

Data Coordination at SNAP and Medicaid Agencies: A National Landscape Analysis

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A collaboration between Benefits Data Trust and Center for Health Care Strategies

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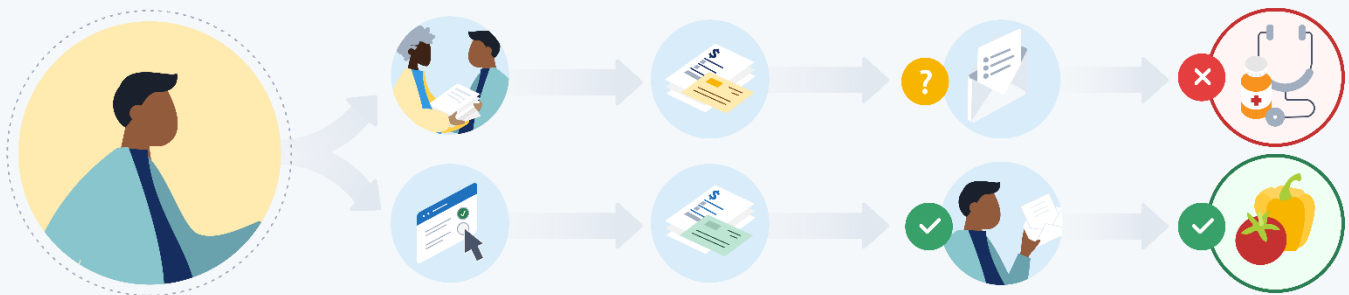
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EXECUTIVE SUMMARY

Benefit programs provide critical assistance to individuals and families when they need support. Research shows that enrollment in public benefit programs can decrease individual medical costs, increase educational outcomes, and increase local economic activity.¹ However, more than \$80 billion in food, financial aid, healthcare, and other assistance goes untapped nationally. Addressing barriers to access can increase enrollment in programs, such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP). Data sharing and coordination by the agencies administering these benefits are key to addressing barriers. Studies have shown that streamlining enrollment through Medicaid and SNAP cross-program data coordination has increased efficiency in program administration and enrollment. However, there has never been a comprehensive nationwide survey documenting data coordination practices by these two programs. A clearer picture of where and how data coordination is currently happening across the country is crucial to identifying best practices and understanding how to implement them more broadly.

Multiple applications create enrollment barriers.

Different applications and verification rules for SNAP and Medicaid create barriers for eligible people to receive both healthcare and nutrition support.



Recognizing this gap, the Robert Wood Johnson Foundation (RWJF) funded Benefits Data Trust (BDT), in collaboration with the Center for Health Care Strategies (CHCS), to conduct a nationwide analysis of how states coordinate across Medicaid and SNAP programs to streamline access to benefits. Between June and August of 2022, BDT and CHCS collected 114 survey responses from Medicaid and SNAP programs in 46 states and the District of Columbia.² One hundred responses were analyzed for this series. See *Appendix A for a description of research methods.*

The survey results and in-depth interviews provided important information about how states nationwide use data coordination across public benefit programs. This research series, originally published between January-May 2023, includes key findings on the current landscape of data coordination, top recommendations for agencies and the federal government, and a closer look at what is happening on individual state levels.

¹ Patrick Canning & Brian Stacy, “The Supplemental Nutrition Assistance Program (SNAP) and the Economy”, United States Department of Agriculture, July 2019, [Weblink](#).

² The 46 states and the District of Columbia will collectively be referred to as “states” throughout this report and accompanying figures.

Key Findings

Three key findings emerged about the data sharing practices of states:

1. Integration is not necessary for data sharing across programs – states without integrated SNAP and Medicaid systems share data at almost the same rate as those with integrated systems.
2. States commonly share SNAP and Medicaid data with third parties; most often with Managed Care Organizations (MCOs) and non-profits.
3. Medicaid and SNAP data sharing occurs in states across the political spectrum, regardless of state size or region.

Recommendations

Four areas were identified for continued improvements to Medicaid and SNAP data coordination:

1. Provide clearer and aligned federal guidance.
2. Build cross-agency alignment.
3. Utilize expedited enrollment options.
4. Use data to work with third parties.

Case Studies

A series of case studies highlights innovative state strategies using data coordination:

1. Colorado: Prioritizing the Needs of SNAP and Medicaid Clients and State Agencies in Colorado Through Technology Solutions Build cross-agency alignment
2. North Carolina: Using a Targeted Outreach to Improve Access to Public Assistance Programs in North Carolina Use data to work with third parties
3. South Dakota's Medicaid and SNAP Eligibility Workforce: Streamlining Data Coordination to Facilitate Enrollment

Key Findings

Between June and August of 2022, BDT and CHCS collected 114 survey responses from Medicaid and SNAP programs in 46 states and the District of Columbia. One hundred responses were analyzed for this series. *See Appendix B for a description of research methods.*

When examining data sharing practices of states, as reported in the survey responses, three key findings emerged:

1. Integration is not necessary for data sharing across programs – states without integrated SNAP and Medicaid systems share data at almost the same rate as those with integrated systems.
2. States commonly share SNAP and Medicaid data with third parties; most often with Managed Care Organizations (MCOs) and non-profits.
3. Medicaid and SNAP data sharing occurs in states across the political spectrum, regardless of state size or region.

Overview of Survey Results

Cross-program data sharing allows one program to use information verified from another program to conduct outreach or assess eligibility at the time of a person's application or recertification. Common types of data shared for this purpose include financial data like income and assets, enrollment status, demographics, and who lives in the individual's household. Sharing this information reduces the burden on the individual and agency staff and reduces the chance of errors.³

Most states reported sharing at least some data across SNAP and Medicaid agencies. Of 47 states that provided information on data shared across SNAP and Medicaid, only four states reported not sharing data at all. Of the 43 states that do share data, most share enrollment status and demographic, household, financial and qualitative information between agencies (**Figure 1**). For example, in 2016, Louisiana received approval to enroll residents in Medicaid without an application if they had already been determined eligible for SNAP – a federal policy option known as “fast track.”⁴ The state shared individuals' SNAP enrollment status with the Medicaid program. This use of SNAP data was projected to “save more than 52,000-man hours that would otherwise be spent by eligibility workers when enrolling this population, saving the State over \$1.5M in estimated pay and benefits costs in addition to any associated administrative costs.”⁵

³ Jamila McLean, "Understanding Medicaid Churn," Benefits Data Trust, September 20, 2021, [Weblink](#).

⁴ Jessica Maneely & Caiti Roth-Eisenberg, "Fast Track: A Quicker Road to Medicaid Enrollment," Benefits Data Trust, February 5, 2020, [Weblink](#).

⁵ "Louisiana Receives Approval for Unique Strategy to Enroll SNAP Beneficiaries in Expanded Medicaid Coverage," Louisiana Department of Health, June 1, 2016, [Weblink](#).

Number of States Sharing Types of Data Between SNAP and Medicaid Agencies

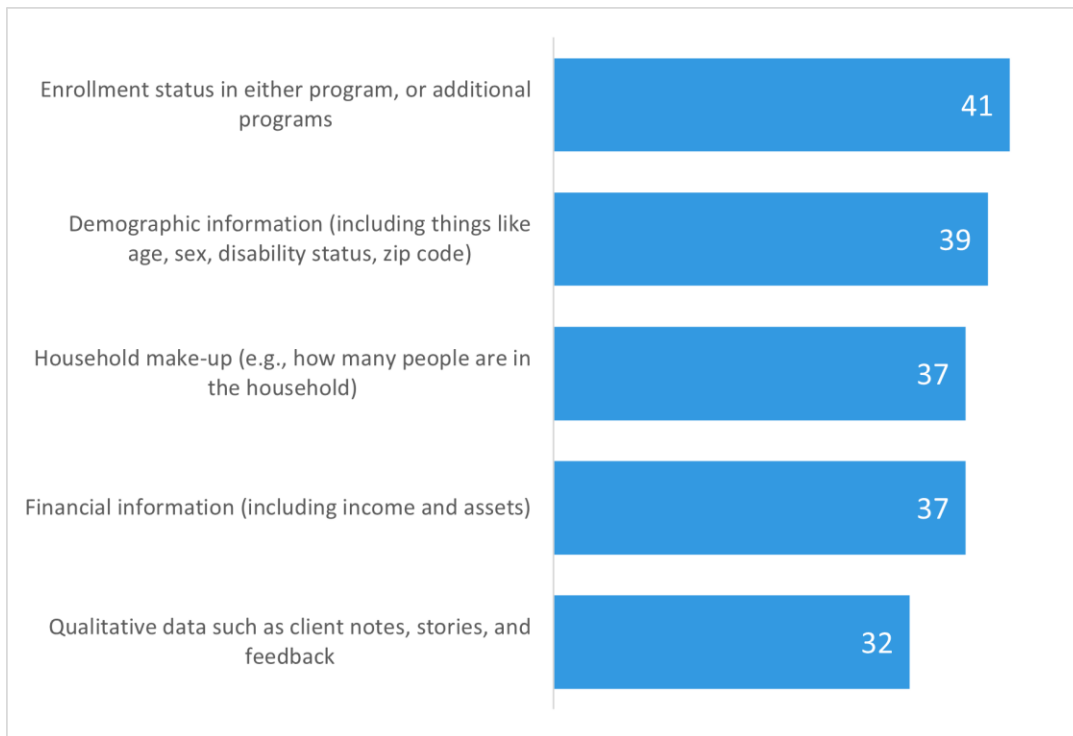


Figure 1: Most states surveyed share essential data points for determining eligibility across their Medicaid and SNAP agencies.

