



## **Project EASSE:**

Review of Public Program Data  
(SNAP, TANF, Childcare, Medicaid)

# **A Comprehensive Final Report of Evaluation Findings**

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## PREFACE

***Today, public benefit programs serving this country's most vulnerable populations are being re-examined, restructured, and targeted for reduced funding (if not outright elimination).***

Those actions are being taken under such mantras as “eliminating wasteful programs”, “encouraging work/labor force participation”, and “promoting moral and ethical behaviors”. Given Mississippi's ranking among the nation's highest in state poverty rates, the role and functionality of its public benefits programs take on greater importance, as a large percentage of its population relies on these services. But needing and receiving such services are not necessarily the same. Issues such as accessibility, utilization, and adaptability take on new urgency in deciding who gets to participate in public benefit programs.

This report examines these issues and their impact on individuals who use or attempt to use selected public benefits programs in Mississippi. The work contained in the following pages reflects more than one year of systematic inquiry into the administration and accessibility of four public benefit programs serving Mississippi families: the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), the Child Care Payment Program (CCPP), and Medicaid for Infants and Children. This report presents research and evaluation findings conducted by the Mississippi Urban Research Center (MURC) at Jackson State University in partnership with the ACLU of Mississippi.

A mixed-methods research/evaluation design was used to examine the goals, structure, and operations of the four public benefit programs, while also capturing the human dimensions of how those programs affect daily life for Mississippi families. This report combined quantitative baseline data analysis with qualitative research methods, including beneficiary surveys and focus group sessions held in Natchez, Jackson, Greenville, Hattiesburg, and Gulfport. The findings presented here are drawn from statutory and regulatory review, analysis of publicly available program documentation, public administration data review, direct survey responses from program participants, and structured focus group discussions. The identification of barriers or challenges was based on evidence gathered through multiple channels. National research was conducted to help contextualize Mississippi-specific conditions.

Public benefit programs operate within complex frameworks that include operating under resource constraints and competing policy priorities. This report's intent is not to assign blame, but to document conditions as they exist and to provide a foundation for informed discussion regarding the complexities of both administering public benefit programs and receiving benefits from them. The administrative challenges identified in this report (i.e., procedural churn, documentation burdens, communication gaps, technology limitations, and provider shortages) are not unique to Mississippi, yet they manifest in ways that are essential to developing meaningful solutions.

This report is organized to allow readers to engage with the material at multiple levels. The executive summaries provide comprehensive findings for those seeking just an overview, while the sections detailing specific findings provide more granular insight into each program area examined. The appendices provide supporting documentation of the research methods and instruments utilized in this report.

The report authors extend their appreciation to the community partners who assisted with participant recruitment for the focus group sessions and with circulating the participant surveys. The contributions by the community partners help make this research and evaluation report possible. The ultimate goal of this report is to serve as a useful resource for policymakers, program administrators, advocacy organizations, and community members working to strengthen and improve the quality of life for all Mississippi families.

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## Executive Summary

Project EASSE (Equitable Access to Social Services for Everyone) examined barriers affecting equitable access to four major public benefits programs in Mississippi: Temporary Assistance for Needy Families (TANF), the Medicaid for Infants and Children Program (MICP), the Child Care Payment Program (CCPP), and the Supplemental Nutrition Assistance Program (SNAP). This evaluation report represents a year-long systematic inquiry into the accessibility of those four critical Mississippi public benefit programs. These programs serve as critical components of the state's social safety net, supporting the economic stability, health, and well-being of low-income families. Despite their importance, *persistent access challenges continue to limit their accessibility, utilization, and effectiveness.*

### Methodology

This evaluation employed a mixed-methods research design incorporating a baseline documentation review, a statewide beneficiary survey, facilitated beneficiary focus group sessions, and an in-depth assessment of administrative barriers impacting program operations. The following presents a summary of this report's evaluation methodology:

- *Evaluation Design & Research Questions:* The evaluation focuses on examining program missions and goals, eligibility requirements, accessibility and utilization issues, and demographic participation over a ten-year period.
- *Data Collection Methods:* Information was gathered through a baseline review of agency websites and manuals, a statewide beneficiary survey (n=242), and five focus group sessions (n=40) held in Jackson, Greenville, Natchez, Hattiesburg, and Gulfport.
- *Data Analysis Methods:* Quantitative data from surveys were analyzed using Qualtrics integrity protocols to filter out potential bot responses. Qualitative data from focus groups were transcribed via Sonix software and subjected to an AI-assisted thematic review to identify recurring issues and a "severity gradient" of challenges.
- *Limitations and Challenges Encountered:* The study faced significant obstacles, including a 60-day federal government shutdown and non-cooperation from state agencies (MDHS and DOM) regarding the sharing of demographic data, denial data, and administrator feedback. Additionally, the survey suffered from a 52% bot infiltration rate, reducing the usable sample and limiting statistical power. Geographic concentration in Adams County further constrained the generalizability of findings to the entire state.

### Summary of Findings

- Overall: Across all four programs examined, administrative issues, not eligibility ones, tended to cause most delays, denials, churn (i.e., the number of people entering and exiting the programs at any one point in time), and participant leaving the programs. Specific barriers included complex documentation burdens, short response windows, confusing communications (digital, written, and verbal), technology frictions, limited appeals support, and gaps in inter-agency coordination.

- **TANF:** Among the most restrictive eligibility requirements in the nation; a lifetime 60-month participation limit; an approximately 91% denial rates in recent years; reduction in caseloads down 80.5% (2015–2023); only 4 of 100 eligible poor families served; benefit payments of \$260/month for a family of three; state of Mississippi having large unspent reserves and historically documented misspending.
  - Administrative hurdles intensified following the passage of the HOPE Act, including the restoration of asset tests, 10-day verifications, drug screening, and third-party checks.
- **Medicaid (Infants & Children):** Approximately 709,000 children are covered under Medicaid and CHIP (2025); notable data navigation and reporting gaps; 2024 application stats show substantial denial rates; uninsured child rates fluctuated over the 2017–2023 period, with Mississippi ranked in the bottom tier nationally.
- **CCPP:** Available funding was \$136 million in (2023) and \$170 million (2024) paid to providers serving approximately 40,000 children, but the April 1, 2025 suspension of new/renewal applications due to expiring federal relief created service losses of approximately 9,000 children, and provider strain in delivering services; limited transparency (no public approval/denial, minimal demographic/expenditure details).
- **SNAP:** Approximately 151,000 households (12.9%) participated in 2023, with approximately \$844 million in benefits disbursed in 2024; Mississippi had participation rates above the national average overall, but elderly participation rates were below the national average; approval/denial rate data not publicly available; approximately 85 local offices.

### Beneficiary Experiences/Insights

- Survey results: Only 22.8% of applicants filed successfully on the first attempt; 19.4% could not submit at all; 48.8% reported the process was time-consuming; 56% reported confusion about eligibility requirements; a majority of participants paid \$26–\$100 out of pocket for required documents.
- Focus groups results: Persistent themes—online application failures, lost paperwork, short deadlines, inconsistent caseworker guidance, gross income thresholds that ignore take-home pay, and repeated documentation across agencies. Participants frequently reported feeling disrespected or dehumanized.

### Conclusions

Findings from this evaluation project indicate that barriers to access are predominantly administrative rather than eligibility-based. Across programs, beneficiaries encountered procedural churn, complex and duplicative documentation requirements, communication gaps, technology limitations, rural access constraints, provider shortages (particularly with child care), and limited support during appeals processes. These barriers often resulted in benefit interruptions or denials driven by system-related issues rather than changes in household eligibility or need. Also, the evaluation found that administrative burdens frequently compounded across programs, creating cascading effects that undermine applicant eligibility and participation, family stability, employment, and child well-being.

This report also documents substantial challenges encountered during the evaluation process itself, including limited cooperation from state agencies and restricted access to administrative data. These constraints limited transparency and impeded the development of comprehensive baseline measures. Nevertheless, triangulating across available documentation, survey responses, focus group findings, and national research yielded a defensible, robust assessment of system-level issues.

In conclusion, meaningful improvements in equitable access will require coordinated administrative reforms focused on simplifying application and renewal processes, improving communication and digital systems, strengthening frontline capacity (“service delivery”), increasing data transparency, and addressing structural barriers affecting rural communities and child care availability. The lessons learned and recommendations presented in this report are intended to inform policymakers, administrators, advocates, and community stakeholders working to strengthen Mississippi’s public benefits delivery system. Mississippi can substantially improve equitable access by simplifying its administrative processes, modernizing communications, sharing data across agencies, reducing documentation friction/costs, expanding beneficiary supports (e.g., transportation, translation, legal aid), and publishing transparent performance data.

## Project Overview

This report presents findings from a review of the four programs comprising Project EASSE (**Equitable Access to Social Services for Everyone**). Project EASSE's goal is to evaluate and propose solutions addressing barriers limiting equitable access to the following four Mississippi public benefit programs: (1) Temporary Assistance to Needy Families (TANF); (2) Medicaid for Infants and Children Program (MICP); (3) Child Care Payment Program (CCPP); and (4) Supplemental Nutrition Assistance Program (SNAP). The purpose of this evaluation assessment was to gain insight into how the four programs are currently operating in terms of their goals, structure, number of persons served, geographic locations, and other service-related factors. This assessment's goal is to help identify potential operational and structural issues that serve as barriers to the successful participation of Mississippi residents who otherwise would qualify to receive services from those four programs. Additionally, this assessment is intended to help develop policy and programmatic recommendations to improve the accessibility and utilization of the four statewide programs.

The evaluation of Project EASSE consisted of three structured activities designed to gain insight on how the four programs are currently operating from the initial application processes, to the delivery of services, to participants eventually exiting from the programs. The three structured evaluation activities included: (1) a baseline data assessment examining program structures and participation levels; (2) a survey examining participants perspectives and opinions on the operations of the statewide programs; and (3) focus group sessions seeking greater insight on participants' experiences while in the programs. Additional research activities conducted included seeking input from program officials who operate the four programs, and a review of research literature representing national, state, and local perspectives on the four programs. The overall goal is to use information gathered from multiple research activities to more accurately assess and identify what (if any) barriers, challenges, and/or other issues may be impacting the accessibility and utilization of the four Mississippi statewide public benefits programs.

## Methodology

### Research Design Overview

Project EASSE utilized a mixed-methods evaluation framework to assess barriers affecting access to selected Mississippi public benefits programs. This design integrated qualitative and quantitative data sources to capture both system-level administrative structures and beneficiary-reported experiences. The evaluation emphasized a triangulation of methods across multiple data streams to enhance analytic rigor and ensure that findings reflected consistent patterns rather than isolated observations.

### Data Sources

Data was collected from a variety of sources that included agencies' websites, publicly available annual reports, federal and national nonprofit agencies' reports, U.S. Census data, and a review of published research literature discussing quantitative and qualitative aspects of the four targeted Mississippi programs. The following section provides a more detailed description of data sources utilized for this project:

- State & federal program documents: Mississippi Department of Human Services (MDHS) and Mississippi Department of Medicaid (DOM) annual reports, manuals, provider handbooks, application forms, notices, policy guidance, legislative/regulatory materials.
- Public datasets: U.S. Census/ACS; federal program data; national policy research (e.g., Center for Budget and Policy Priorities (CBPP); investigative audits and annual reports.
- Primary data: ACLU-administered survey; MURC-facilitated focus groups; structured instrument/interview protocols.

### Data Collection Methods

#### Baseline Documentation Review

A comprehensive baseline documentation review was conducted as the initial phase of the evaluation. This review examined publicly available materials from the Mississippi Department of Human Services (MDHS) and the Mississippi Division of Medicaid (DOM), including program manuals, annual reports, provider handbooks, application materials, renewal

and recertification guidance, client-facing notices, administrative rules, and relevant statutory provisions within the Mississippi Code Annotated and the Mississippi Administrative Code. The purpose of this review was to document formal program goals and structures, eligibility rules, verification requirements, communication practices, and stated service delivery processes.

### Beneficiary Survey

A beneficiary participation survey was administered by the ACLU of Mississippi to capture the experiences of individuals currently or recently participating in one or more of the four programs under review. The survey collected data on application experiences, processing timelines, documentation challenges, communication methods, appeals processes, and overall perceptions of accessibility. Distribution occurred primarily through community networks and digital platforms, resulting in 242 completed responses.

### Beneficiary Focus Groups

Five in-person focus group sessions were conducted across Mississippi (e.g., Natchez, Jackson, Greenville, Hattiesburg, and Gulfport). Participants were recruited by the ACLU in partnership with community organizations. Each session followed a structured protocol with core questions and follow-up prompts designed to elicit detailed narratives about participants' experiences navigating public benefits programs. Sessions were audio recorded and transcribed verbatim.

### Administrative Barriers Assessment

In parallel with beneficiary-focused data collection, the evaluation team conducted a targeted analysis of administrative barriers embedded within program operations. This analysis drew on documentation review findings, beneficiary feedback, and national research on administrative burden and public benefits administration.

## **Data Analysis Methods**

### Quantitative Analysis

Survey data were analyzed using descriptive statistical techniques, including frequency

distributions and cross-item comparisons. The analysis focused on identifying patterns in application success rates, processing timelines, documentation challenges, communication channels, and appeals experiences across programs.

### Qualitative Analysis

Focus group transcripts and open-ended survey responses were analyzed using thematic analysis, including Artificial Intelligence (AI)-assisted analysis. Responses were reviewed iteratively to identify recurring themes, shared challenges, and location-specific variations. Findings were then compared across data sources to identify consistent patterns and divergences.

### **Limitations and Challenges Encountered**

Several limitations affected the administration and results of this evaluation. Those limitations included State agencies declining requests to distribute the beneficiary survey through official channels and denying access to key administrative datasets, including approval and denial rates, demographic breakdowns, and processing metrics. These constraints limited representativeness of results and restricted the ability to establish comprehensive baselines. The following listing provides a summary of limitations and challenges encountered during this evaluation project:

- *Survey integrity:* approximately 52% of submissions flagged as likely bots and removed; final total (**n = 242**).
- *Representativeness:* Respondents concentrated in Adams County (83%), predominantly Black (84%), and working full-time (94%); focus groups **n = 40** total. Findings are illustrative and not representative of statewide estimates.
- *Missing data:* Agency refusal or non-availability of denial, appeals, county-level, and race-disaggregated metrics limited equity assessment. Also, the 2025 federal shutdown disrupted federal reporting and responses.
- *Access barriers to data:* State websites difficult to navigate; limited clarity between Medicaid and CHIP pathways; minimal CCPP transparency on approvals/denials, demographics, and expenditures.

The sections below provide a more detailed description of three key limitations/challenges encountered during the data collection and analysis portions of this project.

## Missing Data

Analysis of available program data was constrained by the absence of racial and ethnic breakdowns for key program metrics. Requests for demographic data related to approval rates, denial rates, and program exits by race were not fulfilled. This prevented a systematic assessment of whether administrative barriers operate differently across racial and ethnic groups. This data gap is particularly significant given Mississippi's demographic composition and the documented role of administrative burden in shaping disparate outcomes nationally. Research has established that procedural barriers in public benefit programs often fall disproportionately on Black and Latino households.<sup>1</sup> However, the absence of disaggregated data in Mississippi prevents verification of whether similar patterns exist within MDHS and DOM program operations. The suppression or non-sharing of racial equity data limits the evaluators' capacity to identify discriminatory patterns, target interventions, and measure progress toward equitable program administration. Without this information, disparities may persist undetected and unaddressed.

## Bot Infiltration

The beneficiary participation survey administered by the ACLU of Mississippi received 624 total responses during the data collection period. However, quality assurance procedures conducted through Qualtrics identified over 300 submissions exhibiting characteristics consistent with automated or bot-generated entries. A marked increase in flagged responses was observed beginning on or around September 29, 2025, corresponding to a surge in survey activity following a public presentation in Jackson, Mississippi. These flagged responses displayed questionable completion times, repetitive IP addresses, nonsensical open-ended answers, and identical response patterns across multiple submissions.

As a result, approximately 52 percent of submitted responses were removed from the dataset prior to analysis. This level of infiltration substantially reduced the usable sample size and

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<sup>1</sup> Parolin, Z., Cross, C. J., & O'Brien, R. (2023). Administrative burdens and economic insecurity among Black, Latino, and White families. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 9(5), 56–75. <https://doi.org/10.7758/RSF.2023.9.5.03>

Ray, V., Herd, P., Moynihan, D., & Barnes, C. (2023). Racialized burdens: Applying racialized organization theory to administrative burden. *Journal of Public Administration Research and Theory*, 33(1), 139–156. <https://doi.org/10.1093/jopart/muac047>

Herd, P., & Moynihan, D. (2025). Administrative burdens in the social safety net. *Journal of Economic Perspectives*, 39(1), 129–150. <https://doi.org/10.1257/jep.20231394>

introduced significant data integrity challenges. The source and intent of this interference remain unclear, although the pattern may reflect automated fraud targeting of online survey instruments, or it may represent intentional interference designed to drown out authentic beneficiary voices and compromise the integrity of ACLU of Mississippi data collection efforts.

➤ *Bot identification and removal procedures were informed by established Qualtrics data integrity and response quality protocols, including bot detection, response speed analysis, duplicate detection, and response pattern review, as outlined by the University of Illinois Unified Knowledgebase and Singapore Management University Libraries' guidance on managing spam and bot responses in Qualtrics surveys*<sup>2</sup>. *These procedures are consistent with recommended best practices for protecting survey integrity and filtering automated or fraudulent submissions.*

Regardless of origin, bot contamination undermined the survey's statistical power and limited the scope of findings that could be reliably drawn from respondent data. Following the removal of suspected bot-generated submissions, the MURC research team conducted additional data quality checks and is approximately 90 percent confident that the remaining responses (n = 242) reflect authentic beneficiary participation and meaningfully represent beneficiary voice within the scope of this study. The findings presented in this report are therefore based on the cleaned dataset following removal of suspected bot submissions. Readers should interpret survey results with full awareness of these data quality constraints.

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<sup>2</sup> **University of Illinois Unified Knowledgebase. (2023).** *Qualtrics survey security settings and bot detection.* University of Illinois.

<https://answers.illinois.edu/illinois/127311>

**Singapore Management University Libraries. (2025).** *Filtering for bot or spam responses post-collection in Qualtrics.* Singapore Management University.

<https://library.smu.edu.sg/topics-insights/battling-bots-qualtrics>

### Statistical Power / Generalizability

The reduced sample size resulting from bot removal limits statistical power for certain analyses. In addition, the demographic profile of valid respondents shows a significant concentration in specific populations. Valid responses were heavily concentrated in Adams County, where 82.9 percent of respondents resided. Respondents predominantly identified as Black or African American at 83.5 percent, reported high rates of full-time employment at 94.2 percent, and were overwhelmingly English-speaking at 99.5 percent.

These characteristics constrain the generalizability of findings to the broader population of public benefit recipients across Mississippi. The geographic concentration of respondents means that experiences documented in this survey may not fully capture conditions in other regions of the state, particularly rural Delta counties, Gulf Coast communities, Northeastern Mississippi, and other underserved areas. Similarly, the high employment rate among respondents differs from national patterns among public benefit recipients, suggesting that findings on work schedule conflicts and office accessibility may not reflect the full range of beneficiary experiences statewide. In addition, the relatively small number of focus group participants, totaling 40 individuals, further limits generalizability. Compared to the thousands of participants across all four programs under review, focus group findings are not statistically representative of the larger population of program participants. Accordingly, focus group results should be interpreted as illustrative and informational rather than representative of statewide experiences.

Together, these limitations mean that the findings presented in this report should not be interpreted as generalizable to the entire population of Mississippi public benefit users. Instead, they should be understood as providing important, context-specific insights into administrative barriers experienced by a subset of beneficiaries. *For this reason, a continuation of Project EASSE*

*evaluation and research activities is recommended to expand outreach, increase sample diversity, and ensure that future activities more fully capture the voices and experiences of beneficiaries across all regions of Mississippi.* Sustained data collection is essential to achieve sufficient coverage to support statewide inference and to quantify the full range of administrative burdens affecting program participants.

Despite the above limitations and challenges, this study utilized a triangulation of data collection methods (including reviewing national research literature) to mitigate risks to validity and strengthened the credibility of the study's findings.

#### *Federal Government Shutdown*

A federal government shutdown lasting approximately 60 days in late 2025 created significant disruptions to this evaluation effort. During the shutdown period, federal data reporting systems were suspended, and routine publication of program statistics was halted. Federal agencies responsible for SNAP, TANF, Medicaid, and the Child Care Program were unable to respond to data requests or update publicly available datasets. The shutdown forced state agencies into crisis management mode, diverting administrative capacity away from routine operations and external research coordination. This timing coincided with critical phases of Project EASSE data collection, limiting access to federal benchmarks and comparative data that would have contextualized Mississippi-specific findings. As a result, opportunities to triangulate survey results with contemporaneous federal data were significantly constrained.

#### *State Agency Non-Cooperation*

At the state level, efforts to obtain administrative data, feedback, and facilitate research access encountered substantial barriers. The Mississippi Department of Human Services and the Mississippi Division of Medicaid declined requests to distribute the beneficiary and

administrative surveys through agency communication channels. This decision limited the ability to reach program participants and administrators directly through official systems, and reduced the potential for more representative sampling. Additionally, requests for program denial data, information essential to understanding barriers to benefit access, were refused. MURC also developed a survey instrument to capture administrative perspectives from public benefit program staff. However, this survey was not administered due to state-level non-cooperation.

Non-cooperation extended across multiple data categories, including county-level approval and denial rates, demographic breakdowns of program decisions, and detailed application processing metrics. The baseline data assessment found program participation rates by geographic area were greatly limited or not publicly accessible across all four programs examined. The absence of critical data on participation rates, detailed demographics, financial expenditures, and overall program impact hindered transparency and impeded the establishment of consistent baseline measures.

## Findings

This section provides a summary of major findings obtained from the baseline program reviews, beneficiary survey results, beneficiary focus group sessions, and a national review of administrative barriers. *The information presented in this section was extracted and analyzed from the full evaluation reports submitted in 2025 to ACLU representatives.* The goal is to provide the reader with key findings flowing from those earlier reports, which are included in the Appendix section of this final report. This section is organized into two primary segments: (1) a listing of key “System-wide” findings; and (2) a listing of key “Program-specific” findings.

## System-wide Findings

- High levels of procedural churn (i.e., participants joining and leaving the programs) resulting from missed deadlines, unclear notices, and documentation issues.
- Extensive and duplicative verification requirements imposing time and financial burdens.
- Communication practices that rely heavily on written notices and digital systems that are not universally accessible.
- Technology limitations and agency portal failures that impede application and renewal processes.
- Rural access barriers related to transportation, broadband availability, and office proximity.
- Provider shortages, particularly within the Child Care Payment Program.
- Appeals processes characterized by complexity and limited access to professional support.
- Administrative barriers that include short verification windows, complex eligibility documentation (e.g., 11 categories for TANF), and workflow complexity creating multiple failure points, especially for families balancing work, childcare, and transportation issues.
- Limited support for applicants commonly needing help completing applications and arranging transportation to local offices, especially in rural areas.

## Program specific Findings

### *(1) Baseline Documentation Review*

Serving as the initial phase of Project EASSE's evaluation activities, a comprehensive baseline documentation review was conducted to establish the institutional, policy, and administrative context for the study prior to primary data collection. This review served as the foundational analytical step, informing the design of the beneficiary survey and focus group protocols, and providing a framework for interpreting subsequent participant-reported experiences. The documentation review included systematic analysis of publicly available materials from the Mississippi Department of Human Services (MDHS) and the Mississippi

Division of Medicaid (DOM), including program manuals, annual reports, provider handbooks, application materials, client-facing notices, administrative guidance, and relevant federal and state reports. These sources were examined to document formal program goals, eligibility rules, verification and renewal procedures, communication practices, and stated service delivery processes across the **SNAP, TANF, Medicaid, and the Child Care Payment Programs.**

The evaluation review revealed complex workflows, high documentation burdens, and significant gaps in public reporting (e.g., denial rates, race/ethnicity, county-level performance).

Administrative complexity and transparency gaps cut across programs, potentially impeding equitable access and hindering accountability.

#### Key Findings/Themes

- **TANF:** Denial rates high; extensive verification under *HOPE Act*; low cash benefit; complex intake with “upfront job search.”
- **Medicaid/CHIP:** Coverage large but navigation unclear; mixed denial data; uninsured child rates vary by race/year.
- **CCPP:** Spending up but transparency thin (no approvals/denials; limited demographics/finance); 2025 intake suspension.
- **SNAP:** Participation strong; approval/denial data not public; elderly take-up low; 85 local offices.

#### *(2) Beneficiary Survey Results*

This section summarizes findings from the Beneficiary Participation Survey administered by the ACLU of Mississippi. The survey collected responses from 242 participants for the purpose of identifying and documenting the barriers individuals face when accessing and/or interacting with Mississippi's public benefits programs. Survey responses identified high levels of application friction and financial documentation costs; communication gaps; and transportation constraints, especially for full-time workers and rural area residents. It must be

noted survey results are being presented for illustration purposes only since they are not representative of the statewide population due to issues explained earlier in this report.

### **Key Findings/Responses/Themes**

- **Program Participation:** A substantial percentage (90.5%) of respondents indicated current participation in one or more public benefits programs (TANF, SNAP, Childcare Assistance, or Medicaid for Infants and Children), while 9.5% reported no participation in these programs.
- **Geographic Concentration:** Adams County represented an exceptionally high proportion of respondents at 82.9%, with Hinds and Bolivar counties each accounting for 2.06% of responses. The remaining responses were distributed across 22 other counties, with many Mississippi counties recording no respondents.
- **Employment Status:** The overwhelming majority of respondents (94.2%) reported full-time employment status. Part-time workers comprised 3.3%, while those unable to work accounted for 1.4%, the unemployed accounted for 0.48%, and the self-employed accounted for 0.48%.
- **Application Challenges:** Only 22.8% of respondents successfully submitted their applications on the first attempt. A notable 19.4% reported being unable to submit their application at all, while the remaining respondents required multiple attempts.
- **Processing Time:** The vast majority (89.3%) received their application decision in less than 30 days. However, 48.7% of respondents characterized the application process as either very time-consuming (22.2%) or somewhat time-consuming (26.5%).
- **Survey Discovery:** Social media platforms served as the primary channel through which respondents discovered the survey, with 80.9% indicating they found it through Facebook or Instagram.
- **Needed Supports:** Participants percentages stating needing help with Application (29%), translation/interpretation (28%), transportation (27%).

### *(3) Beneficiary Focus Group Results*

The focus group sessions examined the experiences of a select group of Mississippi residents (n = 40 participants) who are actively participating in one of the four Mississippi public benefit programs under review by the ACLU of Mississippi (MS). Those four programs include the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy

Families Program (TANF), the Child Care Program, and the Medicaid for Infants and Children Program. Five focus group sessions were held across the state of Mississippi from May 13<sup>th</sup> through June 12<sup>th</sup>, 2025. The focus group sessions were held in Jackson, Greenville, Gulfport, Hattiesburg, and Natchez. Focus group participants were selected by the ACLU, working in conjunction with the ACLU's community partners at the local level. Focus group participants identified themes related to online system failures, lost paperwork, unclear communications, strict income rules, and repeated documentation requests. Barriers were identified as being systemic (e.g., state office level) and localized (e.g., county office level). Potential solutions suggested by participants included pairing statewide system reforms (e.g., data requirements, dependable online portals, reduced eligibility documentation) with site-specific improvements (e.g., staff training, transportation for participants).

#### **Key Findings/Themes:**

- (1) **Application and access barriers** dominated discussions in all sessions, with participants struggling with online systems despite generally preferring digital applications. Processing delays, lost paperwork, and missed appointments due to poor notification systems affected participants regardless of location.
- (2) **Communication and service quality issues** proved systemically problematic. Every focus group reported experiences with dismissive, unhelpful, or actively disrespectful staff members. Participants consistently described feeling dehumanized by their interactions with benefit program staff. The lack of clear communication about eligibility requirements and available resources compounded those negative experiences.
- (3) **Eligibility and income threshold problems** created barriers among all locations. The use of gross rather than net income calculations particularly disadvantaged working families, leading to situations in which small pay increases resulted in significant benefit losses.
- (4) **Systemic inefficiencies** in the benefit delivery system implied a lack of interagency cooperation, which caused participants to often submit the same documentation multiple times to different programs. Inconsistent caseworker assignments also disrupted continuity of care, requiring participants to repeatedly explain their situations to new staff members.

