



Joint SNAP and Medicaid/CHIP Program Eligibility and Participation in 2011

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WORK SUPPORT STRATEGIES EVALUATION BRIEF

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Joint SNAP and Medicaid/CHIP Program Eligibility and Participation in 2011

Federal and state food and medical assistance programs aim to improve the circumstances of low-income families and individuals. To achieve this goal, benefits must get to those in need. Monitoring the percentage of those eligible for program benefits who receive them (known as the program participation rate) can demonstrate how well programs are reaching those in need—as determined by program eligibility rules. To address low-income families’ needs, it is important to evaluate “joint” participation rates—the percentage of individuals eligible for multiple benefit programs who are receiving those benefits. Joint participation rates provide a benchmark for states to examine the impact of existing efforts or the need for additional efforts to improve access to multiple benefits among those eligible. States that are part of the Work Support Strategies (WSS) project (see box) are engaged in these efforts, including increased coordination of eligibility processes and policies across programs and reduction of bureaucratic redundancies that pose barriers to multiple program receipt. Participation rates are regularly produced and tracked for some food and medical assistance programs (Cunningham 2014; Kenney et al. 2010; Kenney et al. 2012). However, there is currently no source of information on joint food and medical assistance program participation. In this brief, we take the first step in providing joint participation information for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid/Children’s Health Insurance Program (CHIP).¹ We present joint eligibility for children, parents, and other nonelderly adults for the 50 states and the District of Columbia to show how many individuals qualify and could be served by both programs. We also present joint participation rates for five states (Colorado, Idaho, Illinois, North Carolina, and South Carolina) participating in WSS.² These states made administrative data on joint program enrollment available, enabling the development of joint participation rates based on enrollment data from administrative databases and eligibility derived from survey data.³

These 2011 results, the most recent year for which joint eligibility was modeled, provide a picture of joint eligibility and participation before the Affordable Care Act (ACA), which has increased eligibility for Medicaid in a number of states, particularly for adults. These estimates can therefore be seen as “pre-ACA” measures before joint eligibility and participation expanded under the ACA and federal matching funds became available to improve integration and coordination of eligibility determination, enrollment, and retention between Medicaid/CHIP and other benefit programs, including SNAP.⁴ All the WSS states are committed to improving access to multiple benefits for those eligible, but each had different motivations for joining the project in 2011. For example, Idaho had already made some headway on streamlining and integrating benefit eligibility programs and joined WSS to move forward with these efforts. South Carolina’s Medicaid and SNAP eligibility systems, however, were completely separate; individuals needed to make two separate applications to separate agencies, sometimes in separate offices. For all WSS states, these estimates are a kind of baseline and will be compared with future joint participation rates to help mark progress as the WSS project continues.

Work Supports Strategies Project

Work Support Strategies (WSS), started in 2011, is a multiyear initiative to simplify the process of getting work support benefits. Working directly with select states, WSS seeks to improve the health and well-being of low-income families by increasing the number of those who receive and keep the package of work supports and benefits for which they qualify and to deliver benefits more effectively and efficiently by reducing administrative burdens on states as well as clients.

WSS focuses on three work support programs: the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children’s Health Insurance Program (CHIP), and child care assistance through the Child Care and Development Block Grant. Participating states may choose to add other programs, and most have. Six states currently have three-year WSS grants: Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina.

Findings

Joint Eligibility

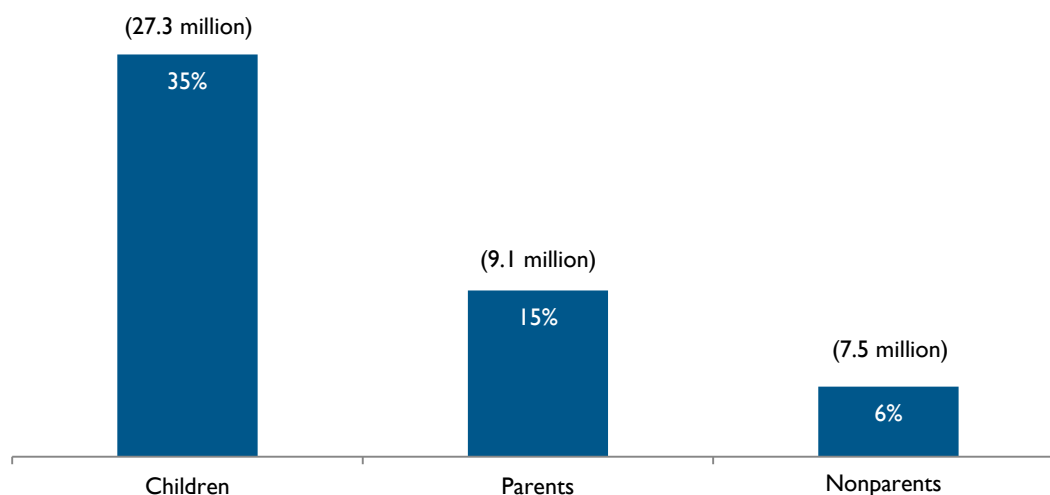
The first step toward determining how many families are receiving all the programs for which they are eligible is to determine the number of people eligible for the programs under consideration. We use microsimulation models to estimate the number of individuals who are eligible for SNAP and Medicaid/CHIP and who are jointly eligible for both programs. These models use information on family income, size, and other circumstances from household survey data together with SNAP, Medicaid, and CHIP program rules to determine eligibility.⁵ Figure 1 shows joint eligibility nationwide for children, parents, and nonparents under age 65. This shows that 35 percent of all children in the United States (27.3 million children) were eligible for both SNAP and Medicaid/CHIP in 2011. Smaller percentages of parents⁶ (15 percent) and nonparents⁷ (6 percent) were jointly eligible.