Many states share data from SNAP and Medicaid with other benefit programs. Forty-five states reported they share Medicaid or SNAP data with the Temporary Assistance for Needy Families (TANF) program. More than half of the responding states also share data with the Low-Income Home Energy Assistance Program (LIHEAP), childcare subsidies, school meal programs, foster care/adoption assistance, Medicare Savings program, and Low-Income Subsidy (LIS) programs (**Figure 2**). Yet fewer than 20 states reported sharing Medicaid and/or SNAP data with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); Lifeline; and housing assistance.

Number of States Sharing SNAP or Medicaid Data with other Benefit Programs

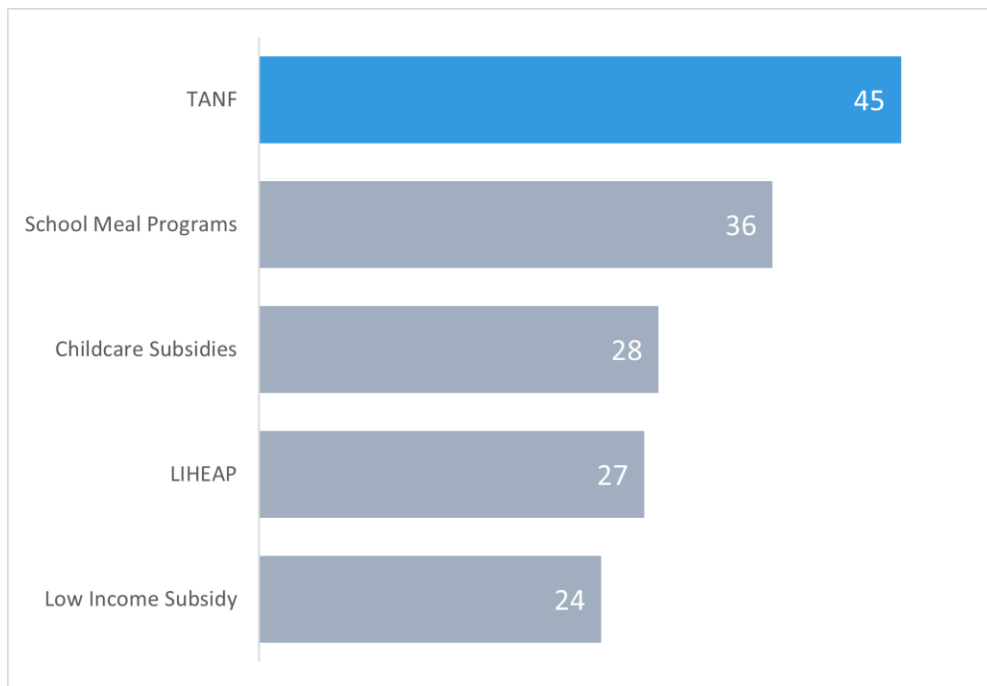


Figure 2: TANF and school meal programs are among the most common programs with which SNAP or Medicaid agencies share data to streamline access to benefits.

Key Finding #1:

Integration is not necessary for data sharing across programs – states without integrated SNAP & Medicaid systems share data at almost the same rate as those with integrated systems.

States reported varying degrees of integration of their Medicaid and SNAP systems. While states have reduced both applicant/recipient burden and agency administrative costs through integration of Medicaid and SNAP systems, these objectives can also be achieved through data coordination regardless of the level of integration. A lack of integrated systems is not an insurmountable barrier to data sharing. States that are fully integrated (having integrated workers who determine eligibility for both SNAP and Medicaid as well as integrated eligibility systems that determine eligibility for both), partially integrated (having either integrated workers or eligibility systems but not both) and those that reported no integration all share data at approximately the same rate (**Figure 3**).

“The Division of Medicaid (DMS) and the Bureau of Family Assistance (BFA) work closely as a team which makes coordination across Medicaid and SNAP easy. When there are changes to policy and/or the eligibility system, both DMS and BFA work together to ensure that any changes are discussed to determine if there is an impact to either SNAP or Medicaid.”

- NEW HAMPSHIRE

Rate of States Sharing Data, by Level of Integration

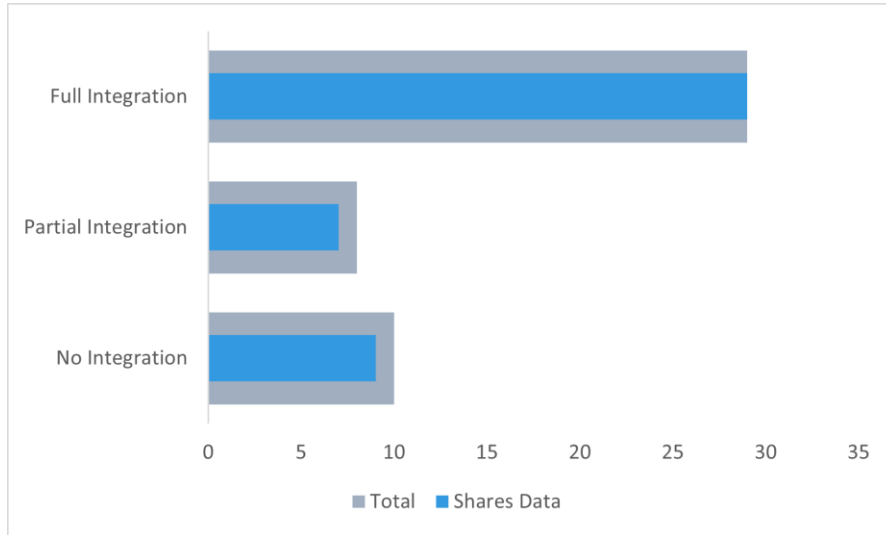


Figure 3: Program integration has little impact on data sharing rates.

At least 90 percent of states, including those that do not have integrated systems, *reported Medicaid and SNAP share data with at least one other program*. Additional programs include childcare subsidies, school meal programs, Medicare savings programs, Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Low-Income Home Energy Assistance Program (LIHEAP), foster care/adoption assistance, Lifeline, housing assistance, and Medicare Part D (**Figure 4**). Future reports in this series will highlight multiple practices, including those outside of integration, that states can consider for sharing data across programs and streamlining administration of benefits.

Number of Programs with which States Reported Sharing Medicaid and SNAP Data

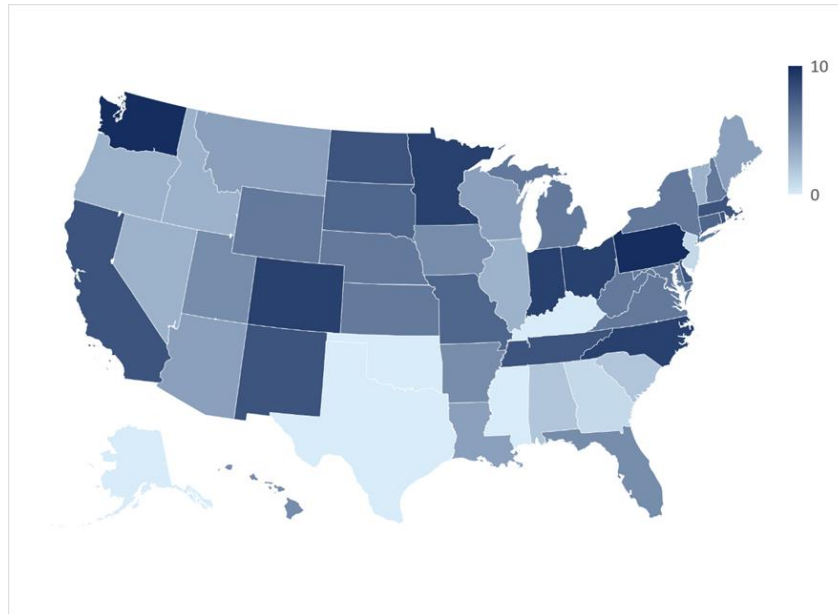


Figure 4: At least 90% of states are sharing SNAP and Medicaid data across numerous and diverse programs.

Key Finding #2:

States are commonly sharing SNAP & Medicaid data with third parties, such as MCOs and non-profits, to streamline access to benefits.

Many states also share data with third-party organizations to streamline access to benefits (**Figure 5**). More than 30 states indicated that they share data with MCOs, with a handful of states requiring MCOs to screen individuals for food insecurity and identify individuals eligible for SNAP enrollment.

“Establishing a co-developed universal data sharing agreement to be used by multiple departments and agencies will help ensure a streamlined data sharing environment.”

