

Appendix B. State Administrator Interview Guide

This information is being collected to assist the Food and Nutrition Service (FNS) in understanding Supplemental Nutrition Assistance Program (SNAP) and Medicaid coordination. This is a voluntary collection and FNS will use the information to aid in the administration of SNAP. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 55 minutes (.9167 hours) per response, including responding to recruitment outreach, participating in interviews, and reviewing and providing feedback on process maps. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return any completed materials to this address.

State Administrator Interview Protocol

Background

To start, we would like to ask for some background information about you, your role, and an organizational overview.

1. What is your current job title or position?
2. How long have you been in this position?
3. What are your primary responsibilities?
4. Based on our preliminary research of your State website and program and policy information available online, we have identified that [agency or agencies] administers [SNAP or Medicaid]. Can you confirm the agency or agencies where [SNAP or Medicaid “MAGI” and “non-MAGI”] eligibility determination and program administration are housed?
 - a. How long has this been the organizational structure?
 - b. Do SNAP and Medicaid share staff or are eligibility staff separate for each program?
 - c. *Ask for organizational chart (if not available online).*
5. *SNAP staff:* Can you provide an overview of how the office/agency/division(s) that oversees Medicaid eligibility determination and/or program administration interacts with your agency?
 - a. Is Medicaid housed in the same office/agency/division?
 - b. How frequently does your office interact with the agency/office that oversees Medicaid?
 - i. What is the purpose of your interactions? How do you communicate?
 - ii. Is there a working group, committee, or task force to address shared problems or review processes? If yes, who is on the committee? What topics do you address? Are there any topics you hope to address in the future?
 - iii. Are there interagency agreements to coordinate services, issue joint statements, cross train staff?
 - c. Does your organization structure serve as a facilitator or barrier to interactions? If yes to either, how?
6. *Medicaid staff:* Can you provide an overview of how the office/agency/division that oversees SNAP interacts with your agency?
 - a. Is SNAP housed in the same office/agency/division?
 - b. How frequently does your office interact with the agency that office/agency/division that oversees SNAP?
 - i. What is the purpose of your interactions? How do you communicate?
 - ii. Is there a working group, committee, or task force to address shared problems or review processes? If yes, who is on the committee? What topics do you address?
 - iii. Are there interagency agreements to coordinate services, issue joint statements, cross train staff?
 - c. Does your organization structure serve as a facilitator or barrier to interactions? If yes to either, how?

Policy Background

Now we're going to ask a series of questions about coordination activities between SNAP and Medicaid. We are particularly interested in MAGI Medicaid participants. When we use the word "coordination" we'd encourage you to think of that term broadly – it could encompass anything from policies, to procedures, to IT solutions to communication strategies that a State might use to coordinate between two programs. We are particularly interested in activities that have been shown to improve efficiency, customer service, accuracy, and/or program access. To begin, I'd like to get your perspective on some of the Federal and State policies that have shaped [State]'s ability to coordinate SNAP and Medicaid programs. We have reviewed federal regulations, [State]'s policy manual, and [OTHER DOCUMENTS REVIEWED] but would like to confirm our findings with you and understand how they've impacted your ability to coordinate SNAP and Medicaid.

Describe relevant Federal policies as you understand them. Ask participants to confirm and expand upon the description.

