

Aligned Certification Periods

Description of Pilot Program

Background:

North Carolina is seeking to align certification periods among clients who are already enrolled in FNS and Medicaid. It is common for multiple certification periods to exist within one family, often with different recertification schedules. With 67.7% of SNAP clients also receiving Medicaid, this is a common occurrence.ⁱ The intent of this policy is to decrease the likelihood of clients unnecessarily experiencing a lapse in benefits, decrease the administrative duplication, and support the efforts of clients to hold steady employment by reducing complicated enrollment processes.

Old Policy:

In FNS, there is no existing policy directing case workers to align certification periods with any other program. In Medicaid, existing policy directs case workers to align the certification periods for:

- Medicaid parents and their children for whom they have financial responsibility, and
- Medicaid Siblings, including half- and step-siblings, living with their financially responsible parent(s).ⁱⁱ

New Policy:

When a client applies for or recertifies their FNS benefits, FNS staff should make every effort to align the certification periods of FNS and any Family and Children's Medicaid programs (including MIC/MAF) that the client is applying for or currently receiving. In order to ensure a seamless recertification process for the client, the county will need to perform a one-time alignment of FNS and Medicaid certification periods.

When a household receiving Family and Children's Medicaid (including MIC/MAF) applies or reapplies for FNS in person, the information provided should be used to recertify both their FNS and Medicaid case. All of the information required to recertify the Medicaid case will be collected during the FNS interview, and will be stored in the client's case file. The Medicaid or FNS case worker should leverage that information to complete a recertification, and should only contact the client in the event of missing or incorrect information. Failure to recertify one program will not result in automatic termination of the other.

During the certification or recertification interview, FNS staff should inform the client that their certification periods will be aligned between programs, if possible. FNS staff should complete the interview process, collecting all information for both FNS and Medicaid, regardless of any preliminary eligibility determination. Follow the outlined procedures.

New Policy and Procedure	
<i>When</i>	<i>Then</i>
An FNS/Medicaid HH makes an office visit to apply or recertify for FNS...	<p>...the county will look up the HH's next Medicaid recertification date in EIS to determine if it is aligned with its FNS case. If it is not aligned, the county will discuss with the client the benefits of aligning certification periods. If the upcoming Medicaid CP is more than six months away, the CW should not change the date. The CW should flag the case for review at the next upcoming FNS certification date. Existing policy related to actionable changes is not affected under this pilot.</p> <p>The county will conduct the FNS interview, asking for any additional information required for Medicaid recertification. The county will use the new eligibility information to process the FNS and Medicaid recertifications. The county will extend the Medicaid certification period for 12 months (if appropriate), aligning the Medicaid recertification date with the FNS recertification date.</p>

HH = household, CW = case worker, CP = certification period

Key Assumptions

- At least initially, the pilot will be limited to walk-in clients.
- FNS will be the “anchor” program where initial contact is made between the county and clients.
- The ultimate vision is for clients to receive a unified set of notices for all of their benefits in one easily understandable package. However, this is a long term goal and is not within the scope of this pilot.

Challenges and Considerations:

- *Communicating the updated eligibility information between programs* –To ensure consistent communication between programs, counties will utilize the DSS-8194. In addition, FNS and Medicaid CW’s will have inquiry access into both EIS and FSIS to utilize updated eligibility information.
- *Processing of Medicaid recertifications* – Who is actually going to process the recertification? The FNS CW would collect all the necessary client information, key it into FSIS. The FNS CW

would then utilize the DSS-8194 to inform the Medicaid CW of updated eligibility information. The Medicaid CW will then process their respective application/recertification.

- *Changes to the FNS recertification form* – This type of policy change should also include an analysis of recertification forms and notices. FNS and DMA staff should review each program’s recertification forms to determine which questions are necessary, which can be accomplished by a question already present on the FNS form, and what modifications would result in more comprehensive and efficient data collection from clients.
- *Quality Control* – The state needs to determine how to incorporate flexibility with the new policy into QC reviews.

Data Points to Track and Measure:

- *Utilization* – Number of clients whose certification periods are aligned (as percent of total clients receiving both FNS and Medicaid benefits).
- *Success over time* – Number of clients who, after aligning their certification periods, successfully renew their benefits at their next certification date.
- *Errors* – Number of incorrect certification period alignments (i.e. incorrect date assignment or other errors made during the process).

Implementation Steps:

- *Business process redesign* – Business process changes will be required in pilot counties to facilitate case workers’ efforts to align certification periods. This will include a way for FNS and Medicaid case workers to communicate regarding newly updated eligibility information and to share verifications and supporting documents.
- *Case management system changes* – DHHS will need to consider what (if any) case management systems are in place. The Department may choose to conduct this study without advanced automation tools in order to be able to replicate the process across the state.
- *Revise forms* – FNS case workers will need to collect enough information to recertify both FNS and Medicaid. This can be accomplished by a thorough review of each recertification form in order to identify duplicative or unnecessary questions. By adding a few questions to the FNS form, the Medicaid ex parte interview can be easily accomplished.
- *Determine how notices will be drafted and packaged* – DHSS will need to determine what changes can realistically be made to existing notices and forms to simplify the recertification process for both FNS and Medicaid.

- *Staff training* – County staff will need adequate training to fully understand the policy change and what it means for their clients. They will also need to know how to utilize the new business processes to achieve the policy’s goal of reducing administrative workload and likelihood of client churning.
- *Client communication* – A plan should be developed to help counties communicate this change effectively to clients. This should include consistent messaging from case workers to clients on what this policy changes means and an explanation of how this policy change will affect their future recertification processes.
- *Data Collection Tools* – DHHS will need to determine the most appropriate way to collect qualitative and quantitative data about the success and shortcomings of this proposed policy. Prior to implementation, indicators of success need to be identified in order to guide this process.

ⁱ In 2010, 67% of SNAP clients were also receiving Medicaid. This amounts to approximately 440,000 individuals. Primary data collected by Dr. Dean Duncan.

ⁱⁱ North Carolina Family and Children’s Medicaid Manual §3425.IV.A. This policy applies to all Medicaid programs. The flexibility to align certification periods in Medicaid cases appears to not be fully utilized. This may be due to a lack of accompanying procedures for how to do this.