- CALIFORNIA

MCOs are also interested in data sharing with states for streamlining access to benefits, as enrollment in benefits can improve health outcomes. A recent survey conducted by the Institute for Medicaid Innovation indicated 86 percent of responding Medicaid MCOs believed addressing Social Determinants of Health (SDOH) could be better served by improving data sharing between states and MCOs.⁶ For example, a study published in the *Annals*

of Internal Medicine in 2021 found enrollment in SNAP among older adults led to decreased Medicaid spending (approximately \$2,360 per person, annually) through decreased emergency room visits and admissions to hospitals and long-term care facilities.⁷

At least 21 states report sharing data with non-profit outreach organizations, making it the second most common third-party with which states share data. When working with state agencies, non-profits can provide additional assistance to agencies with the goal of streamlining access to benefits. For example, in 2010, BDT was selected to conduct a pilot in Pennsylvania that would address low SNAP participation among seniors. Using individual data shared by Pennsylvania, BDT provided targeted outreach and application assistance, increasing application numbers by 11 percent and approval numbers by 7 percent in just the first 90 days.⁸

Number of States Sharing SNAP or Medicaid Data with Third Parties

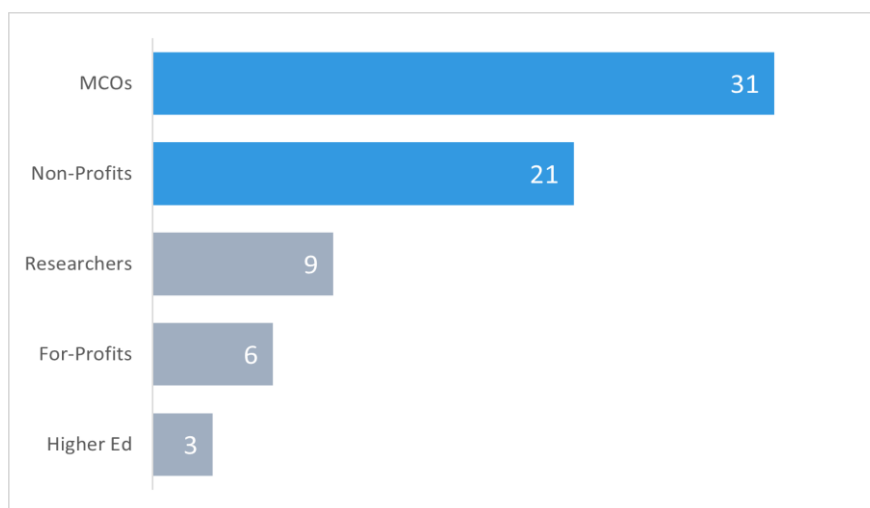


Figure 5: MCOs and non-profits are the most common third parties with which states share Medicaid and SNAP data to streamline access to benefits.

⁶ "2022 Annual Medicaid MCO Survey - Social Determinants of Health," Institute for Medicaid Innovation, 2022, [Weblink](#).

⁷ "New Research Shows SNAP Reduces Hospital and ER Visits, Lowers Medicaid Costs by \$2,360 per Person Annually," Benefits Data Trust, October 19, 2021, [Weblink](#).

⁸ Jacqueline Kauff, Lisa Dragoset, Elizabeth Clary, Elizabeth Laird, Libby Makowsky, Emily Sama-Miller, "Reaching the Underserved Elderly and Working Poor in SNAP: Evaluation Findings from the Fiscal Year 2009 Pilots," Mathematica, April 2014, [Weblink](#).

Key Finding #3:

Medicaid & SNAP data sharing occurs in states across the political spectrum, regardless of state size or region.

Of the states reporting data sharing across Medicaid and SNAP, 57 percent had a Republican governor and 43 percent had a Democratic governor at the time of the survey. In addition, states in every region with populations varying from 720,000 to over 39,600,000 report sharing data across Medicaid and SNAP, indicating that data sharing has broad appeal.

The benefits of data sharing, recognized by a diverse set of states and stakeholders, include efficient, accurate, and less costly administration of benefits programs. For example, South Carolina implemented Express Lane Eligibility (ELE) in 2011, allowing children receiving SNAP or TANF to be automatically renewed for Medicaid.⁹ In the initial implementation, 65,000 children across the state were renewed for Medicaid, based on enrollment data received by the Medicaid agency from SNAP and TANF. In addition to faster processing times and reduced burden for individuals, the state estimated an ongoing net savings of \$1.6 million in administrative costs, annually.

⁹Jennifer Edwards, Rebecca Kellenberg, and Health Management Associates "CHIPRA Express Lane Eligibility Evaluation: Case Study of South Carolina's Express Lane Eligibility Processes," Mathematica Policy Research, November 22, 2013, [Weblink](#).

Recommendations

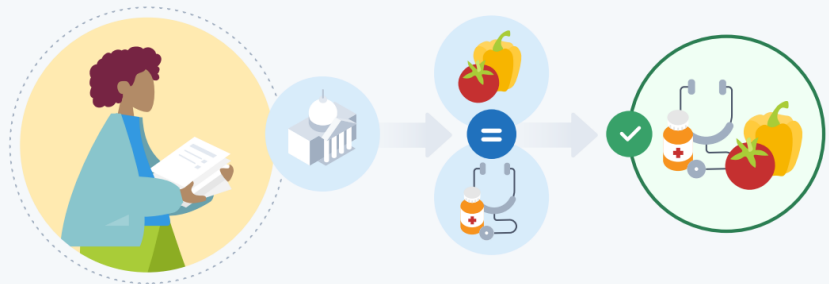
Through survey analysis and interviews, recommendations and promising practices emerged for states to maximize the impact of data coordination, with the goal of improving access to services for eligible people.

Four areas were identified for continued improvements to Medicaid and SNAP data coordination:

1. Provide clearer and aligned federal guidance.
2. Build cross-agency alignment.
3. Utilize expedited enrollment options.
4. Use data to work with third parties.

Clearer and aligned federal guidance.

Federal alignment allowing both programs to have the same verification rules reduces confusion and makes the process faster.



1. Provide Clearer and Aligned Federal Guidance

SNAP and Medicaid are housed under two different federal agencies. The federal government has taken significant steps to improve data coordination among agencies that administer public benefits, including the design and implementation of the [Executive Order](#) on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government and the White House Strategy on Hunger, Nutrition, and Health. Despite these efforts, survey respondents at state agencies expressed interest in a number of potential changes at the federal level that could assist with improved data coordination.

Federal Guidance

In the survey, 85 percent of state respondents (39 of the 46 states responding to the survey) indicated that they would benefit from more federal guidance on data sharing and coordination across SNAP and Medicaid. For example, one Maryland official said, "In general, I think the federal government's involvement would provide more clarity and ensure practices across the nation are more aligned." Based on the survey results, BDT recommends federal agencies produce clear guidance on data coordination in three areas:

- **Provide a clearer understanding of what can be shared from one program to another.**

Sharing data between state agencies can be an essential tool for analytics, outreach, and enrollment. More than half of state respondents (24 of 46) indicated they wanted to better understand what could and could not be shared between SNAP and Medicaid programs. When states do not have a clear understanding of what is allowed under available guidance, it can hamper a state's ability to quickly and efficiently analyze its own data, leverage information to engage in data-driven outreach, and streamline application and recertification processes. For example, a representative from New York said they would like to see "clear guidance on the types of data that can be shared across the two programs that are highly regulated at the federal level." Similarly, one Virginia respondent requested "clarity on what information from Medicaid and SNAP applications/renewals can be used for eligibility for both programs."

- **Align verification requirements and processing dates across SNAP and Medicaid.**

Twenty-eight states expressed a continued need to align data-related policies to reduce the burden on applicants as well as confusion when processing applications, and to create greater administrative efficiencies. For instance, a survey respondent from Minnesota said they would like to see "more coordination between programs at the federal level to simplify benefit determination and clear direction that coordination among programs is an expectation." The state also shared it would like to have "tools to deliver on that expectation."

Twenty-four states specifically requested greater alignment in verification requirements. For instance, an Arizona administrator said, "If SNAP would align with Medicaid more, it would be easier for customers and workers alike." Specific examples included address verification; one Washington State representative requested "guidance jointly published by FNS (Food and Nutrition Service) and CMS (Centers for Medicare & Medicaid Services) that does not conflict with each other. Often, we have guidance, but it conflicts – i.e., we can update addresses for Medicaid based on information from the [Medicaid Managed Care Organization], but FNS wants it verified first. This is troublesome for a combined eligibility system." An Ohio survey respondent sought alignment on income and household composition: "General reconciliation of the data sharing rules between the programs; best practices regarding data sharing in an integrated eligibility system, especially when each program's rules differ with regard to countable income, household composition, etc." A survey respondent from New Mexico suggested alignments on verification requirements: "We would like more guidance on how to align verification requirements for SNAP to Medicaid. SNAP regulations and statutes are very rigid, whereas Medicaid allows flexibilities." For example, SNAP counts child support income¹⁰ but Medicaid does not.¹¹ While flexibilities are available to address some of these issues at a state level, creating consistency at the federal level can improve equity across the nation and reduce the burden on state administrations to create efficiencies.

Similarly, states requested alignment of processing dates across SNAP and Medicaid. For example, one respondent from Maine cited the difference in timely processing dates (45 days for Medicaid and 30 days for SNAP) as a challenge. When programs are misaligned in timing, it means one program can be or must be processed while the other can be delayed. For states with integrated eligibility systems and caseworkers, this causes difficulties in managing combination cases, creates additional work, and exacerbates client confusion. Reducing procedural variances across programs, while preserving protections for applicants and members, would ease the processing burden and administrative costs.

¹⁰ "Treatment of Unearned Income from Private Sources," Food and Nutrition Service USDA, 2001, [Weblink](#).

¹¹ "Medicaid and CHIP Overview," Centers for Medicare & Medicaid Services, 2022, [Weblink](#).