The lower rates of joint eligibility for parents and nonparents stem from differences in program eligibility rules for children, parents, and nonparents as well as from differences in income and other characteristics across these groups. Previous concerted efforts to improve public health insurance coverage for children led to expansions in Medicaid eligibility for children and passage of CHIP. There has not been a commensurate increase in Medicaid eligibility for adults, though future estimates should show an increase in adult eligibility in states that expand Medicaid eligibility under the ACA. SNAP eligibility is by household (not individual), though three states have higher eligibility thresholds for households with children. Higher eligibility for children also reflects a higher national poverty rate among children than adults (DeNavas-Walt, Proctor, and Smith 2013).

FIGURE 1

People Jointly Eligible for SNAP and Medicaid/CHIP

Under age 65, 2011



Sources: Transfer Income Model, Version 3 (TRIM3) and Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2011 American Community Survey.

Joint eligibility varied considerably across states for all three of these groups. Figures 2a–c show joint SNAP and Medicaid/CHIP eligibility rates for children, parents, and nonparents by state. Nationwide, the same pattern of differences in eligibility across these three groups held across the states. For example, no

state had nonparent joint eligibility above 20 percent, though all but two states had child joint eligibility above this level.

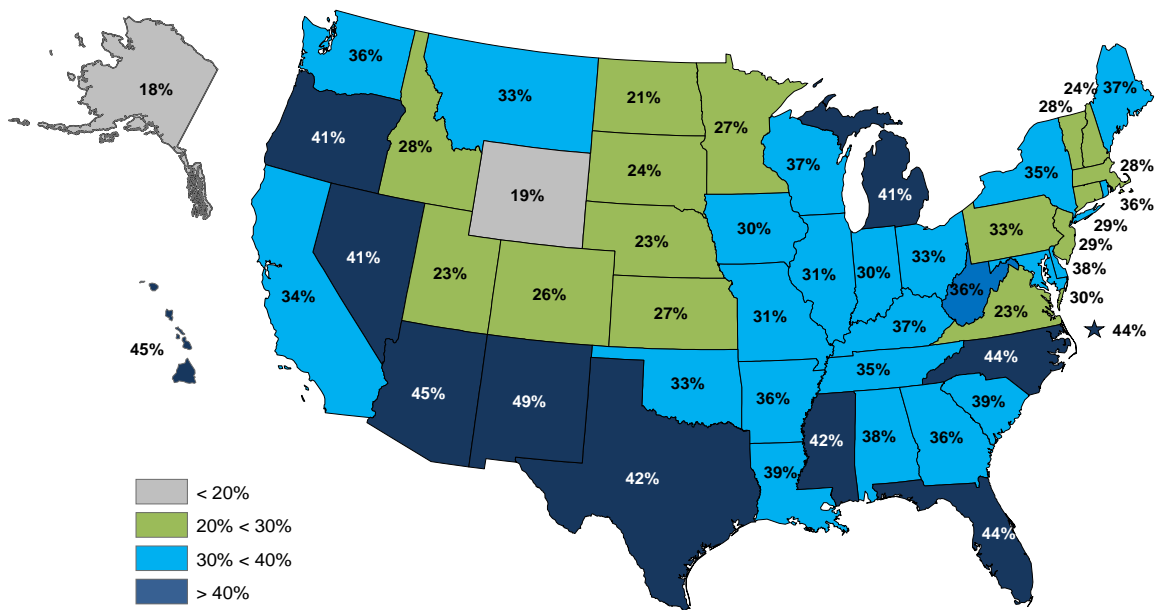
Across states, joint eligibility for children ranged from 18 percent to 49 percent. In 11 states, ⁸ 40 percent or more of children were eligible for SNAP and Medicaid/CHIP. For parents, the percentage jointly eligible ranged from 6 percent to 27 percent. Seven states had joint eligibility rates of 20 percent or higher, while 11 states had parent joint eligibility rates of less than 10 percent.

Rates of joint eligibility for nonparents were mostly low across the states. In 6 states, 10 percent or more of nonparents were eligible for SNAP and Medicaid/CHIP, and, in 17 states, less than 5 percent of nonparents were jointly eligible.