#### *(4) Administrative Barriers Affecting Public Benefit Programs*

To contextualize Mississippi-specific findings, this evaluation study incorporated national research on administrative burden, benefit access, and program implementation from peer-reviewed sources and policy research organizations, including the Center on Budget and Policy Priorities (CBPP), Kaiser Family Foundation (KFF), Urban Institute, Center for Law and Social Policy (CLASP), and the U.S. Department of Agriculture (USDA). Additional insights were drawn from beneficiary feedback collected through community engagement activities, which provided qualitative perspectives on user experiences with application, verification, renewal, and appeals processes across SNAP, TANF, Medicaid, and the Child Care Payment Program (CCPP). This evaluation activity focused on identifying structural and procedural features of program administration that could possibly create barriers to program access and utilization by eligible households.

Research findings indicated a range of administrative and operational factors that could impede access for low- to moderate-income Mississippians seeking public benefits. These findings are consistent with national evidence documenting how administrative design shapes benefit access and utilization (Moynihan, Herd, & Harvey, 2021).

#### Key Findings/Themes

- **Procedural churn**, heavy documentation, short response windows, technology issues, and gaps in inter-agency coordination collectively reduce successful access to, and utilization of, program benefits.
- **System fragmentation** issues that included re-verification across agencies; limited appeals support; and sparse public performance data.

**NOTE:** Copies of the full evaluation reports on the above four evaluation activities are included in the Appendix section of this final report.

## Discussion

Overall, this study's findings indicate that Mississippi's public benefits delivery system exhibits interconnected administrative barriers that disproportionately affect low-income households. Findings also describe an administrative system that often prioritizes fraud prevention and administrative gatekeeping over service delivery. Across TANF, SNAP, Medicaid for Infants and Children, and the CCPP, administrative complexity and capacity constraints emerged as dominant themes.

The following sections provide additional insight into each of the four programs examined. This insight was derived from a review of program documentation and significant events (e.g., Presidential Executive Orders, recent federal legislation, and changes in federal regulations) that occurred over the course of the study.

### Medicaid

The analysis of children's health insurance enrollment data from 2015 to 2025 reveals significant disruptions in coverage following the termination of pandemic-era continuous enrollment protections. The most consequential finding is the coverage loss that occurred during the Medicaid Unwinding period beginning in 2023. When states resumed eligibility redeterminations after the Public Health Emergency ended, Medicaid enrollment among children ages 1 to 5 declined by 18.7% within a single fiscal year, resulting in approximately 20,000 children losing coverage between the May 2022 enrollment peak and the present period. Nationally, the *Centers for Medicare and Medicaid Services* found that of the 89 million

completed redeterminations, approximately 27 million individuals were disenrolled, with nearly 70% terminated for procedural reasons rather than being determined ineligible<sup>3,4</sup>.

CHIP served a critical stabilizing function during this transition, with enrollment increasing by 38% as families shifted from Medicaid. However, CHIP expansion was insufficient to offset Medicaid losses, leaving an estimated 15,000 to 20,000 children without coverage. The compression of the Medicaid-to-CHIP ratio from 15:1 to 7.5:1 reflects a structural reorganization of children's public insurance in the state. The federal government shutdown that began October 1, 2025, introduced additional instability. While Medicaid and CHIP payments continued through advance appropriations, the furlough of approximately 45% of Department of Health and Human Services staff reduced federal capacity to support states navigating enrollment challenges<sup>5</sup>. Additionally, starting October 2026, states will no longer be required to provide coverage during verification periods, thus threatening further procedural disenrollment<sup>6</sup>.

#### Childcare Payment Program

An analysis of the Mississippi Childcare Payment Program from 2025 to January 2026 revealed a deepening crisis in childcare access for working families. The program, funded primarily through the federal Child Care and Development Fund, has experienced significant instability following the expiration of pandemic-era funding and the implementation of restrictive federal policies.

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<sup>3</sup> U.S. Government Accountability Office. Medicaid and Children's Health Insurance: Disenrollment After COVID-19 Varied Across States and Populations. GAO-25-107413. 2025. <https://www.gao.gov/products/gao-25-107413>

<sup>4</sup> MACPAC. State Reported Medicaid Unwinding Data Brief. November 2024. <https://www.macpac.gov/wp-content/uploads/2024/11/State-Reported-Medicaid-Unwinding-Data-Brief.pdf>

<sup>5</sup> Lovelace B Jr. What government shutdown means for Medicare, Medicaid, and other health programs. NBC News. October 2, 2025.

<sup>6</sup> Georgetown CCF. Medicaid and CHIP Cuts in the House-Passed Reconciliation Bill Explained. July 2025. <https://ccf.georgetown.edu/2025/05/27/medicaid-and-chip-cuts-in-the-house-passed-reconciliation-bill-explained/>

The most consequential finding is the rapid growth of the CCPP waitlist. From approximately 16,000 families in November 2025, the waitlist has expanded to roughly 20,000 children by January 2026, representing a 25% increase in only two months<sup>7</sup>. This growth occurred despite legislative action in 2025, including House Bill 85 and Senate Bill 2720, which mandated a 30% transfer of Temporary Assistance for Needy Families funds to the Child Care and Development Fund<sup>8</sup>. Advocacy groups report that 86% of providers are currently serving families who are eligible for assistance, but cannot receive funding due to insufficient state resources. The program has historically received enough funding to cover only 1 in 7 eligible children, and current conditions have worsened this ratio<sup>9</sup>.

Current Mississippi Department of Human Services' policy is effectively serving as a lockout for Priority 7 families, defined as low-income working parents who do not fall into specific categories such as TANF recipients or foster care families. Beginning April 1, 2025, MDHS implemented a temporary hold on new applications for families outside six exception categories, and while applications resumed in August 2025, the agency continues to process the waitlist only until current funding is obligated<sup>4</sup>. This approach has left working families in a precarious position, eligible for assistance yet unable to access the vouchers necessary to remain employed.

Federal policy shifts have compounded state-level challenges. The federal government shutdown beginning October 1, 2025, created immediate funding uncertainty for childcare

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<sup>7</sup> Mississippi Today. Roughly 16,000 families waitlisted for child care vouchers as Mississippi providers struggle to stay open. November 21, 2025. <https://mississippitoday.org/2025/11/21/roughly-16000-families-waitlisted-child-care-vouchers-as-mississippi-providers-struggle-to-stay-open/>

<sup>8</sup> Mississippi Legislature. Senate Bill 2720: An act to amend section 43-27-33, Mississippi Code of 1972, to require the Department of Human Services to transfer at least 30% of the block grant. 2025 Regular Session. <https://billstatus.ls.state.ms.us/2025/pdf/history/SB/SB2720.xml>

<sup>9</sup> Mississippi Today. How Mississippi could meet the needs of more than 19,000 families waiting for child care vouchers. January 2, 2026. <https://mississippitoday.org/2026/01/02/mississippi-child-care-vouchers/>

programs nationwide<sup>5</sup>. More significantly, the U.S. Administration for Children and Families has announced plans to restore attendance-based billing, eliminate upfront payments to providers, and reprioritize vouchers over contracted slots<sup>6</sup>. These changes will reverse Biden administration policies that encouraged states to base payments on enrollment rather than verified attendance. The U.S. Department of Health and Human Services has also frozen Child Care and Development Fund grants for several states while seeking additional compliance documentation, creating operational uncertainty for providers already operating on thin margins<sup>7</sup>.

The shift to attendance-based billing poses particular challenges for Mississippi providers. Under the previous enrollment-based model, providers received stable payments that supported fixed costs, including staffing, rent, and operational expenses. Attendance-based billing introduces revenue volatility that threatens provider sustainability, particularly for rural centers with limited administrative capacity. Providers report enrollment declines of approximately 17% in certain areas, and the combination of stricter federal billing requirements and the inability to fund eligible families on the waitlist has created deep financial instability for childcare centers statewide.

#### Temporary Assistance for Needy Families

In 1996, when TANF replaced Aid to Families with Dependent Children, Mississippi's program served approximately 130,000 individuals. By 2022, that number had collapsed to 3,159, a 97.6 percent reduction in coverage during a period when the state's poverty rate remained the highest in the nation at 18.9 percent.

Between 2013 and 2017, Mississippi's TANF caseloads declined by 51 percent, from over 19,000 cases to just over 9,000. But the most revealing data point emerged in 2017, when the Mississippi Department of Human Services approved just 5 of 824 submitted applications, an

approval rate of 0.06 percent. In a single month in 2010, approvals swung from 875 families to just 48, with no explanation from state officials. By 2016, only 1.5 percent of applications were approved.<sup>10</sup> The consequence is further measurable in human terms: for every 100 families living in poverty in Mississippi today, only 4 receive TANF cash assistance. This ratio, among the lowest in the nation, has declined precipitously from the program's early years, when 71 out of every 100 families in poverty received support.

The welfare scandal that surfaced during Mississippi Governor Phil Bryant's administration has created an unprecedented moment of accountability that may help reverse the above patterns of high denial rates in Mississippi. If the U.S. Department of Health and Human Services determines that Mississippi's TANF funds were misspent in ways not permissible under the program's purposes, and that the misspending was intentional, the state could face potential penalties of \$21.62 million annually for 4.4 years<sup>11,12</sup>. Such guilty findings and massive financial penalties fines could create a significant leverage point for systemic reform. Looking ahead, State policymakers have clear options they could pursue to enact systemic reform in Mississippi's TANF program. Those options include increasing basic assistance spending to raise both benefits and caseloads; utilizing accumulated reserves (i.e., the state's "rainy day account"); raising benefits to at least 25 percent of the federal poverty level; increasing income and asset eligibility thresholds; removing punitive requirements including mandatory drug testing, mandatory job search at application, and school attendance conditions; ending full-family sanctions; removing family cap policies; and restricting TANF funds to families at or below 200 percent of the poverty level to ensure resources reach those with the greatest need.

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<sup>10</sup> Mississippi Today investigative reporting (2020-2022).

<sup>11</sup> Center on Budget and Policy Priorities

<sup>12</sup> Mississippi State Auditor Report (2020);

## Supplemental Nutrition Assistance Program

SNAP includes requirements for income, work status, resources, housing costs, and immigration status to be eligible for program participation (U.S. Department of Agriculture, 2025). There are also special adjustments to these requirements allowed for households with elderly or disabled members. In general, the income requirements are a gross monthly income of 130% of the federal poverty level and a net monthly income of 100% or less of the federal poverty level. This amount is adjusted based on the number of household members. Based on preliminary reviews of available data for 2019-2023, Mississippi was consistent in SNAP program participation (i.e., percentage of households) that was higher than the national rate. This was true for both overall participation and households with at least one child under 18. In households with at least one person age 60 or older, Mississippi had lower participation than the national rate during the same period (U.S. Census Bureau, 2025).

The program is estimated to have helped raise approximately 103,000 people above the poverty level in Mississippi, including 49,000 children, between 2015 and 2019 (Center on Budget and Policy Priorities, 2025). However, there is still a gap in full access to program participation – USDA reports that in 2019, only 65% of eligible Mississippi residents received SNAP benefits, and in the year prior, just 35% of eligible elderly persons received benefits (U.S. Department of Agriculture, 2025).

Based on the analysis of available data and a review of the SNAP benefits application process, one potential program complication immediately emerges: compliance with eligibility rules may prove more difficult for some than for others, particularly with regard to work requirements and child support obligations. This may also be the case for very young adults and elderly persons who find that transportation (or another issue) prevents them from visiting a local

office in person, but they have difficulty navigating the online application and tools on their own. There does appear to be a gap in full access to program participation – USDA reports that in 2019, only 65% of eligible Mississippi residents received SNAP benefits, and in the year prior, just 35% of eligible elderly persons received benefits (U.S Department of Agriculture , 2025). Because total application numbers were not available to independently determine approval and denial rates, or detect potential geographic concentrations of those rates, it is nearly impossible to speculate on the specific barriers to access. As such, further study is needed, which will require additional SNAP application data obtained through a formal request or “Freedom of Information Act - FOIA” inquiry.

### **Other Noteworthy Observations**

#### “Data Darkness”

The convergence of the federal shutdown event, state non-cooperation regarding data requests, and survey bot issues created “data darkness” conditions that limited independent evaluation assessments. When multiple data channels are simultaneously unavailable or compromised, the ability to assess program performance, identify disparities, and document beneficiary experiences is fundamentally constrained. This pattern of data non-availability has implications extending beyond the evaluation activities of Project EASSE. Effective oversight of public benefit programs depends on access to reliable administrative data, and the ability to gather independent feedback from program participants. When these channels are blocked, whether through institutional decisions, resource constraints, or external interference, accountability mechanisms are weakened. These data limitations reflect structural barriers to transparency that warrant attention from policymakers, advocacy organizations, and oversight bodies concerned with the effective administration of public benefits in Mississippi.

## Geographic Service Deserts

County-level geographic breakdowns of program data were largely unavailable across the four programs examined. This absence prevents identification of geographic disparities in access, approval rates, and service delivery quality. The Mississippi Delta region is of particular concern due to that region exhibiting high poverty rates, limited broadband infrastructure, sparse MDHS office locations, significant transportation barriers, and provider shortages, particularly regarding child care services. These structural conditions create compounding barriers that likely affect program access and retention differently than in urban or suburban areas of the state.

Because total application numbers were not available to independently determine approval and denial rates, or to detect potential geographic concentrations of these rates, it is nearly impossible to identify specific barriers to access affecting Delta residents. The baseline assessment found that only 65 percent of eligible Mississippi residents received SNAP benefits statewide, and just 35 percent of eligible elderly persons did so. However, without county-level data, variation across regions is very difficult to assess.

Rural service deserts amplify other administrative barriers documented in this report. Distance to offices, limited digital access, provider shortages, and work schedule conflicts interact to create a heightened procedural burden for residents of underserved areas. The absence of geographic data prevents quantification of these disparities and limits the ability to design targeted interventions for the most affected communities. The systematic unavailability of county-level and race-disaggregated data represents not merely a research limitation, but also a barrier to equitable program administration. Data visibility is a precondition for accountability, and the current state of program transparency in Mississippi falls short of what is necessary to

ensure that public benefits reach all eligible residents regardless of demographic or geographical location.

### Overall Assessment

Collectively, the above challenges, barriers, issues, and discussion points illustrate how program utilization can be impacted from the initial application process through the renewal and appeals processes. While the four program goals being evaluated may differ, they all have similar challenges related to documentation requirements, communication issues, and system navigation difficulties. All of which strongly suggest system as well as program-specific issues limiting program accessibility and utilization.

### Conclusions

A major finding of this evaluation is that barriers affecting participation in Mississippi's public benefit programs are predominantly administrative/systemic in nature, rather than eligibility-based, and are embedded within existing statutory and regulatory structures. These barriers shape both access to, and utilization of, benefits for low-income households. Consistent with beneficiary feedback reviewed by this project's evaluators, these administrative barriers also affect beneficiaries' experiences and perceptions of program quality. Beneficiary responses indicate that repeated documentation requests, unclear or delayed communications, portal and access issues, and difficulties reaching caseworkers contribute to frustration, uncertainty, and diminished trust in program operations. As a result, even when benefits are ultimately approved, those barriers lessen user satisfaction and contribute to negative service experiences that extend beyond eligibility outcomes.

This study’s findings are consistent with national evidence on administrative operations and challenges, illustrating how excessive learning, compliance, and psychological costs reduce perceived service quality and undermine confidence in public institutions (Moynihan et al., 2021; CBPP, 2024; KFF, 2024). In Mississippi, beneficiary-reported challenges suggest that administrative design not only shapes enrollment and retention but also directly influences user satisfaction, perceptions of fairness, and willingness to re-engage with programs when needs change.

The results identified in this report point to the need for coordinated reforms that focus on system integration across agencies, simplified verification processes, expanded digital access, strengthened rural service capacity, improved communication practices, and investments in frontline staffing and infrastructure. In addition to improving accessibility and utilization, such system reforms are likely to improve beneficiary experiences and satisfaction by reducing frustration, increasing clarity, and strengthening trust in program administration. Addressing the challenges and barriers identified in this report will require prioritizing administrative simplicity, transparency, and service delivery.

## Lessons Learned

The following section presents key “lessons learned” while conducting this evaluation study. *These lessons relate to both system-related evaluation findings and evaluation issues for successfully conducting an evaluation study such as this one.* The overall goal of this “lessons learned” section is to identify key benchmarks that can: **(1)** serve as comparison points for future studies; and **(2)** help identify needed methods and documentation sources for constructing an informative report examining public benefits programs.

## System-related Lessons

1. **Process friction** (i.e., resistance, obstacles, or unnecessary difficulties that slow down or impede progress) is a form of policy. Verification design, deadlines, customer service, and documentation rules drive access as surely as eligibility thresholds.
2. **Language** used on application materials impacts participant comprehension. On the beneficiary survey administered for this evaluation, even English-dominant households reported needing “translation” because forms and notices use legal/technical jargon.
3. **Technology** can be both helpful and a hindrance as used by applicants (i.e., the “Digital paradox”). Applicants generally prefer online portals, but poor user instructions, frequent system outages, and limited visibility into application status can create failure points and lead to unnecessary resubmissions of paperwork.
4. **Hidden costs** can serve as barriers to accessibility and utilization. As described in the beneficiary survey, out-of-pocket spending on records and transportation can undermine participants' access and retention.

## Evaluation/research issues

1. “Data darkness” contributes to a lack of trust, accountability, and performance measurement. The availability of data/documentation on program operations and outcomes is essential. *Without denials, appeals, and race/ethnicity metrics, agencies and advocates cannot target improvements or assess equity, and researchers and policymakers cannot truly determine program success.*
2. Capturing both beneficiaries and administrative voices is needed for balance and clarity. *To gain a more complete and reliable understanding of key administrative, service delivery, and participant behavior issues, obtaining input from both program administrators and program participants can help accomplish that goal.* Willfully refusing to share program-related information or to participate in structured dialogue creates suspicion and distrust regarding program operations and outcomes.
3. Conducting state-wide focus group sessions and survey canvassing can be very logistically challenging. *Utilizing the services of community partners and organizations situated throughout the state can greatly assist in identifying, recruiting, and staging data collection activities.*
4. The utilization of technology can greatly assist with data collection activities (e.g., surveys). However, *evaluators and researchers must exercise caution and remain attentive to technological challenges, including the infiltration of bots and other data-distortion mechanisms that can compromise the integrity of collected data.*
5. Data access barriers help reinforce existing inequities. Populations most affected by administrative barriers—such as rural residents, individuals with disabilities, and communities of color; are often the least represented in administrative datasets. *Gaps in*

*disaggregated data risk masking disparities and inadvertently perpetuate inequitable program design and implementation.*

6. Centralized research outreach can create participation barriers. Research approaches that rely on centralized recruitment may unintentionally exclude rural and underserved populations. *Expanding outreach through community-based partnerships and flexible engagement methods is essential to improving participation and data representativeness.*

## Recommendations

Based upon an analysis of all the evaluation activities conducted for this project, the following recommendations are provided for consideration by policymakers in addressing challenges and barriers impeding access to the four statewide public benefits programs reviewed for this report:

### System-wide

- Require applicable agencies to publish core program metrics quarterly (e.g., number of applications, approvals/denials with reasons, processing times, appeals outcomes, disaggregated by geography/race/age/household type).
- Require applicable agencies to design/redesign forms and notices in “Plain-language” as a way of reducing complex jargon and miscommunications. Expand the use of SMS/email reminders to program beneficiaries and/or applicants.
- Implement a “One-stop documentation hub” / Inter-agency data sharing system so participant documentation collected once can be reused (with consent) by other agencies.
- Modernize notification systems to include text and email alerts to prevent "non-compliance" due to delayed mail.
- Continue utilizing phone and in-person pathways for participant contact and update activities.
- Expand assistance networks offering services such as transportation vouchers; application navigator programs via clinics, schools, and community orgs; and legal-aid partnerships for appeals.
- Utilize independent ombudsman services to assist program participants and applicants with application-to-renewal processes.

- Expand and/or refine customer service training to address poor customer service, disrespectful treatment, and other unprofessional behavior exhibited by state, regional, and/or local program staff.
- Require agencies to maintain updated, accessible websites with real-time application status.
- Require annual program utilization audits examining program outcomes by demographics, geography, and other measures (e.g., employment, education, volunteer activity).

### Program-specific

- **TANF:** Revisit HOPE Act verification timelines, asset testing, and calibration of program sanctions; raise cash benefit adequacy payments; deploy unspent federal funds to support families; publish county-level approvals/denials and exit reasons.
- **Medicaid (Infants & Children):** Clarify distinctions between the Medicaid vs. CHIP eligibility pathways; explore automatic infant enrollment where permissible; improve website navigation and office wayfinding; report denial reasons by age/race/county.
- **CCPP:** Stabilize funding (backfill gaps via allowable TANF transfers); publish approvals/denials, waitlists, provider closures, and spend categories; implement utilization safeguards during fiscal transitions.
- **SNAP:** Publish statewide approval/denial data and appeals outcomes; reinforce elderly access strategies; expand ESAP-style simplifications and targeted office hours for working families.

## Interpretation of Report Findings

The findings presented in this report should be interpreted cautiously, given several methodological, structural, and institutional limitations that shaped data collection and analysis. Those limitations do not invalidate the results of this study, but rather help define its scope, and highlight important constraints that should be considered, such as generalizability, statistical power, and data availability. Several of these limitations reflect broader systemic barriers to independent evaluation of public benefit programs in Mississippi, including disruptions to federal data systems, limited cooperation from state agencies, and interference with survey data collection.

Challenges related to survey sample and focus group composition, geographic concentration, and data integrity also impact the representativeness of findings to statewide patterns. Accordingly, the limitations outlined in this report should be understood as both methodological constraints and indicators of structural conditions that shape transparency, accountability, and research access in the administration of public benefits. These constraints underscore the importance of continued data collection, expanded outreach, and strengthened evaluation infrastructure as may be needed for future phases of Project EASSE.

Implications for Future Research

Beyond methodological constraints, bot infiltration, limited sample sizes, and demographic concentration, this evaluation study raises broader questions about the infrastructure available to independently evaluate public benefit programs in Mississippi. When systemic challenges compromise data collection and state agencies decline to facilitate research access, the capacity for external accountability is diminished. While those constraints do not invalidate the findings presented here, they do underscore the need for strengthened research infrastructure, improved data protection protocols, and greater institutional support for independent evaluation efforts. Without such support, the ability to effectively document beneficiary experiences, identify disparities, and assess administrative performance remains constrained.

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# Appendix

## Baseline Documentation Review

As the initial phase of Project EASSE, a comprehensive baseline documentation review was conducted to establish the institutional, policy, and administrative context for the study prior to primary data collection. This review served as the foundational analytical step, informing the design of the beneficiary survey and focus group protocols and providing a framework for interpreting subsequent participant-reported experiences. The documentation review included systematic analysis of publicly available materials from the *Mississippi Department of Human Services* and the *Mississippi Division of Medicaid*, including program manuals, provider handbooks, application materials, client-facing notices, administrative guidance, and relevant federal and state reports. These sources were examined to document formal eligibility rules, verification and renewal procedures, communication practices, and stated service delivery processes across **SNAP, TANF, Medicaid, and the Child Care Payment Program.**

## Temporary Assistance for Needy Families (TANF)

### *Program Introduction*

The Mississippi Temporary Assistance for Needy Families (TANF) program receives approximately \$86.5 million annually in federal block grant funds and is administered by the Mississippi Department of Human Services (MDHS). As a federal block grant program, TANF provides states flexibility to design programs addressing the required four statutory purposes: 1) Assist needy families so children can be cared for in their own homes or homes of relatives, 2) End dependency of needy parents on government benefits by promoting job preparation, work, and marriage, 3) Prevent and reduce pregnancies, and 4) Encourage the formation and maintenance of two parent families.<sup>13</sup>

The program includes several key components designed to provide temporary assistance while promoting self-sufficiency. Cash assistance provides monthly financial aid to eligible families, with a maximum benefit of \$260 per month for a family of three. However, federal time limits restrict cash assistance to a 60-month lifetime maximum. Additionally, work requirements mandate that adults participate in work activities for a specified number of hours per week. Lastly, eligibility determination involves strict income, asset, and behavioral requirements that must be met and maintained throughout the program's duration.

### *Program Description*

#### Eligibility Information

The Mississippi TANF program includes several key components designed to provide temporary assistance while promoting self-sufficiency. While enrolled in the program, cash assistance provides a monthly stipend to eligible families with a maximum benefit of \$260 per month for a family of three. Federal time limits restrict cash assistance to a 60-month lifetime

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13 Temporary Assistance for Needy Families (TANF). WIOA State Plan Portal.  
<https://wioaplans.ed.gov/node/68906>

maximum, and the program's work requirements require adults to participate in work activities for a specified number of hours per week. To be eligible, it must be determined that participants have:

- At least one child under the age of 18 living at home.
- A monthly income that is at or below the gross monthly income limit for their household size (see table below).
- No more than \$2,000 in resources, like property or cash, excluding a personal home and car.
- Meet other program requirements that are contingent on the individual's circumstances.

Additionally, TANF offers supportive services that include job training, education, and work preparation activities delivered through various subgrantees across the state.

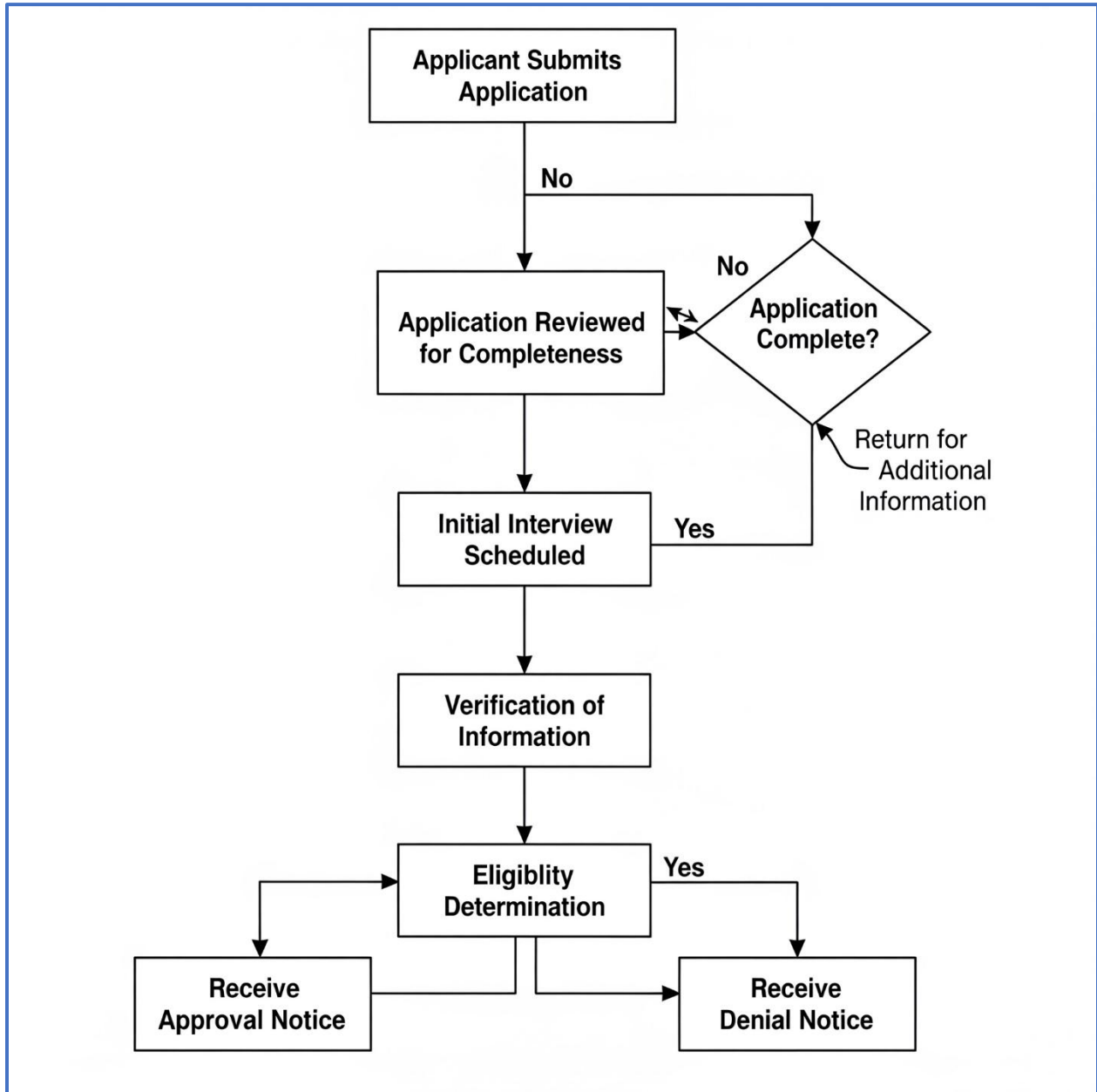
### Pre-Eligibility Screening

Under the 2017 HOPE Act (Act to Restore Hope, Opportunity, and Prosperity for Everyone), which took effect on July 1, 2019, all applicants are subject to enhanced verification requirements. Adult applicants age 18 and older must complete a written drug screening questionnaire. The HOPE Act also requires applicants to respond to written requests for eligibility verification information within a 10-day deadline, which could be particularly challenging for families experiencing housing instability, disability, or other poverty-related barriers.