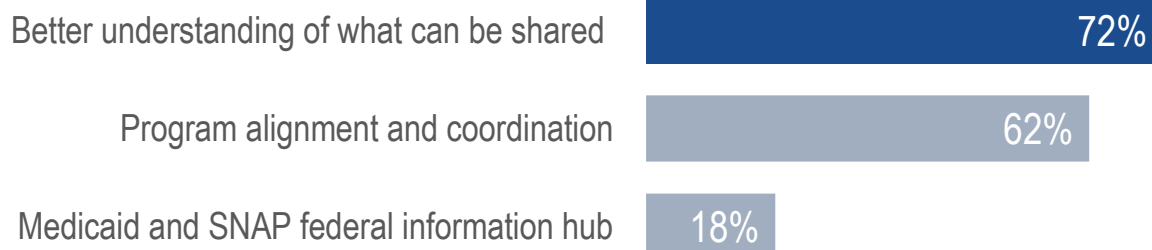
- **Make Income Verification Tools Available for All Programs**

The Federal Services Data Hub¹² (the Hub) allows information to be easily verified for programs such as Medicaid, Advanced Premium Tax Credits, and the Basic Health Program. States express they can use information from the Hub to verify eligibility for Medicaid yet are unable to do so for SNAP. Limited access to the Hub creates administrative and fiscal challenges for SNAP agencies.¹³

A North Dakota survey respondent stated, “the CMS Hub is limited for use by Medicaid only. This creates a huge inefficiency for other programs, including SNAP, as these programs must obtain independent verification.” Similarly, a Rhode Island administrator requested that “Medicaid eligibility information obtained through the Federal Data Hub can be utilized for SNAP eligibility purposes.” It takes additional work by the agency and the client to gather verifications for SNAP – verifications that have already been received via the Hub and are allowed for use by Medicaid. Allowing both programs to utilize the Hub for determining eligibility would lower overall administrative costs, decrease burden for people, and decrease the workload for agencies. In addition to seeking access to the Hub for SNAP agencies, the U.S. Department of Agriculture (USDA) could also ease income verification access by overseeing a national contract for the use of SNAP eligibility verifications.

Three Most Common Requests from States

Of the states that want more federal guidance, most of them specifically need guidance on **data sharing**.



In the survey, states requested more federal guidance in three areas.

¹² “Opportunities to Streamline Enrollment Across Public Benefit Programs,” Center on Budget and Policy Priorities, 2017, [Weblink](#).

¹³ “More Information on Promising Practices Could Enhance States’ Use of Data Matching for Eligibility,” U.S. Government Accountability Office, 2016, [Weblink](#).

Build cross-agency alignment.

Agency case workers cross trained in both programs allows for quick and streamlined services.



2. Build Cross-Agency Alignment

Many people who apply for one benefit program are also eligible for another. However, many of these programs are administered under different agencies and regulations at a state level. To improve data coordination, states need better cross-agency alignment. Agencies can come together in various ways to identify challenges and barriers and align on vision and methods for improvement. From these efforts, they can identify in which ways data coordination will be most beneficial to success. The following recommendations can improve cross-agency alignment:

- **Coordinate across programs regarding policy and system changes.**

There are many differences in the SNAP and Medicaid eligibility and processing guidelines. Differences in the way an applicant's assets are totaled can make people ineligible for one program but not the other. There are also variations in interview or income requirements. For example, when a Medicaid certification is ending, state agencies first use information available in the agency or via electronic sources to determine ongoing eligibility. A new interview or form is not needed unless this information cannot be obtained. However, for SNAP, the state agency must conduct a new interview and have a new form completed and signed before being able to evaluate for ongoing eligibility. Therefore, even if both programs were working with aligned certification periods, a person could be recertified for Medicaid, but not be recertified for SNAP. Despite these differences, and even when SNAP and Medicaid are not within the same agency and/or operating in the same data system, states can still coordinate across programs to align as well as stay updated on policy and system changes. For instance, according to a survey response, "Ohio's Medicaid and SNAP agencies created a policy governance workgroup to discuss opportunities for alignment between the two programs and resolve conflicts regarding treatment of various eligibility components." In this example, if a system or policy change is made in one program, the programs can avoid unintended consequences for the other program through regular communication.

- **Train eligibility staff across programs.**

When programs are processed independently from one another, it makes for a more cumbersome experience for people and increases administrative expense. By cross-training eligibility staff on SNAP and Medicaid, applications and renewals for both programs can be dealt with at once. For instance, South Dakota respondents reported having a unique administrator for Medicaid, SNAP, and Temporary Assistance for Needy Families (TANF), yet still trained its workforce in all three benefit programs. In addition, the programs participate in cross-agency policy and practice committees to improve services provided to people. Each program also has a program-specific advisory committee that meets monthly for policy discussions, training, and problem solving.

- **Integrate agencies and/or eligibility systems.**

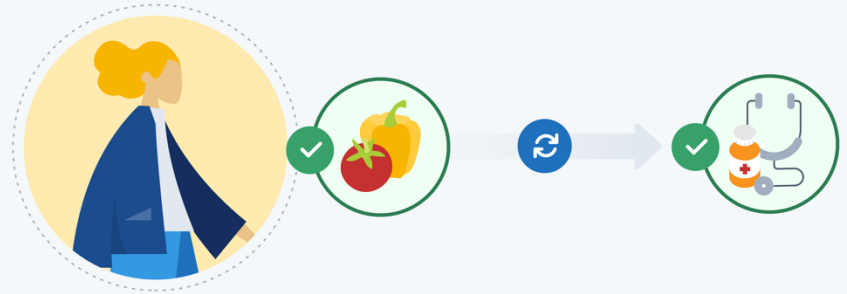
Residents applying for either SNAP or Medicaid often need or are already applying for other programs as well. When states have both divisions working within the same agency, it makes alignment on policy and practices more feasible, creating a more streamlined process for all involved. The survey found 29 states report integration of both system and workers for Medicaid and SNAP. Also, eight states indicated they have partial integration, meaning they either have integrated caseworkers or an integrated system. Survey respondents from Arkansas said, "It has been very beneficial to have responsibility for administering SNAP and Medicaid in one agency, with eligibility and case maintenance responsibility in the same division." Wisconsin respondents said, "Integrated eligibility systems are key... both SNAP and Medicaid are administered from the same division. This makes coordination between systems, program policies, etc. easier to manage." While integrated eligibility systems are not necessary for data coordination, they can make it easier and reduce administrative and client burden. However, implementing an integrated eligibility system can require significant time, resources, and planning.

How System Upgrades Can be Useful in Cross-Agency Alignment

System upgrades to eligibility and/or document management systems can take time and require additional funding, but over time will make data coordination across programs much easier. Though a key finding in Part One indicated that integrated eligibility systems are not *necessary* for data coordination (as states without integrated SNAP and Medicaid systems reported that they share data at almost the same rate as those with integrated systems), our survey also found states with integrated eligibility systems find data coordination easier. For example, Wisconsin reported that "Because all WI (Wisconsin) income maintenance agencies administer both programs and data are housed in the same eligibility system, data can easily be pulled for either or both programs. For program administration, this means that our operations memos, system updates, etc. are all coordinated. WI (Wisconsin) has also started enhancing our system to collect better data related to demographics for both programs, which will be useful for DEI (diversity, equity, inclusion) initiatives." In Colorado, clients can apply for Medicaid, SNAP and other benefits through a single application, and client data is maintained in an integrated eligibility system, available to workers certified in that program across the state. In addition to the statewide integrated eligibility system, Arapahoe County in Colorado created a workflow management system that allows for documents to be easily shared by certified workers within the county. This system is now used by 13 counties in the state and allows for easy case transfers when an individual moves from one county to another.

Utilize expedited enrollment options.

Auto enrolling SNAP recipients in Medicaid reduces the burden of re-enrollment.



3. Utilize Expedited Enrollment Options

State agencies have additional federal options to use available data from one program to determine eligibility for another. Some of these options require data sharing across programs and/or with external organizations. In the survey, 27 states said they shared data across Medicaid and SNAP to support expedited enrollment and recertification processes, with nine states indicating they do so as part of their Express Lane Eligibility (ELE) or Fast Track State Plan Amendment (Fast Track SPA) to automatically renew Medicaid for people receiving SNAP. ELE is an option created from the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Under this option, states can rely on information from another “express lane” agency to determine if a child can be enrolled or renewed for Medicaid or the Children’s Health Insurance Program (CHIP).¹⁴ Examples of approved express lane agencies from which information can be relied on include SNAP, TANF, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Head Start. Like the ELE option, the Fast Track SPA option became available following the Affordable Care Act. This option allows states to automatically enroll SNAP recipients who are non-elderly and non-disabled in Medicaid.¹⁵ The Fast Track SPA is intended for long-term benefit administration for new applications as well as for Medicaid renewals.

In addition to ELE and Fast Track SPA, in this survey, 11 states said they plan to use the optional Medicaid unwinding waivers. However, as of April 2023, the most recent tracking of state approved waivers shows 19 states were approved to use this option.¹⁶ This was one of several options made available by CMS in preparation for states to begin unwinding from the continuous coverage requirement from the COVID-19 Public Health Emergency (PHE).¹⁷ Like the Fast Track SPA, states can renew non-disabled, non-elderly individuals for Medicaid based on current SNAP eligibility. However, as this waiver is tied to the unwinding, it is temporary, unlike Fast Track SPA. While planning and approval are necessary for implementation, options that use data from one program for another allow for expedited processing of applications or benefit renewals and create less burden on both the client and the agency, increasing overall efficiency.

