



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Recipient Services EIS

1985 Umstead Drive – 2512 Mail Service Center - Raleigh, N.C. 27699-2512
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director
(919) 857-4019

June 28, 2002

Re: Combined MA/FS Pilots

Dear County Director of Social Services:

In a Dear County Director of Social Services Letter dated January 31, 2001 counties were requested to volunteer to pilot a joint Medicaid and Food Stamp application. Six counties indicated an interest in the pilot. We have reviewed the results and would like to share information from two counties, Buncombe and Caldwell. Both counties have had success in developing a joint application to streamline the eligibility process.

The following summaries of the counties' efforts includes information about the forms used, intake process, application processing and any additional information provided by the county. We are providing this information as a guide to be used by other counties. We encourage you to implement a joint application process where applicable in your agency.

Sincerely,

Nina M. Yeager, Director

MEDICAID / FOOD STAMP PILOT PROCESS

Buncombe County

Buncombe conducted a limited pilot which targets the Family and Children's population that access services through the county health center only.

1. Application

- Buncombe uses the DMA-5063 - NC HEALTH CHOICE FOR CHILDREN / HEALTH CHECK APPLICATION as the base document.
- Buncombe created a supplemental form to capture data for the food stamp application process that was not captured on the DMA-5063. A copy of the form entitled SUPPLEMENT FOR FOOD STAMP/MAF BENEFITS is attached.
- This form takes the place of the DSS-8213 only. All other necessary forms for both Medicaid and Food Stamp applications were completed.

2. Intake Process

- This pilot is limited to only face-to-face applications, not mail-ins. It is being conducted by their "Access Unit" with Income Maintenance Caseworkers stationed at the county health center which further limits the population served.
- This unit concentrates on helping clients to access as many services as possible in one trip. Intake is completed at the health center.
- The joint application is used only when ALL household members are applying for both Food Stamps and Family and Children's Medicaid.
- A log is kept of all applicants, date of application and any feedback from clients.

3. Application Processing - Applications are processed as follows:

- IMC at health center processes Medicaid.
- Application is forwarded to the dss to process the Food Stamp portion of application.

4. Feedback / Time Savings

- Savings was realized by use of the supplemental form for food stamps. In their evaluation of the pilot, the agency feels they save 30 to 45 minutes on each case.
- Interview time is saved as two separate application forms are not completed.
- Time savings is strictly in intake, not application processing.
- The county received positive feedback about the shortened interview process from applicants who had been through the interview process previously.

**SUPPLEMENT FOR FOOD STAMPS/MAF BENEFITS
(FOR USE WITH DMA 5063)**

1. RESOURCE INFORMATION

ID VERIFIED _____

SOURCE	YES	NO	WHOSE IS IT AND WHERE IS IT LOCATED?	VALUE	
CASH					
CHECKING ACCOUNT					
SAVINGS ACCOUNT					
CD'S					
STOCKS/BONDS					
TRUST FUNDS					
REAL PROPERTY (YOUR HOME)					
HEIR OR OTHER PROPERTY OWNED					
FARM/BUSINESS EQUIPMENT					
BURIAL CONTRACTS					
BURIAL PLOTS					
PERSONAL PROPERTY (BOATS, CAMPERS, ETC.)					
SOLD, DEEDED, TRADED OR GIVEN AWAY PROPERTY, MONEY, OR SAVINGS					

2. DOES ANYONE OWN ANY MOTER VEHICLES? YES NO

MAKE OF VEHICLE	MODEL	YEAR	OWNER	LIEN HOLDER	L OR U	AMT. OWED

3. DO YOU OWN YOUR HOME? **YES** **NO** (PROVIDE RECEIPTS, IF AVAILABLE)

AMOUNT OF MORTGAGE OR RENT	TAXES/YR (IF HOMEOWNER)	INSURANCE PAID/YR (IF HOMEOWNER)

4. WHO IS THE CHILD'S DOCTOR? (PLEASE GIVE PRACTICE NAME, ALSO)

5. DOES ANYONE IN YOUR HOME HAVE LIFE INSURANCE? **YES** **NO**

OWNER OF INSURANCE POLICY	POLICY NUMBER	NAME OF INSURANCE COMPANY	FACE VALUE

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR FOOD STAMP APPLICATIONS ONLY.