### Process/Application Workflows

The Mississippi TANF application process involves multiple complex steps, ranging from initial intake to recertification and/or program exit. The entire process must be completed within a federally mandated 30-day processing period. Figure 1 above provides a schematic view of the workflow process used to determine participant eligibility for the program. A review of Figure 1 highlights the complexity and potential challenges participants face in successfully navigating the enrollment system. Families can submit applications through their local MDHS county office or online through the state portal. TANF applications require detailed information about household composition, income, assets, employment status, and family circumstances (i.e., names, addresses, Social Security numbers, and places of employment of absent parents when applicable). Applicants must provide compiled documentation to verify critical information, such as identity, residency, income, and expenses. MDHS caseworkers review and verify this information through interviews and document verification processes.

Figure 1. TANF Intake/Eligibility Process



Source: MDHS, 2025

### Document Verification Process

Applicants must provide extensive documentation (See Table 1), including proof of identity using photo identification. MDHS may also request additional documentation during case processing. Failure to provide the required documents within the specified timeframes can result in denial. Examples of documentation required include Social Security cards for all household members, proof of Mississippi residency, income verification through pay stubs or

employer statements, bank statements, asset documentation, proof of pregnancy if applicable, school enrollment records for children, and detailed information about absent parents, including names, addresses, Social Security numbers, and employment information.

Table 1. List of Documents for Participant Verification.

<b>Documentation Category</b>	<b>Required Documents</b>
<b>Identification</b>	Driver's license, work or school ID, work badge, health insurance ID, assistance program ID, voter registration card, birth certificates, draft cards or military ID, Medicare card, or United States passport
<b>Residency Verification</b>	Rent or lease receipts from landlord, utility bills (gas, electric, water), telephone bills, property tax statements, homeowner's insurance policies, mortgage payment books, or other documents showing home address
<b>Financial Resources</b>	Checking or savings account statements with current balances, certificates of deposit, stocks, bonds, and documentation of any other financial assets (Under HOPE Act: \$2,000 resource limit with comprehensive asset evaluation)
<b>Rent/Shelter/Utility Expenses</b>	Current rent, lease, or mortgage documents, receipts, and statements showing rent and utility expense amounts, landlord statements, current property tax statements, property insurance documentation, and HUD housing assistance statements
<b>Income Verification</b>	Pay stubs, employer statements, benefit award letters (Social Security, SSI, Veterans Administration, unemployment compensation), business records for self-employed, layoff or termination notices, IRS 1040 forms for self-employment, child support payment records
<b>Absent Parent Information</b>	Complete names, addresses, Social Security numbers, and places of employment for absent parents of applicant's children (required for child support enforcement coordination)
<b>Social Security Documentation</b>	Social Security cards for each household member, official documents containing Social Security numbers, Social Security award letters, or SSS forms for newborns
<b>Family Relationship Proof</b>	Birth certificates, marriage licenses, insurance policies, or wills to verify household composition and relationships
<b>Dependent Care Expenses</b>	Childcare or daycare receipts or statements from providers to verify work-related expenses
<b>Pregnancy Verification</b>	Statement from licensed physician or medical personnel in public health or outpatient clinic (if pregnancy is a factor in eligibility)

<b>Property and Asset Documentation</b>	For sold or transferred property: deeds, sale or transfer papers; For trust funds: wills, court orders, deeds, or other trust establishment documents
<b>Immigration Status</b>	INS I-151 Alien Registration Receipt Card, I-551 Reentry Permit, or I-94 Arrival Departure Record (for applicable households)

Source: MDHS, 2025

### Work Registration Requirements

Adult applicants must comply with the TANF Work Registration requirements or vocational rehabilitation activities. The goal of the Work Program (TWP) is to reduce dependence on public assistance by helping recipients prepare for employment through job readiness training, job skills training, vocational training, and other educational programs, as well as assisting them in finding and retaining a job. A family with an adult included in the TANF grant can only receive TANF benefits for a lifetime maximum of 60 months. If the applicant is not exempt from work requirements, they will be considered a work-eligible individual and referred to the TANF Work Program (TWP). The 60-month lifetime limit will be reduced to a maximum of 24 months if the applicant does not participate satisfactorily in approved work activities. Unless the applicant(s) meet a work exemption, monthly TANF benefits will not be paid if he/she fail to cooperate with the TANF Work Program (TWP) or meet the requirements of the employability development plan.<sup>14</sup>

TANF recipients who cannot engage in work activities are exempt from participation requirements. Exemptions can include disability, age, caring for an ill person, pregnancy with medical complications, or participation in substance abuse treatment, among others. TWP work activities typically include:

- Unsubsidized or subsidized employment
- On-the-job training
- Job readiness and job search activities
- Work experience programs
- Community service
- Vocational education (usually limited to 12 months)
- High school or GED classes for those under 20
- Job skills training and education directly related to employment.

For employment purposes specifically, recipients who secure full-time work of 35 or more hours at, or above, the federal minimum wage may be eligible to receive earned income disregards. Those working at least 25 hours per week may qualify for shorter-term disregards. Additionally, two-parent families face combined hour requirements of 35 hours per week without subsidized child care or 55 hours with subsidized child care. The state also provides

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<sup>14</sup> Mississippi's TANF Work Program (TWP). [www.mdhs.ms.gov](http://www.mdhs.ms.gov)

exemptions from these requirements for individuals experiencing domestic violence, temporary disability lasting less than thirty days, pregnancy complications in the third trimester, substance abuse treatment, caring for a child under twelve months old, or being incapacitated and ineligible for vocational rehabilitation services. If disqualified for failure to participate in the TANF Work Program, participants will receive a full benefit sanction, which means that the TANF case will be closed.<sup>15</sup>

Under state mandates, Mississippi will deny benefits to all adult TANF applicants who do not meet an exemption from work requirements and fail to comply with TANF Work Registration requirements or vocational rehabilitation activities during the 30-day TANF application processing period. The state operates an "Upfront Job Search" program, which refers TANF applicants directly to a case manager once the initial paperwork has been completed. During the 30-day TANF application processing period, before the application is approved, the applicant attends a mini job readiness class that includes employment skills building related to job interviews and resume' preparation. The applicant then completes the TANF Work Program intake process, meets with a WIN Job Center counselor, and actively seeks employment. Most applicants are required to complete a mandatory 30-day upfront job search, and failure to do so may result in application denial.

#### Additional Eligibility Determination (The HOPE Act)

All families now undergo a comprehensive resource evaluation in accordance with the requirements of the HOPE Act. Families must have a monthly income at or below gross monthly income limits for their household size and cannot exceed \$2,000 in countable resources, excluding primary residence and one vehicle. The elimination of Broad-Based Categorical Eligibility means all households face detailed asset testing.

Under the HOPE Act, Mississippi adopted Broad-Based Categorical Eligibility (BBCE) in June 2010, exempting TANF families from resource testing with certain exceptions. In 2017, the Mississippi Legislature passed House Bill 1090, the Medicaid and Human Services Transparency and Fraud Prevention Act ("Hope Act"). The Hope Act necessitated a significant shift in the allocation of resources to applicants and recipients of Temporary Assistance for Needy Families (TANF) benefits. Under the requirements of the Hope Act, conferring BBCE status to most benefit households is no longer permitted. Effective July 1, 2019, all families applying for TANF (new applications and redeterminations) were required to have all household resources evaluated.<sup>16</sup>

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15 The Temporary Assistance for Needy Families (TANF) Program & Higher Education. The Hope Center for Student Basic Needs. [www.hope.temple.edu](http://www.hope.temple.edu)

16 Miss. Code. tit. 18, pt. 19 [Effective until 4/14/2025] Division of Economic Assistance, TANF State Plan. Cornell Law School.

<https://www.law.cornell.edu/regulations/mississippi/MissCodetit18pt19>

Specific HOPE Act requirements included the following items:

1. **Complete Asset Testing Restoration:** All families must now undergo a detailed evaluation of ALL household resources, reversing the previous BBCE exemption that had been in place since 2010.
2. **\$2,000 Resource Cap:** Families cannot exceed \$2,000 in countable resources, excluding primary residence and one vehicle.
3. **10 Day Response Deadline:** Anyone enrolled in the program will have 10 days to reply to a written request for information proving eligibility, as deemed necessary by a private contractor hired by the state.
4. **Enhanced Identity and Asset Verification:** The Medicaid and Human Services Transparency and Fraud Prevention Act, which was passed during the 2017 legislative session, directed the Division of Medicaid to partner with the Department of Human Services to conduct enhanced identity and asset verification for all applications for benefits.
5. **Private Contractor Involvement:** Verification requests are now handled by private contractors rather than just MDHS caseworkers.
6. **Mandatory Drug Screening:** Adult applicants age 18 and older must complete written drug screening questionnaires.

#### Case Management Interview

Another critical component of the TANF application process is MDHS personnel's case review. All applicants must complete a mandatory face-to-face interview with an MDHS caseworker, though phone interviews may be permitted under specific circumstances. During this interview, the caseworker reviews all documentation, conducts a comprehensive work assessment to evaluate the applicant's work capacity and barriers to employment, develops Employment Development Plans for work-eligible adults specifying required work activities and hourly participation requirements, assigns participants to appropriate work activities based on skills, education level, and local employment opportunities, and determines final eligibility. The TANF eligibility worker also serves as the case manager and is responsible for calculating individual work participation rates to ensure compliance with federal requirements. The caseworker has the authority to request additional documentation during this process and must ensure all HOPE Act verification requirements are met.<sup>17</sup>

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17 MDHS-EA-303B, Information Sheet for TANF Applicants, MS Dept of Human Services.  
[https://www.ms.gov/mdhs/tanf\\_snap/Docs/MDHSEA303B.pdf](https://www.ms.gov/mdhs/tanf_snap/Docs/MDHSEA303B.pdf)

## Post-Approval Benefit Compliance

Upon approval for TANF benefits, recipients enter a structured compliance framework designed to promote self-sufficiency while maintaining program eligibility. The compliance process begins immediately and continues throughout the receipt of benefits. Concomitantly, recipients are required to maintain current case information by promptly reporting any changes in income, household composition, or life circumstances. Additionally, recipients must complete periodic recertification processes that require submitting comprehensive documentation to verify their continued eligibility. Some recipients may also be subject to drug testing requirements as determined by program guidelines. The state maintains strict oversight of compliance, and failure to meet any program requirement can result in immediate sanctions or the closure of the case. This enforcement mechanism ensures program integrity while encouraging recipient engagement with self-sufficiency activities.

## Appeal Process

MDHS has established a multitiered appeal process for applicants whose initial TANF applications are denied. This process provides due process protections and multiple opportunities for review of the case. The appeal process begins when applicants submit written appeals within the designated timeframe following the denial notification. MDHS first conducts an internal administrative review, allowing the agency to reconsider the original determination based on any additional information or clarifications provided by the applicant. Should the administrative review uphold the denial, applicants may escalate their cases to fair hearings conducted by independent hearing officers. These hearings provide an impartial forum for reviewing eligibility determinations and ensuring proper application of program rules. The hearing officer's decision represents the final administrative determination and is binding on all parties.

## Specific Data Findings

Mississippi operates one of the most restrictive TANF programs in the nation, with approximately 91% of applications resulting in denial, approving only about 9% of applicants each month.<sup>18</sup> <sup>19</sup> Below is a Summary Table (Table 2) of the number of applications received, approved, and denied from 2015 to 2024.

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<sup>18</sup> Mississippi Today, "If you count unspent millions, high denial rate and mysterious outcomes, the TANF scandal persists" (October 16, 2024)

<sup>19</sup> Mississippi Legislative Democratic Caucus. MS Public Broadcasting News.

<https://www.mpbonline.org/blogs/news/mississippidemocratsholdfirstlegislativehearingonwelfare-scandal-call-for-major-reforms/>

Table 2. Summary of Application Data Aggregated by Fiscal Year (FY 2015-2024)

Fiscal Year	Applications Received	Applications Approved	Applications Denied	Approval Rate
FY 2015	1,040	13	1,026	1.3%
FY 2016	939	14	925	1.5%
FY 2017	1,204	167	1,037	13.9%
FY 2018	1,447	342	1,105	23.6%
FY 2019*	1,270	272	997	21.4%
FY 2020*	1,246	166	1,080	13.3%
FY 2021	1,393	98	1,295	7.0%
FY 2022	1,563	130	1,433	8.3%
FY 2023	1,489	125	1,365	8.4%
FY 2024	1,734	118	1,616	6.8%

\*FY 2019-2020 data incomplete (only 9 months of data available for each).

\*Approval Rate = Applications Approved/Applications Received X 100

#### Application Data

- **Lowest Approval Rates:** FY 2015-2016 had extremely low approval rates (1.3%1.5%)
- **Peak Approval Rate:** FY 2018 had the highest approval rate at 23.6%
- **Recent Trend:** Approval rates have declined since FY 2018, hovering around 68%
- **Application Volume:** Generally increased from ~1,000 in early years to ~1,700+ in recent years
- **Dramatic Change:** There was a significant policy or operational change between FY 2016 and FY 2017 that increased approval rates from 1.5% to 13.9%.

#### Caseload Data

States receive block grants to design and operate programs that accomplish the purposes of the Temporary Assistance to Needy Families (TANF) program. The Office of Family Assistance collects and analyzes data on caseloads, expenditures, work participation, and other relevant metrics.<sup>20</sup> For the year 2022, only 166 adults and 2,067 children received TANF cash

<sup>20</sup> State TANF Data and Reports. Office of Family Assistance, Dept of the Administration for Children and Families. <https://acf.gov/ofa/programs/tanf/datareports>

assistance, representing a dramatic decline from approximately 6,700 adults and 17,500 children who participated in 2012. This decline becomes even more pronounced when compared to the roughly 33,000 adults and 96,000 children who received assistance in 1996, when the program began.<sup>21</sup> TANF caseload data tracks the number of individuals and families receiving cash assistance benefits each month. This data reflects:

- **Recipients:** Individuals (adults and children) receiving monthly cash benefits
- **Families:** Household units approved for assistance
- **Caseload trends:** Changes in program participation over time due to policy changes, economic conditions, eligibility requirements, and administrative practices

Caseload reductions can be attributed to several factors that include economic improvement, policy restrictions, administrative barriers, and/or changes in program accessibility.

Table 3. Caseload Summary of Total Recipient Average by Fiscal Year (2015-2023)

<b>Fiscal Year</b>	<b>Total Recipient Average</b>	<b>Year-over-Year Change</b>	<b>Cumulative Change from 2015</b>
<b>2015</b>	13,972	-	-
<b>2016</b>	11,777	<b>15.7%</b>	<b>15.7%</b>
<b>2017</b>	10,486	<b>11.0%</b>	<b>25.0%</b>
<b>2018</b>	8,901	<b>15.1%</b>	<b>36.3%</b>
<b>2019</b>	6,612	<b>25.7%</b>	<b>52.7%</b>
<b>2020</b>	4,767	<b>27.9%</b>	<b>65.9%</b>
<b>2021</b>	2,880	<b>39.6%</b>	<b>79.4%</b>
<b>2022</b>	2,511	<b>12.8%</b>	<b>82.0%</b>
<b>2023</b>	2,719	<b>+8.3%</b>	<b>80.5%</b>

**Data Disclaimer:** Detailed breakdowns (families, adults, children, and family structure) are only available for fiscal years 2015, 2021, 2022, and 2023, as per source documents. Total recipient counts represent average monthly figures for each fiscal year. Fiscal year 2024 data was unavailable.

21 Mississippi Today. Data Dive: Mississippi not the only state turning away most welfare applicants. (October 5, 2022).

<https://mississippitoday.org/2022/10/05/mississippirejectmostwelfareapplicants/>

## Caseload Data Observations

- Mississippi's TANF program experienced an 80.5% reduction in total recipients between 2015 and 2023, declining from 13,986 to 2,724 recipients.<sup>22</sup>
- The total number of families served decreased by 77.0% over the same period, from 4,516 to 1,038 families.
- Decline Patterns
  - **Phase 1: 2015-2019 Steady Decline**
  - The initial four-year period showed consistent year-over-year decreases with accelerating rates of decline: 11% (2016), 15% (2017), 26% (2018), and 28% (2019).
  - Mississippi lost 9,360 recipients during this phase, establishing a sustained downward trajectory.
  - **Phase 2: 2020-2021 Steepest Declines**
  - The program experienced its most severe contractions during the COVID-19 period, with a combined 67% decline over two years.
  - Recipient numbers reached a historic low of 2,880 in 2021. This pattern occurred counter to typical safety net utilization during economic crises.
  - **Phase 3: 2022-2023 Stabilization**
  - The first increase since 2015 occurred in 2023, with an 8.3% rise in the total number of recipients.
- Demographic Composition
  - Family structure remained consistent throughout the period despite scale reduction. *There were no “two-parent families” served across all years.*
  - “No-parent” families (primarily kinship care) comprised approximately 80% of cases, with one-parent families accounting for the remaining 20%.

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22 TANF Caseload Data, Fiscal Years 2015-2023 | U.S. Department of Health and Human Services

- The children-to-adult ratio increased dramatically from 3.3 children per every adult participant in 2015 to 7.9 children per every adult participant in 2023 (*a 139% increase*). *This may suggest that families with more children are entering and utilizing the program's resources.*

### Other Data Found

During this analysis, several additional datasets and information sources were identified that, while not directly aligned with this study's primary research objectives, provide valuable supplementary insights and context. This section presents these ancillary findings, which may warrant further investigation or could prove relevant for future research endeavors.

### TANF-to-Poverty Ratio

The TANF-to-poverty ratio (TPR) is the number of families receiving Temporary Assistance for Needy Families (TANF) cash assistance for every 100 families living in poverty. It is a key indicator of how effectively TANF serves as a safety net for low-income families.<sup>23</sup> A higher ratio indicates a greater percentage of families in poverty are receiving TANF assistance, while a lower ratio suggests a smaller percentage is being reached. Mississippi maintains one of the lowest TANF-to-poverty ratios in the nation at 4, *meaning only 4 out of every 100 families living in poverty receive TANF assistance*. The "TANF-to-poverty ratio" has decreased by 35 points since 1995-96. TANF has not reached the same share of families in poverty as its predecessor, **Aid to Families with Dependent Children (AFDC)**, did in 1996. If there were similarities in reach, 26,736 more families would have been helped in Mississippi. The ratio also ties Mississippi with Arkansas, Louisiana, and Texas for the lowest access rates nationally, demonstrating how geographic location determines access to federal assistance programs.<sup>24</sup>

### Benefit Levels

Mississippi provides a maximum monthly TANF benefit of \$260 for a family of three, representing only 11.7% of the 2025 federal poverty guideline. The federal poverty guideline for 2025 establishes \$26,650 annually or \$2,220.83 monthly as the poverty threshold for a family of three in Mississippi.<sup>25</sup> The state's \$260 monthly benefit was increased in 2021 from \$170 per month, marking the first increase since 1999. Despite this increase, the benefit level remains insufficient to address basic household necessities.

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23 TANF Weakening as a Safety Net for Poor Families. Center on Budget and Policy Priorities. (March 14, 2012)

24 TANF Cash Assistance Should Reach Many More Families in Mississippi to Lessen Hardship. Center on Budget and Policy Priorities.  
<https://www.cbpp.org/research/incomesecurity/statefactsheetstrendsinstatetanftopovertyratios>

25 2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

## Data Sources (Federal and State)

This analysis incorporated comprehensive federal data sources, including ACF TANF Caseload Data from 2022 to 2024, TANF Financial Data Reports spanning 2015 to 2023, and Characteristics and Financial Circumstances of TANF Recipients reports. Federal Single Audit Reports provided crucial oversight information regarding program compliance and the utilization of funds. In contrast, state-level data were obtained from the MDHS Annual Reports and Legislative Budget Documents. The information extracted from these reports was minimal and more descriptive. These sources were reviewed to provide insight into state-level program administration and expenditure patterns; however, much of the state-level data was insufficient to give a comprehensive overview of the Mississippi TANF program and its recipients.

## Investigative Reports

The data presented in this section includes tangential findings and information that emerged through secondary sources. While these findings fall outside the scope of the primary analysis, they contribute to a more detailed understanding of the fiduciary subject matter associated with the Mississippi TANF program and may offer opportunities for additional exploration.

Several major investigative reports informed this analysis, including the State Auditor Single Audit from 2019, which identified \$98 million in misspent funds, and a separate Forensic Audit covering 2016-2019 that found \$77 million in TANF misspending.<sup>26</sup> Mississippi Today's comprehensive investigative analysis of TANF expenditures provided additional context for understanding program implementation failures.<sup>27</sup>

## Data Collection Challenges

MDHS annual reports reveal critical gaps in public transparency and accountability regarding the detailed reporting of demographic information, program participation rates, county-level approval and denial rates, and meaningful outcome measurements. Without more detailed data from MDHS, accurate demographic analysis of program beneficiaries remains minimal. The state's accounting system compounds these transparency barriers because TANF expenses are not consistently labeled in the public accounting system (as with vendor fund acquisition that may not appear as TANF expenditures despite using program funds), preventing external stakeholders from tracking complete program spending.

The absence of performance metrics represents a fundamental gap in program accountability. MDHS provides no publicly accessible information on work participation rates

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26 Auditor Demands Repayment of Misspent Welfare Money. MS Office of State Auditor (October 12, 2021).

<https://www.osa.ms.gov/news/auditordemandsrepaymentmisspentwelfaremoney>

27 Mississippi welfare scandal inspires national safety net improvements. Mississippi Today. (February 6, 2024.)

by demographic group, reasons for case closures and program exits, post-TANF employment outcomes, or family income trajectories over time. Similarly, the department releases minimal public information about performance outcomes for organizations receiving TANF subgrants. These reporting shortcomings present potential obstacles for legislators, advocates, researchers, and taxpayers in evaluating whether Mississippi's TANF program effectively serves vulnerable families or achieves its stated objectives.

### Summary of Key Findings

Mississippi operates one of the most restrictive TANF programs in the nation. Table 2 reveals a sharp decline in program accessibility with approval rates plummeting from a peak of 23.6% in FY 2018 to just 6.8% in FY 2024, indicating approximately 93% of applications in recent years being denied. The most extreme restrictions occurred in FY 2015-2016, when approval rates were as low as 1.3% to 1.5%.

The Caseload Summary Table 3. demonstrates an 80.5% reduction in total recipients between 2015 and 2023, from 13,972 persons to 2,719 persons. The year-over-year changes reveal declining patterns with the steepest single-year decline occurring in FY 2021 with a 39.6% drop, while FY 2023 marked the first increase since 2015 with an 8.3% rise. By FY 2022, the cumulative decline had reached 82.0% before the slight recovery. Currently, only 4 out of every 100 families living in poverty receive TANF assistance, tying Mississippi with Arkansas, Louisiana, and Texas for the lowest access rates nationally.

The program's demographic composition also reveals additional patterns of year-over-year declines. According to the Caseload Summary Table 3, there is no reporting of two-parent families being served across all measured years, and 80% of TANF cases involve "no-parent" families (primarily kinship care). The ratio of children to adults has increased by 139%, indicating a significant shift from 3.3 children per adult in 2015 to 7.9 children per adult in 2023. This suggests that the program is increasingly serving the most vulnerable family structures while providing minimal support.

The Caseload Summary Table 3. additionally identifies three distinct phases of decline: **Phase 1 (2015-2019)** showed steady decline with accelerating rates; **Phase 2 (2020-2021)** experienced the steepest drops during COVID-19, with a combined 67% decline over two years; and **Phase 3 (2022-2023)** marked the first stabilization, with 2023 showing the first increase since 2015 (8.3% rise in total recipients).

Table 2's TANF application data reveals while application volumes generally increased from ~1,000 in the early years to over 1,700 in recent years, approval rates remained consistently low. The most dramatic shift occurred between FY 2016 and FY 2017, when approval rates increased from 1.5% to 13.9%, followed by a peak of 23.6% in FY 2018, and then a steady decline to current levels of around 68%.

## Financial Mismanagement

Despite maintaining one of the nation's most restrictive programs, Mississippi has accumulated approximately \$145 million in unspent federal TANF funds while families remain in poverty. This fiscal paradox is compounded by documented historical fraud, with state and federal audits revealing that between \$77 million and \$98 million in TANF funds were misspent from 2016 to 2019, including payments to organizations for purposes outside of the TANF program's goals.

Current benefit levels remain low when compared nationally. The maximum monthly benefit of \$260 for a family of three represents only 11.7% of the 2025 federal poverty guideline, making it difficult for families to meet basic needs. The program's design systematically diverts funds away from direct family assistance, with approximately \$30 million in TANF funds annually supplementing the Mississippi Department of Child Protection Services' budget rather than providing cash assistance to families.

## Systemic Barriers

The 2017 HOPE Act created extensive new program requirements that impact participant eligibility and program services. Table 1 illustrates the scope of these barriers, documenting requirements across *11 verification categories*, from basic identification to complex financial records to detailed information about absent parents. The Act imposed comprehensive asset testing, mandatory drug screening, 10-day response deadlines for verification requests, and the restoration of complete asset testing that had been eliminated under *Broad-based Categorical Eligibility since 2010*.

Figure 1 depicts the complex TANF workflow process that applicants must navigate within the federally mandated 30-day processing period. These requirements create multiple points of challenges in the application process. The mandatory 30-day "Upfront Job Search" program requires applicants to complete job readiness activities before they are approved. The 10-day response deadline for verification requests is particularly challenging for families experiencing housing instability, disability, or other poverty-related barriers. The detailed monthly data in the Appendix shows consistent patterns of high denial rates across all months, indicating systemic rather than seasonal barriers.

## Transparency and Accountability Deficits

MDHS publicly available program documentation reveals critical gaps in providing essential program data, including comprehensive demographic breakdowns, county-level approval and denial rates, meaningful outcome measurements, or performance metrics for organizations receiving TANF subgrants. Without detailed public reporting, external stakeholders cannot evaluate whether Mississippi's TANF program effectively serves vulnerable families or achieves its stated objectives.

Subsequently, the absence of performance data prevents assessment of work participation rates by demographic group, reasons for case closures, post-TANF employment outcomes, or

family income trajectories over time. These reporting challenges present obstacles to legislators, advocates, researchers, and taxpayers seeking to understand the effectiveness of programs. It is also crucial to note the significant decline in program utilization that occurred during the COVID-19 pandemic, despite economic hardship typically increasing the demand for safety net programs. This counter-cyclical pattern suggests that other factors may be present that influence program approval, denial, and participation rates. Additional research is needed to identify any such factors.

The monthly data in the Appendix, spanning FY 2015-2024, provides unprecedented granular detail into application patterns, revealing consistent month-to-month denial rates that warrant additional investigation regarding possible causes (e.g., systematic barriers, institutional capacity, or seasonal issues). This monthly data, combined with the annual summaries in Table 2, also provides the foundation for understanding the true scope of Mississippi's TANF gaps and areas for improvement.

#### Data Gaps Requiring Further Investigation

Several critical data areas require further investigation to understand program performance fully.

- County-level approval and denial rates would reveal geographic disparities in access to the program.
- A detailed demographic analysis comparing applicants to recipients could illuminate potential patterns of discrimination or barriers.
- Economic impact assessments of current benefit levels would demonstrate program adequacy.
- Comparative analysis with other states' TANF programs would provide context for Mississippi's performance.
- Long-term outcome data for families who exit TANF would measure program effectiveness.
- Cost-effectiveness analysis of the current program design would inform potential reforms.

#### Documentation/Requirement Summary

Table 1 reveals the scope of bureaucratic obstacles facing TANF applicants, who must provide documentation across 11 distinct categories. These range from basic identification to complex financial records to detailed information about absent parents. For families experiencing poverty, housing instability, disability, or other crisis-related barriers, gathering this extensive documentation within the mandated 10-day response window can be challenging for some beneficiaries.

The requirements range from straightforward items, such as Social Security cards, to complex financial documentation, including bank statements, property records, and employer verification, each representing a potential failure point in the application process. This level of detail for the workflow process could help explain why approximately 75% of applications are denied. The documentation requirements alone create multiple points where applications can be denied, even for families who may ultimately be eligible for assistance.