¹⁴ “Express Lane Eligibility,” Centers for Medicare & Medicaid Services, 2010, [Weblink](#).

¹⁵ “Facilitating Medicaid and CHIP Enrollment and Renewal in 2014,” Centers for Medicare & Medicaid Services, 2013, [Weblink](#).

¹⁶ “COVID-19 PHE Unwinding Section 1902le)(14)(A) Waiver Approvals,” Medicaid.gov, 2023, [Weblink](#).

¹⁷ “Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid CHIP and BHP Upon Conclusion of the COVID-19 PHE,” Centers for Medicare & Medicaid Services, 2022, [Weblink](#).

Use data to work with third parties.

Partnering with a non-profit to send outreach to Medicaid recipients allows for a streamlined screening and application.



4. Use Data to Work with Third Parties to Enhance Enrollment

In the survey of SNAP and Medicaid agencies, 21 states reported sharing data with nonprofit organizations to help streamline residents' access to benefits. Two ways in which working with third parties can streamline access to benefits are by using data to conduct outreach to participants of other programs and using data to support social drivers of health.

- **Using data to conduct SNAP outreach.**

Eighteen states reported sharing data to engage in outreach for either SNAP, Medicaid, or both. For instance, BDT has been working with states on cross-enrollment since 2005 and now provides data-driven outreach and streamlined benefits application assistance to residents of seven states: Colorado, Maryland, Michigan, New York, North Carolina, Pennsylvania, and South Carolina. BDT's state agency partners share data about individuals who are eligible for but not currently receiving SNAP. A randomized experiment conducted in 2018 by BDT and the Abdul Latif Jameel Poverty Action Lab found that informing older Pennsylvanians that they are likely eligible for SNAP and offering BDT's assistance filling out the application over the phone tripled enrollment compared to a control group, with those eligible receiving an annual average of \$1300 in SNAP benefits.¹⁸

- **Using data to support Social Drivers of Health.**

In addition to nonprofits, states reported sharing data with Managed Care Organizations (MCOs). Seven of these states report requiring MCOs to screen members for food insecurity, one of [several strategies](#)¹⁹ used by states to address Social Drivers of Health (SDOH). Following a change from a Medicaid fee-for-service model to a Medicaid managed care model, North Carolina requires MCOs to screen members for several SDOH, including food insecurity. If needs are identified, members are connected to relevant community resources.²⁰ A data connection with MCOs can also address the issue of incorrect or old addresses, which can lead to delays or termination of Medicaid services. MCOs can share updated address information with state agencies, allowing for timely notices and requests for information. Through data coordination, state agencies can work with MCOs to screen members for food insecurity, creating referrals for SNAP, as well as ensuring up-to-date contact information for members.

¹⁸ "Targeted outreach and application assistance triples SNAP enrollment among seniors: Research shows SNAP enrollment could reduce healthcare costs by \$10 billion a year," Benefits Data Trust, 2018, [Weblink](#).

¹⁹ "Building a Medicaid Strategy to Address Health-Related Social Needs: Environmental Scan," Center for Health Care Strategies, 2021, [Weblink](#).

²⁰ "Healthy Opportunities Pilots Fact Sheet," NC Department of Health & Human Services, 2018, [Weblink](#).

Use of Data Sharing Agreements in Data-Driven Outreach

Data sharing agreements (DSA) can be an important component of data coordination. However, there are many misconceptions about what can be shared, when, and with whom, leading to missed opportunities. At least half of the states that responded to this survey said they have data sharing agreements, data use agreements, or memorandums of understanding in place to allow sharing of information. Some of these states were proud to share their successes with data coordination achieved via DSAs, such as interagency data sharing agreements, integrated eligibility systems, and cross-program sharing of required verifications. Many states have successfully executed DSAs for the purpose of streamlining access to multiple benefits.

However, at least 40 states indicate they would benefit from more federal guidance on data sharing and coordination across SNAP and Medicaid. A respondent from New York stated in the survey that they would like “combined guidance from USDA (US Department of Agriculture) and HHS (Health & Human Services) outlining what data can be shared across programs” including “template data sharing agreements that have been vetted by both agencies.” In January 2023, BDT released [“Data Sharing to Build Effective and Efficient Benefits Systems: A Playbook for State and Local Agencies.”](#) This resource can assist agencies in addressing concerns and challenges, implementing successful data sharing projects, and keeping legal consideration in mind. States needing guidance and support on data sharing and coordination can use this playbook as a starting point.

Case Studies

MEDICAID AND SNAP DATA COORDINATION CASE STUDIES

These case studies highlight state strategies to improve data coordination between SNAP and Medicaid agencies and increase access for eligible people. The series is a product of *Improving Data-Matching Strategies to Better Coordinate Information Between SNAP and Medicaid Programs*, a national initiative led by Benefits Data Trust in partnership with the Center for Health Care Strategies and supported by the Robert Wood Johnson Foundation.

Colorado: Prioritizing the Needs of SNAP and Medicaid Clients and State Agencies in Colorado Through Technology Solutions

Aligning technology for public benefit programs — including systems for applications, eligibility, and renewal processes — helps clients, eligibility workers, and administrative agencies by streamlining interactions between clients and government programs. In Colorado, people applying for Health First Colorado (Colorado’s Medicaid Program), administered by the Department of Health Care Policy & Financing (HCPF), or the Supplemental Nutrition Assistance Program (SNAP), administered by Colorado’s Department of Human Services (CDHS), can access a single application – called the [Single Purpose Application](#) – via kiosks in agency offices, online, on paper, or by phone. In addition to the joint assistance program application, eligibility workers use a shared eligibility system to evaluate information provided by applicants to either program.

Aligned technology systems at both the state and county level create efficiencies for administrative work and a seamless application experience for clients. Applicants can apply for multiple programs on the joint application without having to repeat their personal information or make multiple trips to agency offices. For example, if a person applies to Medicaid at one time and chooses to apply to SNAP at another time, the demographic information captured in the eligibility system from their prior application can easily be used for their current application. Eligibility workers experience improved processing time because of streamlined demographic data entry, reducing the number of keystrokes required in the shared eligibility system.



Colorado Key Facts

- State population: [5.8 million](#)
- [County-administered SNAP](#)
- SNAP participation: [80%](#)
- SNAP enrollees:
 - [513,617 individuals](#)
 - [219,000 households](#)
- SNAP income limit for a household of four: [\\$4,626/month](#)
- Medicaid enrollees: [1,622,818](#)
- Medicaid income limit for a family of 4 with children 0-18: [\\$3,284/month](#)

Structures to Support Data Sharing

Colorado's [Single Purpose Application](#) (SPA) allows clients to initiate eligibility evaluation for SNAP, Medicaid, and other benefit programs through multiple channels: online via the [Program Eligibility & Application Kit](#) (PEAK) platform, on a smartphone app called [MyCOBenefits](#), on paper, or by phone with a telephonic signature. Clients can select the programs they want to apply for and can add other benefit applications at any time. A unique feature of PEAK is a tool called [Am I Eligible](#), which applicants can use to learn about benefits, documentation needed to apply, and the application process. Information supplied by clients via the SPA is automatically loaded into a statewide integrated eligibility system called the [Colorado Benefits Management System](#) (CBMS) and available to eligibility workers according to their program-specific needs, determined by their certification and permission profile.

CBMS' ability to store data from multiple programs and filter access for eligibility workers based on job function safeguards clients' private information. Eligibility workers for means-tested programs can access the client's data per the client's wishes to determine joint eligibility, and clients can be assured of the privacy of their information.

Additionally, state agencies in Colorado have established standardized processes for data sharing between agencies and external partners. Interagency and Master Agency Agreements facilitate the process for fulfilling data requests that span multiple programs by establishing the roles and responsibilities of participating parties while creating mechanisms that can expedite approval and fulfillment of requests. These structures support large-scale data coordination, improving efficiency, accountability, and transparency of government programs in Colorado.

Automating Data to Support Eligibility Processes

Colorado SNAP received a [Process and Technology Improvement Grant](#) (PTIG) in FY 2020 from the United States Department of Agriculture that was used to improve periodic report processes for SNAP clients. Periodic report forms are used to update SNAP eligibility information that may have changed since the prior renewal. Colorado SNAP was able to redesign its periodic report form to be compatible with Intelligent Character Recognition (iCR), a program that reads handwriting and uploads it into the CBMS to be reviewed by eligibility staff. When it is time for a client to file a periodic report, the system generates a packet that is prefilled with the most current client information in the eligibility system and sends it to clients via postal mail. Clients write in corrections on the periodic report packet and mail it back to their county. When received, the packet is read through the iCR and data is uploaded into the CBMS electronically. An eligibility worker reviews the changes, resolves any errors, and authorizes eligibility. SNAP administrators credit these automated efforts with reducing wait times for clients by keeping the volume of periodic reports needing intense worker intervention manageable, especially at times of high-volume for other application types, such as initial applications and recertifications.

CDHS continues to look for opportunities to improve client experiences through process and technology improvements. For example, the current [PTIG](#) for FY 2022 will focus on reducing client telephone and call back wait times by creating an Interactive Voice Response system to provide personalized responses to clients.