1. What, if any, Federal policies have impacted your State's ability to coordinate SNAP and Medicaid? How?
 - a. [SNAP staff]: Potential policies to probe on:
 - i. SNAP verification requirements
 - ii. Interview requirements
 - iii. Application and recertification time standards
 - iv. Certification periods differing from Medicaid
 - b. [Medicaid staff] Potential policies to probe on:
 - i. ACA administrative simplification rules (e.g., single streamlined application, simplified MAGI income eligibility rules, timeliness standards, electronic data sources to verify eligibility, reasonable compatibility standards, ex parte renewals)
 - ii. Targeted enrollment opportunities (e.g., enrolling individuals in Medicaid based on SNAP eligibility)
 - iii. Enhanced federal matching rate to upgrade systems
2. What, if any, State policies or decisions have impacted [State]'s ability to coordinate SNAP and Medicaid services? How?
 - a. [SNAP staff] Potential policies to probe on:
 - i. Joint application and processing with Medicaid
 - ii. Income and resource alignment with Medicaid
 - b. [Medicaid staff] Potential policies to probe on:
 - i. Medicaid expansion
 - ii. State-based exchange decisions
 - iii. Population specific decisions
 - iv. MAGI vs non-MAGI renewal timing
 - c. What waivers that your state has received approval for have impacted coordination between SNAP and Medicaid? Were these waivers barriers or facilitators to coordinating SNAP and Medicaid? Probe on:
 - i. Extended certification period waiver
 - ii. Adjustment to interview requirements (e.g., waiver face-to-face interviews)
 - iii. Adjusted verification requirements waiver
 - iv. Waive Period Reporting
 - v. CMS waiver opportunities, including E14 waivers

Data Systems

Next, I have a few questions about your State's eligibility and enrollment systems.

1. Based on our preliminary research, your State has a [fully integrated, partially integrated, or separated eligibility and enrollment system] for SNAP and MAGI Medicaid participants. Can you confirm this is correct?
 - a. How long has this system been set up this way?
 - b. Is this the same system that handles non-MAGI participants?
2. How does having a [insert type of eligibility system] impact your State's ability to coordinate SNAP and MAGI Medicaid participants?
 - a. Is it a barrier or facilitator? If yes to either, how?
 - b. Does this differ for non-MAGI participants?
3. Does your State contract with non-State data systems vendors to integrate eligibility and enrollment systems for SNAP and Medicaid? If yes, who do you work with? What is their role?
4. Are eligibility and enrollment data shared between SNAP and MAGI Medicaid programs? If so, what eligibility factors are shared? (e.g., income, employment status, demographic characteristics?)
5. What are barriers and facilitators to sharing SNAP and MAGI Medicaid data?
 - a. Have there been any unintended consequences of sharing SNAP and MAGI Medicaid data?
 - b. Probe on:
 - i. Data use agreements
 - ii. Updating systems/technology

Application, Eligibility Determination, and Redetermination Processes

Next, I have questions about the application, enrollment, and renewal processes in your State.

1. What are the most frequently used modes for individuals to apply for [SNAP or MAGI Medicaid] in [State]? For example, online applications, in person, and by phone/call centers.
 - a. Is this the same for individuals applying for both programs? Has this changed since the onset of the COVID-19 pandemic?
2. What are the most frequently used points of entry for individuals to apply for [SNAP or MAGI Medicaid] in [State]? For example, local offices, community partners, qualified healthcare providers, food banks.
 - a. Is this the same for individuals applying for both programs?
3. According to your State website, your State offers [combined SNAP and Medicaid application, separate SNAP and Medicaid applications, both]. Can you confirm this is correct?
 - a. **[If State offers combined application]** We also identified that your State offers [an online and/or telephonic application, paper combined application] for SNAP and MAGI Medicaid participants. Can you confirm this is correct?
 - b. Is this the same application for non-MAGI Medicaid participants?
4. Can you identify the most notable features of your application process that facilitate outreach and enrollment of individuals who are eligible for both MAGI Medicaid and SNAP?

