hearing impaired.
□ I need help filling out this form.

10. We ask that you voluntarily show your race or ethnic background. This information will not be used in considering your eligibility for benefits.
□ Caucasian □ Hispanic □ Black □ Vietnamese/Laotian/Cambodian □ Other Asian or Pacific Islander
□ American Indian/Alaskan Native; tribe name: __________________________ □ Other:

11. List yourself and everyone living at your address. Use legal names - DO NOT USE NICKNAMES. If you do not know a Social Security Number, leave it blank. Check a box in the "APPLYING FOR BENEFITS" section for each person listed.

<table>
<thead>
<tr>
<th>NAME (FIRST, MIDDLE, LAST)</th>
<th>RELATIONSHIP TO YOU</th>
<th>BIRTHDATE (MONTH/DAY/YEAR)</th>
<th>APPLYS FOR BENEFITS</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>SEX</th>
<th>U.S. CITIZEN?</th>
<th>QUALIFIED ALIEN?</th>
<th>IN SCHOOL?</th>
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<tbody>
<tr>
<td>a.</td>
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12. If anyone in your household has used another name (maiden or married name) or Social Security number, please list other names and/or Social Security numbers:

13. If you are applying for Food Stamp benefits and need them within five days, complete this section for everyone in the household.

   I (we) have money in cash, checking, or savings □ YES □ NO IF YES, GIVE AMOUNT
   I (we) received money, cash, checks (income) this month □ YES □ NO $ __________
   I (we) expect to get money, cash, checks (income) this month □ YES □ NO $ __________
   I (we) have a rent or mortgage cost each month □ YES □ NO $ __________
   I (we) have utility costs (e.g., gas, oil, electric) this month □ YES □ NO $ __________
   My (our) money, cash, checks (income) recently stopped □ YES □ NO
   I am (we are) a migrant or seasonal farm worker □ YES □ NO
   I am (we are) homeless □ YES □ NO

14. Check any of the following situations which apply to anyone in your household
□ Pregnancy (due date): __________
   Name of pregnant household member: __________
□ No food or food money □ Domestic violence victim
□ Medical emergency □ No place to live □ Eviction notice
□ Utility shut-off notice □ No heat □

15. How many persons in your household do you buy and prepare food for?

FOR OFFICE USE ONLY - EXPEDITED SERVICE SCREEN - Household eligible for expedited service
□ Yes □ No Expedited Service Screener's Signature: __________________________ Date: __________
**APPLICATION FOR BENEFITS**

**Part 2**

If you completed and turned in Part 1, you must complete the rest of your application before your appointment. If you need help, let us know. You may give us Part 2 before or at your appointment.

<table>
<thead>
<tr>
<th>NAME</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>LAST</th>
<th>GENERAL INFORMATION</th>
</tr>
</thead>
</table>

16. I (we) have lived in Washington since ___________ ___________ ___________. I (we) intend to live in Washington ___________ ___________ ___________.
   - YES □
   - NO □

17. Marital status - I am now: □ Single □ Married □ Divorced □ Separated □ Widowed

18. I am (we are) living in: □ Own home □ Adult family home □ Congregate care facility
   - □ Group home □ Adult residential treatment facility □ Other

19. I (we) have applied for or received assistance before in Washington or another state ___________ ___________ ___________.
   - YES □
   - NO □

20. A member of my household is disabled (including children) ___________ ___________ ___________.
   - YES □
   - NO □

21. A. I am (we are) a veteran of the armed services.
   - YES □
   - NO □

   B. I am (we are) the dependent or spouse of a veteran or a deceased veteran.
   - YES □
   - NO □

22. A family member is temporarily out of the home ___________ ___________ ___________.
   - YES □
   - NO □

23. I am (we are) a boarder (pay someone to provide my (our) meals) ___________ ___________ ___________.
   - YES □
   - NO □

24. I am (we are) a sponsored alien ___________ ___________ ___________.
   - YES □
   - NO □

25. If yes, where _________ Dates ___________ ___________ ___________.
   - YES □
   - NO □

26. I (we) get food from an Indian food distribution program ___________ ___________ ___________.
   - YES □
   - NO □

27. I (we) have been disqualified for food stamps now or in the past for providing incorrect information ___________ ___________ ___________.
   - YES □
   - NO □