This documentation maze, combined with *the complex* workflow process in Figure 1, the HOPE Act's enhanced verification requirements, and other "bureaucratic requirements" can be challenging for many actual and potential applicants. Each documentation category represents multiple opportunities for application errors, even for families who meet the program's income and asset eligibility criteria.

### Post-Fraud Transparency Measures

Following the exposure of millions of dollars in TANF misspending documented in multiple state and federal audits between 2019 and 2021, Mississippi implemented vendor changes and transparency improvements designed to address the systematic fund diversion that had characterized the program. These post-scandal reforms provide crucial context for understanding how Mississippi's TANF spending evolved after the fraud revelations, demonstrating both progress and persistent challenges in program accountability.

The vendor restructuring and enhanced oversight mechanisms represent attempts to restore credibility to a program that had become synonymous with corruption and mismanagement. However, these changes occurred against the backdrop of continued systematic fund diversion and underutilization, as evidenced by the ongoing accumulation of unspent federal TANF funds and the program's continued failure to serve families in need.

While these transparency improvements mark recognition of past failures, they also highlight the extent to which Mississippi's TANF program had operated with questionable adequate oversight or accountability measures. The need for such reforms underscores the systematic nature of the program's complexity from the application process to the recertification and program exiting processes.

### Recent Developments and Federal Oversight

Recent developments highlight both the scope of ongoing problems and potential federal intervention. In 2024, the Mississippi Department of Human Services unveiled a new website, though the impact on application accessibility remains unclear, as complaint data has not been made public. More significantly, the Fiscal Responsibility Act (FRA) authorized new opportunities for states to pilot program performance and accountability measures in TANF programs. The current federal administration envisions these FRA pilots as opportunities to strengthen state accountability to core TANF values of work and self-sufficiency, potentially subjecting Mississippi's troubled program to enhanced federal scrutiny and performance requirements.

## Conclusions

Mississippi's TANF program serves fewer than 4% of families in poverty while accumulating massive reserves of unspent federal funds. Despite having one of the highest poverty rates in the nation and significant unspent federal TANF funds, Mississippi continues to maintain one of the lowest TANF-to-poverty ratios of TANF programs in the country.

## Key Recommendations

The recommendations listed below could help better align Mississippi's TANF program with its stated mission of providing temporary assistance to families while promoting economic self-sufficiency.

- The state should reform eligibility requirements by repealing or significantly modifying the HOPE Act requirements that create additional barriers to program access while increasing administrative costs without improving family outcomes.
- Benefit adequacy requires immediate attention, with monthly benefit levels needing to increase to at least 50% of the federal poverty line to provide meaningful assistance to families while they work toward self-sufficiency.
- The state must enhance program transparency by implementing comprehensive data collection and public reporting systems that track program performance, demographic participation and outcomes, and long-term family economic mobility.
- Administrative efficiency improvements should streamline application and eligibility processes to reduce barriers for eligible families while maintaining appropriate program integrity measures.

## References and Data Sources

This analysis draws on Mississippi Today's comprehensive TANF investigation series, published from 2022 to 2025, as well as U.S. Department of Health and Human Services Administration for Children and Families TANF data reports, Mississippi State Auditor Single Audit Reports, and the Center on Budget and Policy Priorities' TANF analysis. Additional sources include the Mississippi Department of Human Services public records, federal TANF financial data reports covering 2015-2024, the Mississippi Legislature HOPE Act documentation, and the Census Bureau American Community Survey data.

### Primary Reference Sources:

1. **Federal Regulations:** Check 45 CFR Part 261 (TANF Work Participation Requirements) for the specific calculation methodology
2. **TANF Statute:** Review 42 U.S.C. § 607 (Work Activities) for statutory language on caseload reduction credits
3. **ACF Policy Guidance:** Search HHS/ACF official policy transmittals and program instructions

## **Appendix**

The monthly application data presented below demonstrates the consistent nature of Mississippi's TANF program denial patterns. The granular breakdown of applications received, approved, and denied across each fiscal year from 2015-2024 reveals that high denial rates persist throughout all months and years.

### **Detailed Monthly Data**

#### **FY 2015 (Oct 2014 - Sep 2015)**

Applications Received: Oct: 1,259 | Nov: 905 | Dec: 962 | Jan: 891 | Feb: 716 | Mar: 891 | Apr: 1,058 | May: 1,037 | Jun: 1,181 | Jul: 1,187 | Aug: 1,195 | Sep: 1,195

Applications Approved: Oct: 23 | Nov: 12 | Dec: 14 | Jan: 8 | Feb: 6 | Mar: 12 | Apr: 11 | May: 10 | Jun: 16 | Jul: 9 | Aug: 21 | Sep: 19

Applications Denied: Oct: 1,236 | Nov: 893 | Dec: 948 | Jan: 883 | Feb: 710 | Mar: 879 | Apr: 1,047 | May: 1,027 | Jun: 1,165 | Jul: 1,178 | Aug: 1,174 | Sep: 1,176

#### **FY 2016 (Oct 2015 - Sep 2016)**

Applications Received: Oct: 1,040 | Nov: 846 | Dec: 803 | Jan: 692 | Feb: 628 | Mar: 822 | Apr: 813 | May: 927 | Jun: 1,104 | Jul: 1,040 | Aug: 1,352 | Sep: 1,200

Applications Approved: Oct: 19 | Nov: 13 | Dec: 11 | Jan: 14 | Feb: 13 | Mar: 9 | Apr: 9 | May: 14 | Jun: 14 | Jul: 21 | Aug: 10 | Sep: 20

Applications Denied: Oct: 1,021 | Nov: 833 | Dec: 792 | Jan: 678 | Feb: 615 | Mar: 813 | Apr: 804 | May: 913 | Jun: 1,090 | Jul: 1,019 | Aug: 1,342 | Sep: 1,180

#### **FY 2017 (Oct 2016 - Sep 2017)**

Applications Received: Oct: 995 | Nov: 967 | Dec: 844 | Jan: 879 | Feb: 777 | Mar: 837 | Apr: 824 | May: 1,379 | Jun: 1,693 | Jul: 1,497 | Aug: 2,028 | Sep: 1,733

Applications Approved: Oct: 17 | Nov: 17 | Dec: 5 | Jan: 9 | Feb: 14 | Mar: 13 | Apr: 5 | May: 187  
| Jun: 390 | Jul: 373 | Aug: 491 | Sep: 487

Applications Denied: Oct: 978 | Nov: 950 | Dec: 839 | Jan: 870 | Feb: 763 | Mar: 824 | Apr: 819 |  
May: 1,192 | Jun: 1,303 | Jul: 1,124 | Aug: 1,537 | Sep: 1,246

**FY 2018 (Oct 2017 - Sep 2018)**

Applications Received: Oct: 1,706 | Nov: 1,407 | Dec: 1,285 | Jan: 1,323 | Feb: 1,229 | Mar:  
1,264 | Apr: 1,401 | May: 1,673 | Jun: 1,474 | Jul: 1,447 | Aug: 1,748 | Sep: 1,405

Applications Approved: Oct: 465 | Nov: 405 | Dec: 336 | Jan: 275 | Feb: 324 | Mar: 261 | Apr:  
305 | May: 376 | Jun: 301 | Jul: 339 | Aug: 429 | Sep: 284

Applications Denied: Oct: 1,241 | Nov: 1,002 | Dec: 949 | Jan: 1,048 | Feb: 905 | Mar: 1,003 |  
Apr: 1,096 | May: 1,297 | Jun: 1,173 | Jul: 1,108 | Aug: 1,319 | Sep: 1,121

**FY 2019 (Oct 2018 - Jun 2019) *Partial Year***

Applications Received: Oct: 1,858 | Nov: 1,382 | Dec: 1,197 | Jan: 1,219 | Feb: 880 | Mar: 1,004 |  
Apr: 1,212 | May: 1,427 | Jun: 1,248

Applications Approved: Oct: 384 | Nov: 327 | Dec: 274 | Jan: 236 | Feb: 202 | Mar: 199 | Apr:  
246 | May: 333 | Jun: 251

Applications Denied: Oct: 1,474 | Nov: 1,055 | Dec: 923 | Jan: 983 | Feb: 678 | Mar: 805 | Apr:  
966 | May: 1,094 | Jun: 997

**FY 2020 (Oct 2019 - Jun 2020) *Partial Year***

Applications Received: Oct: 1,476 | Nov: 1,152 | Dec: 1,063 | Jan: 1,186 | Feb: 949 | Mar: 1,267 |  
Apr: 1,943 | May: 1,146 | Jun: 1,033

Applications Approved: Oct: 261 | Nov: 217 | Dec: 195 | Jan: 222 | Feb: 185 | Mar: 189 | Apr:  
122 | May: 56 | Jun: 49

Applications Denied: Oct: 1,215 | Nov: 935 | Dec: 868 | Jan: 964 | Feb: 764 | Mar: 1,078 | Apr:  
1,821 | May: 1,090 | Jun: 984

**FY 2021 (Oct 2020 - Sep 2021)**

Applications Received: Oct: 1,586 | Nov: 1,474 | Dec: 1,611 | Jan: 1,356 | Feb: 1,170 | Mar: 1,219 | Apr: 1,056 | May: 1,097 | Jun: 1,414 | Jul: 1,577 | Aug: 1,654 | Sep: 1,497

Applications Approved: Oct: 98 | Nov: 107 | Dec: 119 | Jan: 80 | Feb: 84 | Mar: 92 | Apr: 76 | May: 60 | Jun: 97 | Jul: 99 | Aug: 124 | Sep: 138

Applications Denied: Oct: 1,488 | Nov: 1,367 | Dec: 1,492 | Jan: 1,276 | Feb: 1,086 | Mar: 1,127 | Apr: 980 | May: 1,037 | Jun: 1,317 | Jul: 1,478 | Aug: 1,530 | Sep: 1,359

**FY 2022 (Oct 2021 - Sep 2022)**

Applications Received: Oct: 1,594 | Nov: 1,457 | Dec: 1,502 | Jan: 1,855 | Feb: 1,467 | Mar: 1,321 | Apr: 1,369 | May: 1,432 | Jun: 1,640 | Jul: 1,441 | Aug: 1,952 | Sep: 1,728

Applications Approved: Oct: 132 | Nov: 106 | Dec: 103 | Jan: 118 | Feb: 154 | Mar: 109 | Apr: 117 | May: 124 | Jun: 139 | Jul: 136 | Aug: 173 | Sep: 154

Applications Denied: Oct: 1,462 | Nov: 1,351 | Dec: 1,399 | Jan: 1,737 | Feb: 1,313 | Mar: 1,212 | Apr: 1,252 | May: 1,308 | Jun: 1,501 | Jul: 1,305 | Aug: 1,779 | Sep: 1,574

**FY 2023 (Oct 2022 - Sep 2023)**

Applications Received: Oct: 1,505 | Nov: 1,418 | Dec: 1,372 | Jan: 1,386 | Feb: 1,268 | Mar: 1,265 | Apr: 1,213 | May: 1,584 | Jun: 1,654 | Jul: 1,614 | Aug: 1,931 | Sep: 1,660

Applications Approved: Oct: 140 | Nov: 101 | Dec: 111 | Jan: 92 | Feb: 143 | Mar: 103 | Apr: 118 | May: 119 | Jun: 141 | Jul: 127 | Aug: 143 | Sep: 156

Applications Denied: Oct: 1,365 | Nov: 1,317 | Dec: 1,261 | Jan: 1,294 | Feb: 1,125 | Mar: 1,162 | Apr: 1,095 | May: 1,465 | Jun: 1,513 | Jul: 1,487 | Aug: 1,788 | Sep: 1,504

**FY 2024 (Oct 2023 - Sep 2024)**

Applications Received: Oct: 1,795 | Nov: 1,821 | Dec: 1,534 | Jan: 1,749 | Feb: 1,766 | Mar: 1,471 | Apr: 1,619 | May: 1,962 | Jun: 1,886 | Jul: 1,614 | Aug: 1,931 | Sep: 1,660

Applications Approved: Oct: 116 | Nov: 110 | Dec: 109 | Jan: 79 | Feb: 100 | Mar: 102 | Apr: 119  
| May: 133 | Jun: 117 | Jul: 127 | Aug: 143 | Sep: 156

Applications Denied: Oct: 1,679 | Nov: 1,711 | Dec: 1,425 | Jan: 1,670 | Feb: 1,666 | Mar: 1,369 |  
Apr: 1,500 | May: 1,829 | Jun: 1,769 | Jul: 1,487 | Aug: 1,788 | Sep: 1,504

Closed Cases: Oct: 111 | Nov: 122 | Dec: 99 | Jan: 110 | Feb: 85 | Mar: 109 | Apr: 18 | May: 80 |  
Jun: 81 | Jul: 90 | Aug: 82 | Sep: 94

## MEDICAID (Infants and Children)

### **Program Description**

Medicaid is a state/federal partnership that provides health insurance to Mississippians in low-to moderate-income families and those with special health care needs. **For the purpose of this review of data, the age group of interest for the Medicaid for Infants and Children is 1-5 years old.**

### Mission

The Mississippi Division of Medicaid is a state and federal program created by the Social Security Amendments of 1965 (PL 89-97), authorized by Title XIX of the Social Security Act to provide health coverage for eligible, low-income populations. All 50 states, five territories of the United States, and the District of Columbia participate in this voluntary matching program. The Mississippi Division of Medicaid stated values include: Accountability, Consistency and Respect (Medicaid, 2025).

### Program Goals

The goals for the Mississippi Medicaid Infants and Children program include the following elements:

- Support Families who need it most
- Help Children to succeed
- Protect Children and Families During Renewals
- Keep Medicaid Strong
- Strengthen State Programs

The Mississippi Medicaid Infants and Children program covers a wide variety of programs for those individuals whom are eligible for Medicaid. Individuals with approved medically-recognized conditions are covered by the program, and health benefits are provided for children ranging from birth to age 19. Children whose families earn too much money to qualify for Medicaid may be eligible for the Children's Health Insurance Program (CHIP). The Children's Health Insurance Program provides coverage for uninsured children up to age 19 whose family income does not exceed 209% of FPL (Federal Poverty Level) and are eligible for the CHIP program. The child must be ineligible for the Medicaid program before eligibility for the CHIP program can be considered. Children with current health insurance coverage at the time of application are not eligible for CHIP.

### Other Children's Health Programs

There are several other health insurance programs which fall under the Medicaid Infants and Children category for which individuals will also have to apply and be deemed eligible (e.g., the Early and Periodic Screening and Diagnostic Treatment - EPST). This federally mandated service provides preventive and comprehensive health services for children under 21 years of

age. It also provides critical services to improve the health of infants, children and adolescents. The EPSDT program was expanded in the Omnibus Budget Reconciliation Act of 1989 to allow additional services to be offered.

Another health insurance-related program includes the Early Intervention/Targeted Case Management program which is an active, ongoing process that involves activities carried out by a case manager to assist children ages 0 to 3 years of age. The child must be enrolled and participating in the Mississippi Early Intervention Program to gain access to needed medical, social, educational and other services. The Perinatal High-Risk Management/Infant Services System (PHRM/ISS) is another multidisciplinary case management program established to help improve access to health care and to provide enhanced services to certain Medicaid eligible pregnant and postpartum women and infants. Services for this program's target population include case management, psychosocial and nutritional counseling/assessments, home visits and health education. Another program is the Vaccines for Children (VFC) program which is a federally funded and state operated program that began October 1994. The program provides vaccines free of charge to VFC eligible children through public and private providers. Providers are reimbursed by Medicaid for vaccine administration only. Other additional supporting programs include the Institutional Long Term Care Program, and the Home and Community Based Services (HCBS) Long Term Care program.

### **Medicaid vs. CHIP: An Overview**

Medicaid and the Children's Health Insurance Program (CHIP) both play a critical role in ensuring that children in lower-income families have sufficient health care coverage. Although they are both federal programs largely implemented through the states with joint financing, the two programs differ in many respects. The following section provides a brief listing of key differences between the two programs:

- Both Medicaid and CHIP are administered by states to ensure low-income children have adequate healthcare coverage. The factors that have the largest effect on eligibility are income levels and the specific state an eligible party lives in.
- Medicaid is larger in scope, but regulations spelled out in the Affordable Care Act provide minimum coverage levels for either program. Certain aspects, such as matching funds, will differ between the two programs.
- Medicaid can provide coverage for adults, whereas CHIP is only for children.

### Medicaid

Medicaid was enacted in 1965 as part of the *Social Security Act* to provide health coverage to families with dependent children living below the federal poverty line (FPL). Originally, Medicaid required states to provide coverage up to 133% of FPL for children up to age 5, and 100% of FPL for school-age children age older than 5. Medicaid coverage for children was expanded under the *Affordable Care Act* to cover all children up to 138% of FPL. Medicaid requires states to cover a broad range of services, including check-ups, physician and hospital visits, and vision and dental care. It also requires coverage for the Early and Periodic

Screening, Diagnosis, and Treatment (EPSDT) program, long-term care, and services provided at Federally Qualified Health Centers (FQHCs) (Medicaid, 2025).

Unlike CHIP, Medicaid can provide free or low-cost medical coverage to adults as well. When the Affordable Care Act (ACA) was passed in 2010, only certain children were eligible to be covered by Medicaid, even if they were raised in the same family. Before the ACA, only children between 6 and 19 years old were affected by the eligibility threshold of only 100 percent of the FPL. However, since 2010, that eligibility is now at least 138 percent of the FPL for all children, regardless of age (Best, 2022).

## CHIP

CHIP was created as part of the *Balanced Budget Act of 1997* to build on Medicaid coverage for low-income children. States are able to utilize federal funds for CHIP to expand their Medicaid program or create a stand-alone program, or a combination of both. The primary goal of CHIP is to expand government-funded health care coverage to more low-income children. As part of CHIP, states have simplified the enrollment process, making it easier for children to obtain coverage. Although CHIP covers more children, its coverage options are more limited than Medicaid. CHIP does not offer coverage for EPSDT services.

CHIP was designed to cover children who fall outside of Medicaid eligibility, but who otherwise were not able to be insured through a family plan. This program vastly increased the number of children eligible for health insurance. However, CHIP is not governed by the same legislation as Medicaid and offers significantly different levels of coverage.

The application process for Medicaid and CHIP are similar and consist of determining eligibility for Medicaid or CHIP. One way to apply for Medicaid and CHIP is through the Health Insurance Marketplace. Once an application is submitted, the appropriate state agency will contact the applicant regarding enrollment eligibility. The application process includes the following key components for the CHIP program:

### *Eligibility:*

- CHIP serves children up to age 19 and, in some states, pregnant women. Eligibility is determined based on family income and the state's specific guidelines. States set their CHIP income eligibility standards, usually covering children in families with incomes up to or above 200% of the Federal Poverty Level (FPL).

### *Benefits:*

CHIP benefits vary by state but generally include:

- Routine check-ups
- Immunizations
- Doctor visits
- Prescriptions

- Dental and vision care
- Inpatient and outpatient hospital care
- Laboratory and X-ray services
- Emergency services

*Funding:*

- CHIP is jointly funded by state and federal governments, similar to Medicaid. The federal government pays a higher percentage of program costs for CHIP than for Medicaid, incentivizing states to enroll more uninsured children.

*Application Process*

- Families can apply for CHIP through the same pathways as Medicaid, including the Health Insurance Marketplace, and state Medicaid agencies. The process aligns closely with Medicaid, focusing on household income and other financial criteria.

To better understand the distinctions between Medicaid and CHIP, the following table summarizes their differences:

Table 1. Comparison of Medicaid and CHIP Programs

<b>Feature</b>	<b>Medicaid</b>	<b>CHIP</b>
<b>Eligibility</b>	Low-income individuals, families, pregnant women, children, elderly, and people with disabilities	Uninsured children up to age 19 and, in some states, pregnant women, depending on income levels
<b>Benefits</b>	Comprehensive health coverage	Focused health services for children
<b>Funding</b>	Joint federal-state funding with varying FMAP rates	Higher federal contribution than Medicaid
<b>Coverage</b>	Varies by state, with some using expansion	Covers children who do not qualify for Medicaid

Source: (Best, 2022)

Federal Poverty Level: Definition and Limitations

The Federal Poverty Level (FPL) is an income-based guideline updated annually that uses household size to help calculate program eligibility. The Mississippi Medicaid and CHIP programs both use the FPL and Modified Adjusted Gross Income (MAGI) guideline to compare household income and size in determining applicant eligibility. The applicant’s Medicaid eligibility is assessed first. If the beneficiary is not eligible under Medicaid guidelines, then the applicant’s CHIP eligibility is evaluated using the FPL threshold inclusive of a 5% (income) disregard. The FPL limits vary depending on the applicant’s age and pregnancy status. Medicaid also uses the MAGI guidelines (plus a 5% income disregard) to determine the applicant’s eligibility. Dependent upon the applicant’s Medicaid eligibility, the CHIP health insurance

program becomes the secondary option and extends coverage up to 209% FPL for children not eligible for Medicaid. Below is additional information on the FPL threshold limitations:

- Mississippi has not expanded Medicaid under the new ACA program, so adults aged 19-64 without dependent children are eligible only if income is under the extremely low caretaker relative threshold (~22% FPL)
- Infants (<1): ≤ 199% FPL (~\$42,089/year for household of 2)
- Children (1-5): ≤ 148% FPL (~\$39,442/year for household of 3)
- Children (6-18): ≤ 138% FPL (~\$36,777/year for household of 3) (CHIP goes up to 214% FPL)
- Pregnant Women: ≤ 199% FPL (~\$53,034/year for household of 3)
- Parents/Caretaker Relatives: ≤ 24% FPL (~\$6,396/year for household of 3)

Source: (Medicaid, 2024)

### Data Findings

The tables below present data describing enrollment, number of applications received, number of applications approved, and number of applications denied for the State of Mississippi.

Table 2. Mississippi Medicaid Infants and Children Enrollment

Year	Total	CHIP	Medicaid and CHIP
2025	656,126	53,138	709,264
2024	654,356	52,867	707,223
2023	756,337	46,192	802,529
2022	841,159	41,690	882,849
2021	796,318	42,237	838,555
2020	741,177	48,329	789,506
2019	670,013	45,802	715,815
2018	670,959	45,931	716,890
2017	700,814	47,385	748,199
2016	711,197	48,128	759,325
2015	723,301	51,842	775,143
2014	736,517	50,334	786,861
2013	N/A	N/A	N/A
2012	641,378	69,958	711,336

Source: (Medicaid, 2025)

Table 3. Approval/denial rates 2024

Year	Total Number of Applications-Mississippi	Applications Approved / Percent	Applications Denied / Percent
2024	960,987	684,184 (29%)	276,803 (71%)
2023		32,158	17,214

Source:(Medicaid, 2025)

Table 4. Percentage of children without insurance by race in Mississippi

Year	Black/African American	Other/Multiracial	White
2017	3.5%	N/A	6.0%
2018	3.8%	7.6%	5.1%
2019	3.1%	19.2%	6.9%
2020	N/A	N/A	N/A
2021	5.2%	13.1%	5.5%
2022	4.0%	8.7%	5.9%
2023	4.3%	10.7%	6.1%

Source: (Georgetown University, 2023)

Table 5. Medicaid and CHIP Eligibility Limits for Children’s Health Coverage as a Percent of the Federal Poverty Level (FPL)

State	Upper Income Limit	Medicaid Coverage for Infants Ages 0-1	Medicaid Coverage for Infants Ages 0-1	Medicaid Coverage for Infants Ages 1-5	Medicaid Coverage for Infants Ages 1-5	Separate CHIP for Uninsured Children Ages 0-18
		Medicaid	CHIP	Medicaid	CHIP	
Mississippi	214%	199%	----	148%	107%-138%	214%

Source: (Georgetown University, 2023)

## Infant Eligibility and Emergency Medicaid

Another key aspect related to the Medicaid for Infants and Children program pertains to infant eligibility and emergency services. If the mother receives full Medicaid, there is an automatic eligibility process for the infant which requires no additional action from mothers as hospitals report the birth to Medicaid. There is no additional documentation needed such as the infant's SSN or proof of citizenship at the time of birth. After the infant's year one, the families must complete the program's redetermination application or renewal process for the infant's ongoing Medicaid eligibility.

Emergency Medicaid covers the cost of individuals who have experienced a medical emergency, and provides medical coverage to uninsured individuals who do not qualify for Medicaid due to citizenship/immigration status (Williams, 2022).

## Data Collection Challenges

Below is a listing of challenges impacting the ability of this study to successfully collect data on Mississippi's Medicaid program for Infants and Children:

- It can be difficult to distinguish between the Medicaid Infants and Children Program (MICP) and the CHIP Program as the two programs sometimes overlap with each other as well as other state health insurance programs serving children.
- There is a lack of publicly reported data by demographic categories for various populations served by the MICP and CHIP programs.
- It can be difficult to understand and determine the application/eligibility process for the overlapping MICP and CHIP health insurance programs.
- It can be difficult to identify local support centers where potential program participants can apply and/or get additional information.
- Navigating the Medicaid state agency website can be difficult for obtaining program related information and data.
- No simple flow charts describing the application and eligibility processes are readily available.

Attempted solutions to overcome the above data collection challenges included calling the local Medicaid branch offices to speak with a customer service representative, and conducting literature searches and document reviews. In many cases, this study's researcher was directed back to the agency's official websites with no navigation support.

