Interview Guide for MEDICAID State Directors or other MEDICAID application experts

This version to be used for programs that <u>do include</u> questions about homelessness or risk factors associated with homelessness on the MEDICAID or combined applications

State: _____

Name of Respondent:_____

Phone number: _____

Email address of Respondent:_____

Interview conducted by:_____

Date of interview: _____/_____/_____
                          Month   Day   Year

NOTE to Interviewer: Review the MEDICAID and/or Combined Application prior to the interview to review the type of homeless data or risk factors for homelessness collected on the application. Also note the date when Abt obtained the application to confirm that it is the most recent version.

Introduction: My name is _____ and I work for a private, independent research firm called Abt Associates. The office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services is sponsoring this study. The purpose of the study is to conduct interviews with each state's TANF and Medicaid program staff to collect information about the type of housing status and/or homeless status data that is collected on TANF and Medicaid application forms. Someone from the Abt study team contacted you in October or November 2006 to obtain a copy of your MEDICAID and/or combined application. Today I'd like to ask some more detailed questions about your applications and the information you collect from program applicants about whether they are homeless and their housing status in general. Neither the study nor this interview is being used to monitor program performance in any way. The information you provide will only be used for the purposes of this study.

A. Confirmation that application on hand is current

1. We collected a MEDICAID application from you (online/via email/copy sent to us) in October 2006. Is that application still in use?

   __Yes
   __No → When was the application updated? <u>[ENTER DATE].</u> Could you please fax me a copy of the application that is now in use or direct me to a copy on your website? What has changed on the application from the version we collected in October 2006? [ENTER WEB ADDRESS—INTERVIEWER: INTERVIEW CAN CONTINUE IF CHANGES TO THE APPLICATION DO NOT INVOLVE QUESTIONS REGARDING HOMELESSNESS. INTERVIEW SHOULD BE SUSPENDED AND RESCHEDULED IF CHANGES REGARDING HOMELESSNESS HAVE BEEN MADE TO THE APPLICATION.

2. [IF WE IDENTIFIED A COMBINED APPLICATION] We collected a Combined benefit application from you (online/via email/copy sent to us) at the same time. Is that application still in use?

   __Yes
   __No → When was the application updated? <u>[ENTER DATE].</u> Could you please fax me a copy of the application that is now in use or direct me to a copy on your website? What has changed on the application from the version we collected in October 2006? [ENTER WEB ADDRESS— INTERVIEWER: INTERVIEW CAN CONTINUE IF CHANGES TO THE APPLICATION DO NOT INVOLVE QUESTIONS REGARDING HOMELESSNESS. INTERVIEW SHOULD BE SUSPENDED AND RESCHEDULED IF CHANGES REGARDING HOMELESSNESS HAVE BEEN MADE TO THE APPLICATION.]

3. [IF WE DIDN'T IDENTIFY A COMBINED APPLICATION] As we collected application forms from other states, we learned that many states use a combined application covering several programs, either in addition to or in place of a separate MEDICAID application. Does your state use a combined application for the MEDICAID program?

___No (skip to Section C)

___Yes

B. Clarification regarding use of combined application

4. Is the combined application used *instead of* a separate application for MEDICAID or *in addition* to the MEDICAID application?

    ___Combined application used *instead of* a separate MEDICAID application (Ask 4a)

    a. Does that mean that when an individual applies for MEDICAID assistance they complete only the combined application?

        ___Yes

        ___No (please explain under what circumstances the separate application is used)
        _____
        _____
        _____

    ___Combined application used *in addition to* a separate MEDICAID application (Ask 4b)

    b. Does that mean that when a family applies for MEDICAID assistance they must complete both applications?

        ___Yes

        ___No (please explain under what circumstances the combined application is used)
        _____
        _____
        _____

    ___Don't know → Is there someone else we could talk to, to find out more about how the combined application is used? [ENTER CONTACT INFORMATION].

C. Collection of Housing Status, Homeless, or Risk Factors Data
These questions are used to confirm that the correct set of questions is being asked.