- a. What features of your online application facilitate outreach and enrollment of individuals who are eligible for both SNAP and MAGI Medicaid participants? What about your paper application?
 - b. What impact, if any, does this have on program administration? What impact does this have on the beneficiary experience?
5. [Medicaid staff] We understand that the Affordable Care Act (ACA) called for use of electronic data sources to verify beneficiary information and specified that SNAP data could be used to verify criteria of eligibility, such as income or household size. Does your State use SNAP data to verify criteria of eligibility for MAGI Medicaid participants? If yes, can you describe how it's used?
 - a. At what point in the enrollment, post-enrollment (e.g., periodic data matches), or renewal process is it used? What population is it used for?
 - b. What electronic data sources are the most promising in achieving streamlined and accurate eligibility determination for clients? Why?
6. What strategies does [State] use to align the SNAP and MAGI Medicaid renewal processes? Which are the best for aligning the two programs? Why?
 - a. Probe on:
 - i. Aligning Medicaid renewals during SNAP recertification (probe on what this will look like after the unwinding period ends and regular operations resume)
 - ii. Facilitating auto or ex parte renewals in Medicaid
 - iii. Synchronizing certification periods
 - iv. Express lane eligibility
 - b. When does [STRATEGY] occur in the process?
 - c. Were there any barriers to aligning the SNAP and MAGI Medicaid renewal process?
7. What has been the impact of coordination efforts (e.g., increased retention rates, identification of those eligible but not enrolled, decreased churn, reduced staff workload and beneficiary burden)?
 - a. Have you examined the impact of these processes on specific disparities/inequities in the population you serve (e.g., by race/ethnicity, age, geography)?

Communication

Next, I would like to learn more about outreach strategies and participant correspondence.

1. Is there a coordinated strategy for conducting outreach to participants who apply for or are eligible for both programs? If yes, can you provide an overview of the outreach strategy?
 - a. Probe on:
 - i. What are the intended goals of the current outreach strategy?
 - ii. How effective is the outreach strategy? What are facilitators?
 - iii. What are the challenges to implementing a coordinated outreach strategy?
2. Do SNAP and Medicaid coordinate efforts to collect and maintain current beneficiary contact information? If so, how?
 - a. Have you found these efforts to be successful? Why or why not?
 - b. What are the barriers and facilitators to sharing contact information?
3. Are methods of participant communication coordinated across MAGI Medicaid and SNAP?
 - a. **[If yes]** Are beneficiaries given a choice in how they receive notices (e.g. electronic notices, text messages, mail, etc.)? If so, what are those choices? Which mechanism is the most common? Have you found one to be more successful? Why or why not?
4. We understand that there are different timelines for individuals to respond to notices. Do SNAP and MAGI Medicaid coordinate timelines at application, renewal, adverse action, reconsideration?
 - a. **[If yes]** Have you found coordination efforts to be successful? Why or why not?

Lessons Learned and Future Plans

To close, we would like to learn about any additional lessons that you have learned from coordinating SNAP and Medicaid processes and systems and any plans for the future.

1. What lessons have you learned coordinating SNAP and MAGI Medicaid?
 - a. What advice would you give to other agencies working to coordinate the two programs?
 - b. What opportunities are there to advance equity by coordinating SNAP and Medicaid?
 - c. Are there any additional lessons learned from coordinating SNAP and non-MAGI Medicaid participants?
 - d. Were there coordination opportunities that were discussed or attempted between the two programs that weren't continued? If so, what were they and why were they abandoned?
 - e. Were there any changes made during or after implementation to coordination strategies based on lessons learned?
2. What lessons have you learned from coordinating SNAP and MAGI Medicaid during the COVID-19 pandemic?
 - a. What, if any, of the COVID-19 related changes have been/will be maintained once the pandemic is over? Are there any additional changes you'd like to be maintained?
 - b. Are there any additional lessons learned from coordinating SNAP and non-MAGI Medicaid participants?
3. Do you have future plans to further coordinate the process and policies for SNAP and MAGI Medicaid participants after the unwinding of the public health emergency? What about non-MAGI Medicaid participants?
4. Have there been any unintended consequences of coordinating SNAP and Medicaid?
5. What changes would you make to Federal policies to improve the coordination of SNAP and Medicaid (e.g., aligning eligibility or verification rules, time allowed for response to notices)? How could FNS help support successful coordination of SNAP and Medicaid in other States?
6. What changes would you make to State policies to improve the coordination of SNAP and Medicaid?
7. Is there anything we did not ask about you think is important for us to know?