As mentioned earlier, variation in rates of joint program eligibility across states is because of differences across states in eligibility rules and differences in population characteristics. Table 1 provides information on some of these sources of difference, including state poverty rates and state income eligibility levels for SNAP and most Medicaid/CHIP pathways. ⁹

FIGURE 2A

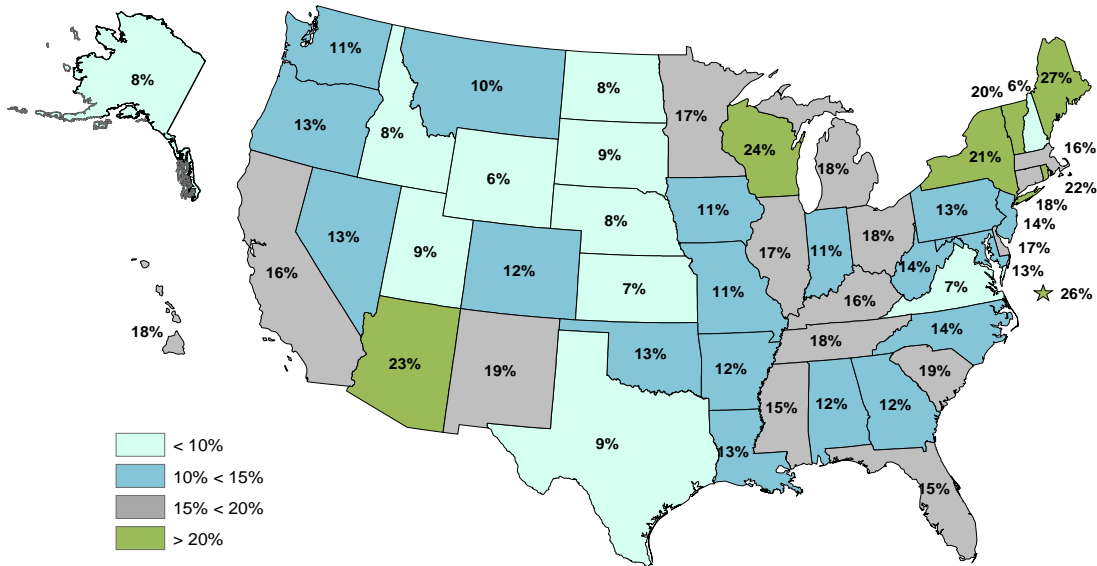
Share of Children Jointly Eligible for Medicaid/CHIP and SNAP 2011, by State



Sources: TRIM3 and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2011 ACS.

FIGURE 2B

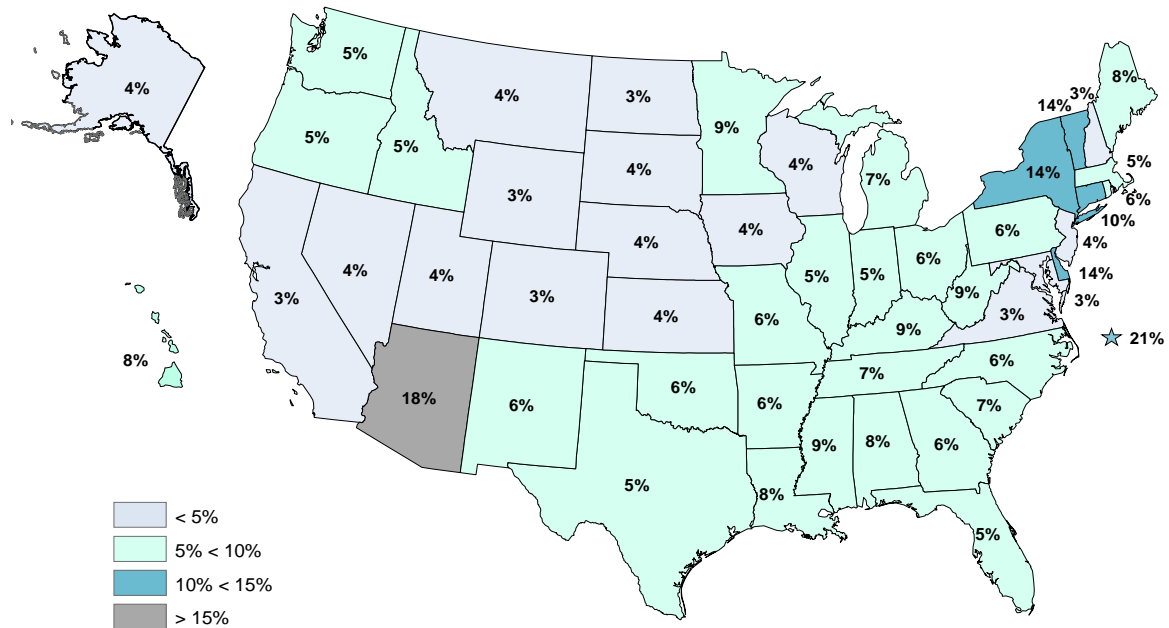
Share of Parents Jointly Eligible for Medicaid/CHIP and SNAP 2011, by State



Sources: TRIM3 and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2011 ACS.

FIGURE 2C

Share of Nonparents Jointly Eligible for Medicaid/CHIP and SNAP 2011, by State



Sources: TRIM3 and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2011 ACS.