The purpose of this study is to find out whether states routinely collect information about homelessness or risk factors often associated with homelessness for MEDICAID applicants through the regular application process. Examples of items on an application that might indicate homeless ness are things like living in a shelter, or having no permanent residence. Risk factors associated with homelessness include things like living with friends or relatives, having an eviction notice, or others.

5. a. What is the typical process for completing an application?   Which is the *most common* way applications are completed? (CHECK ALL THAT APPLY)
    ____ application completed online
    ____ application completed in-person at a MEDICAID office
    ____ application filled out and mailed to the MEDICAID office
    ____ Other (SPECIFY)
    b. Do applicants usually fill out the applications themselves without assistance, or do they receive assistance from an intake worker to complete the application? Which is the *most common* approach?
    __fill out *with* assistance
    __fill out *without* assistance
    c. Is the same application used throughout the state?
    ____ Yes
    ____ No
    d. Other than in the application form, is additional information on housing status collected at other points in the eligibility determination process? If yes, when?
    ____ Yes (SPECIFY)
    ____ No

We'd like to ask you some questions to confirm that our understanding of the types of information included on your MEDICAID/combined application is correct and to find out more about how these data are collected and used, and reasons why your state collects this information. [ENTER RESPONSES FOR 6-8 IN THE TABLE BELOW. REVIEW APPLICATON REVIEW DATABASE AND MARK PRELIMINARY RESPONSES FROM THE DATABASE FOR QUESTIONS 6 AND 7 IN THE TABLE BELOW.]

6. When we reviewed your combined benefit application, we found that you collect [READ DATA ELEMENTS FROM Q6 COLUMN] on housing status, homelessness, and homeless risk factors. Is our understanding accurate? Is it correct that you do not collect [READ REMAINING DATA ELEMENTS] on the combined application? [INTERVIEWER: IF STATE DOES NOT USE A COMBINED APPLICATION, CODE AS NOT APPLICABLE.]

7. We also determined that you collect [READ DATA ELEMENTS FROM Q7 COLUMN] on your separate MEDICAID application. Is our understanding accurate? Is it correct that you do not collect [READ REMAINING DATA ELEMENTS] on the separate MEDICAID application? [INTERVIEWER: IF STATE DOES NOT USE A SEPARATE MEDICAID APPLICATION, CODE AS NOT APPLICABLE]

8. If a combined application is used, do applicants for all programs covered by the combined application answer each item? Or are there items that are only required for some of the programs included on the combined application? Please explain. [INTERVIEWER: IF STATE DOES NOT USE A COMBINED APPLICATION, CODE AS NOT APPLICABLE]

Item on application	6. Confirmation that [READ ITEM] is included on your combined application. [Fields should be highlighted in advance based on app review. Code Yes if it is included; Code No if it is not included.]	7. Confirmation that [READ ITEM] is included on your separate MEDICAID application.	8. If combined application is used, do applicants for all programs (TANF, FS, Medicaid, etc) answer the question about [READ ITEM] (if no, please explain)
Housing Status Items			
a. Home Address	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
b. Mailing Address	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
c. Directions to home address	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
d. Do you live in public/subsidized housing?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
e. Do you intend to stay in State?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
f. Do you live in a long-term care facility or nursing home?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
g. Do you live in a medical or rehab facility?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
h. Any other questions on housing status? PLEASE SPECIFY	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
Homeless Items			
i. Are you homeless?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
j. Do you reside in a shelter?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
k. Are you staying in a domestic violence (DV) shelter?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
l. Do you have a permanent home?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
m. Other Homeless item (PLEASE SPECIFY)	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
Homeless Risk Factors			
n. Do you live with friends or relatives?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
o. Do you have an eviction notice?	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No
p. Other risk factors? SPECIFY	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No

Item on application	6. Confirmation that [READ ITEM] is included on your combined application. [Fields should be highlighted in advance based on app review. Code Yes if it is included; Code No if it is not included.]	7. Confirmation that [READ ITEM] is included on your separate MEDICAID application.	8. If combined application is used, do applicants for all programs (TANF, FS, Medicaid, etc) answer the question about [READ ITEM] (if no, please explain)
q. Are there any other items on your application that we have not talked about that are related to housing status, homelessness, or risk factors associated with homelessness? SPECIFY	__Yes __NA __No	__Yes __NA __No	__Yes __NA __No

The responses to these questions will be used to determine which set of detailed questions should be asked. For those programs collecting *neither* homeless items nor items considered risk factors for homelessness, the *"no-homeless data"* questions will be asked. For those collecting either homeless or homeless risk factor items, the *"homeless data"* questions will be asked.