Improving Responsiveness to Clients' Needs

CDHS has diversity, equity, and inclusion efforts that include a family and community member council, known as the Family Voice Council. Participants are compensated for childcare and transportation costs, and receive stipends for their time and expertise to inform approaches to resolving a variety of issues, including technology challenges. Clients who are not engaged with the Family Voice Council are also able to contact CDHS staff to provide feedback. An example of client feedback making an impact at the state program level was when a blind client reached out to CDHS SNAP leadership with a concern about the compatibility of PEAK with reader programs. CDHS SNAP coordinated with the administrators of the

PEAK system, who took steps to make PEAK more accessible for blind community members. Additionally, program leadership from both CDHS and HCPF are engaged in a SPA workgroup that evaluates feedback about the SPA from federal program area partners, county eligibility staff, and client concerns.

Supporting Outreach Through Education

In addition to technological efforts to streamline application and eligibility processes, Colorado SNAP created public education materials to advance awareness of the program. A [SNAP Outreach Toolkit](#) is available for anyone in the community who is interested in learning about SNAP or helping someone to apply.

Spotlight on Arapahoe County

Workflow Management Systems Create Additional Efficiencies

In addition to the combined SNAP and Medicaid application and integrated eligibility systems used statewide, [Arapahoe County](#) created a workflow management system to streamline document management. [HSConnects](#) launched in January 2015, with additional services and functionality added over time. The system images and stores documents submitted by clients to confirm eligibility and makes them available to eligibility workers to process applications and redeterminations. The system is programmed with “what if” scenarios that allow it to organize documents via the workflow process and create a queue of the most important items to prioritize for eligibility staff. This automatic organization reduces the potential issue of multiple case workers engaging on the same case, since it puts the case in one worker’s queue once all documents are in the system.

Similar to the CBMS system, the ability to view information in HSConnects is determined by role-specific permissions, so eligibility workers who are not certified to assist with other programs do not have access to information outside their role. The HSConnects system helps eligibility workers process cases promptly and accurately. Arapahoe County’s human services applications across the board are processed with a timeliness rate of 99 percent completion within seven days, even though the county has experienced a doubling of applications during the pandemic with no commensurate increase in staffing.

The cost savings of creating a workflow management system rather than buying one are substantial. Arapahoe County’s upfront investment was approximately \$135,000 versus a leading quote of \$3.5 million with \$500,000 annual ongoing maintenance support. Additionally, HSConnects is now used by 13 other Colorado counties for a total caseload representing 60 percent of the state’s population. Counties are charged \$22 per user per month, which enables small counties to gain the benefits of the system without an overwhelming upfront cost. Another administrative efficiency is gained when clients move between counties that use HSConnects — their case documentation can be transferred with just a few clicks rather than several phone calls, printouts, faxes, and uploads. Another benefit of HSConnects is that it can be adjusted when the state or federal government makes a change to program regulations. For example, the state took steps to align recertification dates for Medicaid and SNAP during the Public Health Emergency. Arapahoe County was able to make changes to the workflow management process in HSConnects to implement the date changes immediately.

Another benefit of HSConnects is the way it enables effective planning for downtimes, such as holiday closures. Eligibility and enrollment supervisors can generate reports of pending cases that may be due for completion during an office closure. This enables planning for staffing to

complete those cases. If overtime is needed on a holiday, staff are asked to volunteer and are compensated at three times the rate of their usual pay. Arapahoe County has not had to mandate overtime in six years, and experiences low turnover of 2-3 percent in enrollment staff annually because of the advantages of transparent and organized workflows.

A gap in the HSConnects system is that it is not yet able to allow automatic application for additional programs if the case worker is not certified in that program. While the information needed for the application to be processed automatically may be present, a certified case worker is still necessary to complete the application. At times, this necessitates an extra step for an applicant to submit their application to multiple programs. To fill this gap, Arapahoe County employs family navigators who work in the Human Services office and receive referrals to assist clients with applications for additional benefit programs.

An additional challenge is ongoing IT support resources housed within Arapahoe County and shared across all county functions are needed to provide ongoing maintenance and updates for the system. If there are multiple competing IT needs at one time, regular updating of HSConnects may be deprioritized as a result.

Preparing for the End of the Public Health Emergency

Arapahoe County currently employs 12 Medicaid-only case workers who were hired in September 2021 to assist with additional caseloads anticipated with the end of the Public Health Emergency (PHE). Since these initially temporary employees are now full-time staff, capacity has been built and maintained over time. Additionally, Arapahoe County has longstanding working relationships with two texting technology companies. They can use HSConnects to identify clients' mobile phones and send out bulk texts with information relevant to multiple types of clients, for example, bulk texts about rule changes concerning re-enrollment due to the PHE. They can also send tailored text messages to specific clients to let them know about upcoming needs for their applications.

Improving Responsiveness to the Needs of Clients

In addition to the multiple functionalities of HSConnects that improve the application and eligibility processes for clients and staff, Arapahoe County makes improvements based on feedback from clients and staff. One example is an effort undertaken to reduce wait times in the county administrative office lobby. Client wait times were averaging four hours, which was frustrating to clients, lobby staff, and case managers. Clients were asked about what an acceptable wait time would be, and how they would expect to be served. Improvements were made to lobby design and workflow systems, including the implementation of HSConnects, which reduced the wait time average to five minutes. One way that HSConnects aids in reducing wait time is that it allows lobby staff to see what is missing in a client case with a simple search, rather than having to check in multiple places. Lobby staff can easily communicate to clients what is missing either in person or on the phone. Clients can send in paperwork via traditional paper or fax, but they can also take a picture of the documentation with their phone and upload it into PEAK or email it to staff, who can easily apply it to their case. These changes have reduced the amount of time that clients wait to get information about their cases and increased the ways they can submit required documentation and have it easily applied to their case. The user-focused improvements have significantly improved customer and staff experience.

Barriers to Sharing and Coordinating Data

CDHS and HCPF leadership are committed to keeping each other informed via regular communication regarding shared data requests, data-related research projects, and managing consent. While there is a high degree of interoperability, it is challenging to keep up with federal and state regulations and new information. The two agencies seek to maintain a reciprocally valuable relationship through mutual respect, ongoing support, and communication. Each recognizes the benefits in terms of client experience and agency efficiencies that come from working together to address barriers and identify solutions.

Looking Ahead

Technological solutions in Colorado eligibility services have enabled remarkable collaboration between counties and state offices over the last 10 years. The innovations of SPA, CBMS, and HSConnects prioritize the protection of client privacy while allowing for efficient data sharing without unnecessary data-sharing agreements. Colorado's county and state administrators have found that taking time for all parties to understand each other's programs, terminology, and needs, while fostering ongoing communication and collaboration, are essential practices for co-designing successful and effective cross-program solutions.

North Carolina: Using a Targeted Outreach to Improve Access to Public Assistance Programs in North Carolina

North Carolina's Medicaid and Food and Nutrition Services (FNS, also known as SNAP) programs are state-supervised but administered at the county level by the Department of Social Services (DSS) in each of North Carolina's 100 counties. While local DSS staff are responsible for the day-to-day operations of FNS and Medicaid, such as eligibility determination, enrollment, and renewal of these programs in their counties, the state FNS department collects data and contracts with [Benefits Data Trust \(BDT\)](#) to reach community members who are enrolled in Medicaid and may be eligible for FNS. BDT reaches a wider audience and is able to target populations that may previously have been overlooked, increasing access to benefits for many North Carolinians.



North Carolina Key Facts

- State population: [10.5 million](#)
- [County administered SNAP](#)
- SNAP participation: [69%](#)
- SNAP enrollees:
 - [1,541,661 Individuals](#)
 - [858,200 Households](#)
- SNAP income limit for household of four: [\\$4,626/month](#)
- Medicaid enrollees: [2,877,254](#)
- Medicaid income limit for family of four with children 0-18: [\\$4,626/month](#)

Structures to Support Data Sharing

North Carolina Families Accessing Services through Technology (NC FAST) is an innovative shared eligibility system that collects and combines data to support eligibility determinations for Medicaid, FNS, Work First Cash Assistance, and North Carolina Child Care. When a North Carolinian applies for any of these public assistance programs -- in person, on the phone, or online -- NC FAST compiles their information to help streamline eligibility processes and decision-making.

NC FAST was initially implemented by the FNS program in March 2013. Medicaid and the Child Health Insurance Program (CHIP) were integrated into NC FAST in October 2013 to coincide with the Affordable Care Act.

The Electronic Pre-Assessment Screening Service (ePass) is a secure, web-based, self-service tool that works as a part of NC FAST. ePASS helps applicants apply for and manage their Medicaid, FNS, Energy Assistance, and Work First Cash Assistance benefits. Even though the Medicaid and FNS applications are separate, clients can apply for both at the same time, using the ePASS online portal.

Data Sharing with an External Partner to Support Outreach

North Carolina's state FNS program has a specific process for conducting outreach to Medicaid enrollees who are not enrolled in FNS but may be eligible. The state FNS outreach agency contracts with BDT, an outside partner, to reach individuals enrolled in Medicaid but not FNS. Using NC FAST, North Carolina's data team pulls a report showing Medicaid enrollees. BDT cross-references the report against individuals not receiving FNS benefits and will attempt to reach these individuals and begin the process of enrolling them into FNS. The number of people recently enrolled in Medicaid and not in FNS who needed to be contacted was 60,000 people.