TABLE I

State Poverty Rates and Program Rules

Nonelderly, 2011

State	Percent of population in poverty	Program income eligibility thresholds as percent of poverty			
		SNAP	Medicaid/CHIP		
		Households with children/without children	Children	Parents and relative caretakers of dependent children (jobless/employed)	Other nondisabled adults (jobless/employed)
Alabama	20.4	130	300	11/24	--
Alaska	10.8	130	175	76/81	--
Arizona	20.9	185	200 ^a	100/106	100 ^a
Arkansas	20.2	130	200	13~/17~	--~
California	17.3	130	250	100~/106~	--~
Colorado	14.0	130	250	100/106	--
Connecticut	11.3	185	300	185/191~	56~/72~
Delaware	13.1	200	200	100/106	100/110
DC	18.8	200	300	200/206	200/211
Florida	18.4	200	200	20/58	--
Georgia	20.1	130	235	27/49	--
Hawaii	12.6	200	300	100~/100~	100~
Idaho	16.7	130	185	21/39~	--~
Illinois	15.5	130	300	185/191~	--
Indiana	16.9	130	250	19~/24~	~
Iowa	13.6	160	300	28/82~	--
Kansas	15.3	130	238	26/32	--
Kentucky	20.7	130	200	34/59	--
Louisiana	21.3	130	250	11/25	--
Maine	15.0	185	200	200~/200~	--~
Maryland	10.4	200/130	300	116/116	--
Massachusetts	11.9	200/130	300	133~/133~	--
Michigan	18.3	200	200	37/63	--~
Minnesota	11.9	165	275	215~/215~	75~
Mississippi	23.8	130	200	24/44	--
Missouri	17.0	130	300	19/36	--
Montana	14.9	200	250	32/55	--
Nebraska	12.7	130	200	46/57	--
Nevada	17.0	200	200	25/87	--
New Hampshire	8.9	185/130	300	39/49	--
New Jersey	10.6	185	350	200 ^a /133~	--~
New Mexico	22.7	165	235	29~/85~	--~
New York	16.2	130	400	150/150	100
North Carolina	18.8	200	200	35/49	--
North Dakota	11.0	^a	160	34/59	--
Ohio	17.8	130	200	90/90	--
Oklahoma	18.7	130	185	37~/53~	--~
Oregon	18.2	185	300	31~/40~	-- ^a

TABLE I CONTINUED

State	Percent of population in poverty	Program income eligibility thresholds as percent of poverty			
		SNAP	Medicaid/CHIP		
		Households with children/without children	Children	Parents and relative caretakers of dependent children (jobless/employed)	Other nondisabled adults (jobless/employed)
Pennsylvania	14.5	160	300	26/46	--~
Rhode Island	15.0	185	250	175/181	--
South Carolina	20.3	130	200	50/91	--
South Dakota	13.0	<i>130</i>	200	52/52	--
Tennessee	19.2	<i>130</i>	250	69~/126~	--~
Texas	19.2	165	200	12/26	--
Utah	14.4	<i>130</i>	200	38~/44~	--~
Vermont	11.6	185	300	185~/185~	150~
Virginia	12.2	<i>130</i>	200	25/31	--
Washington	14.6	200	300	133~/133~	--~
West Virginia	20.4	130	300	16/32	--
Wisconsin	14.5	200	300	200/200	--~
Wyoming	12.0	<i>130</i>	200	37~/53~	--

Sources: State poverty is from Urban Institute tabulations of 2011 ACS data. SNAP broad-based categorical eligibility (BBCE) policies are based largely on Trippe and Gillooly (2010) with additional updates by TRIM3 staff; Medicaid/CHIP policies are from Heberlein et al. (2012).

Notes: The sample is the civilian population excluding those living in group quarters and institutions. The SNAP column shows the limit for gross income as a percent of the SNAP poverty guideline applicable to households without an elderly or disabled member. The Medicaid/CHIP columns exclude Medicaid/CHIP programs that do not offer full-benefit coverage. Medicaid/CHIP poverty is computed using Health and Human Services guidelines and is based on the Medicaid/CHIP-defined family and net income after deductions for select expenses. SNAP programs that are not using BBCE are italicized and have income and assets tests at the standard federal levels. We list Medicaid policies for nondisabled adults because of the complexity of disability eligibility rules. Policies under which adults with disabilities are eligible for Medicaid are modeled and included in our eligibility and participation rate estimates. In the columns labeled "jobless/employed" the first entry is for jobless adults, the second is for employed adults. When there is only one number the program makes no distinction.

-- indicates not applicable.

^ indicates that the Medicaid/CHIP program shown in the table is closed to new applicants (so only simulated eligible sample people with Medicaid/CHIP recorded in the ACS are counted as eligible).

~ indicates that state has at least one Medicaid/CHIP program with limited benefits or a premium-assistance program.

^a North Dakota does not have a gross income limit but has a net income limit of 100 percent of FPL.

States with higher eligibility thresholds coupled with a high state poverty rate can be expected to have higher joint eligibility rates. The SNAP eligibility threshold is the most relevant for child joint eligibility, because child Medicaid/CHIP eligibility thresholds substantially exceed SNAP eligibility thresholds in most states. In 2011, Arizona, DC, New Mexico, North Carolina, and Texas each had SNAP eligibility limits above the federal level and had nonelderly poverty rates of 18.8 percent or more. Joint child eligibility rates in these states ranged from 42 to 49 percent. States with low poverty rates and higher SNAP eligibility limits tend to have mid-level joint eligibility rates. Examples include Maryland, Massachusetts, Minnesota, New Hampshire, and Vermont, where the SNAP eligibility threshold was set to at least 165 percent of the federal poverty level (FPL) and less than 12 percent of the nonelderly population was below the poverty level. Joint child eligibility rates in these states ranged from 24 to 30 percent. In Alaska, Virginia, and Wyoming, which used the federal SNAP eligibility limit and had nonelderly poverty rates of 12.2 percent or less, joint child eligibility rates were relatively low—ranging from 18 to 23 percent.