## Medicaid Service Locations

The Mississippi Division of Medicaid operates from one central office in Jackson (MS) and 30 regional offices across the state. As related to this research project, the following service

locations were identified for providing Medicaid-related health and/or program services for the eligible population under review in this study:

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<b>Central Office</b>	<b>Mississippi Division of Medicaid</b>
<b>Walter Sillers Building</b> <b>550 High Street, Suite 1000</b> <b>Jackson, Mississippi 39201</b>	<b>Phone: 601-359-3789</b> <b>Fax: 601-359-5252</b> <b>Toll-free: 800-421-2408</b> <b>Website: <a href="http://medicaid.ms.gov">medicaid.ms.gov</a></b>

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### **Regional Office Contact Information**

**Brandon** | 3035 Greenfield Road, Pearl, MS 39208 | 601-825-0477 | Fax: 601-825-2184  
Serves Rankin, Simpson and Smith counties

**Brookhaven** | 1372 Johnny Johnson Drive, Brookhaven, MS 39601 | 601-835-2020 | Fax: 601-833-5429  
Serves Copiah, Lawrence and Lincoln counties

**Clarksdale** | 520 South Choctaw Street, Clarksdale, MS 38614-4800 | 662-627-1493 | Fax: 662-627-5460  
Serves Coahoma, Panola, Quitman and Tunica counties

**Cleveland** | 211 North Chrisman Avenue, Cleveland, MS 38732-2715 | 662-843-7753 | Fax: 662-843-4609  
Serves Bolivar and Sunflower counties

**Columbia** | 501 Eagle Day Avenue, Suite A, Columbia, MS 39429 | 601-731-2271 | Fax: 601-736-7924  
Serves Covington, Jefferson Davis and Marion Counties

**Columbus** | 603 Leigh Drive, Columbus, MS 39705 | 662-329-2190 | Fax: 662-329-8581  
Serves Lowndes and Monroe counties

**Corinth** | 2619 South Harper Road, Corinth, MS 38834-6750 | 662-286-8091 | Fax: 662-287-9763  
Serves Alcorn, Prentiss and Tishomingo counties

**Greenville** | 585 Tennessee Gas Road, Greenville, MS 38701-8143 | 662-332-9370 | Fax: 662-334-4577  
Serves Washington County

**Greenwood** | 805 West Park Avenue, Suite 6, Greenwood, MS 38930-2832 | 662-455-1053 | Fax: 662-459-9754  
Serves Carroll, Leflore and Tallahatchie counties

**Grenada** | 1109 Sunwood Drive, Grenada, MS 38901-6601 | 662-226-4406 | Fax: 662-226-8821  
Grenada, Calhoun, Montgomery, Yalobusha

**Gulfport** | 10298 Corporate Drive, Gulfport, MS 39503-2528 | 228 863-3328 | Fax: 228 868-0121  
Serves Harrison County

**Hattiesburg** | 6971 Lincoln Road Extension, Hattiesburg, MS 39402 | 601-264-5386 | Fax: 601-261-1244  
Serves Forrest, Lamar and Perry counties

**Hinds County** | 500 Clinton Center Dr., Building 3, Floor 2, Clinton, MS 39056 | 601-978-2399 | Fax: 601-956-4264  
Serves Hinds County

**Kosciusko** | 160 Highway 12 West, Kosciusko, MS 39090 | 662-289-4477 | Fax: 662-289-9420  
Serves Attala, Choctaw and Leake counties

**Laurel** | 1100 Hillcrest Drive, Laurel, MS 39440-4731 | 601-425-3175 | Fax: 601-425-9441  
Serves Greene, Jones and Wayne counties

**Madison County** | 805 S. Wheatley, Suite 300, Ridgeland, MS 39157 | 601-956-3350 | Fax: 601-956-4968  
Serves Madison County

**McComb** | 301 Apache Drive, McComb, MS 39648-6309 | 601-249-2071 | Fax: 601-249-4629  
Serves Amite, Pike and Walthall counties

**Meridian** | 3848 Old Highway 45 North, Meridian, MS 39301-1517 | 601-483-9944 | Fax: 601-486-2988  
Serves Clarke and Lauderdale counties

**Natchez** | 103 State Street, Natchez, MS 39120-3468 | 601-445-4971 | Fax: 601-445-8161  
Serves Adams, Franklin, Jefferson and Wilkinson counties

**New Albany** | 850 Denmill Road, New Albany, MS 38652 | 662-534-0441 | Fax: 662-534-7196  
Serves Benton, Pontotoc, Tippah and Union counties

**Newton** | 9423 Eastside Drive Extension, Newton, MS 39345-8063 | 601-635-5205 | Fax: 601-635-5213

Serves Jasper, Newton and Scott counties

**Oxford** | 204-1 Colonnade Cove, Oxford, MS 38655 | 662-371-1365 | Fax: 662-371-1372

Serves Lafayette and Marshall counties

**Pascagoula** | 1702 Denny Avenue, Pascagoula, MS 39567 | 228-762-9591 | Fax: 228-762-7309

Serves George and Jackson counties

**Philadelphia** | 340 West Main Street, Philadelphia, MS 39350 | 601-656-3131 | Fax: 601-656-7950

Serves Kemper, Neshoba, Noxubee and Winston counties

**Picayune** | 1845 Cooper Road, Picayune, MS 39466-2845 | 601-798-0831 | Fax: 601-798-6753

Serves Hancock, Pearl River and Stone counties

**Senatobia** | 2776 Highway 51 South, Senatobia, MS 38668-9403 | 662-562-0147 | Fax: 662-562-7897

Serves DeSoto and Tate counties

**Starkville** | 313 Industrial Park Road, Starkville, MS 39759-3993 | 662-323-3688 | Fax: 662-324-1872

Serves Chickasaw, Clay, Oktibbeha and Webster counties

**Tupelo** | 1742 McCullough Boulevard, Tupelo, MS 38801-7101 | 662-844-5304 | Fax: 662-840-9941

Serves Itawamba and Lee counties

**Vicksburg** | 3401 Halls Ferry Road, Suite 1, Vicksburg MS 39180 | 601-638-6137 | Fax: 601-638-7186

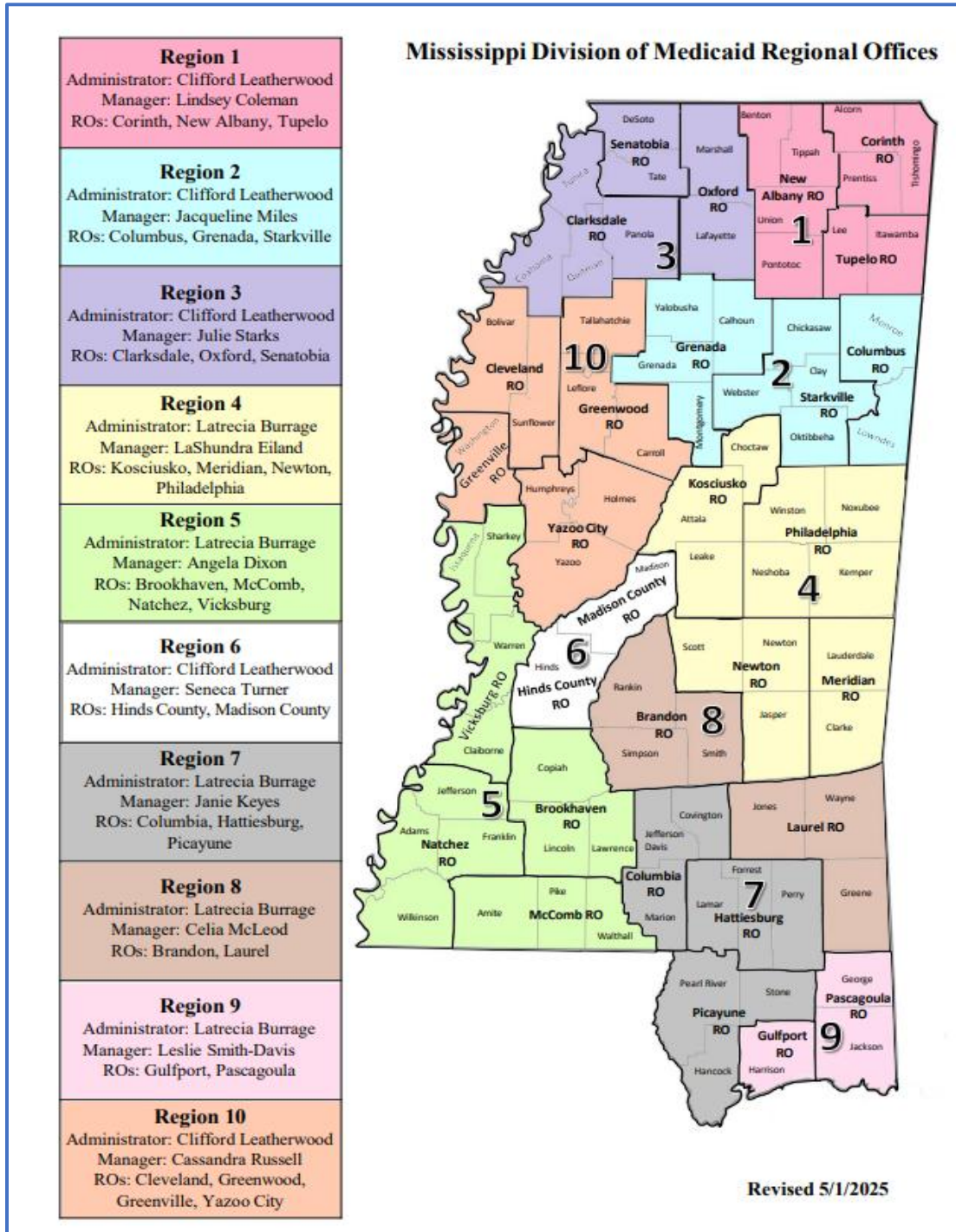
Serves Claiborne, Issaquena, Sharkey and Warren counties

**Yazoo City** | 110 North Jerry Clower Boulevard, Suite A, Yazoo City, MS 39194 | 662-746-2309 | Fax: 662-746-2645 Serves Holmes, Humphreys and Yazoo counties

Source: (Medicaid 2025)

# Regional Offices Map & Key Personnel

Figure 1. Regional Offices & Key Personnel



Source: (Medicaid 2025)

## Summary of Key Findings for Mississippi

The following section presents a listing of key findings and observations emerging from this review of baseline data related to Mississippi's Medicaid for Infants and Children program:

- The percent of children in Mississippi that do not have health insurance for the years 2017-2023 ranged from 3.5% to 19.2% over that time period (Georgetown University, 2023).

Mississippi ranks 37 out of 51 states in terms of providing children's health insurance (Georgetown University, 2023).

- The sources of coverage for children health insurance in Mississippi include: Medicaid and CHIP (48.5%); Employer coverage (36.7%); Direct Purchase (5.9%); Other Public sources (2.9%); and Uninsured (6%) (Georgetown University, 2023).
- Twenty-four percent (24%) of Mississippi population is covered by the Medicaid and CHIP programs (Georgetown University, 2023).
- In Mississippi, there is no Automatic Enrollment for Infants as compared to some other states with automatic enrollment at birth if the mother has Medicaid (Williams, 2022).

## Conclusions

Baseline data findings for the Mississippi Medicaid Infants and Children's program included data collection issues related to limited publicly available data; difficulty with navigating and utilizing the agency's website; and limited support provided by the agency's staff in locating program-related data and information. Some possible recommendations to address those challenges and barriers include enacting adequate policy and programmatic adjustments to remove limiting barriers; providing professional development and customer service training for designated State Employees who administer the program; and providing easier-to-understand program eligibility criteria that clearly distinguishes between the CHIP program and the Medicaid for Infants and Children's program.

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## Mississippi Child Care Payment Program

### **Program Description**

The Mississippi Child Care Payment Program (CCPP) is a state-administered program designed to provide financial assistance to low-income families for child care payments and services. The program is funded through the federal Child Care and Development Fund (CCDF) and managed by the Mississippi Department of Human Services (MDHS).

### **Purpose of the Program**

The purpose of the CCPP is to make child care more affordable for families with limited income and other financial resources. The program offers child care vouchers that help parents and guardians maintain employment and/or pursue educational opportunities; thereby helping to promote economic stability and self-sufficiency of families. The CCPP serves a diverse population in Mississippi composed primarily of low-income families with high poverty levels. Most of the program participants are from economically disadvantaged backgrounds.

### **Mission & Goals**

The mission of the CCPP is to ensure that all children in Mississippi have access to high-quality child care, regardless of their family's income. The program's goals include:

- Supporting Working Families by providing financial assistance for child care, thereby helping parents stay employed or continue their education.
- Enhancing Child Development by ensuring children receive quality care that supports their physical, emotional, and cognitive development.
- Promoting Safety and Well-being by guaranteeing that child care environments are safe and nurturing for all children.

### **Program Components**

The Mississippi Child Care Payment Program (CCPP) includes several key components designed to support low-income families in accessing quality child care. Those components include:

1. Financial Assistance: The program provides child care vouchers to eligible families, covering a large portion of child care costs. Families must meet specific income and employment requirements to qualify for assistance.
2. Provider Network: The program works with a network of approved child care providers across the state.
3. Quality Assurance: The program ensures that participating child care providers meet health, safety, and educational standards.

## Process/Application Workflows

To apply for the CCPP, families must follow these steps:

1. Find a Child Care Provider: Families must select a provider that accepts CCPP payments.
2. Gather Supporting Documents: Required documents include proof of age, family income, and current employment status.
3. Submit Application: Applications may be submitted online or at MDHS offices.
4. Eligibility Determination: MDHS reviews the application and supporting documents to determine eligibility.
5. Notification: Applicants are notified of their approval or denial status (MSDH, 2023).

## Appeals Process

If an application is denied, families have the right to appeal the decision. The appeals process includes:

1. Submit Appeal: Families must submit a written appeal to MDHS within a specified timeframe.
2. Review: MDHS reviews the appeal and any additional documentation provided.
3. Decision: Families are notified of the final decision regarding their appeal (MSDH, 2023).

## Specific Data Findings

The following section presents findings of data collection activities related to this review of the CCPP program:

Table 1. Total Payments to Child Care

Year	Total Payments to Child Care	Description
2024	\$170,459,183	Payments to child care providers for over 40,000 children
2023	\$135,857,129	Payments to child care providers for over 40,000 children

Source: (MSDH, 2025)

### Approval/Denial Rates

The Mississippi Child Care Payment Program (CCPP) does not publicly disclose specific approval and denial rates. However, the program is designed to assist low-income families, and eligibility is determined based on factors such as income, family size, and employment status.

### General Demographic

Table 2 presents U.S. Census data comparing poverty rates across four distinct demographic categories of potential recipients:

Table 2. Mississippi families and their poverty levels

<b>Label</b>	<b>Total</b>	<b>Percent below poverty level</b>
<b>Families in Mississippi</b>	753,239	13.7%
<b>With related children of the householder under 5 years</b>	57,701	19.3%
<b>Black or African American alone</b>	247,694	24.1%
<b>White alone</b>	452,096	7.6%

Source: (Census, 2023)

### Geographic Locations

The CCPP is available to parents, families, and child care providers statewide in Mississippi. Families can choose from a variety of child care providers located in different regions of the state. The MDHS provides a database to help families find approved child care providers in their area (MSDH, 2025).

## Other Data Reviewed

Table 3. Monthly Income Limits

<b>Household Size</b>	<b>Monthly Income Limit</b>
2	\$3,287
3	\$4,143
4	\$5,000
5	\$5,857
6	\$6,713
7	\$6,862
8	\$7,011

Table 3 shows the maximum monthly income limits based upon family household size. Program eligibility is determined by evaluating gross monthly income and household size (Relief, 2024).

## Data Collection Challenges

The following section provides a listing of challenges encountered while trying to collect baseline data on the Mississippi Child Care Payment Program (CCPP):

- Lack of data on program participation rates and Approval/denial rates.
- Limited evidence of program promotion and advertising beyond the MDHS website.
- Annual report limited in reporting standard program information such as detailed demographics on program participants and service providers.
- No “key achievements” listed in the documentation reviewed.
- No mention in the documentation reviewed of obstacles faced and strategies for improving the CCCP.
- In the documentation reviewed, there was limited financial overview provided on the program beyond a listing of yearly dollar totals spent.
- Limited program plans and priorities for the upcoming year were listed in the documentation reviewed.
- Limited breakdown of how funds were spent such as direct payments to providers, administrative costs, and training.
- Difficulty getting demographic and other data needed to adequately assess program outcomes and operations (e.g., Age, gender, of applicant and children; Approval and denial frequencies; demographic background and geographic location of child care service providers).

## Summary of Key Findings & Observations

Below is a listing of key findings and observations that emerged from this review of baseline data related to the Child Care Payment Program:

### (1) Lack of Transparency in Reporting

- The 2023 and 2024 MDHS annual reports lacked detailed data such as demographics, outcomes, and approval and denial rates.

### (2) Temporary Suspension of Applications

- As of April 1, 2025, MDHS placed a temporary hold on all new and renewal applications for CCPP due to exhausted federal COVID-19 relief funds.

### (3) Impact on Families and Children

- Almost 9,000 children are estimated to lose access to subsidized child care.
- Families depending on vouchers are facing instability and fear of losing access to affordable child care.

### (4) Strain on Child Care Providers

- Providers are experiencing shrinking enrollments and rising daily operational costs.
- Many providers are at risk of closure, which could reduce the number of providers for childhood education across the state.

### (5) Concerns About Early Learning

- Providers and advocates are worried about the long-term effects on children's kindergarten readiness and the overall quality of early learning.

## Conclusions

The Mississippi Child Care Payment Program (CCPP) is an important state-administered, federally funded, initiative providing financial aid for child care services to low-income families. The program goals include enabling parental employment, education, and promoting child development. The program is currently in a crisis due to the depletion of COVID-19 federal funding, leading to a temporary hold on new and renewed applications for thousands of families as of April 1, 2025. This has resulted in nearly 9,000 children being dropped from the program and child care providers facing closures, despite Mississippi having millions of dollars in unspent federal TANF funds that could alleviate the shortfall. Furthermore, the program's annual reporting lacks critical data on participation rates, detailed demographics, financial expenditures, and overall program impact on participants, thus hindering transparency and an effective evaluation of the program. Also, a redesign and/or reconstruction of the program's Annual

Reports would help improve the availability of program information to the general public and key stakeholders (e.g., state legislators, private vendors, community advocates, local officials, parents, and other family members).

## **Recommendations**

Based upon this review of baseline data for the Child Care Payment Program, the following recommendations are offered to assist with future analysis of the CCPP program:

- Utilize unspent TANF Funds, or find a way to utilize other grants funds, to expand the provision of childcare services to program participants.
- Get the MDHS to release and expand the availability of program data related to race, income, ethnicity, geographic location, approval and denial rates, appeal rates, and profile reports on child care providers participating in the program.

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## Supplemental Nutrition Assistance Program (SNAP)

### **Program Introduction**

The Supplemental Nutrition Assistance Program, known as SNAP, provides low-income households with nutritional support in the form of benefits to purchase (certain types of) grocery items. The Center on Budget and Policy Priorities (CBPP) describes qualifying low-income households as being “working families with low-paying jobs, low-income older adults (60 years and older), people with disabilities living on fixed incomes, and other individuals needing supplementation of their food budgets in order to meet healthy nutritional requirements and guidelines” (Center on Budget and Policy Priorities, 2024).

Data from the U.S. Census Bureau indicates that in 2023, an estimated 16 million U.S. households received SNAP benefits, or 12.2% of all U.S. households (United States Census Bureau, 2025). The Economic Research Service of the USDA reports that this total includes an average of 42.1 million participants (per month), and that federal expenditures for SNAP spending totaled \$112.8 billion (Jones, 2025). The CBPP describes SNAP as the (second) “most responsive federal program that provides additional assistance during and after economic downturns (behind unemployment insurance)” (Center on Budget and Policy Priorities, 2024).

In the state of Mississippi, SNAP is administered through the Mississippi Department of Human Services’ (MDHS) Division of Economic Assistance Eligibility, which also administers the Commodity Supplemental Food, Temporary Assistance for Needy Families (TANF), Emergency Food Assistance, and SNAP-Ed programs. As of 2023, an estimated 150,942 Mississippi households (12.9% of the total households in the state) are SNAP recipients (United States Census Bureau, 2025), representing approximately 348,800 Mississippians who receive an average monthly benefit of \$303, and in 2024, Mississippi disbursed \$843.7 million in SNAP benefits (Nchako, 2025).

### **Program Description**

While SNAP historically began with the disbursement of paper “stamps” – the source of its original name of “Food Stamp Program”, a transition was made in the late 1990s to an Electronic Benefit Transfer (EBT) system, which used debit cards as a means of issuing benefits to program participants (United States Department of Agriculture, 2025). SNAP functions as a “means-tested” benefit program, which is defined as one in which applicant income and resources must be evaluated to determine eligibility (United States Department of Education, 2025). At present, SNAP includes requirements for income, work status, resources, housing costs, and immigration status to be eligible for program participation (United States Department of Agriculture, 2025). There are also special adjustments to these requirements allowed for households with elderly or disabled members. In general, the income requirement is a gross monthly income that is 130% of the federal poverty level, and a net monthly income that is 100% or less of the federal poverty level. This amount is adjusted depending on the number of persons in the household.

## **Mission and goals**

Information on the history, goals, and objectives of SNAP, along with research on program outcomes, were identified through the following sources:

### **1) Mississippi Department of Human Services**

- SNAP application portal & application information
- SNAP income limits and max benefit amounts
- Rights and Responsibilities of SNAP (Snap) Households
- Work Requirements for Able Bodied Adults without Dependents (ABAWD)
- Recertification information
- Administrative Hearings
- Economic Assistance Eligibility Client Services and EBT Cardholder Assistance

Source: (<https://www.mdhs.ms.gov/help/snap/>)

### **2) U.S. Department of Agriculture Food and Nutrition Service:**

- Eligibility guidelines
- Monthly benefit issuance schedule
- National Accuracy Clearinghouse (NAC) (database for prevention of benefits fraud)
- SNAP Retailer Locator Map (Nationwide)
- Listing of SNAP-allowed and SNAP-prohibited purchases, along with information on approved and pending Food Restriction Waivers
- Information on Disaster Supplemental Nutrition Assistance Program (D-SNAP)

Source: (<https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>)

### **3) Center on Budget and Policy Priorities:**

- SNAP Policy Manual
- General SNAP information
- Online application and eligibility screening / Elderly Simplified Application Project (ESAP)
- Link to printable applications (available in English, Spanish and Vietnamese)
- Statistical data
- Database of SNAP retailers
- Social media links

Source: <https://www.cbpp.org/research/food-assistance/the-supplemental-nutrition-assistance-program-snap>

## Application Process

For residents of Mississippi, participation in SNAP begins with the potential applicant verifying their eligibility, either through the SNAP Pre-Screen tool made available online by MDHS or by using eligibility guidelines to self-determine if they qualify. Documents required for evaluation by MDHS caseworkers must then be compiled by the applicant, for the purpose

### Figure 1. SNAP Program Major Components

#### Major Program Components

- **Qualification & Eligibility Requirements**  
Someone who typically qualifies for SNAP: works for low wages; is unemployed, or works part-time; receives TANF, SSI, or other assistance payments; is elderly or disabled and lives on a small income. To receive SNAP benefits, household must meet eligibility requirements, including income and resource limits.
- **Interview (if required)**  
An interview with an MDHS caseworker may be scheduled after application is submitted. The interview process consists of informing the applicant of SNAP program rights and responsibilities, and applicant may possibly also be asked to submit additional information to verify the amount of SNAP benefits applicant is eligible to receive.
- **Work Requirements**  
SNAP participation requires adherence to general work requirements as part of program responsibilities, usually consisting of 30 hours per week of employment or workforce training for able-bodied adults. Exemptions from this requirement cover persons who are underage, elderly, disabled, or caregivers for someone from any of these groups.
- **Electronic Benefits Transfer card/SNAP debit card**  
Mississippi utilizes EBT cards at participating retailers. Cards are scanned at the time of purchase and then finalized using unique four-digit PINs to authorize the sale. Card balances can be checked via phone, at the retailers, or by reviewing transaction receipts.
- **Retailers**  
Approximately 3,198 food retailers in Mississippi accept SNAP benefits, along with 22 online retailers. Stores display the EBT Quest logo to indicate EBT acceptance, and they may only accept SNAP benefits for staple foods that are not heated and prepared to eat at the time of sale.
- **SNAP-Ed** (*\*Mississippi-based component, not part of federal programming*)  
Supplemental Nutrition Assistance Program Education (SNAP-Ed) is a joint project (sponsored collaboratively by Mississippi State University Extension Service, MDHS, and USDA) to educate Mississippians on how to prepare healthy meals, better budget their SNAP benefits, and lead active lifestyles, with the purpose of improving program

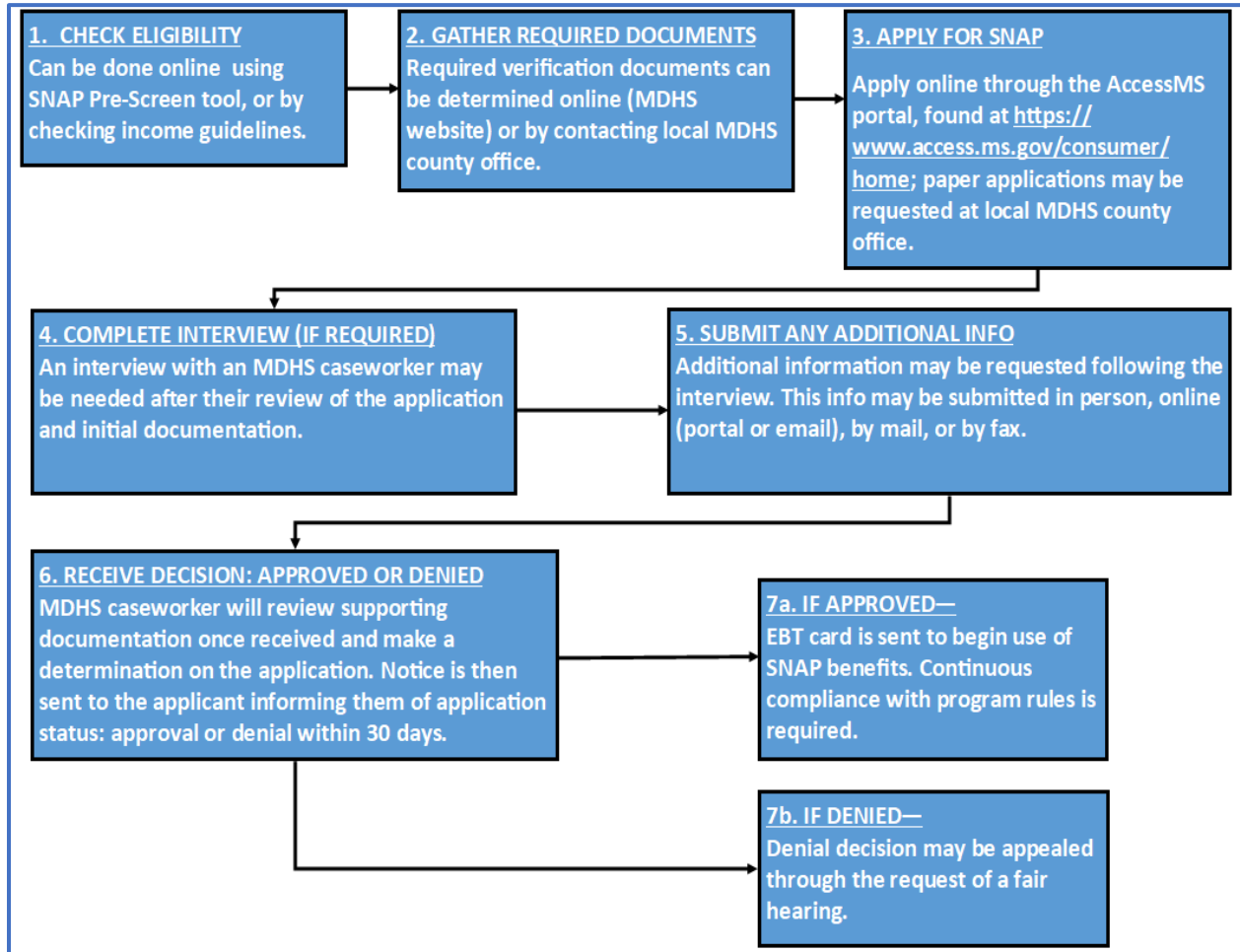
of verifying identity, residency, income, expenses, immigration status, medical history, and other relevant information (Mississippi Department of Human Services, 2025). After the necessary documents have been collected, the applicant must then submit the actual SNAP application either online, or by mailing a paper application obtained from a local SNAP office.

Once submitted, the process may require an interview with an MDHS caseworker. Applicants are notified of the interview by mail or an email stating the date and time of their appointment. If requested in the interview, the applicant must supply additional information to verify their eligibility – this may be submitted via mail, email, fax, in-person, or by uploading online through the MDHS portal. Following submission of any additional information (if required), the applicant will then receive notice of their case status within 30 days (from initial application date). If approved, they will receive their EBT card in the mail after 7-10 days and be informed of their benefit availability. If the application is denied, a Fair Hearing may be requested by the applicant from the Division of Administrative Hearings within the MDHS Office of the Inspector General. The hearings are led by licensed attorneys called Hearing Officers, who are intended to function as impartial mediators. Once approved, SNAP participants must remain in compliance with program rules and requirements, including providing updates on any income changes, recertification (once benefits period has elapsed), and work requirements, if applicable.

### Work Requirement

Participation in the SNAP generally requires a work requirement for certain program participants. The general work requirement is for persons between the ages of 16 and 59 to work thirty hours per week, to be registered for work if not employed, or to participate in state workforce training (United States Department of Agriculture, 2025). Exceptions can be made to the work requirement, however, based on circumstances such as being a student, a caregiver for small children, or disabled. Another requirement for persons between the ages of 18 and 49 is to engage in 80 hours per month of work (employment or volunteering) or workforce training, if they are considered “able-bodied” (that is, without disability) and have no dependents under the age of 18. Persons identified as “Able-Bodied Adult Without Dependents” (ABAWD) are only eligible for SNAP benefits for three months in a three-year period if the work requirement is not met, unless qualified for exemption. Figure 2 below presents a flowchart of the SNAP application process from beginning to end for Mississippi residents.