The Outreach and Education Coordinator for FNS oversees the outreach process and relationship with BDT. To protect the sharing of confidential data, there are several contracts in place including a business agreement and a memorandum of understanding that allows BDT access to the data provided.

BDT uses a targeted outreach model, which includes texting, mailings, and managing a hotline where Medicaid enrollees can call in to inquire about FNS benefits. A BDT representative is available to help individuals apply for FNS using NC FAST and to help answer questions. The representative can also support the individual in identifying the necessary documents for their FNS application and assist in collecting the documents through a mobile upload. Once the FNS application is complete, BDT sends it to the individual's county DSS for review. The county-level DSS workers determine eligibility or assist the applicant from that point.

Before the Public Health Emergency (PHE), there was a plan to have BDT engage those due for recertification. But due to changes associated with the Emergency Allotment and the PHE, this endeavor has not been able to get off the ground. BDT continues to provide outreach and information about the emergency allotment ending.

Involving and utilizing Managed Care Organizations (MCOs) in Medicaid has also been a win for North Carolina in terms of data sharing. The MCOs not only help administer Medicaid but are also able to share demographic information with the state and counties when it changes. This enables better and more consistent contact with all enrollees.

Challenges to Partnering with an External Vendor to Facilitate Program Enrollment

Partnering with BDT to increase participation in FNS has been incredibly effective. The FNS enrollment rate is 7.6 times higher for individuals who received BDT's outreach and application assistance, compared to those who did not. However, it is not without its challenges. Funding external partnerships is a fundamental challenge. The contracts available for outreach partners through the state of North Carolina provide 50 percent of the required funding, as the state cannot afford to fully finance all its external partners. Interested vendors need to find the other half of the funding or provide it themselves. Looking for additional outreach partners proves difficult because of the match contract.

Contracting with an external partner leads to hearing feedback and stories secondhand. When clients have a problem or want to ask specific policy questions, BDT needs to check back with their North Carolina state contact, the Outreach and Education Coordinator, or find a policy specialist at the county level to see if there is an appropriate action to take or to clarify a policy question.

Another challenge to an external party providing outreach is community members sometimes mistake text and mailing outreach from BDT as fraudulent. DSS occasionally needs to provide additional notice or alert clients that BDT is a partner organization and the outreach is legitimate.

Spotlight on Rutherford County

How Data Sharing Assists in Eligibility Determinations and Renewals at the County Level

Rutherford County caseworkers each specialize in one program — Medicaid or FNS. Due to the complicated policies and ongoing changes, having one individual responsible for Medicaid determinations and another for FNS allows for more timely and personal assistance.

Rutherford County Medicaid's process for redetermining eligibility each year relies heavily on previously submitted data to help evaluate redeterminations. Through NC FAST, Rutherford County Employees have access to all client data and the documents they submitted for their Medicaid application or redetermination. To make the renewal process as easy as possible for caseworkers and beneficiaries, caseworkers aim to avoid contacting clients for information that may already be available in NC FAST. Caseworkers review the documentation most recently submitted to see if any information has changed that would affect eligibility for Medicaid and if any differences are found, Medicaid redetermination paperwork is mailed to the client to verify and provide the correct information. Once updated information is received and compiled, the Medicaid caseworker and NC FAST alert the FNS caseworker about the change so they can explore updating any FNS applications/renewals.

Improving the Process and Next Steps

As the emergency allotment comes to an end, North Carolina expects an uptick in calls to both counties and BDT. Along with BDT actively providing information and enrollment assistance, North Carolina is working to decrease the overall workload and ease the process for applicants by allowing seniors to recertify every three years for FNS. Normally, FNS benefits need to be approved every six months by a caseworker. North Carolina received approval from the USDA to push the recertification for seniors to every three years.

Each year BDT and the Outreach and Education Coordinator set specific outreach goals with the intention of increasing overall enrollment by five percent and targeting specific populations that may not be accurately represented in enrollment numbers. The coordinator works with BDT and may even alter their contract when a gap is identified in terms of outreach. BDT has met its goals every year since the beginning of the contract in 2017.

Through their external partnership with BDT, North Carolina can reach people the county workers never could on their own. Creating a partnership that shares data is an option that not everyone would consider but ultimately has benefited the county workers, state workers, and enrollees in these programs.

South Dakota's Medicaid and SNAP Eligibility Workforce: Streamlining Data Coordination to Facilitate Enrollment

Cross-agency collaboration can benefit both clients and agencies by simplifying enrollment and administrative processes. Public benefit programs with similar eligibility requirements can coordinate outreach to community members and streamline enrollment processes across multiple programs. In South Dakota, the administrative offices of Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) are housed within the Division of Economic Assistance (EA) at the Department of Social Services. The mission of EA is to promote well-being and self-sufficiency through assessment and referral to medical, nutritional, and financial supports. EA uses a combined, single application for all three programs, and conducts outreach to individuals who are enrolled in one of the programs and eligible but not enrolled in others. The key to this coordination is the EA eligibility workforce, which is comprised of case workers who are trained in eligibility and enrollment for all three programs, and who participate in cross-agency policy and practice committees to improve program services.



South Dakota 2022 Key Facts

- State population: 895,376
- State-administered SNAP
- SNAP participation: 78%
- SNAP enrollees:
 - 71,078 persons
 - 33,912 households
- SNAP income limit for a household of four: \$3,007/month
- Medicaid enrollees: 140,791
- Medicaid income limit for a household of four: \$4,834/month

Structures that Support Coordination

In South Dakota, EA eligibility staff process combined applications for Medicaid, SNAP, and TANF. While separate administrators oversee each of the programs, a unified Division Director and Quality Control Unit provide ongoing support to all three programs. No data-sharing agreements or memoranda of understanding are needed to share client data between Medicaid, SNAP, and TANF case workers, since all share the same application, mainframe system, and data. South Dakotans applying for Medicaid, SNAP, or TANF must sign a statement of understanding on the combined application stating that they understand their information will be given to three programs. Applicants indicate which programs they are applying to for each of their household members. EA offers paper and online applications.

Eligibility staff receive robust training on eligibility requirements and processes for each program. A training specialist welcomes all new eligibility staff with an initial week of standardized training. After the onboarding week, new staff attend training specific to each program for Medicaid, SNAP, and TANF. After training on these programs, new staff spend time with lead staff, who have additional training responsibilities, and supervisors at the home office to learn case work. Each case processed by new eligibility workers is reviewed for the first four-to-six months to ensure staff are assisting clients through the application and renewal processes accurately. Following initial onboarding, all eligibility workers receive monthly training on new policy and procedures, as well as periodic refresher courses. Supervisors perform random audits for individual training purposes, and staff are encouraged to provide feedback on the ideas they have for ongoing training. Leadership responds to staff needs and incorporates staff ideas to improve trainings.

Processes to Support Coordination

The streamlined process for application review and renewal helps clients access services for which they qualify. Eligibility staff review applications, noting whether members of the household may be eligible for multiple programs. Staff know that clients may be unaware of the different programs, so they treat the application review as an opportunity to identify and promote eligibility for Medicaid, SNAP, and TANF, as well as other programs like Childcare Assistance and Energy and Weatherization Assistance. If a client is applying for one program and staff note that they may be eligible for multiple programs, staff reach out to assess the client's interest in receiving additional support from other programs. Eligibility staff also frequently refer families to other community supports, such as food pantries, legal services, Long-Term Services and Supports (Dakota at Home), transportation, rent assistance, and housing assistance.

Currently, Medicaid eligibility determination is done manually by eligibility workers. South Dakota is in the process of building a new enrollment and eligibility system, which will support processing of eligibility for Medicaid in January 2024, with plans to add eligibility determination for SNAP, TANF, Childcare Assistance and Energy and Weatherization Assistance soon. When the new system is in place, the Division of Economic Assistance will continue training eligibility workers in Medicaid, SNAP and TANF to provide critical support, outreach, and resources to clients.

For children who are on SNAP, South Dakota Medicaid uses a facilitated enrollment process, referred to as express lane eligibility. With consent from their parent or guardian, children on SNAP are assessed for Medicaid eligibility. Outside of this process, case workers may need to verify whether the child meets Medicaid citizenship criteria.

Eligibility staff use two key resources to identify services for applicants: community resource guides that list local organizations providing help with food, finances, and other community supports, and the expanded South Dakota [211 helpline](#), which provides connections to additional resources, such as transportation support, mental health resources, and help with buying diapers. EA's goal is to equip eligibility staff to provide a "no wrong door" experience, where South Dakotans in need of assistance can approach any part of the system and be referred to appropriate services.

Supporting the Renewal Process

In addition to the application process, eligibility workers provide supports for renewal and/or recertification of Medicaid and SNAP benefits. For those who qualify, South Dakota Medicaid uses the administrative review process known as [ex parte](#), wherein an eligibility worker uses reliable data available to process renewal of coverage without an individual having to complete an application or provide documentation. If an ex parte renewal is not possible, eligibility staff prepopulate online renewal forms to minimize customer burden.

Whenever possible, eligibility workers make efforts to align renewal and recertification timelines for SNAP and Medicaid. There is a single renewal form, which eligibility workers use to align Medicaid renewal timelines with SNAP. This process is currently completed manually; however, the new eligibility system scheduled to launch in January 2024 will automate this process to determine continuing eligibility, taking the burden off staff and clients.