The lower rate of joint eligibility for parents compared with children is mostly because of the lower Medicaid/CHIP income eligibility thresholds for parents. Because the Medicaid/CHIP eligibility thresholds for parents are less than the SNAP threshold in most states, they are the more relevant thresholds when considering differences across states. In 2011, joint eligibility for parents was highest in Arizona, DC, Maine, and Wisconsin, where Medicaid eligibility thresholds were fairly high. Arizona

combined a high poverty rate (20.9 percent) and a mid- to high-level adult Medicaid eligibility threshold (100 percent of the FPL). The District of Columbia, Maine, and Wisconsin provided Medicaid eligibility for adults with incomes of 200 percent or more of FPL and had nonelderly poverty rates of 14.5 to 18.8 percent. For nonparents, three states had SNAP eligibility thresholds lower than Medicaid/CHIP thresholds for households without children, but, again, most of the relatively low joint eligibility is because of limited eligibility for Medicaid/CHIP.¹⁰ Nonparent joint eligibility equaled or exceeded 10 percent only in states that covered nondisabled adults at incomes of up to at least 100 percent of the FPL (Arizona, Connecticut, Delaware, DC, New York, and Vermont).

Joint Participation Rates

Joint participation rates demonstrate how well states are reaching the population eligible for both benefit programs. Individuals may not participate in programs for which they are eligible because of lack of knowledge, misinformation, difficulty accessing a program, or not needing or wanting to accept public benefits.

Those eligible for both SNAP and Medicaid/CHIP likely have lower incomes than those eligible for only one or the other program. Since families in greater need are more likely to take up benefits, this suggests participation rates among those jointly eligible could be high—higher even than participation rates in each program on its own.¹¹ In addition, individuals eligible for both programs who receive benefits from one may be more likely to participate in the other, increasing joint participation rates. Participation in one program suggests greater knowledge about public benefit programs generally and lower levels of perceived stigma associated with applying. In addition, some states have joint applications.

The joint participation rates presented here are calculated by dividing the average monthly number of nonelderly people receiving both SNAP and Medicaid/CHIP in 2011 according to state administrative data by the average monthly number simulated as jointly eligible using the American Community Survey (ACS) data. One factor that lowers the joint participation rates is classifying as Medicaid/CHIP-eligible those with some other form of health insurance (such as through an employer). These individuals are less likely to take up Medicaid/CHIP benefits for various reasons, including the restrictions that discourage switching from private to public coverage. To address this last factor, we present joint participation rates including and excluding individuals who have health insurance coverage from a source other than Medicaid/CHIP.

Figure 3 shows joint participation rates for five WSS states for the total nonelderly population (3a), children (3b), and nonelderly adults (3c) in 2011. Among the nonelderly population in 2011, four out of five of these states had joint participation estimates of approximately 60 percent (including all eligible) and 70 percent (including only those with Medicaid/CHIP or no coverage). Idaho had noticeably higher joint participation rates, 75 percent and 89 percent. Joint participation rates for children were higher than for adults in each of these states except North Carolina, in which the child and adult participation rates were similar. Higher rates for children could be the result of federal efforts to increase outreach to enroll children in Medicaid/CHIP and is a pattern observed in studies of Medicaid/CHIP participation (Kenney et al. 2012).

Possible reasons for the variation in joint participation rates include differences in program outreach, perceived eligibility, difficulty of application procedures, characteristics of eligible populations, and how well program application is integrated. In addition, factors such as state culture and attitudes toward benefit receipt may play a role.¹²

Differing eligibility thresholds may also contribute to differences in joint participation rates. North Carolina's relatively lower joint participation rate for children may be explained in part by the fact that North Carolina is the only one of these five states to extend SNAP income-eligibility to 200 percent of FPL. Similarly, Illinois's lower joint participation rate for adults may stem from its extending Medicaid/CHIP eligibility for parents with incomes up to 191 percent of FPL. In both cases, eligible

individuals with relatively higher incomes may be less likely to participate because they are usually eligible for a smaller SNAP benefit, are less likely to know they are eligible, may face barriers to application if they are working and cannot take time off from work, are less familiar with public benefits, or face greater stigma with public benefits in general. Lower participation among relatively higher-income people is also observed in studies of participation in Medicaid/CHIP and SNAP.¹³