28. I (we) am temporarily staying at someone’s home ___________ ___________ ___________.
   - YES □
   - NO □

29. I or a member of my household is fleeing from the law to avoid going to court or jail for a crime considered a felony, or breaking a condition of parole or probation ___________ ___________ ___________.
   - YES □
   - NO □

30. I or a member of my household was convicted of fraud in obtaining cash assistance ___________ ___________ ___________.
   - YES □
   - NO □

31. I or a member of my household was convicted of misrepresenting my/our residence to receive public assistance benefits in two or more states at the same time ___________ ___________ ___________.
   - YES □
   - NO □

32. My household is or has been living on an Indian reservation ___________ ___________ ___________.
   - YES □
   - NO □

33. I (we) expect changes in my (our) situation in the next two months ___________ ___________ ___________.
   - YES □
   - NO □

**MEDICAL INFORMATION**

34. A. I (we) have unpaid medical bills (dates) ___________ ___________ ___________. (amounts) $ ___________ ___________ ___________.
   - YES □
   - NO □

   B. I (we) need help with medical bills incurred in the last 3 months ___________ ___________ ___________.
   - YES □
   - NO □

   C. I am (we are) in, or recently left, or plan to enter a medical facility (such as a hospital, nursing home, etc.) ___________ ___________ ___________.
   - YES □
   - NO □

   If yes, what facility(ies)

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<tr>
<th>(1) DATE ENTERED</th>
<th>(2) DATE DISCHARGED</th>
<th>(3) DATE WILL ENTER</th>
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   D. I (we) have Medicare ___________ ___________ ___________.
   - YES □
   - NO □
MEDICAL INFORMATION (CONTINUED)

E. I (we) need help paying Medicare premiums .......................................................... YES □ NO □
F. I (we) have CHAMPUS (military) coverage available .............................................. YES □ NO □
G. I (we) have health insurance
   (This includes any insurance you or someone else pays for, such as private insurance,
   long term care insurance, group insurance through your employer or union, etc.)
   YES □ NO □
H. I (we) had/have medical insurance through employment anytime in the last 3 years ......... YES □ NO □
I. I (we) have turned down medical coverage through employment because of its cost .......... YES □ NO □
J. I (we) have had an accident requiring medical care.................................................. YES □ NO □

RESOURCES

35. A. I (we), including children, own or have a share in one or more of the following (check yes or no for each item):

Money on hand (cash) .......................................................... YES □ NO □ $ TOTAL AMOUNT/VALUE
Checking account .............................................................. YES □ NO □ $
Savings account/certificates of deposit ................................... YES □ NO □ $
Credit union .................................................................... YES □ NO □ $
Retirement fund, IRA, KEOGH, etc. ........................................ YES □ NO □ $
Money held by others .......................................................... YES □ NO □ $
Stocks/bonds/mutual funds ................................................... YES □ NO □ $
Trust or annuity account ....................................................... YES □ NO □ $
Life insurance .................................................................... YES □ NO □ $
Prepaid funeral plan (not life insurance) .................................. YES □ NO □ $
Money for funeral/burial ....................................................... YES □ NO □ $
Burial plots .......................................................................... YES □ NO □ $
Sales contract ...................................................................... YES □ NO □ $
Property on which you live ..................................................... YES □ NO □ $
Property on which you are not living ....................................... YES □ NO □ $
Business equipment (tools, machinery) ................................... YES □ NO □ $
Livestock (horses, cattle, sheep) ............................................. YES □ NO □ $
Timber/crops ....................................................................... YES □ NO □ $
Other .................................................................................. YES □ NO □ $

B. I (we) own or am (are) buying a car or other vehicle (truck, boat, motor home, snowmobile, motorcycle, etc.) or camper and/or trailer (list even if not running or in your possession).

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<th>ITEM</th>
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<th>MODEL</th>
<th>VALUE</th>
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</table>

C. I (we) use a vehicle for medical purposes .......................................................... YES □ NO □
D. I (we) use a vehicle for employment .................................................................... YES □ NO □
E. I (we) have sold, traded, given away, or transferred a resource (see A and B above), including a transfer into a trust in the last 5 years ...