**Figure 2. SNAP Process Flowchart**



### Specific Data Findings

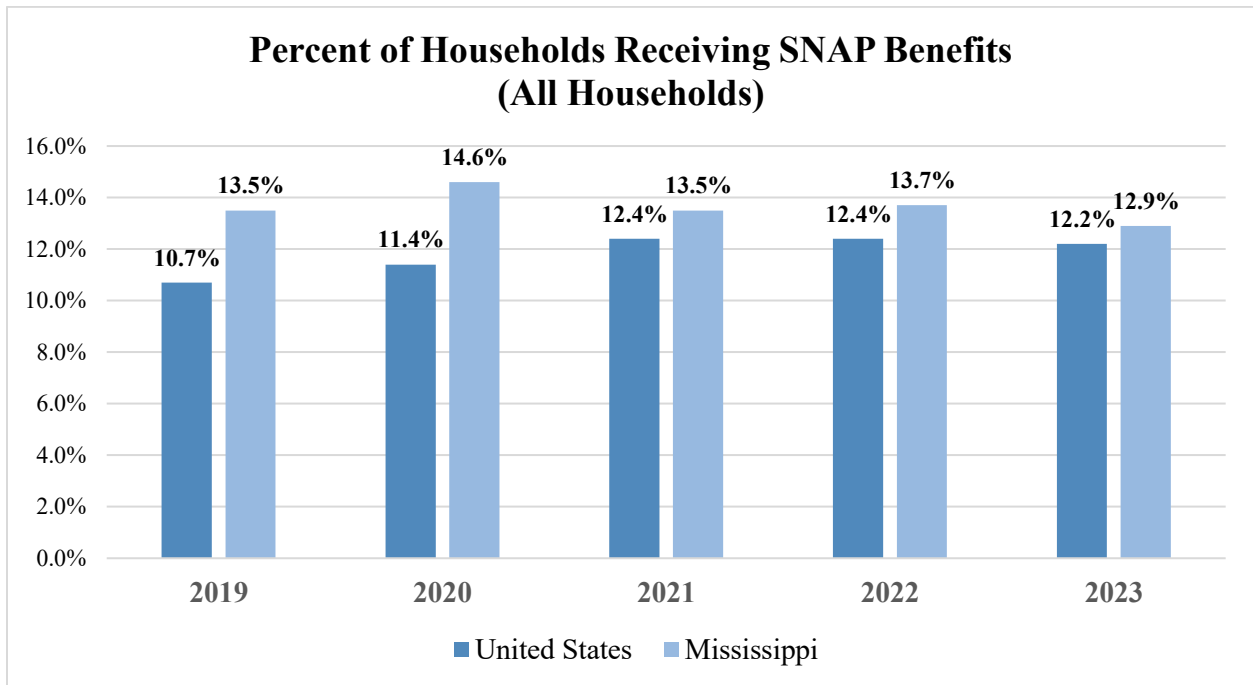
The following section details the availability of SNAP data and related-information for the state of Mississippi. The U.S. Census Bureau maintains demographic data for the state’s population, as well as for SNAP participation. The website [data.census.gov](https://data.census.gov) was used to locate SNAP data for each county in the state, for the years 2018-2022 (American Community Survey, 5-year Estimates), and statewide for the years 2018-2023 (ACS Survey, 1-year Estimates). *NOTE: ACS 5-yr Estimates not available for all counties, and no 2024 data is yet available).*

Census SNAP data includes the following specifications about program participation:

- Total number of SNAP benefit recipients and percentage (of total population)
- Total number of households receiving SNAP and percentage of households receiving SNAP

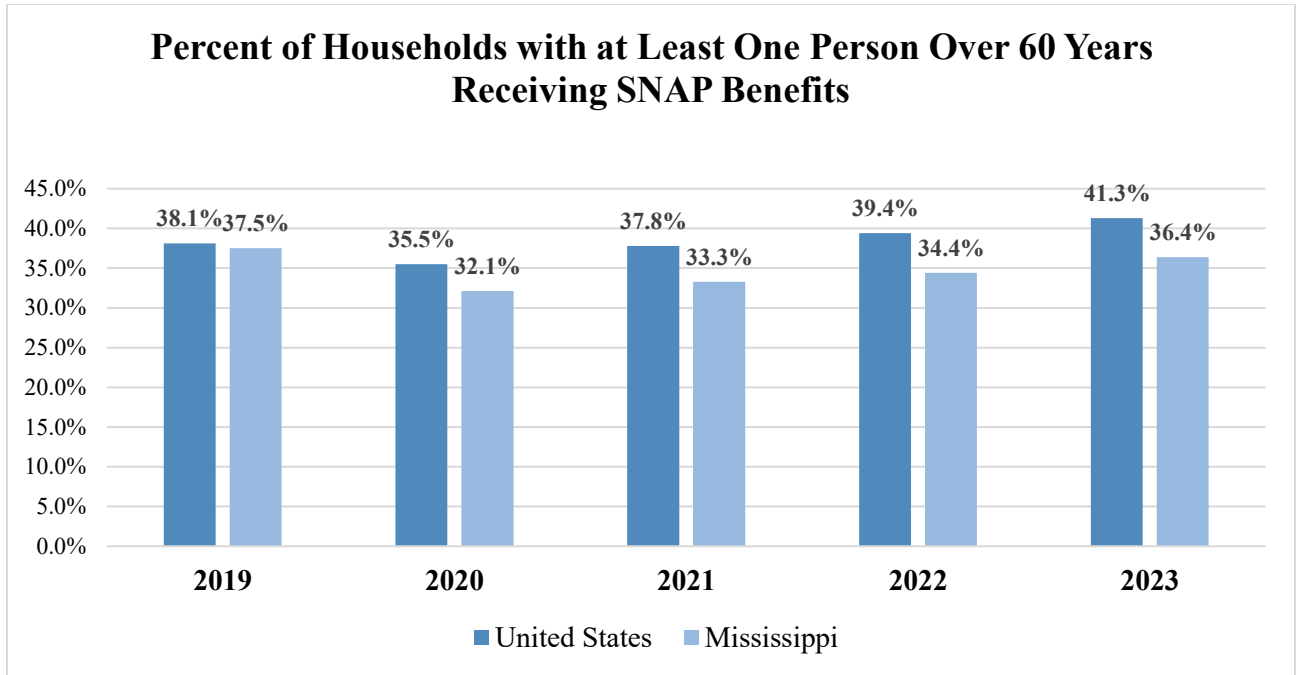
- Total number of households NOT receiving SNAP and percentage of households NOT receiving SNAP
- Household type
- Poverty status in the past 12 months
- Disability status
- Race and Hispanic or Latino origin of households
- Household income in the past 12 months work status

**Figure 3. Total U.S. SNAP Participation Compared to Mississippi SNAP Participation, 2019-2023**



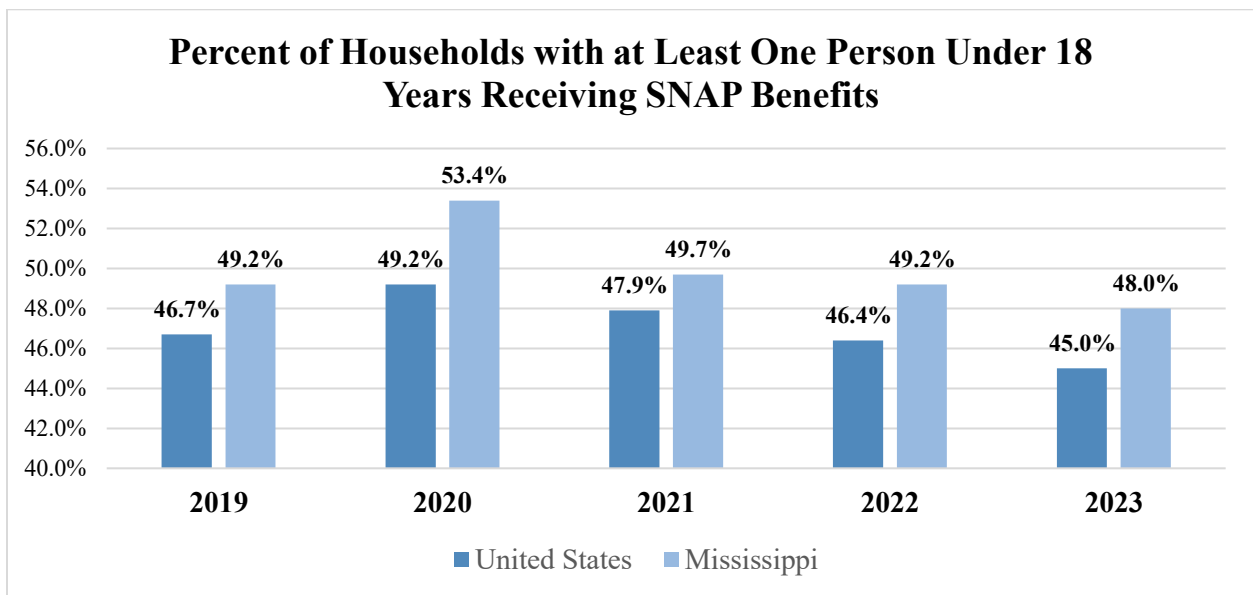
Source: American Community Survey, 5-year Estimates (2019-2023)

**Figure 4. U.S. SNAP Participation Compared to Mississippi SNAP Participation, Households with at Least One Person Over 60 Years of Age, 2019-2023**



Source: American Community Survey, 5-year Estimates (2019-2023)

**Figure 5. U.S. SNAP Participation Compared to Mississippi SNAP Participation, Households with at Least One Person Over 60 Years of Age, 2019-2023**



Source: American Community Survey, 5-year Estimates (2019-2023)

Figures 3-5 are visual illustrations of SNAP data obtained through the U.S. Census Bureau's database. These charts compare specific categories of SNAP participation in Mississippi to program participation in the United States overall for the five-year period of 2019-2023.

#### Approval/denial rates

Information related to the specific numbers of SNAP applications submitted and/or received were not publicly available via this project's online inquiry.

#### Other Data Found/Available

SNAP data for all 50 U.S. states is also available through the U.S. Census Bureau and CBPP websites.

#### Geographic locations

There are 85 local SNAP offices in the state of Mississippi – one in each of the 82 counties, with an additional office (two total) in Bolivar, Monroe, and Sunflower counties. The MDHS and CBPP websites previously listed provide further information (including physical addresses and phone numbers) on geographic locations of local offices for SNAP.

#### **Data Collection Challenges**

The most significant challenge to data collection was the unavailability of approval and denial rates, sourced from records of total application numbers. To address this obstacle, recommendation was made for a formal request or FOIA inquiry by an agency or individual other than MURC.

#### **Summary of Key Findings & Observations**

Based on preliminary reviews of available data for the period of 2019-2023, Mississippi was consistent in SNAP program participation rates (i.e., percentage of households) being higher than the national rate. This was true for both overall participation and for households with at least one child under the age of 18. For households with at least one person over the age of 60, Mississippi had lower participation than the national rate for the same period (United States Census Bureau, 2025).

Even though SNAP benefits are estimated to provide an average of just \$6 per day per person in a household, the program is estimated to have helped raise approximately 103,000 people above poverty level in Mississippi, including 49,000 children, between 2015 and 2019 (Center on Budget and Policy Priorities, 2025). However, there is still a gap in full access to program participation – USDA reports that in 2019, only 65% of eligible Mississippi residents received SNAP benefits, and in the year prior, just 35% of eligible elderly persons received benefits (United States Department of Agriculture, 2025). Because total application numbers were not available to independently determine approval and denial rates, and to detect potential

geographic concentrations of these rates, it is nearly impossible to speculate as to what those specific barriers to access might be. But based on the review of the application process for SNAP benefits, one potential complication emerges immediately – the compliance with program rules may prove more difficult for some than for others, particularly with regard to work requirements and child support cooperation. This may also be the case for very young adults and elderly persons who find that transportation (or some other issue) bars them from visiting a local office in person, even though they may have difficulty navigating the online application process for themselves.

## Conclusions

For the years reviewed, the following section provides a summary of this study’s findings regarding data and other program information on the utilization and accessibility of Mississippi’s SNAP program:

- As of 2023, an estimated 150,942 Mississippi households (12.9% of the total households in the state) are SNAP recipients (United States Census Bureau, 2025), representing approximately 348,800 Mississippians who receive an average monthly benefit of \$303, and in 2024, Mississippi disbursed \$843.7 million in SNAP benefits (Nchako, 2025).
- For the period of 2019-2023, Mississippi was consistent in SNAP program participation (percentage of households) that was higher than the national rate. This was true for both overall participation and for households with at least one child under the age of 18. For households with at least one person over the age of 60, Mississippi had lower participation than the national rate for the same period (United States Census Bureau, 2025).
- There are 85 local SNAP offices in the state of Mississippi – one in each of the 82 counties, with an additional office (two total) in Bolivar, Monroe, and Sunflower counties.

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## Beneficiary Survey Results

### Executive Summary

Access to public benefits programs plays a critical role in supporting the economic stability and well-being of low-income families across Mississippi. Programs such as TANF, SNAP, Childcare Assistance, and Medicaid serve as essential safety net resources. Understanding the barriers associated with these programs is essential for informing policy improvements and ensuring that public benefits programs effectively reach the populations they are designed to serve.

This report presents the findings from the Beneficiary Participation Survey administered by the ACLU of Mississippi. The survey collected responses from 242 participants (n = 242) to identify and document the barriers individuals face when accessing Mississippi's public benefits programs. By capturing the direct experiences of current and recent program participants, this study provides evidence-based insights into application challenges, processing timelines, assistance gaps, and systemic obstacles that affect program accessibility. The following sections outline the key findings, notable responses, and recommendations derived from the survey data.

#### *Key Notable Survey Responses*

- **Program Participation:** A substantial 90.50% of respondents indicated current participation in one or more public benefits programs (TANF, SNAP, Childcare Assistance, or Medicaid for Infants and Children), while 9.50% reported no participation in these programs.
- **Geographic Concentration:** Adams County represented an exceptionally high proportion of respondents at 82.99%, with Hinds and Bolivar counties each accounting for 2.06% of responses. The remaining responses were distributed across 22 other counties, with many Mississippi counties recording no respondents.
- **Employment Status:** The overwhelming majority of respondents (94.20%) reported full-time employment status. Part-time workers comprised 3.38%, while those unable to work represented 1.45%, the unemployed accounted for 0.48%, and the self-employed represented 0.48%.
- **Application Challenges:** Only 22.82% of respondents successfully submitted their applications on the first attempt. A notable 19.42% reported being unable to submit their application at all, while the remaining respondents required multiple attempts.
- **Processing Time:** The vast majority (89.37%) received their application decision in less than 30 days. However, 48.79% of respondents characterized the application process as either very time-consuming (22.22%) or somewhat time-consuming (26.57%).
- **Survey Discovery:** Social media platforms served as the primary channel through which respondents discovered the survey, with 80.98% indicating they found it through Facebook or Instagram.

## *Conclusions*

Across the dataset, the findings point to three overarching patterns in respondents' experiences with public benefits programs. Service delivery varied across programs and locations, with differences in application experiences, communication practices, and access to staff support. Accessibility challenges remained present, shaped by transportation availability, digital access, documentation-related costs, and language clarity. Program operations further contributed to these experiences through complex eligibility requirements, extensive documentation demands, and burdensome appeals procedures. Together, these patterns illustrate how administrative structures and operational practices influence beneficiaries' ability to navigate and sustain participation in public benefits programs.

## *Recommendations*

- **Application Process Simplification:** Given that 77.18% of respondents required multiple attempts or were unable to submit their applications, streamlining the application process should be prioritized. This could include reducing documentation requirements and improving the functionality of the online portal.
- **Enhanced Support Services:** The data indicates strong demand for application assistance (29.32%), translation services (28.01%), and transportation assistance (27.18%). Expanding these support services could improve program accessibility.
- **Geographic Outreach Expansion:** The concentration of respondents in Adams County (82.99%) suggests either targeted survey distribution or limited awareness in other counties. Statewide outreach efforts should be expanded to ensure equitable access across all Mississippi counties.
- **Appeals Process Improvement:** Respondents who filed appeals faced significant challenges, including gathering supporting documents (24.20%), finding legal assistance (23.65%), meeting deadlines (23.10%), and attending hearings (23.10%). Resources for appeals assistance should be strengthened.
- **Eligibility Clarity Enhancement:** More than half of respondents (56.09%) reported varying degrees of confusion about eligibility requirements. Clear, accessible information on household-size definitions, asset limits, and work requirements should be developed and disseminated.
- **Document Obtainment Cost Reduction:** A combined 56.16% of respondents reported out-of-pocket costs of \$26-\$100 for obtaining required documents. Programs to reduce or eliminate these financial barriers should be considered.

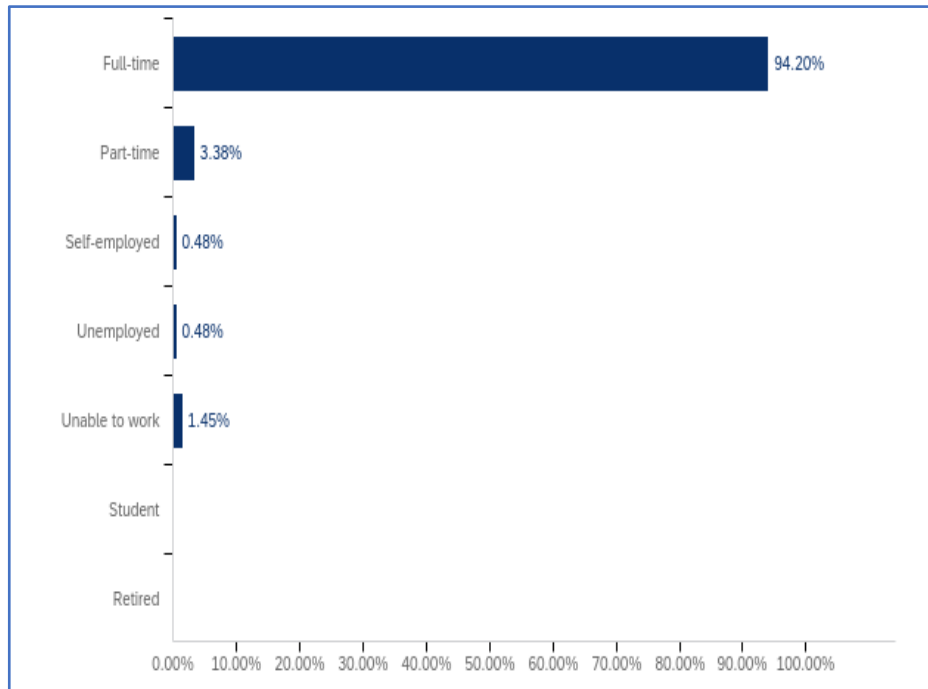
## Demographic Highlights

The survey captured responses from a specific demographic segment of Mississippi's benefits-receiving population. The following subsections detail employment status, racial and ethnic background, household composition, and primary language, providing essential context for understanding the experiences and challenges reported throughout the survey.

### Employment Status

The employment profile of survey respondents reveals a predominantly working population. Full-time employment was reported by 94.20% of respondents, representing an unusually high rate among benefits program participants. Part-time employment accounted for 3.38% of the population, while those unable to work comprised 1.45%. Self-employment and unemployment each represented 0.48% of respondents. Notably, no respondents identified as students or retirees. This employment distribution indicates that the survey captured a population actively engaged in the workforce while simultaneously navigating benefits programs.

The high rate of full-time employment among respondents has significant implications for program accessibility, as traditional office hours may conflict with work schedules. Additionally, work schedules varied considerably, with 57.97% working day shifts and 36.23% working evening or night shifts, further complicating access to services. The figure below displays the distribution of working hours among respondents.



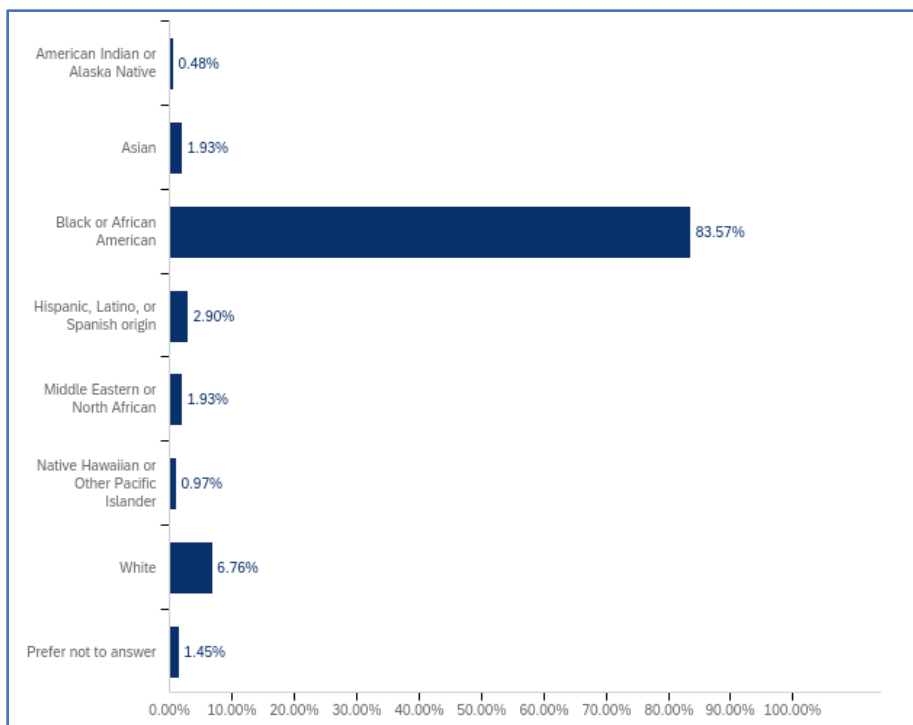
**# What are your typical working hours? Percentage**

1	Day Shift	57.97%
2	Evening/night shift	36.23%
3	Flexible/rotating schedule	3.86%
4	Multiple jobs with varying hours	0.00%
5	Not currently employed	1.93%
	Total	207

*Race/Ethnicity*

The racial and ethnic composition of survey respondents reflects a specific segment of Mississippi's population. Black or African American respondents represented the substantial majority at 83.57% of the survey population. White respondents accounted for 6.76%, while Hispanic, Latino, or Spanish-origin respondents accounted for 2.90%. Asian respondents and those of Middle Eastern or North African descent each represented 1.93% of the population. Native Hawaiian or Other Pacific Islander respondents accounted for 0.97%, and American Indian or Alaska Native respondents represented 0.48%. Those preferring not to disclose their racial or ethnic background comprised 1.45% of respondents.

This demographic distribution is relevant when considering outreach strategies, cultural competency in service delivery, and the potential for varying experiences across different



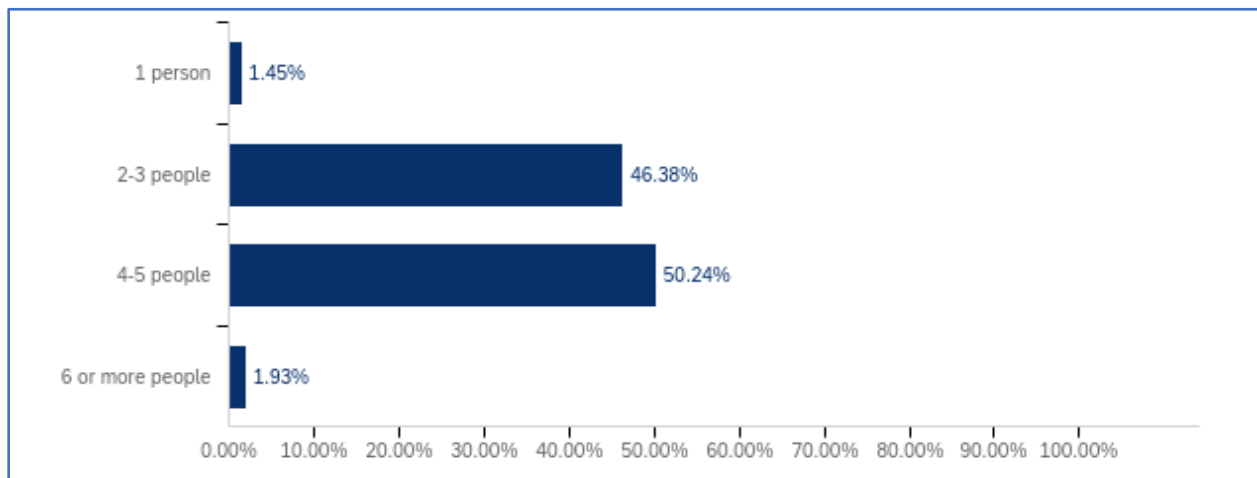
communities within the benefits system. The racial and ethnic composition of survey respondents is illustrated in the figure below. reflects the survey respondents' selections.

### *Household Size*

Household composition among respondents fell primarily into two categories. Households of 4-5 people represented the largest segment at 50.24% of respondents, followed closely by households of 2-3 people at 46.38%. Together, these medium-sized households accounted for 96.62% of all respondents. Single-person households were notably rare, representing only 1.45% of the survey population. Larger households of 6 or more people comprised 1.93% of respondents.

The predominance of medium-sized households has implications for benefit calculations, eligibility determinations, and the documentation burden associated with verifying household composition. Families with children are likely to face additional complexities when navigating multiple programs simultaneously. The graph below shows the typical household size of respondents.

### **Household size:**

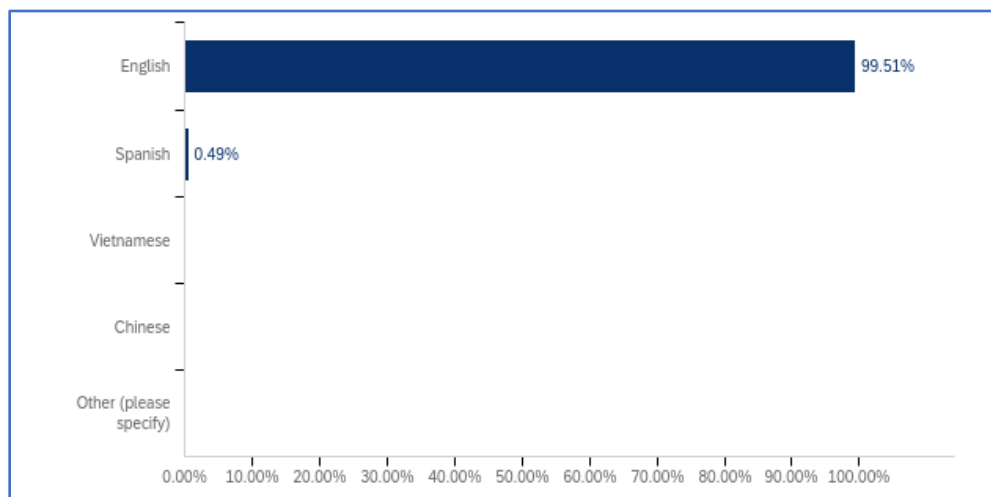


### *Language*

The primary language spoken at home was overwhelmingly English, with 99.51% of respondents identifying it as their household's primary language. Spanish was the only other language represented, accounting for 0.49% of responses. No respondents reported Vietnamese, Chinese, or other languages as their primary home language. Despite near-universal English language proficiency, translation and interpretation services emerged as a significant need in later survey questions, with 28.01% of respondents indicating they would have been helpful.

This apparent paradox suggests that the complexity of program terminology, legal language, and bureaucratic documentation may create comprehension barriers even among native English speakers. These demographic characteristics collectively provide essential context

for interpreting the survey findings that follow. The combination of high employment rates, predominantly medium-sized households, and English-speaking respondents shapes the specific challenges and barriers experienced in accessing Mississippi's public benefits programs. The figure below presents the distribution of primary language spoken among survey respondents.



### *Primary language spoken at home*

The following sections present findings from the survey examining beneficiaries' experiences navigating public benefits programs, with particular attention to service delivery, accessibility, and program operations. With respect to service delivery, respondents describe procedural and communication challenges, including difficulties submitting applications, inconsistent agency communication, and reliance on informal support networks to complete required processes.

In addition to these service-related concerns, accessibility barriers further limit effective engagement, as geographic distance, transportation constraints, uneven digital access, and delays in obtaining assistance compound existing challenges. At the operational level, program structures introduce additional obstacles, including unclear eligibility requirements, complex documentation demands, associated out-of-pocket costs, and burdensome appeals procedures. Taken together, the findings indicate that administrative processes (that will be discussed more in the next chapter), rather than eligibility criteria alone, substantially shape beneficiaries' ability to access, navigate, and retain public benefits.

### *Service Delivery*

Service delivery encompasses the processes through which applicants interact with public benefits systems, including application submission, communication with agencies, and access to staff assistance. Application processes often required multiple attempts, communication occurred through a range of channels with differing levels of consistency, and support from benefits office

staff was uneven. Together, these elements reflect how procedural design and frontline interactions shape beneficiaries’ ability to navigate programs and complete required steps.