D. Homeless Data Questions

I'd like to understand more about the data that you collect for each of the questions that specifically relate to homelessness. If there are different answers for the combined application and separate MEDICAID application, please let me know. [INTERVIEWER: ONLY ASK ABOUT THE RELEVANT COLUMNS, AS CONFIRMED IN Q6-7. PROBE FOR WHETHER RESPONSES DIFFER FOR COMBINED APPLICATION AND SEPARATE MEDICAID APPLICATION.]

INTERVIEWER: *MOVE DOWN* ↓ *EACH COLUMN*	a. Are you homeless	b. Do you reside in a shelter	**c. Do you live with friends and relatives**	d. Do you live in a DV shelter	e. Do you have a permanent home	f. Do you have an eviction notice	g. Other
9. Is a response to the question required for the application for assistance to be considered?	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No
10. Is the response to this item used for any of the following: (Codes: 1-currently used, 2-Planned to be used in the future, 3-Possibly will be used in the future, 4-Not used for this purpose, 5-Don't Know)							
a. Program Eligibility							
b. Benefit Amounts							
c. Used in Reports (describe)							
d. Referral to Services							
e. Program Outcome Measure							
f. Used to match with other datasets							
g. Other							

INTERVIEWER: MOVE DOWN EACH COLUMN ↓	a. Are you homeless	b. Do you reside in a shelter	**c. Do you live with friends and relatives**	d. Do you live in a DV shelter	e. Do you have a permanent home	f. Do you have an eviction notice	g. Other
11. Is the response entered into a statewide database?	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No
12. For all applications received in 2006, approximately what percent of cases in your database have missing data for this item? [INTERVIEWER: IF RESPONDENT DOES NOT KNOW, ASK FOR CONTACT INFORMATION FOR STAFF KNOWLEDGEABLE ABOUT DATA SYSTEM]	%	%	%	%	%	%	%
13. Do you have specific procedures in place to improve the quality of data for this item and to reduce missing data?	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No
14. When did you begin asking this question?							
15. Has the wording of the question or the response format changed since that time?	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No
16. Do you expect to make changes to the wording or response format?	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No
17. Do you foresee eliminating it?	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes	__Yes

18. Do you collect any data on the homeless status of applicants at any time other than in the application?
    ____ No (Skip to 20)
    ____ Yes

19. Do you collect homeless status information at [READ ITEM]? At each of the subsequent times you mentioned, do you update the information (that is, confirm or update the same data items again), or do you collect new information on housing or homeless status? Is the new or updated information entered into the database?

INTERVIEWER: ASK QUESTIONS 19a, 19b, 19c and 19d FOR EACH TIME PERIOD

INTERVIEWER: *MOVE DOWN* *EACH COLUMN* ↓	**Prior to eligibility determination (during subsequent interview or home visit with applicant)**	**After eligibility is determined but prior to recertification (during an interview or on another form)**	**At recertification**	**Other (SPECIFY)**
19a. Do you collect homeless status information…	__Yes __No	__Yes __No	__Yes __No	__Yes __No
19b. Do you update (or confirm) the same data elements at subsequent periods…	__Yes __No	__Yes __No	__Yes __No	__Yes __No
19c. Do you collect different or additional information at subsequent periods…	__Yes __No	__Yes __No	__Yes __No	__Yes __No
19d. Do you enter new or updated information into the database…	__Yes __No	__Yes __No	__Yes __No	__Yes __No