If yes, explain:
What? ........................................................................... To whom? ................................................ Date: __________

EMPLOYMENT

36. A. I am (we are) working (include self-employment) ................................................. YES □ NO □

IF YES:

PERSON  | EMPLOYER  | AMOUNT  | MFRS/MO  | PERSON  | DATE LAST WORKED
---------|------------|---------|----------|---------|-------------------

IF NO:

---------|---------|---------|----------|---------|-------------------

$  
$  

DSHS 14-001(X) (REV. 06/1997)
B. I am (we are) able to work.  

<table>
<thead>
<tr>
<th>IF NO:</th>
<th>PERSON</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Within the last sixty (60) days I (we) left a job.  

<table>
<thead>
<tr>
<th>Reason</th>
<th>Laid off</th>
<th>Fired</th>
<th>Refused work</th>
<th>On leave of absence</th>
<th>Injury</th>
<th>Quit work</th>
<th>On strike</th>
<th>Refused training</th>
<th>Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

If yes, person’s name: ___________________________  Employer ___________________________

D. For a family applying with both parents (married or unmarried) in the home, list the parent who earned the most money in the last 24 months: ___________________________

### INCOME

37. I (we) receive or have applied for money from the following sources (check yes or no for each item):

<table>
<thead>
<tr>
<th>YES NO</th>
<th>PERSON WITH INCOME</th>
<th>AMOUNT</th>
<th>PERSON WITH INCOME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- Public assistance
- Unemployment compensation
- Social Security benefits
- Supplemental Security Income (SSI)
- Railroad benefits
- Retirement/Pension
- Child support/Alimony
- Insurance benefits
- Trust or annuity
- Money from roomers/botherers/renters
- Veteran’s benefits
- Labor and Industries
- Military allotment
- Income tax refund
- School grants or loans
- Cash Prizes (Bingo, Lottery, etc.)
- Other loans
- Other income

### EXPENSES

38. A. Shelter:

1. I (we) have a housing cost (if yes, give amount below).

<table>
<thead>
<tr>
<th>RENT</th>
<th>SPACE COST</th>
<th>PROPERTY ASSESSMENTS</th>
<th>MORTGAGE</th>
<th>PROPERTY TAXES</th>
<th>HOMEOWNER’S INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Someone pays all or part of my (our) housing costs or utilities.

If yes, what do they pay for and how much do they pay: ___________________________

3. I am (we are) responsible for: Heating/cooling costs  

<table>
<thead>
<tr>
<th>Electricity</th>
<th>Telephone</th>
<th>Sewer</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heating fuel (oil, gas, wood, etc.)</th>
<th>Garbage</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. I (we) pay for dependent care or babysitting expenses  

C. I (we) make court ordered child support payments  

Page 5
I UNDERSTAND THAT:

- I must immediately report changes to the DSHS Community Services Office. Changes must be reported in writing for financial or medical assistance. Late reporting may cause incorrect benefits.
- I must provide proof I am eligible. DSHS may help me get the proof or contact other persons or agencies for it.
- The information I (we) give here is subject to verification by federal and state officials to decide if I am eligible for benefits and the amount I will receive. This may include unannounced contacts by the Division of Fraud Investigations.
- My (our) Social Security number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (e.g., Social Security Administration, Internal Revenue Service, employers, and banks) to verify eligibility.
- By receiving Temporary Assistance for Needy Families (TANF) or Food Stamp benefits, persons age 16 to 60 may be required to participate in an employment or training activity.
- By receiving cash benefits, I assign to the State of Washington all rights to any support, including child support.
- By receiving medical care benefits, I (we) assign to the State of Washington my (our) rights to medical care support and any third party payments to pay for covered medical services while receiving medical care benefits.
- The department may recover from my estate the cost of long-term medical care services when I am 55 or older. Long term care includes COPES, Medicaid Personal Care, and Nursing Home Services plus related hospital and prescription drug costs.
- I (we) may be restricted to one physician and pharmacy if I misuse my medical benefits.

FOOD STAMP PENALTY WARNING

I understand I (we) may be removed from the Food Stamp Program for:

- One year for intentionally breaking a Food Stamp rule;
- Two years for a second such violation; or a first conviction for buying, selling, or trading food stamps for a controlled substance;
- Ten years for giving false identify or residence information to get duplicate benefits.
- Lifetime for intentionally breaking a Food Stamp rule a third time; or a second conviction for buying, selling, or trading food stamps for a controlled substance; or conviction for buying, selling, or trading food stamps for firearms, ammunition, or explosives; or conviction for buying, selling, or trading food stamps worth $500 or more.