Additional Coordination in the Application Process

Outside of Medicaid, SNAP, and TANF, additional coordination processes exist to increase services provided to eligible South Dakotans. For example, Medicaid has a Memorandum of Understanding (MOU) with the Department of Health (DOH) for sharing data with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, which is overseen by DOH. Each month Medicaid provides WIC with a list of individuals who have been approved for pregnancy medical programs so WIC can reach out to them to assess the potential of engaging them in WIC services. South Dakota Medicaid is working with DOH toward sharing additional information for children to enhance WIC outreach. TANF has an additional practice to share a list of

enrolled children aged 0-5 with the Department of Education (DOE) to conduct outreach for the Head Start program. Additionally, DOE frequently makes referrals to TANF and Medicaid.

South Dakota is also using social media campaigns and partnerships with stakeholders to increase benefit participation through a focus on increasing enrollment in the [Medicare Savings Program](#), a historically [underutilized](#) benefit. The Centers for Medicare & Medicaid Services (CMS) has [encouraged](#) state efforts to increase enrollment. As a result, South Dakota Medicaid has initiated training for outreach staff, navigator groups, and non-state benefit coordinators to encourage screening for eligibility and referral to the Social Security Administration when appropriate.

Increasing Collaboration Through Feedback Processes and Strategic Planning

The Division of Economic Assistance fields several committees of eligibility staff, lead staff, and supervisory staff from each region. A Medical Advisory Committee, SNAP Advisory Committee, and TANF Eligibility and Workforce Services Committee all meet monthly to discuss policies and procedures in development, explore training needs, and engage in joint problem solving. Eligibility workers who are trained in all three programs may join one or more committees.

To assess client experience, the Quality Control Unit conducts surveys and outreach to clients enrolled in Medicaid, SNAP, and TANF. The survey includes questions about how client information was handled and if it was used for eligibility as directed by the client. Additionally, Medicaid sends out surveys to enrollees to evaluate experience. Feedback from enrollees and staff committees is reviewed in biweekly management meetings and shared with eligibility staff via monthly reports. Monthly reports also spotlight a customer story as a reminder to staff about why their work matters.

Innovation Through Partnerships

One innovative SNAP pilot initiative currently underway in South Dakota is a partnership with local technical colleges. This pilot identified 25 individuals registered with the SNAP employment and training program who could use help paying for tuition, books, transportation, laptops, and other necessities to complete their education at Southeast Technical College. SNAP is evaluating the pilot effort's success in supporting graduates in getting employed and will consider expanding the program based on initial pilot results.

Barriers to Sharing and Coordinating Data

A primary frustration that South Dakota's eligibility workers experience regarding data sharing is the inability to use client income information from the Federal Data Services Hub for verifying SNAP and TANF eligibility. Workers must look to several other sources of information to find income from wages, income from cash assistance, Social Security income, unemployment insurance and child support. Frequently there is also a need to request documentation from applicants, which can cause delays in verifying eligibility.

Looking Ahead

Collaboration, data sharing, and referral for other services is an ongoing practice within the South Dakota Department of Social Services. Leaders from South Dakota's Medicaid, SNAP, and TANF offices recognize how valuable their collaboration, data sharing, shared quality standards, and eligibility worker processes are to getting critical services to those who qualify. States that house these programs in different divisions can consider designing mechanisms and interfaces for sharing data and facilitating client enrollment. Programs with similar income guidelines often have clients who qualify for more than one program without realizing it. Data sharing and coordination between programs saves the time and effort of both case workers and clients in ensuring that clients receive the services for which they are eligible.

CONCLUSION

Responses to the 2022 survey conducted by BDT and CHCS indicated that states across the country, regardless of size, region or political spectrum, are already participating in data coordination in many different ways. How these efforts take place vary according to an individual state's needs and resources. However, states still show a strong desire to know more about what other states are doing and want clear guidance on how to better coordinate across programs, especially SNAP and Medicaid. Challenges and barriers across states and programs centered around two issues: confusion or trepidation about conflicting federal guidance and varying access to verification tools. This report has shown ways states can begin to strengthen their data coordination infrastructure by receiving clearer, aligned federal guidance and by implementing cross-agency alignment. With a strong data coordination infrastructure in place, states can maximize data coordination opportunities through the use of expedited enrollment options and working with third parties to streamline access to benefits.

Appendix A

Research Methods

This survey was conducted by Benefits Data Trust (BDT) and the Center for Health Care Strategies (CHCS) between June and August 2022.

The survey questions were developed following discovery interviews with select experts and/or state administrators. An advisory group provided feedback to the survey draft, and it was sent to federal administrators for additional review. The survey was then finalized, with 31 questions, and prepared for distribution.

The nationally representative survey was distributed via Survey Monkey to all 50 states. Introductory and follow-up emails containing a link to the survey were sent by CHCS and other partnering agencies to available lists of SNAP directors, Medicaid directors, and county administrators. BDT and CHCS also promoted the survey in their organizations' e-newsletters.

A total of 114 responses were received, 14 of which were omitted due to extensive missing data. The remaining responses represented 46 states plus the District of Columbia.

Data was analyzed using SPSS and Microsoft Excel. Qualitative data was coded by theme. Quantitative data was aggregated at the state level and descriptive analyses were conducted.

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The findings and conclusions contained within are those of the authors and do not necessarily reflect the positions of the funders, reviewers, interviewees, or entities whose examples are cited throughout the report.

Appendix B

Key Survey Questions

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the “Fast Track” state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Alabama	Other	No	Enrollment status	Yes	No
Alaska	N/A	N/A	N/A	N/A	N/A
Arizona	Non-profits, for-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Partial integration
Arkansas	Non-profits, for-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
California	Non-profits, MCOs, other	No	Enrollment status, financial, household, demographic, qualitative	Yes	Full integration
Colorado	Non-profits, higher education, researchers, other	No	Enrollment status, financial, household, demographic, qualitative	Yes	Full integration
Connecticut	Non-profits, researchers, other	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the “Fast Track” state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Delaware	MCOs, other	Yes	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
Florida	MCOs, other	No	Enrollment status, financial, household, demographic, qualitative	No	Full Integration
Georgia	Non-profits	No	Financial, household, demographic, qualitative	No	Full integration
Hawaii	Non-profits, MCOs, researchers	No	Other	No	No integration
Idaho	N/A	No	Financial, household, demographic, qualitative	No	Full integration
Illinois	Non-profits, MCOs, higher education, researcher	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Indiana	MCOs	Yes	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Iowa	MCOs	No	Enrollment status, financial, household, demographic, qualitative	Yes	Partial integration
Kansas	MCOs, other	No	Enrollment status, financial, household, demographic	No	No integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the “Fast Track” state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Kentucky	N/A	No	N/A	No	No integration
Louisiana	N/A	No	Enrollment status, financial, household, demographic	No	No integration
Maine	Non-profits, for-profits	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Maryland	Non-profits, MCOs, higher education, researchers	No	Enrollment status, financial, household, demographic	No	Full integration
Massachusetts	Non-profits, MCOs, researchers	Yes	Enrollment status, demographic	Yes	No integration
Michigan	Non-profits	No	Enrollment status, financial, household, demographic	No	Full integration
Minnesota	MCOs, other	No	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
Mississippi	N/A	N/A	N/A	N/A	N/A
Missouri	MCOs	No	Enrollment status	No	Full integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the “Fast Track” state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Montana	N/A	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Nebraska	MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Partial Integration
Nevada	Non-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
New Hampshire	Other	Yes	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
New Jersey	MCOs	No	Enrollment status	No	Partial integration
New Mexico	MCOs	No	Enrollment status, financial, household, demographic, qualitative	Yes	Full integration
New York	MCOs, other	No	Enrollment status, financial, household, demographic, qualitative, other	No	No integration
North Carolina	Non-profits, other	Yes	Enrollment status, financial, household, demographic, qualitative	No	Partial integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the “Fast Track” state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
North Dakota	Non-profits, for-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Ohio	Non-profits, MCOs, other	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Oklahoma	N/A	N/A	N/A	N/A	N/A
Oregon	MCOs	No	Enrollment status, financial, household, demographic	No	Full integration
Pennsylvania	Non-profit, MCOs	Yes	Enrollment status, financial, household, demographic, qualitative, other	Yes	Full integration
Rhode Island	MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
South Carolina	MCOs	No	Enrollment status, demographic, other	No	No integration
South Dakota	N/A	No	Enrollment status, financial, household, demographic, qualitative	Yes	Partial integration
Tennessee	Non-profits, MCOs, researchers	No	Enrollment status, other	No	No integration
Texas	N/A	N/A	N/A	N/A	N/A

Utah	Non-profits, for-profits	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Vermont	Other	No	Other	No	Partial integration
Virginia	MCOs	No	Enrollment status, financial, household, demographic, qualitative, other	Yes	Full integration
Washington	Non-profits, for-profits, MCOs, researchers	No	Enrollment status, financial, household, demographic, other	No	Partial Integration
Washington, D.C.	MCOs	Yes	Enrollment status, financial, household, demographic, qualitative	No	Full integration
West Virginia	MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Wisconsin	Non-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Wyoming	Other	No	Other	No	No integration