20. [ASK ONLY IF RESPONSE TO 6 and 7i: Are you homeless IS NO]. Even if you do not explicitly ask program applicants or participants if they are homeless, do you use any other standard conventions for noting that an applicant is homeless in your database or on application materials? Examples of this might be noting than an applicant is living with family or friends, has not had a permanent address in recent months, note whether an address given is for a shelter, enter 99999 for zip code when homelessness is suspected, etc.?
    ____ No (SKIP TO 23)
    ____ Yes – confirm all addresses (would know if address was a shelter)
    ____ Yes – intake workers are instructed to follow certain protocol (e.g., enter 99999 for zip code) for applicants who are thought to be homeless PLEASE DESCRIBE:
    ____ Yes – Other (DESCRIBE)

21. Are these conventions formalized in such a way that you would say that they have been adopted throughout the state? [PROBE: E.g., are they written down in training instructions? Are they written on the computer screen where intake workers enter the data?]
    ____ No
    ____ Yes (SPECIFY) _____

22. Do you have the ability to query the program database based on these protocols to produce statistics about homelessness among program applicants?
    ____ No
    ____ Yes (please describe how, if you have done it before, and limitations of the results)
    _____
    _____
    _____

OMB Clearance Number

23. Has your state developed a formal definition for homelessness for purposes of this application/program?
____ No (SKIP TO 25)
____ Yes (please tell me what the definition is and how it is used by the state) _

_____

_____

24. Is the definition of homelessness clearly documented or widely known to intake workers or others involved with helping applicants complete the application forms?
____ No
____ Yes (DESCRIBE) _____

   If yes, SKIP TO 26

25. Has homelessness been *informally* defined in the state?
____ No
____ Yes (specify how and please provide the definition) _____

_____

___

26. Many states have not chosen to include questions on homelessness on their applications for MEDICAID benefits. We would like to understand more about why leaders in your state believe that it is important to do so. What are the main reasons? [INTERVIEWER: RECORD VERBATIM AND THEN RECODE TO ONE OF THE CODES BELOW. IF MORE THAN ONE REASON CHECK ALL THAT APPLY. PROBE AS NEEDED].

____ Program and reporting purposes (DESCRIBE)
____ Collected as part of State effort to enhance access to mainstream benefits for people who are homeless
____ Collected to support development or implementation of State Plan to End Homelessness
____ State Policy Academy requested data or uses it
____ Other (SPECIFY)

27. Has the state conducted any analysis on the homelessness data yet?
____ No (SKIP TO 33)
____ Yes

28. Describe what was done, produced, and learned (CHECK ALL THAT APPLY)
____ Estimates of homeless persons applying for benefits
____ Estimates of homeless persons receiving benefits
____ Estimates of impact of benefits on alleviating persons' homelessness
____ Studies on costs of mainstream services for people who are homeless
____ Other? (SPECIFY)

29. How has the state used the results of the study?

30. Did you alter your data collection requirements, training of intake workers, or analysis/use of data as a result of this study? PLEASE DESCRIBE

31. Are the data on homelessness accessible to the public? [CHECK ALL THAT APPLY]
    ____ No (SKIP TO 33)
    ____ In written reports
    ____ In state-level data sets

32. Who has access to the data sets?

    _____

33. Would you consider providing periodic de-identified data extracts or aggregate reports to HHS on homelessness on applicants to your MEDICAID program?

34. Do you think it takes more time to collect the questions on homelessness than other items on your application?
    ____ No
    ____ Yes (DESCRIBE) _____
    ___

35. Does it take more time to verify, record, or analyze the responses than for other items on the application?
    ____ No
    ____ Yes (DESCRIBE) _____
    ___

36. Are there any additional costs incurred to collect this information? For instance, does it add to the verification time or effort?
    ____ No
    ____ Yes (DESCRIBE) _____
    ___

37. How frequently is your MEDICAID application updated?
    ____ Monthly
    ____ Quarterly
    ____ Semi-annually (every 6 months)
    ____ Annually
    ____ Other (SPECIFY)

38. Are these updates seen as an opportunity to add or refine questions on homelessness or housing status?
    ____ Yes
    ____ No

39. That is all the questions I have about homelessness data and your MEDICAID and/or combined application. Is there anything else you would like to add that you think is important for this study to take into account?

Thank you very much for your time and help with this study.