In addition, I (we) may be removed by a court for an additional 18 months; or prosecuted and fined up to $250,000 or imprisoned up to 20 years or both.

FOOD STAMP WORK REQUIREMENTS PENALTY WARNING

I (we) may be removed from the Food Stamp Program if I (we) are 16 - 59 years of age, physically and mentally fit, and refuse without good cause to: 1) provide information to determine work status or job availability; 2) accept any offer to work; 3) register for employment; 4) participate in an employment and training program; or 5) voluntarily quit a job or reduce work hours. I understand that I (we) can be disqualified for:

- one (1) month and until I comply with program requirements for the first time;
- three (3) months and until I comply with program requirements for the second time; and
- six (6) months and until I comply with program requirements for the third time and each time thereafter.

CASH ASSISTANCE PENALTY WARNING

If I am (we are) convicted by a court of illegally receiving cash assistance, I understand I (we) will be removed from cash and medical programs for the period determined by the court. I (we) may be removed from TANF for ten (10) years for giving false residence information to get benefits in two or more states at the same time.

DECLARATION AND SIGNATURE

I have read (or had explained to me) and understand the information in this application. I declare under penalty of perjury, information I gave in this application is true, correct and complete to the best of my knowledge. I understand that I (we) can be criminally prosecuted if I (we) incorrectly receive cash, food stamps, or medical, because I have made a willful false statement or because I have willfully failed to report something I should report. Only the applicant must sign if applying for Food Stamps. If applying for cash or medical help, all adult household members must sign.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER

DATE

SIGNATURE OF WITNESS IF APPLICANT SIGNED WITH AN "X"

DATE

SIGNATURE OF WITNESS IF SPOUSE SIGNED WITH AN "X"

DATE

SIGNATURE OF HELPER

DATE

SIGNATURE OF HELPER

DATE
Application For Children's Medical Benefits

This application is for medical coverage only for children and teens under 19. A parent, guardian, outreach worker, friend or teen applying for him/her self may fill out the application. We will send the person listed in box 1 all follow-up information. If you have questions or would like help filling out this form, just call 1-877-543-7669. We'll be happy to help you!

PLEASE PRINT (List parent, guardian or contact person who will receive follow-up information.)

<table>
<thead>
<tr>
<th>1</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>ADDRESS WHERE YOU LIVE</td>
<td>STREET</td>
<td>CITY</td>
</tr>
<tr>
<td>3</td>
<td>MAILING ADDRESS (IF DIFFERENT)</td>
<td>STREET</td>
<td>CITY</td>
</tr>
</tbody>
</table>

4 TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>HOME</th>
<th>WORK</th>
</tr>
</thead>
</table>

5 | Do you have trouble speaking, reading or writing English? | Yes ☐ No ☐
Do you need materials sent to you in another language? | Yes ☐ No ☐
Do you need an interpreter? (If yes, we will help you through an interpreter.) | Yes ☐ No ☐
What language do you speak? |

6 | Is anyone in your home pregnant? | Yes ☐ No ☐
If "yes," who? |
Does a child under 19 have a medical condition that needs attention right away? | Yes ☐ No ☐

---

General Information

7 | List family members living together. (If needed, attach a separate sheet of paper to list more family members.)
| This information will not be shared with INS |

<table>
<thead>
<tr>
<th>NAME (FIRST, MIDDLE, LAST)</th>
<th>RELATION TO YOU</th>
<th>BIRTH DATE (MO/DA/yr)</th>
<th>U.S. CITIZEN</th>
<th>IF NOT A U.S. CITIZEN, WAS YOUR CHILD GIVEN A DOCUMENT SHOWING HIS/HER STATUS? PLEASE ATTACH DOCUMENT</th>
<th>LIST DATE THIS CHILD ARRIVED IN U.S.</th>
<th>SOCIAL SECURITY NUMBER * = OPTIONAL</th>
<th>SEX M or F</th>
</tr>
</thead>
</table>
A. | PARENT, Guardian or Self | | | | | | |
B. | SPouse or Other Parent (if living in the home) | | | | | | |
C. | LIST CHILDREN AND TEENS UNDER 19 YEARS OF AGE (who want medical benefits) | YES ☐ NO ☐ | YES ☐ NO ☐ | | | | |
D. | | | | | | | |
E. | | | | | | | |
F. | | | | | | | |
G. | LIST OTHER ADULTS OR CHILDREN IN THE HOME (who do not want medical benefits) | | | | | | |

8 | Is a child under age 19 in your household disabled? | Yes ☐ No ☐
If "yes," who? |

---

Expenses This information can help your children qualify.