6. ENERGY/OTHER EXPENSES

	WHO PAYS (PROVIDE RECEIPTS, IF AVAILABLE)	AMOUNT	<input type="checkbox"/> SUA <input type="checkbox"/> BUA
HEAT SOURCE IS:			
COOLING SOURCE IS:			
ELECTRICITY			
WATER			
PHONE			
GARBAGE PICKUP			

7. ANYONE BETWEEN 18-49 ENROLLED IN POST-SECONDARY SCHOOL OR TRAINING PROGRAM? YES (COMPLETE STUDENT FORM) NO

8. HAS ANYONE IN THE HOUSEHOLD QUIT A JOB WITHIN THE PRIOR 60 DAYS?
 YES NO

WHO?	WHY?

9. IS ANYONE ON STRIKE? YES NO
IF YES, WHO AND WHEN STARTED _____

10. DOES ANYONE PAY FOR HEALTH INSURANCE/MEDICARE? YES NO
ELIGIBLE MEMBER WITH MEDICAL EXPENSES YES (USE WORKSHEET); NO

11. COLLATERAL NAME, ADDRESS, TELEPHONE: _____

THE INFORMATION CONTAINED ON THIS FORM AND ON THE MEDICAID/NCHC APPLICATION (DMA 5063) IS AN ACCURATE REPORT OF MY INCOME AND RESOURCES TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES.

APPLICANT'S SIGNATURE

DATE

Caldwell County

Caldwell conducted a limited pilot for children and adults with children in the home. They also targeted "Adult" Medicaid applicants in households where all members were above age 60 or were disabled.

1. Application

- Caldwell uses the DMA-5063 - NC HEALTH CHOICE FOR CHILDREN / HEALTH CHECK APPLICATION as the base document for Family and Children's Medicaid and the DMA-5008 (Verification/Eligibility Determination - Adult) for the Aged, Blind, and Disabled Medicaid programs.
- Caldwell did not initially use any new forms but has since created a Food Stamp supplemental form to capture data for the food stamp application process that was not captured on the DMA-5063 and DMA-5008. A copy of the form entitled FOOD STAMP SUPPLEMENT # 1 is attached.
- This form did not take the place of the DSS-8213.
- All other forms necessary for both Medicaid and Food Stamp applications were completed.

2. Intake Process

- No additional training was needed. Adult and Family and Children workers had already been taking joint Food Stamp/Medicaid applications since July 1999. Efforts were concentrated on reduction in number of forms used.

3. Application Processing - Applications are processed as follows:

- All caseworkers take and process Medicaid and Food Stamp applications.

4. Feedback / Time Savings

- The number of forms for a joint Food Stamp/ Family and Children's Medicaid application decreased from 34 to 20.
- The number of forms for a joint Food Stamp/ Adult Medicaid application decreased from 35 to 24.
- Income Maintenance Caseworkers estimated a time savings of 30 to 35 minutes during the application process.
- There was no reduction in processing time; however, the county noted that 2nd party reviews are easier and take less time with the streamlined paperwork.
- The county did not note any reaction from recipients.

FOOD STAMP SUPPLEMENT #1

COLLATERAL INFORMATION:

NAME

PHONE#

ADDRESS

DATE CONTACTED: _____ DID THIS COLLATERAL VERIFY: YES ___ NO ___

SITUATION: _____

DOCUMENT IDENTIFICATION OF THE APPLICANT OR THE AUTHORIZED REPRESENTATIVE
AND THE HEAD OF THE FSU _____

DOCUMENT THE PROOF OF RESIDENCY FOR THE APPLICATION _____

DID ANYONE IN YOUR HOUSEHOLE RECEIVE FOOD STAMPS THIS MONTH? YES ___ NO ___

WHO? _____ WHERE? _____

DOES EVERYONE IN YOUR HOME BUY AND COOK THEIR FOOD TOGETHER? YES ___ NO ___

IF NO, WHO EATS SEPARATELY FROM YOU? _____

ATTACHMENT 2 – CALDWELL

PLEASE READ AND SIGN BELOW

PENALTIES FOR NOT TELLING THE TRUTH AND FOR MISUSING FOOD STAMPS

If anyone is found to have told a lie or to have broken a food stamp rule on purpose, he will:

- Not get food stamps for 6 months the first time it happens;
- Not get food stamps for 12 months the second time it happens; and
- Not get food stamps for the rest of his life the third time.

Anyone who lies or breaks food stamp rules on purpose will have to pay back any food stamps he should not have gotten, and he may be taken to court and be fined, sent to prison or both.

Any person who is found guilty by a court to have bought guns, explosives, or ammunition with food stamps will not get food stamps for the rest of his life the first time it happens.

**BY SIGNING AN APPLICATION, YOU AGREE TO FOLLOW ALL OF YOUR
RESPONSIBILITIES**

SIGNATURE: _____

DATE: _____

“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S. W., Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S. W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.”