FIGURE 3A

Joint SNAP and Medicaid/CHIP Participation Rates, 2011

All, under age 65

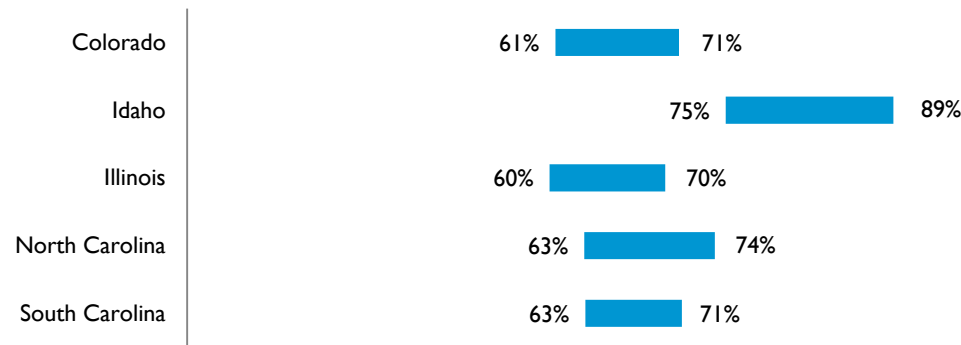


FIGURE 3B

Joint SNAP and Medicaid/CHIP Participation Rates, 2011

Children, under age 19

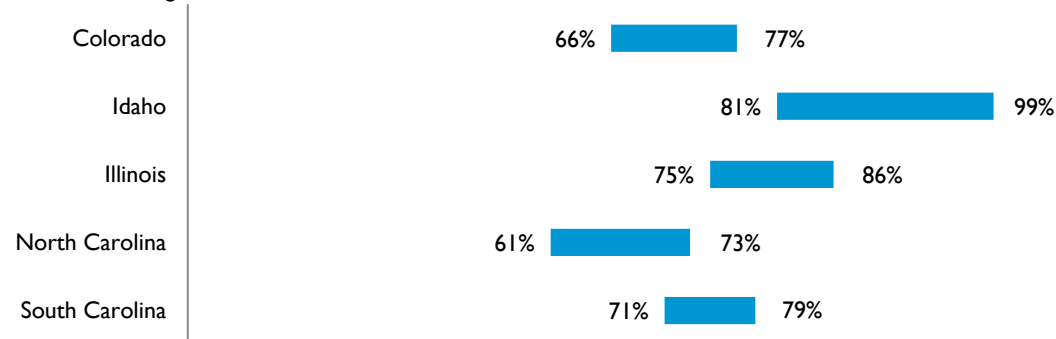
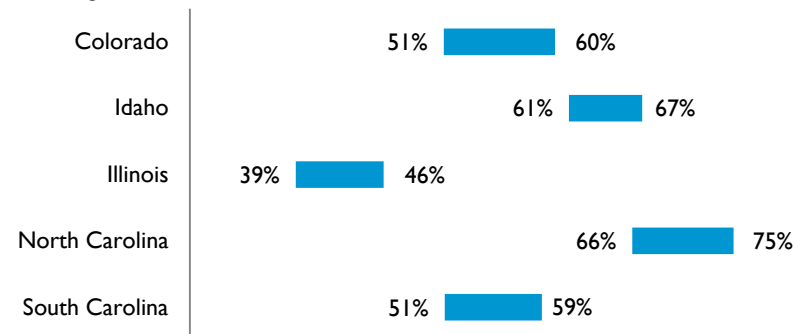


FIGURE 3C

Joint SNAP and Medicaid/CHIP Participation Rates, 2011

Adults, ages 19 to 64



Sources: State administrative data and Urban Institute eligibility estimates (see methodology section).

Notes: The lower estimates include all those eligible for joint participation; the upper estimates only include those eligible for joint participation who were enrolled in Medicaid/CHIP or uninsured according to the 2011 ACS survey data.

Conclusions

Our estimates of joint program eligibility for SNAP and Medicaid/CHIP show that, in 2011, more than 33 percent of children were jointly eligible for SNAP and Medicaid/CHIP, compared with 15 percent of parents and 6 percent of nonparents. Joint eligibility for parents and nonparents will expand as states implement Medicaid expansions under the ACA. Our presentation of rates in five states suggests that, for the most part, there is considerable room to increase the joint participation in SNAP and Medicaid/CHIP. Efforts to ease joint application procedures and increase knowledge about these benefits among those who are eligible have the potential to reach many additional families in need and may be particularly important now with so many adults newly becoming eligible for Medicaid.

Methodology

Eligibility estimates are prepared using 2011 American Community Survey (ACS) data as processed by TRIM3 and the Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model. Joint participation rate estimates are prepared by dividing the average monthly number of individuals who participate in both SNAP and Medicaid/CHIP according to state administrative data by the average monthly number estimated to be jointly eligible based on survey data.

Participation rate estimates developed using the Medicaid/CHIP Eligibility Simulation model are typically calculated by dividing eligible persons who report enrollment in Medicaid/CHIP in the survey data by the total number found eligible in the survey (Kenney et al. 2010; Kenney et al. 2012). However, we use administrative estimates for the numerator in this analysis because of substantial underreporting of SNAP enrollment in the ACS (Taeuber et al. 2004). Though there are also errors in reporting of Medicaid/CHIP receipt in the ACS, there is some evidence that under- and over-reporting are roughly equal so are less of an overall concern (Boudreaux et al. 2013; Lynch and Resnick 2013).

Data. We use data from the ACS, a nationwide survey that provides estimates of demographic, housing, social, and economic characteristics every year for all states as well as smaller geographic areas.¹⁴ Residents of group quarters and institutions are excluded from the analysis, as are members of the military and people ages 65 and older.