9 | Do you pay for childcare while you work or attend school? | Yes ☐ No ☐
Do you pay someone to take care of a disabled dependent adult while you work or attend school? | Yes ☐ No ☐

10 | Do you pay court ordered child support for a child who is not living in your home? | Yes ☐ No ☐
If "yes," how much per month? $ ____________
### Income

Enter GROSS pay (before taxes or expenses). Enter zero "0" if you or your spouse are unemployed or do not live in the home with these children.

<table>
<thead>
<tr>
<th>Parent's Employer Name and Phone</th>
<th>Other Household Income</th>
<th>Amount Received in Last 30 Days</th>
<th>Which Family Member Gets This Income?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Amount you received in the last 30 days before taxes or expenses were taken out:**

$__________

How much of this income is from self employment?*

$__________

**Spouse's (or Other Parent Living in the Home) Employer Name and Phone Number:**

(______)

**Amount your spouse (or other parent living in the home) received in the last 30 days before taxes or expenses were taken out:**

$__________

How much of this income is from self employment?*

$__________

*If you or your spouse (or other parent living in the home) are self-employed you may get other deductions. Please call 1-877-KIDS-NOW for more information or application assistance.

**In the last 3 months, did any of the children you are applying for have unpaid medical bills or receive services NOT covered by other insurance?**

Yes ☐ No ☐

### Health Insurance Information

Tell us about any health insurance your children already have.

**Do any of the children you are applying for already have health insurance?**

Yes ☐ No ☐

**If "Yes," does that health insurance cover doctor, hospital, x-ray (radiology) and laboratory services?**

Yes ☐ No ☐

**Have your children been covered by job-related health insurance in the last 4 months?**

Yes ☐ No ☐

**If "Yes," did it cost less than $50 per month for dependents?**

Yes ☐ No ☐

If you checked "Yes" to any of the above questions (25 a or b or 26 a or b), please list the name of the insurance company or employer providing health insurance for your children.

<table>
<thead>
<tr>
<th>Insurance Company or Employer</th>
<th>Policy Number</th>
<th>Policy Holder's Name</th>
<th>Policy Holder's Social Security Number (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Children's Race/Ethnic Background (Voluntary Information)

We ask you to voluntarily tell us your children's race or ethnic background. This information will not be used in considering your eligibility for benefits.

- Caucasian ☐
- Hispanic ☐
- Black ☐
- American Indian/Alaska Native ☐
- Vietnamese/Lao/Thai/Cambodia ☐
- Other Asian or Pacific Islander ☐
- Other ☐

### Read Carefully Before Signing

This application is for medical benefits for children only. If anyone in your family already receives, or would like to apply for cash benefits, food assistance or other benefits, please contact your local DSHS Community Services Office (CSO).

- DSHS may ask you to prove the information you are giving to tell if you are eligible. You can ask DSHS for help in getting proof.
- Your information may be reviewed by other state or federal agencies. This information will NOT be shared with Immigration and Naturalization Service (INS).
- By asking for and getting health care benefits, you give the state of Washington all rights to any medical support and to any third party payments for health care.
- DSHS may share your child's immunization history with the Child Profile Immunization Tracking System.

**Declaration and Signature**

I have read and understood the information in this application. I declare, under penalty of perjury, the information I have given in this application is true, correct, and complete to the best of my knowledge.

Signature of Applicant: ___________________________ Date: __________

### How to Submit

- **MAIL TO:** Dept. of Social and Health Services P.O. Box 45531 Olympia, WA 98599-5531
- **FAX TO:** (360) 664-0518
- **FOR HELP:** If you need help or have questions, please call 1-877-KIDS-NOW.

(1-877-543-7669)