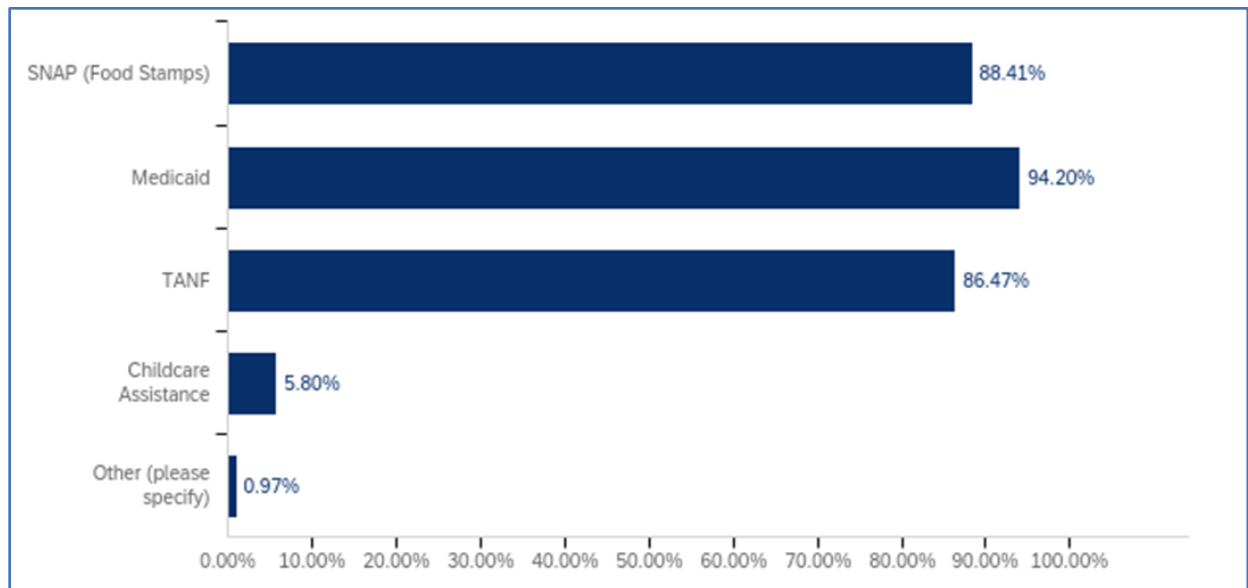
### *Program Participation*

The survey assessed current participation in public benefits programs at the outset. Of the 242 total respondents, 90.50% reported participation in at least one program—TANF, SNAP, Childcare Assistance, or Medicaid for Infants and Children—while 9.50% indicated no current participation. Respondents also identified the programs they had most recently applied for. Medicaid accounted for 34.15% of selections, followed by SNAP at 32.05% and TANF at 31.35%. Childcare Assistance accounted for 2.10% of applications, while other programs accounted for 0.35%. The relatively balanced distribution across SNAP, Medicaid, and TANF suggests that respondents commonly seek multiple forms of assistance simultaneously.

### *Geographic Distribution*

Turning to geographic representation, county-of-residence data were provided by 194 respondents. Adams County accounted for 82.99%, followed by Hinds and Bolivar counties at 2.06% each, Coahoma County at 1.55%, and Alcorn and Attala counties at 1.03% each. An additional 23 counties were represented at approximately 0.52% each, while 59 Mississippi counties recorded no respondents. These data summarize respondents’ participation status, geographic distribution, and benefit application patterns for this section of the survey.

### **For which benefit program(s) did you most recently apply?**

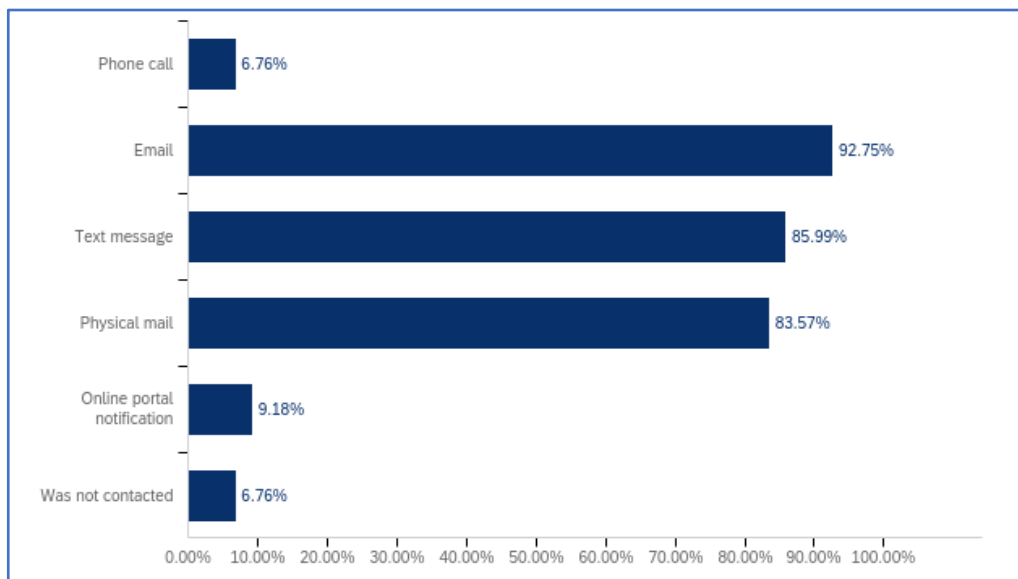


## Communication

Effective communication between benefits agencies and applicants is essential for successful program participation. Multiple communication channels were utilized to reach applicants, with email (32.54%), text messages (30.17%), and physical mail (29.32%) representing the primary methods. Phone calls accounted for only 2.37% of contacts. Information about benefits changes was primarily received through written notices (28.78%), emails (29.74%), and community organizations (26.21%). The data shows Email was the most common contact method at 32.54%, followed closely by text message (30.17%) and physical mail (29.32%). Online portal notifications accounted for 3.22%, while phone calls and no contact each represented 2.37% of responses. The relatively even distribution among email, text, and mail suggests agencies employ multiple contact channels, though the low phone contact rate is notable.

Regarding ongoing benefits information, respondents reported receiving updates primarily through emails (29.74%), written notices (28.78%), and community organizations (26.21%). This pattern indicates that while agencies rely on direct written communication, community organizations play a significant role in keeping beneficiaries informed about program changes. The figure below illustrates the distribution of communication methods used to contact applicants about their applications.

### How were you contacted about your application? (Select all that apply.)



## Application Process Experience

The following sections examine the complete application journey, from initial submission attempts through processing and the support systems applicants utilized. These findings collectively illuminate the challenges and barriers that characterize the benefits application experience in Mississippi.

### *Submission Attempts*

The survey collected data on application submission attempts from 206 respondents, resulting in 36 missing responses among the total survey population. The results reveal that successful first-attempt submission was the exception rather than the norm. Only 22.82% of respondents successfully submitted their application on the first attempt. The remaining respondents reported needing 2 attempts (21.36%), 3 attempts (21.84%), or 4 or more attempts (14.56%). Most significantly, 19.42% reported being unable to submit their application at all despite their efforts.

These findings reveal that more than three-quarters of applicants (77.18%) faced obstacles in the submission process. The nearly one in five who were unable to complete submission represents a population that may have been denied access to benefits due to administrative barriers rather than eligibility issues. Understanding why these submission failures occurred is essential for improving program accessibility.

### *Submission Methods*

Applicants utilized multiple channels to submit their applications, and submission method data was collected from 207 respondents. In-person submission at agency offices was the most common method, accounting for 36.23%, reflecting the continued importance of face-to-face interactions for navigating complex bureaucratic processes. Online portal submissions followed closely at 35.75%, indicating substantial digital engagement despite the challenges noted elsewhere. Mail submissions accounted for 26.57% of responses, providing an alternative for those unable to visit offices or access online systems.

Less traditional methods were rarely used: fax submissions accounted for only 0.97% of submissions, and assistance from community organizations accounted for just 0.48%. No respondents selected other submission methods. The relatively even distribution across the three primary channels—in-person, online, and mail—indicates that applicants adapt their approach based on individual circumstances, preferences, and constraints. However, the persistence of submission difficulties across all channels, as documented in the previous section, suggests that the barriers are systemic rather than specific to any single submission method.

### *Processing Time*

Once applications were successfully submitted, processing proceeded within expected timeframes for most respondents. Processing time information was provided by all 207 respondents who reached this question. The vast majority (89.37%) received their application decision within 30 days, meeting the program's standard timelines. A small proportion (3.38%) received expedited decisions within 7 days. Processing times of 30-45 days accounted for 5.31% of respondents, while 1.93% experienced extended processing times exceeding 45 days. Importantly, no respondents reported never receiving a decision, indicating that applications that reached the processing stage were ultimately resolved.

While these processing statistics suggest the system functions within established parameters once applications are received, they do not capture the full applicant experience. The time invested in preparing applications, gathering documents, making multiple submission attempts, and addressing requests for additional information extends the effective timeline well beyond the formal processing period.

### *Perception of Time Burden*

Respondent perceptions of the time required to complete applications reveal a disconnect between official processing timelines and lived experience. Among 207 respondents, 22.22% rated the overall process as very time-consuming, and an additional 26.57% rated it as somewhat time-consuming. Together, these categories represent 48.79% of respondents—nearly half of all applicants—who experienced the process as burdensome despite the relatively efficient formal processing times documented above.

Those who felt the process took as much time as expected represented 19.81% of respondents, suggesting their expectations aligned with reality, whether positive or negative. On the more favorable end of the spectrum, 16.91% found the process somewhat quick, and 14.49% rated it as very quick. The distribution of responses indicates that while some applicants navigate the system efficiently, a substantial proportion experience significant time burdens that may discourage continued engagement with benefits programs or deter future applications.

### *Assistance Received*

Given the challenges documented in submission attempts and perceived time burden, the sources of assistance applicants relied upon are particularly relevant. Respondents could select multiple sources of assistance, generating 538 total responses that illuminate the support ecosystem surrounding benefits applications. Healthcare providers emerged as the most common source of assistance at 32.16%, highlighting the important role medical settings play in connecting patients to benefits programs. The benefits office staff assisted 31.23% of respondents, demonstrating that agency personnel remain accessible resources despite the difficulties encountered with submissions. Family and friends assisted 30.67% of respondents, underscoring the essential role of personal networks in navigating complex systems.

The data also reveals notable gaps in the assistance landscape. Only 3.72% of respondents reported receiving no assistance, indicating that the vast majority of applicants sought and obtained help from at least one source. However, community organizations provided assistance to only 2.23% of respondents—far below their documented potential capacity for information dissemination. Most strikingly, no respondents reported receiving assistance from legal aid organizations. This complete absence of legal aid support is particularly concerning, given the complexity of eligibility determinations and the appeals challenges reported by respondents who faced benefit denials.

### *Types of Assistance Desired*

Beyond the assistance actually received, respondents identified the support that would have been most helpful during the application and recertification processes. Assistance with completing applications led at 29.32%, confirming that the application itself—not just gathering documents or understanding eligibility—presents substantial challenges. Translation or interpretation services ranked second at 28.01%, a notable finding given that 99.51% of respondents identified English as their primary language; this suggests the complexity of program terminology and bureaucratic language creates barriers that parallel traditional language barriers. Transportation to appointments accounted for 27.18% of responses, connecting to the transportation challenges documented in other survey sections.

### *Program Operations*

Program operations refer to the administrative rules and procedures that govern eligibility determination, documentation requirements, and appeals processes within public benefits programs. Survey findings indicate that respondents encountered varying levels of complexity across these operational components. Challenges related to understanding eligibility criteria, obtaining required documents, managing associated costs, and navigating appeals procedures illustrate how administrative design influences applicants' ability to successfully engage with and remain enrolled in benefits programs.

### *Appeals Process and Challenges*

Respondents' experiences with the appeals process reveal a system that relies heavily on self-directed navigation and provides limited direct professional support. Across 550 total selections, the most commonly identified resources were online materials (31.27%), written instructions (30.91%), and assistance from community-based organizations (30.18%). In contrast, benefits office staff were identified as a resource by only 2.18% of respondents, while legal aid services were available to just 1.64%. A small proportion reported that no resources were available (1.09%) or that they were unaware of available resources (1.27%), and only 1.45% indicated that an appeal was unnecessary.

Among respondents who pursued an appeal, challenges were reported across 723 total selections, underscoring the cumulative burden of navigating the system. The most frequently cited challenge was gathering required documentation (24.20%), followed closely by difficulty obtaining legal assistance (23.65%). Meeting deadlines (23.10%) and attending appeal hearings (23.10%) were reported at nearly identical rates, suggesting that procedural and logistical barriers are pervasive. Less frequently reported challenges included understanding the reasons for denial (1.38%), preparing and submitting the appeal (1.94%), and other miscellaneous issues (0.41%). Only 0.28% reported no challenges, while 1.94% indicated they did not file an appeal.

### *Program Eligibility*

The survey first examined how respondents became aware of public benefits programs. Government websites and program benefit offices each represented 6.06%. Healthcare providers

or clinics accounted for 5.17%, as did schools or childcare centers. Community organizations or religious institutions accounted for 4.28%, matching the share attributed to television, radio, and newspapers. Friends or family members accounted for 4.10%, while automatic screening during another program application represented 1.25%. Other sources comprised 3.03%. Please refer to the Appendix section for descriptions of program eligibility results.

### *Challenges in Documentation*

The survey examined how respondents received information about changes to their benefits during the documentation process. Across 622 total selections, email was the most frequently reported communication method at 29.74%, followed closely by written notices at 28.78%. Community organizations accounted for 26.21% of reported communication channels. Online account notifications accounted for 4.34%, phone calls for 4.02%, and text messages for 3.70%. A small proportion of respondents (3.05%) reported not receiving regular updates, while 0.16% cited other methods.

In addition to communication channels, the survey assessed respondents' experiences obtaining required documentation. Difficulties were reported across 565 total selections, with several document types presenting comparable levels of challenge. Bank statements and utility records each accounted for 12.04% of reported difficulties. Proof of residence represented 11.86%, and income verification accounted for 11.15%. Birth certificates (10.97%) and Social Security cards (10.80%) followed closely. School records accounted for 9.38% of reported difficulties, and medical records represented 8.85%. Proof of identity accounted for 0.71%. A portion of respondents reported no difficulty obtaining documents (12.04%), while 0.18% were unsure which documents were required.

To further capture the burden associated with documentation, the survey asked respondents about out-of-pocket costs incurred when obtaining required documents. Cost information was provided by 203 respondents, reflecting 39 missing responses. The most commonly reported expenditure was \$26-\$50 (50.74%). Costs between \$1 and \$25 were reported by 38.42% of respondents. Those reporting no costs accounted for 5.42%, matching the proportion who spent between \$51 and \$100. No respondents reported costs exceeding \$100 or an inability to afford required document fees.

### *Program Accessibility*

Accessibility captures the extent to which applicants can physically, digitally, and practically access public benefits programs. Survey findings indicate that respondents' access was shaped by geographic proximity to benefits offices, transportation availability, and the range of application and communication methods offered. Variations in distance, mobility options, and digital access highlight how structural factors influence individuals' ability to engage with benefits systems and complete required processes.

### *Distance and Transportation Challenges*

Access to benefits offices depend not only on geographic proximity but also on the availability of reliable transportation. The survey examined both the distance respondents lived from the nearest benefits office and the methods they used to reach these locations. The distance to the nearest benefits office was reported by 207 respondents. The largest proportion lived within 10 miles of an office (41.55%), followed by those living within 20 miles (29.95%) and those living between 20 and 30 miles (26.09%). A small share lived more than 30 miles from an office (1.45%), and 0.97% were unsure of the distance. Figure 2 displays the distribution of respondents by distance to the nearest benefits office. Although most respondents were located within a relatively moderate distance, proximity alone does not fully capture accessibility. Transportation availability and mode play a critical role in determining whether physical distance translates into practical access. The diversity of transportation methods, with no single mode dominating, reflects varied mobility strategies and underscores the importance of accessible office locations and alternative service delivery options.

### **Qualitative Insight**

Beyond the structured survey items, respondents provided open-ended feedback that offers insight into the lived consequences of administrative processes. These qualitative responses reinforce the quantitative findings while illuminating the personal experiences behind the data. In this data, respondents consistently emphasized the need for clearer eligibility requirements and more understandable program communication. Respondents also noted the difficulty of attending in-person appointments while managing childcare responsibilities, illustrating how administrative demands often conflict with the daily realities of applicants. Interestingly, these experiences illustrate the human impact of program design features and reinforce the broader patterns identified in the quantitative analysis.

Table 1 presents a selection of participant recommendations for improving the public benefits program.

**Table 1 Participant recommendations for improving the public benefits program**

**What recommendations do you have for improving access to Mississippi's public benefits programs?**

- Clear and well understandable requirements
- Take the application over the phone and ask if any changes and if none then approve the application.
- none
- Be transparent about process and determination of benefit amounts. Increase time of notifications of changes to benefit programs. Provide more up to date information about resources. And a backup plan for when program resources thin at the end of the year.
- Having a case manager that can help a person complete the application.
- Allow other proof of birth instead of birth certificate. Allow initial acceptance until otherwise proven not eligible, I needed childcare as soon as I got a new job but the process of providing proof of new Income and a birth certificate takes a while and while I'm waiting I still needed childcare.
- more one on one contact with the parents for questions and concerns on the time frame for assistance
- find a way to not have people hold the line so long until they hang up on the person on the other end who has already been on hold a long time
- Keep them active because people need them to survive
- hire more workers
- The eligibility requirements are insane so many people have had to pull their kids from Childcare because they can't afford to pay for childcare and work and pay bills and the sad thing is it's the most Childcare's in North Mississippi charge less than they should be charging and they're all closing down and having issues which intern makes it hard for parents to work when they close down
- They would do well to make it simpler by just simply transferring over the basic information from previous applications for those of us who were already on it and just doing a recertification . It's diabolical to have to go and get the same info over and over again. It's even worse when they don't call you or make things clear and then your deadline is missed and you get get cut off and have to again , GET EVERYTHING ALL OVER AGAIN TO

SUBMIT like they don't have the information anymore all of a sudden . That's so time consuming . Also , their database needs to be more secure . It's insane to me that someone from 5 states over is able to access someone else's SNAP card and steal their stamps, and it's so disappointing that they won't even replace them! MS really needs to do better!

- the state should focus on reducing barriers and making the application process easier for everyone. Simplifying paperwork, allowing online and mobile applications, and offering help through community partners would make it easier for people in rural or low-income areas to get the support they need.
- I got a \$1 raise and they cut my SNAP benefits in half to where it will not cover my all food for the month. I think there should be more funding available to applicants + they did not even talk to me about the decision or if there was anything I could do to keep the past amount.
- maybe not so thorough when filling out the documents because that did take me a while.
- Develop mobile apps for easy access to health information

## **Discussion and Key Findings**

This section synthesizes the survey results to identify patterns, relationships, and implications for policy and practice. The interpretation draws upon the quantitative findings presented in the preceding sections while acknowledging limitations of the data.

### *Survey Population Characteristics*

The survey reached a specific segment of Mississippi's population receiving benefits. Respondents were characterized by high rates of program participation (90.50%), full-time employment (94.20%), and geographic concentration in Adams County (82.99%). The demographic profile skewed heavily toward Black or African American respondents (83.57%), English speakers (99.51%), and medium-sized households of 2-5 people (96.62%). These characteristics should inform the interpretation of the findings, as experiences may differ across populations that are underrepresented in this sample. The geographic concentration in Adams County is particularly notable. While this pattern may reflect targeted survey distribution, it could also indicate higher program participation rates or greater engagement with the ACLU in this region. Future research would benefit from broader geographic sampling to understand statewide patterns and regional variations in program access.

### *Application Process Barriers*

Turning to the application experience, the process emerged as a significant area of concern, with multiple indicators of difficulty converging. The finding that 77.18% of respondents required multiple attempts or were unable to submit their applications represents a substantial barrier to program access. This pattern is particularly striking given that respondents

utilized diverse submission methods, including in-person visits, online portals, and mail. The 19.42% who reported being unable to submit their applications at all represent potential denied access to needed benefits. Combined with the 48.79% who perceived the process as time-consuming, these findings suggest systemic issues in application design and processing that warrant attention regardless of submission method.

#### *Work Schedule and Service Access Conflict*

The challenges associated with the application process are further compounded by employment-related constraints. The high rate of full-time employment (94.20%) among respondents, combined with the substantial proportion working evening or night shifts (36.23%), creates potential conflicts with traditional benefits office hours. This population faces unique challenges in accessing in-person services, attending appointments, and managing documentation requirements while maintaining employment. These patterns suggest that working benefits recipients may experience time constraints as a barrier to maintaining eligibility, independent of financial eligibility considerations. Expanded service hours, increased remote service options, and streamlined recertification processes could help address these scheduling conflicts.

#### *Assistance Network Patterns*

Given the barriers documented above, the sources of assistance that applicants relied upon are particularly relevant. Healthcare providers emerged as the leading source of help (32.16%), even surpassing benefits office staff (31.23%). This finding suggests that healthcare settings may serve as important touchpoints for benefits program engagement. The strong role of family and friends (30.67%) indicates that personal networks remain essential support systems for navigating the application process. However, notable gaps exist within the assistance landscape. The complete absence of legal aid assistance is significant given the complexity of eligibility determinations and appeals processes. This gap persists despite 23.65% of appeal filers identifying legal assistance as a challenge. Strengthening connections between benefits programs and legal aid organizations could address this unmet need.

#### *Translation Services Paradox*

A related finding concerns the demand for language and interpretation support. The high demand for translation and interpretation services (28.01%) among a population that is 99.51% English-speaking presents an apparent paradox. This pattern suggests the need may relate more to the complexity of program terminology and documentation than to basic language barriers. Technical jargon, legal terminology, and bureaucratic language may create comprehension challenges even for native English speakers. This interpretation is supported by findings on eligibility comprehension, which indicate that household-size definitions (26.69%), asset limits (26.39%), and work requirements (26.39%) posed nearly equal challenges. Simplifying program language and providing plain-language explanations could address this need more effectively than traditional translation services.

### *Documentation Burden*

Beyond language complexity, document requirements present multifaceted challenges. The broad distribution of difficulty across document types, with no single document dominating, suggests systemic rather than isolated barriers. The financial burden is also substantial, with 89.16% of respondents incurring out-of-pocket costs for documents, most commonly in the \$26-\$50 range. For households already experiencing financial strain, these document costs represent an additional barrier to benefits access. The finding that obtaining proof of identity was the least difficult (0.71%) suggests that some document requirements are more accessible than others, potentially offering models for reducing barriers associated with more challenging document types.

### *Appeals Process Complexity*

For respondents who faced benefit denials, the appeals process presents multiple simultaneous barriers rather than a single primary obstacle. The nearly equal distribution of challenges across gathering documents (24.20%), finding legal assistance (23.65%), meeting deadlines (23.10%), and attending hearings (23.10%) indicates that comprehensive support is needed rather than targeted interventions addressing any single barrier. The reliance on self-service resources for appeals, with online resources (31.27%) and written instructions (30.91%) most commonly available, may be insufficient for complex cases. The gap between community organization involvement in information sharing (26.21% for benefits changes) and appeals assistance (30.18% available) suggests potential for expanded support in this area. Taken together, the near-equal distribution of major challenges suggests the appeals process imposes multiple, simultaneous barriers, and when viewed alongside the limited availability of professional assistance, these findings point to a structurally complex system in which procedural demands may exceed the support provided.

### *Communication Channel Effectiveness*

Understanding how agencies communicate with applicants is important for assessing overall communication effectiveness. The survey reveals a multi-channel environment where no single method dominates. Email, text, and physical mail each reach roughly 30% of applicants for application updates. For benefits changes, community organizations play a significant role (26.21%) alongside written notices (28.78%) and emails (29.74%). The low rate of phone contact for applications (2.37%) contrasts with open-ended comments from respondents requesting more personal contact, suggesting that phone outreach, while less common, may be valued when it occurs. The minimal use of online portal notifications for both applications (3.22%) and benefits changes (4.34%) indicate potential underutilization of digital communication channels.

### *Transportation and Geographic Access*

Finally, geographic proximity and transportation access together shape respondents' ability to engage with benefits offices. While most respondents lived within 20 miles of a benefits office, the absence of a dominant transportation mode suggests uneven access conditions

across the respondent population. Public transportation (27.05%), personal vehicles (25.12%), rides from family or friends (23.67%), and walking (21.74%) were all utilized at similar rates. Notably, more than one-quarter of respondents (27.18%) indicated that transportation assistance would be helpful, underscoring the gap between geographic proximity and functional accessibility. These findings highlight that even when benefits offices are located within a reasonable distance, transportation barriers can significantly constrain access, reinforcing the importance of alternative service delivery options and transportation-sensitive policy design.

### **Limitations and Considerations**

Several factors should be considered when interpreting the survey findings, and transparency regarding these constraints is necessary for the appropriate application of the results. Prior to analysis, the data underwent quality assurance procedures, including the identification and removal of automated or bot-generated responses. While these steps were taken to preserve data quality, the presence of such responses during initial collection underscores ongoing challenges in digital survey administration and the need for continued safeguards. The findings presented are based on the cleaned dataset and should be interpreted accordingly.

Because most respondents resided in one county, the findings should not be interpreted as representative of experiences across Mississippi. A substantial majority resided in Adams County, which limits the extent to which the findings reflect conditions in other regions of Mississippi. Although Adams County is a rural, economically constrained area, access to public benefits may differ across the Mississippi Delta, the Gulf Coast, and metropolitan regions due to variations in local office practices, staffing capacity, and regional economic conditions. Broader geographic representation would strengthen future assessments of statewide patterns.

Survey discovery also introduces selection effects. Most respondents accessed the survey through social media platforms, which may overrepresent individuals with reliable digital access while underrepresenting those facing connectivity limitations, limited technology access, or lower digital literacy. Given that digital access barriers were identified elsewhere in the survey, it is likely that some of the individuals most affected by these constraints were unable to participate. In addition to these geographic constraints, uneven completion across survey items limits interpretation of findings for questions with higher levels of nonresponse. Nonresponse varied across survey items, with some questions receiving fewer responses than others, which limits statistical power for select analyses. As a result, findings associated with those items should be interpreted with caution when considering broader application beyond the respondent pool.

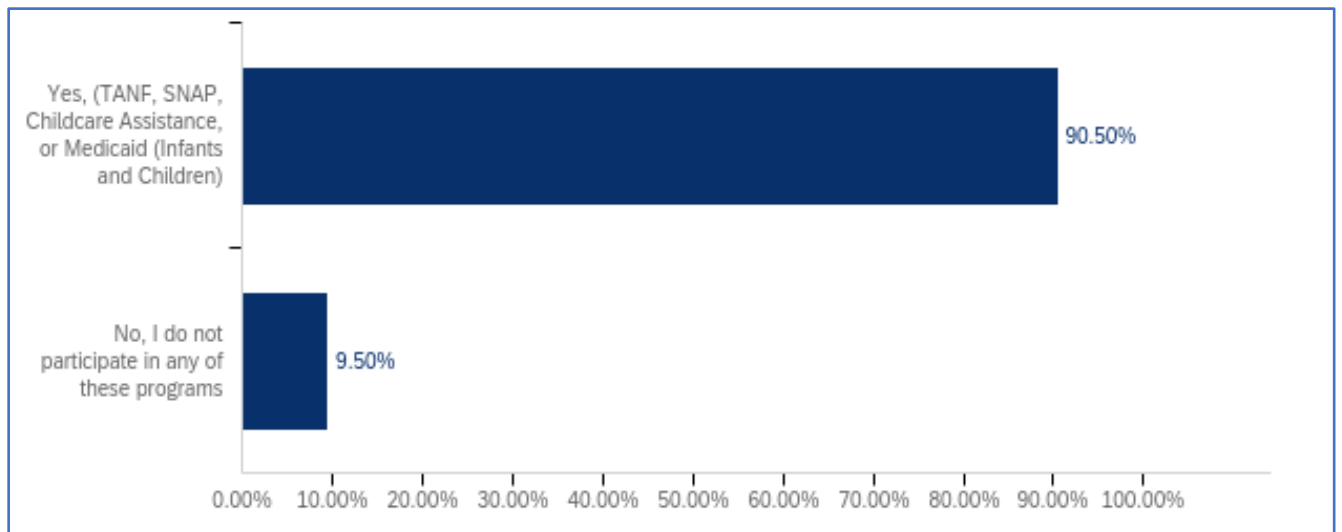
Lastly, the respondents' employment profiles also warrant consideration. The high rate of full-time employment among participants differs from national patterns observed among public benefits recipients. This pattern may reflect regional labor conditions, recruitment pathways, the timing of data collection, or characteristics of the programs represented in the sample. Consequently, findings related to work schedule conflicts and office accessibility may not fully capture the experiences of unemployed or underemployed individuals.

## Appendix: Response Count Summary

The following table summarizes response counts for each survey section relative to the total of 242 survey participants.