Medicaid/CHIP Simulation. For Medicaid and CHIP eligibility status, we rely on a model developed for the ACS that uses available information on eligibility guidelines, including income thresholds for the appropriate family size, asset tests, parent or family status, and the amount and extent of income disregards for each program and state in place as of the middle of 2011 (Haley, Lynch, and Kenney 2014; Lynch et al. 2011). The model also takes into account length of residency in the United States in states where this is a factor in eligibility. Because the ACS does not contain sufficient information to determine whether an individual is an authorized immigrant, we impute documentation status for noncitizens based on an approach that was designed to match, in the aggregate, published summary estimates of the undocumented population in the United States, nationally and in a subset of large states (Passel and Cohn 2008). For this project we model full-benefit eligibility for the following major pathways (which correspond roughly to the order in which caseworkers or state eligibility-determination software check for eligibility):

Children

1. Title IV-E/foster care
2. Supplemental Security Income (SSI)
3. Section 1931
4. CHIP
5. Imputed (certain Medicaid enrollees who fall into particular Medicaid categorically eligible groups but who do not meet all the requirements for eligibility according to the information available on the ACS and the rules we have)

Adults

1. Aged-out foster children
2. SSI
3. Section 1931
4. Aged/blind/disabled
5. Section 1115 waivers
6. Medically needy (adults categorically eligible for medically needy coverage who meet the income qualifications for eligibility without deducting medical expenses that are not available in the data)
7. Relative caretakers (Section 1931)

Though we made extensive efforts to collect information on the different rules for each state and to marshal all the relevant information in the ACS, we know that the ACS does not contain the data needed for us to directly simulate eligibility for most people eligible for Medicaid through the pregnancy and medically needy pathways. We also understate eligibility for Medicaid/CHIP in states that have unique pathways or additional eligibility criteria, which are not captured in the major pathways described above. In addition, state determinations of disability-related Medicaid eligibility use criteria beyond the indicators of functional limitations available on the ACS, which may lead to inaccuracies. To try to compensate for these limitations we impute eligibility to certain categorically eligible adults and children with reported Medicaid/CHIP (Lynch et al. 2011; Lynch and Resnick 2013).

SNAP Simulation. SNAP eligibility estimates are generated using the TRIM3 microsimulation model, a comprehensive microsimulation model of tax and transfer programs developed and maintained by the Urban Institute.¹⁵

Most households are simulated to file as a single SNAP unit. However, complex households may be split into multiple filing units, subject to SNAP regulations that require married couples to file together and children under 22 to file with their parents. In most cases, all household members are considered potentially eligible for SNAP. Exceptions include people reporting SSI in California (who receive higher SSI benefits in lieu of SNAP) and people who are ineligible because of their immigrant and citizenship status.¹⁶ Most states had waivers suspending time limits for able-bodied adults without dependents in 2011, thus we do not model this group.

Eligibility is modeled month by month, capturing any changes in families' income and eligibility. Earnings are allocated to months of the year based on workers' reported weeks of work. Most sources of unearned income are divided evenly across the months of the year, but the model captures monthly variation in receipt of child support and unemployment compensation.¹⁷

Monthly earned income (excluding earnings of school children) and unearned income is summed over unit members to calculate gross income. Net income is calculated by subtracting various deductions from gross income. Household assets are inferred based on reported income from interest, dividends, and rent.

Units consisting entirely of members receiving SSI, Temporary Assistance for Needy Families, or other cash assistance are automatically eligible for SNAP. Under federal rules, other households must have gross income below 130 percent of the SNAP poverty threshold and net income below 100 percent of the threshold (households with an elderly or disabled member are not required to pass the gross income test). Households must also pass liquid-asset and vehicle-asset tests. Under state broad-based categorical eligibility (BBCE) rules, states can increase the gross income limit up to as much as 200 percent of FPL and/or drop the net income and assets tests by providing applicants with a Temporary Assistance for Needy Families-funded service (such as an informational brochure). All but 10 states had BBCE policies in effect in 2011 (Laird and Trippe 2014).

Eligibility estimates are generated according to each state's BBCE rules and the federal rules for states without BBCE. TRIM3 also simulates SNAP certification periods and reporting requirements. One- and two-person households that pass their state's BBCE or federal eligibility test are automatically counted as eligible. Households with three or more people are only counted as eligible if the SNAP benefit formula finds them eligible for a positive benefit amount. One- and two-person units are guaranteed a minimum benefit if they are found eligible, but this policy does not apply to larger households.¹⁸

Joint Eligibility Estimate

Joint eligibility is determined by merging eligibility flags output from the TRIM3 SNAP and Medicaid/CHIP Eligibility Simulation Model at the person level. TRIM3 SNAP eligibility flags are generated at the monthly level. We assume that a person eligible for SNAP in a given month who is found eligible according to the Medicaid/CHIP model will be eligible for Medicaid/CHIP in the months in which

he or she is eligible for SNAP.¹⁹ Results are presented as average monthly estimates and reflect the number of people eligible for both SNAP and Medicaid/CHIP in the average month of the year.

State Administrative Data

The average monthly number of individuals receiving both SNAP and Medicaid/CHIP is obtained from tabulations of administrative data provided by Colorado, Idaho, Illinois, North Carolina, and South Carolina. South Carolina's data reflect the counts for April 2011. The other states provided counts for each month, which we then used to calculate an average monthly estimate for 2011.

To maintain consistency with the eligibility estimates, we requested that the states exclude (as much as possible) individuals dually enrolled in Medicaid and Medicare, people only eligible for Medicaid family planning services, and people receiving medical assistance from state-funded programs other than Medicaid/CHIP. Undocumented immigrants can receive emergency Medicaid benefits (and in some states undocumented children can receive full benefits), but they are not included in the joint eligibility or participation estimates because they are not eligible for SNAP.

Joint Participation Rate Estimate

Joint participation rates for the five states are calculated by dividing the average monthly number of nonelderly people receiving both SNAP and Medicaid/CHIP for calendar 2011 by the average monthly number found jointly eligible in this analysis. The upper-bound joint participation rate estimates are calculated by counting only those eligible who are enrolled in Medicaid/CHIP or are uninsured. Health insurance coverage is based on ACS data, as edited by the Urban Institute (Lynch et al. 2011).

Limitations in Joint Participation Rate Estimates

We do not know the direction of possible bias from limitations in our methods and whether possible bias would consistently affect our state and other subgroup estimates. Error in the administrative participation numbers is likely small given that they are used for administering the program, although some error may have been introduced when excluding some Medicaid eligibility pathways not captured in the eligibility simulation. Assuming the administrative data have little error, underestimating joint eligibility will produce participation rates that are too high, and overestimating joint eligibility will produce participation rates that are too low. Measurement errors in the survey data, such as underreporting of income, could lead to overestimates of eligibility would bias our joint participation rate estimates downward. Limitations in simulating certain Medicaid/CHIP eligibility pathways, described above, will likely lead to understating Medicaid/CHIP eligibility and therefore joint eligibility. This biases our joint participation rates upward. This upward bias is more likely to occur among adults because they make up most of the people who are eligible for the Medicaid/CHIP pathways we have notable limitations in simulating.

Notes

1. Though Medicaid and CHIP are two different programs for health coverage, for the purpose of studying access to work support benefits we consider them together.
2. A sixth WSS state, Rhode Island, is not included.
3. States provided the number of individuals under age 65, ages 19 to 54, and under age 19 receiving SNAP and Medicaid/CHIP in 2011 from administrative data. See the methodology section for more information on the process for creating these estimates and their limitations.
4. For more information, see Dorn et al. (2013).
5. Joint eligibility is estimated using the TRIM3 and Medicaid and CHIP eligibility simulation models at the Urban Institute. A description of methods and assumptions used to create these eligibility numbers is in the methodology section.
6. Parents are defined as nonelderly adults who live with their own children under age 19.
7. Nonparents are defined as nonelderly adults who do not live with their own children under age 19, but who may be relative caretakers to children.
8. For ease of presentation, we include the District of Columbia (DC) in the count of states.
9. In SNAP, federally set eligibility is a net-income limit of 100 percent of the SNAP poverty threshold, a gross-income limit of 130 percent of the federal poverty level (for units without an elderly or disabled member), and a liquid-asset limit of \$2,000 (\$3,000 for units with an elderly or disabled member). Since 1999, however, states have been allowed to expand eligibility by adopting broad-based categorical eligibility (BBCE) policies, which make households that receive services funded by Temporary Assistance for Needy Families categorically eligible for SNAP. Under BBCE policies, states are able to increase federal SNAP limits on household income and remove limits on assets. Table 1 shows that a number of states have taken advantage of this option to increase eligibility limits up to 200 percent of the federal poverty level (FPL). Most states that have taken this route have increased eligibility for all households, but three only increased eligibility for households with children. Households eligible through BBCE do not necessarily qualify for a positive SNAP benefit. One- and two-person households are guaranteed a minimum SNAP benefit and so are counted as eligible if they meet their state's BBCE criteria, but households with three or more members are only included in the count of eligibles if they have net income sufficiently low to qualify for a positive SNAP benefit.
10. For states with no eligibility thresholds shown in the table 1 column for nonparents without disabilities, the eligibility rate reflects nonparents meeting state Medicaid disability eligibility criteria.
11. Because the methods used here differ from those used in the US Department of Agriculture–published SNAP participation rates (Eslami and Cunyngnam 2014) and Medicaid/CHIP rates reported in Kenney et al. (2012), we cannot make direct comparisons with individual program participation rates.
12. Though considerable care is taken in the eligibility simulation and use of administrative data for this analysis, methodological and sampling issues may have different effects in different states.
13. For Medicaid/CHIP, see Kenney et al. (2010); for SNAP, see Eslami and Cunyngnam (2014).
14. We use an augmented version of the ACS, developed by researchers at the University of Minnesota as part of their Integrated Public Use Microdata Series project, because it includes edited variables for family relationship. See Ruggles et al. (2010).
15. TRIM3 is funded primarily by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Documentation is available at trim3.urban.org. The adaptation of TRIM3 methods to the ACS data was funded by the Annie E. Casey Foundation and the John D. and Catherine T. MacArthur Foundation. For further information about ACS TRIM3 modeling, see Giannarelli, Lippold, and Martinez-Schiferl (2012), Wheaton et al. (2011), and Zedlewski et al. (2010).

16. Undocumented status is taken from Medicaid/CHIP Eligibility Model imputations (Victoria Lynch, Jennifer M. Haley, and Genevieve M. Kenney, Urban Institute's Health Policy Center American Community Survey Medicaid/CHIP Eligibility Simulation Model, Washington, DC: Urban Institute, 2008–12). The model was developed under a grant from the Robert Wood Johnson Foundation.
17. TRIM3 uses imputation methods to disaggregate child support and unemployment compensation from a collective "other income" ACS variable.
18. The SNAP benefit formula produces a positive benefit amount for families with three or more members who pass the federal eligibility tests. However, in states with higher BBCE eligibility thresholds, families can pass the income test but have income that is too high to qualify for a positive benefit.
19. The Medicaid/CHIP eligibility estimate is obtained by dividing annual income by 12 and comparing the result with the relevant income threshold.

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