*Note: Questions that permit multiple selections (benefit programs applied for, assistance received, desired assistance types, etc.) yielded total selection counts exceeding the number of respondents. These selection totals are reported within the relevant sections of the detailed results.*

### Q34 - Do you currently participate in any of the following programs listed below?



#	Do you currently participate in any of the following programs listed below?	Percentage
1	Yes, (TANF, SNAP, Childcare Assistance, or Medicaid (Infants and Children))	90.50%
6	No, I do not participate in any of these programs	9.50%
	Total	242

**1-1 - County of residence:**

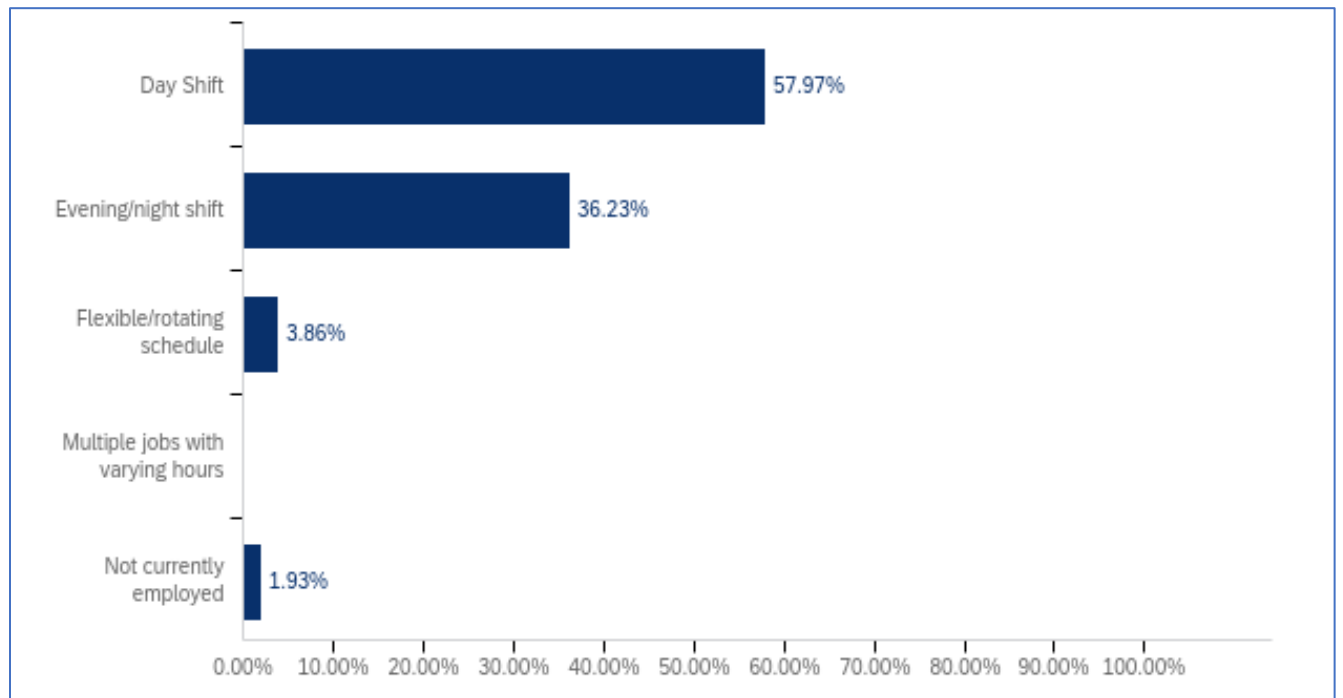
#	County of residence:	Percentage
1	Adams	82.99%
2	Alcorn	1.03%
3	Amite	0.00%
4	Attala	1.03%
5	Benton	0.52%
6	Bolivar	2.06%
7	Calhoun	0.52%
8	Carroll	0.52%
9	Chickasaw	0.00%
10	Choctaw	0.52%
11	Claiborne	0.52%
12	Clarke	0.00%
13	Clay	0.00%
14	Coahoma	1.55%
15	Copiah	0.00%
16	Covington	0.52%
17	DeSoto	0.00%
18	Forrest	0.00%
19	Franklin	0.52%
20	George	0.00%
21	Greene	0.00%
22	Grenada	0.00%
23	Hancock	0.00%
24	Harrison	0.52%

25	Hinds	2.06%
26	Holmes	0.00%
27	Humphreys	0.52%
28	Issaquena	0.52%
29	Itawamba	0.00%
30	Jackson	0.52%
31	Jasper	0.52%
32	Jefferson	0.52%
33	Jefferson Davis	0.00%
34	Jones	0.00%
35	Kemper	0.52%
36	Lafayette	0.00%
37	Lamar	0.00%
38	Lauderdale	0.00%
39	Lawrence	0.00%
40	Leake	0.00%
41	Lee	0.00%
42	Leflore	0.00%
43	Lincoln	0.00%
44	Lowndes	0.00%
45	Madison	0.00%
46	Marion	0.00%
47	Marshall	0.00%
48	Monroe	0.00%
49	Montgomery	0.52%
50	Neshoba	0.00%
51	Newton	0.00%
52	Noxubee	0.00%

53	Oktibbeha	0.00%
54	Panola	0.00%
55	Pearl River	0.00%
56	Perry	0.52%
57	Pike	0.00%
58	Pontotoc	0.00%
59	Prentiss	0.00%
60	Quitman	0.00%
61	Rankin	0.00%
62	Scott	0.00%
63	Sharkey	0.00%
64	Simpson	0.00%
65	Smith	0.00%
66	Stone	0.00%
67	Sunflower	0.00%
68	Tallahatchie	0.00%
69	Tate	0.00%
70	Tippah	0.00%
71	Tishomingo	0.00%
72	Tunica	0.52%
73	Union	0.00%
74	Walthall	0.00%
75	Warren	0.00%
76	Washington	0.52%
77	Wayne	0.00%
78	Webster	0.00%
79	Wilkinson	0.00%
80	Winston	0.00%

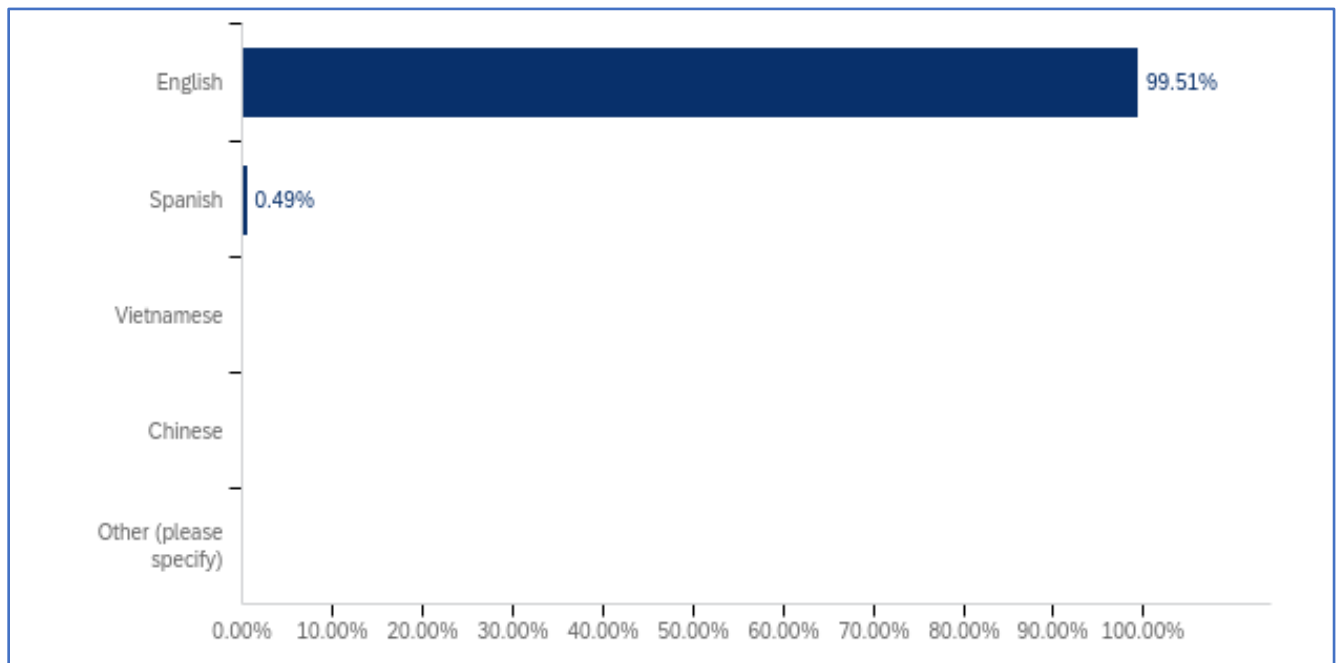
81	Yalobusha	0.00%
82	Yazoo	0.00%
	Total	194

#### 4 - What are your typical working hours?



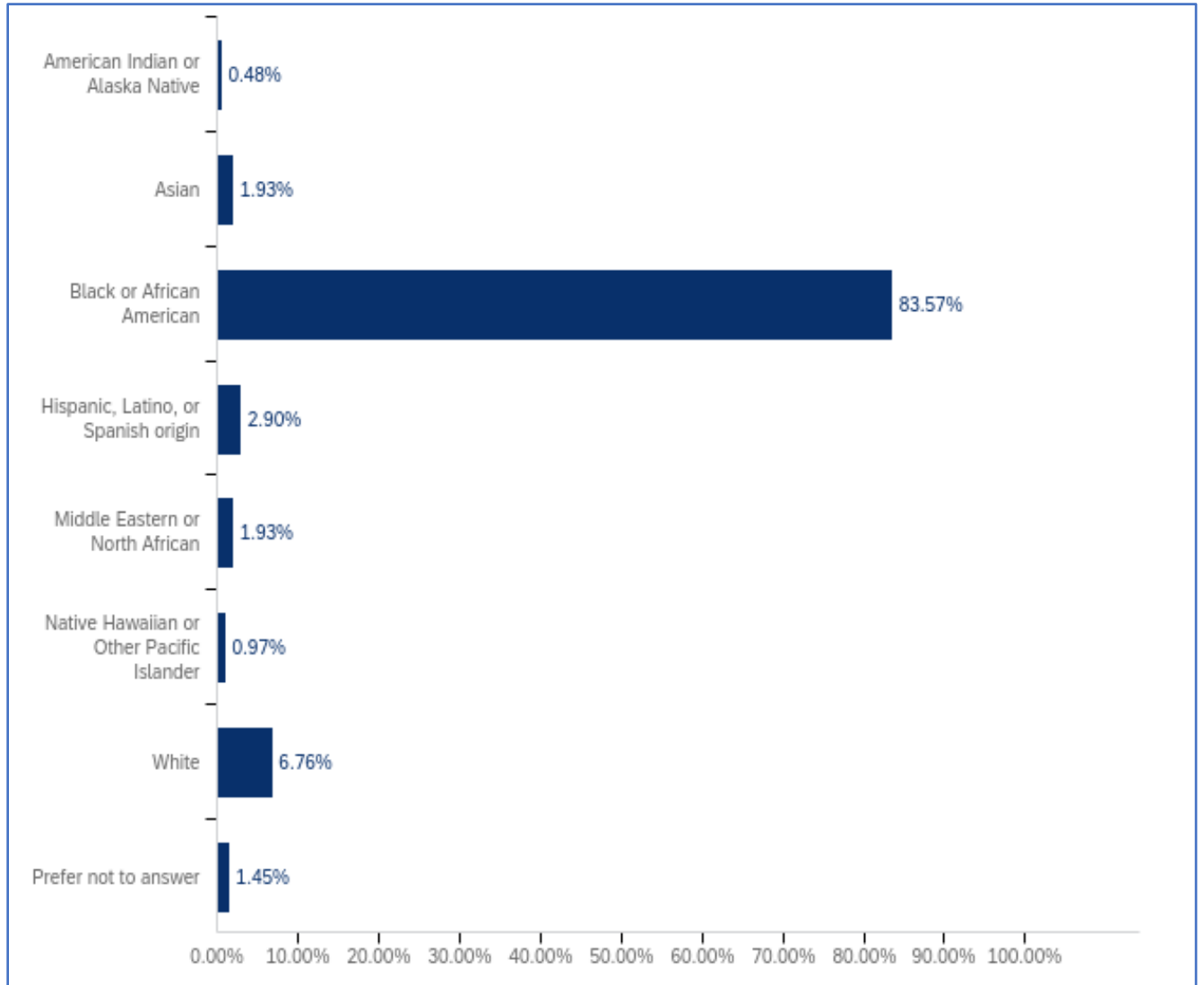
#	What are your typical working hours?	Percentage
1	Day Shift	57.97%
2	Evening/night shift	36.23%
3	Flexible/rotating schedule	3.86%
4	Multiple jobs with varying hours	0.00%
5	Not currently employed	1.93%
	Total	207

**5-1 - Primary language spoken at home:**



#	Primary language spoken at home:	Percentage
1	English	99.51%
2	Spanish	0.49%
3	Vietnamese	0.00%
4	Chinese	0.00%
5	Other (please specify)	0.00%
	Total	204

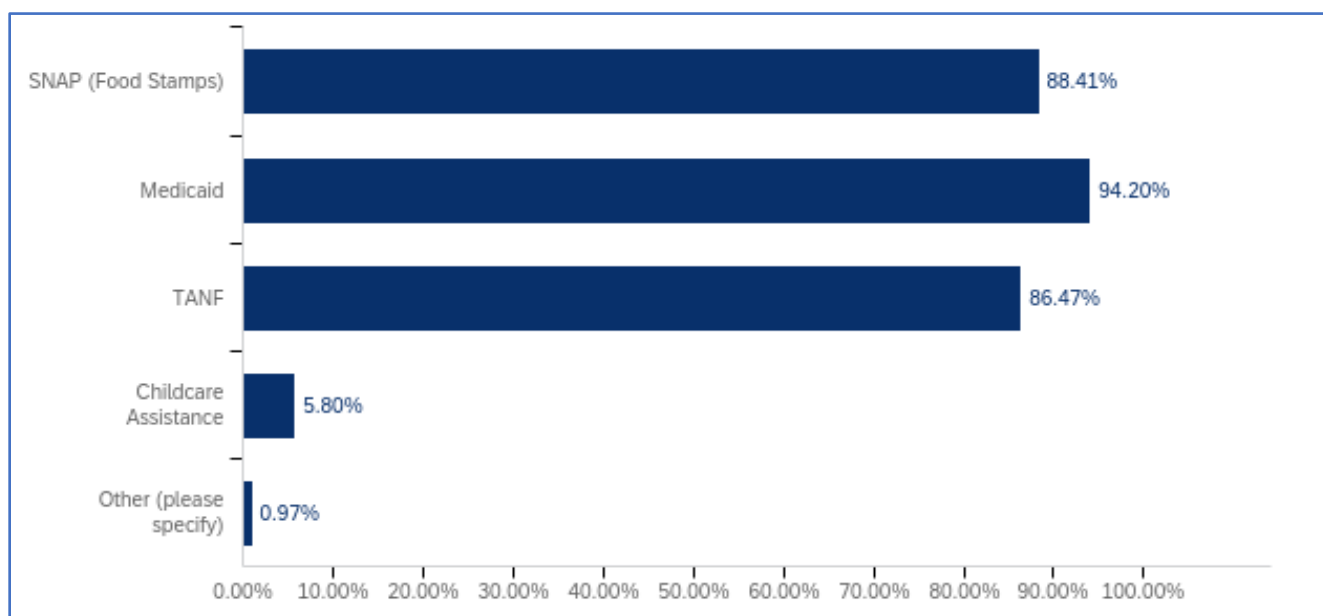
**6 - Which of the following best describes your racial or ethnic background? (Select all that apply.)**



#	Which of the following best describes your racial or ethnic background? (Select all that apply.)	Percentage
1	American Indian or Alaska Native	0.48%
2	Asian	1.93%
3	Black or African American	83.57%
4	Hispanic, Latino, or Spanish origin	2.90%

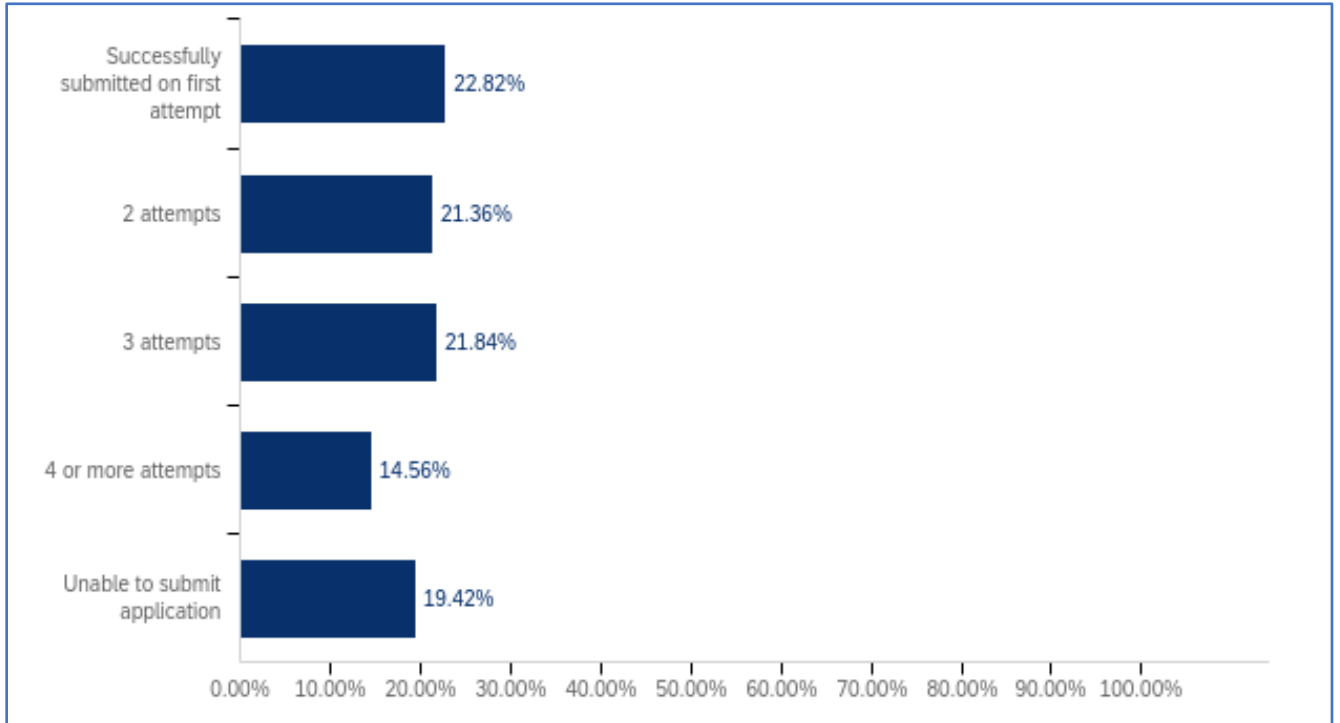
5	Middle Eastern or North African	1.93%
6	Native Hawaiian or Other Pacific Islander	0.97%
7	White	6.76%
8	Prefer not to answer	1.45%
	Total	207

**7 - For which benefit program(s) did you most recently apply? (Select all that apply.)**



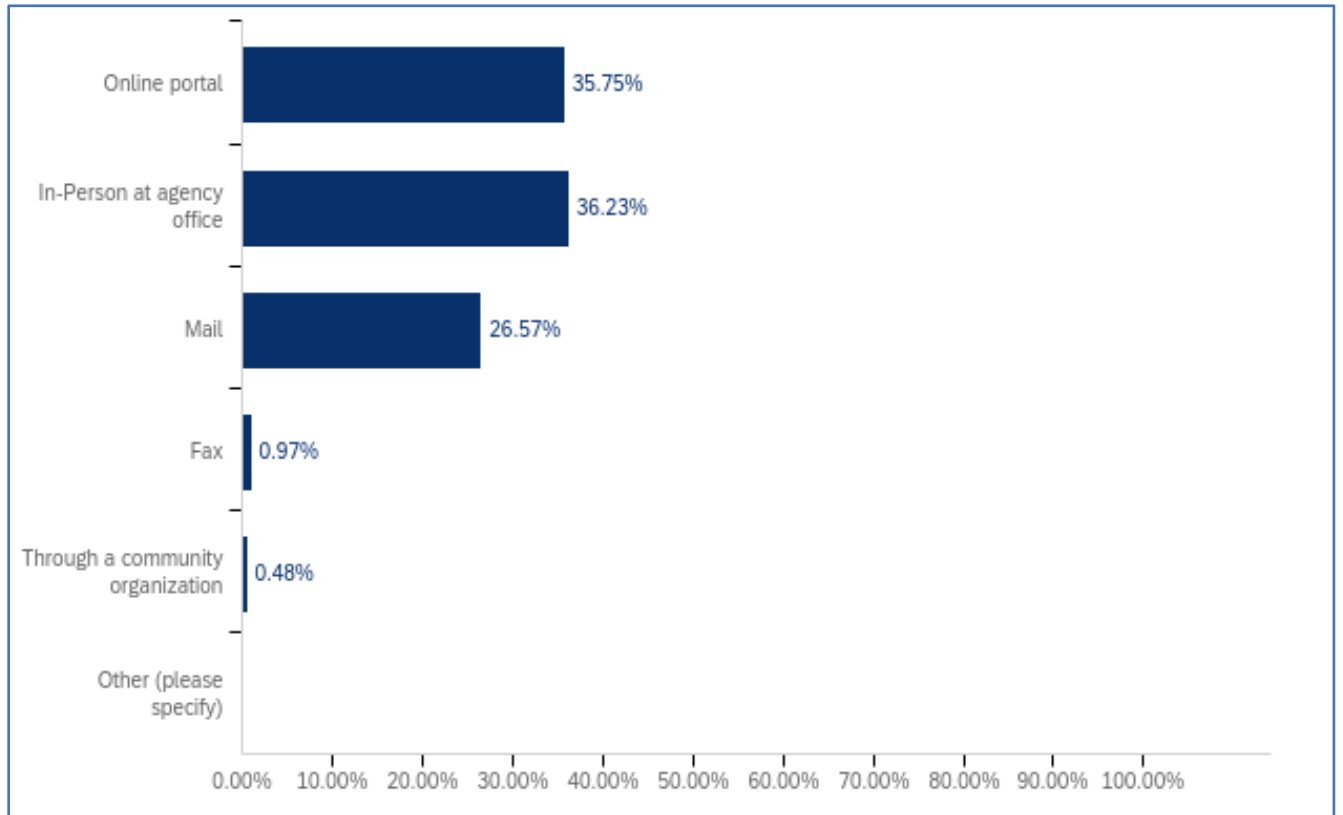
#	For which benefit program(s) did you most recently apply? (Select all that apply.)	Percentage
1	SNAP (Food Stamps)	32.05%
2	Medicaid	34.15%
3	TANF	31.35%
4	Childcare Assistance	2.10%
5	Other (please specify)	0.35%
	Total	571

**8 - How many times did you attempt to submit your application before succeeding?**



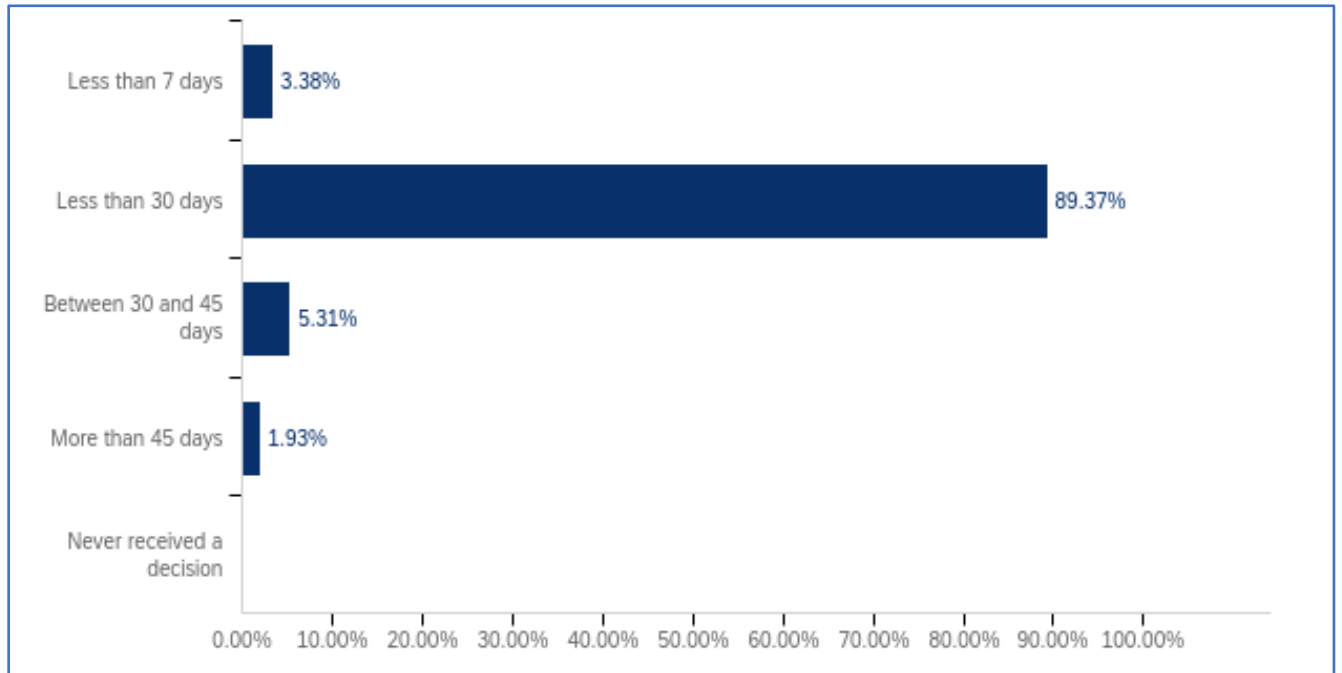
#	How many times did you attempt to submit your application before succeeding?	Percentage
1	Successfully submitted on first attempt	22.82%
2	2 attempts	21.36%
3	3 attempts	21.84%
4	4 or more attempts	14.56%
5	Unable to submit application	19.42%
	Total	206

**9 - Which method(s) did you use to submit your application? (Select all that apply.)**



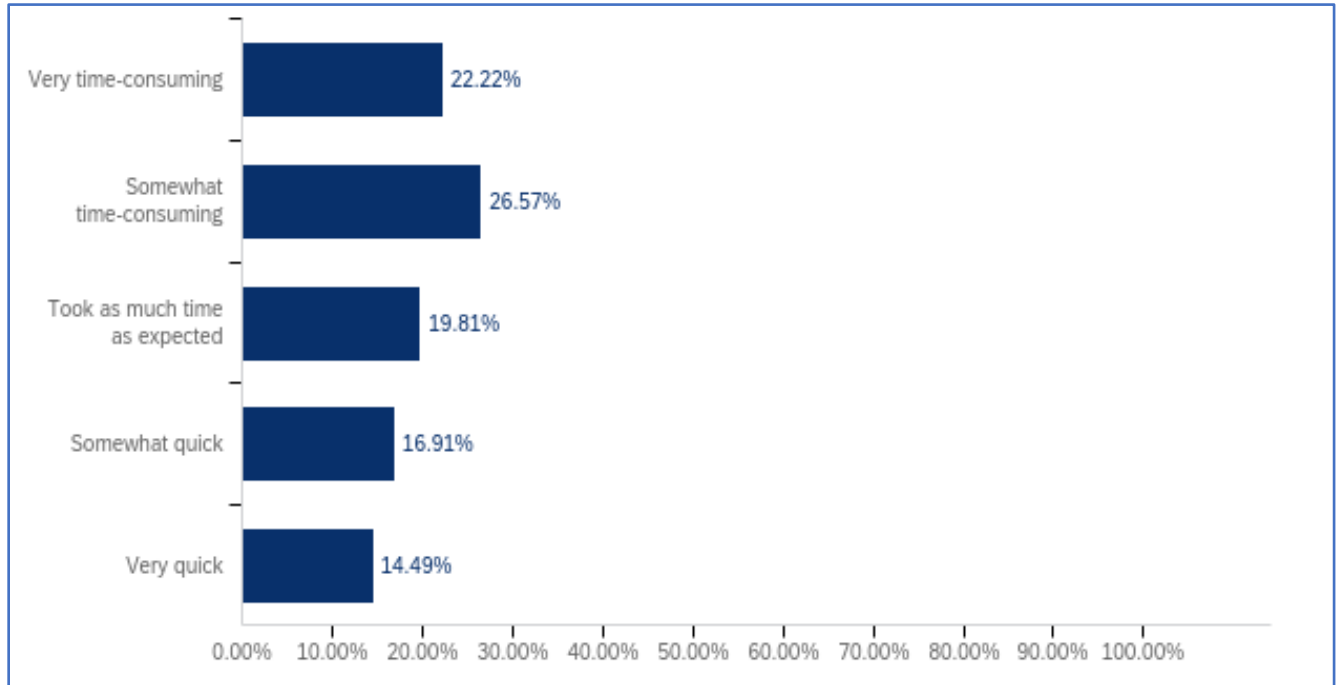
#	Which method(s) did you use to submit your application? (Select all that apply.)	Percentage
1	Online portal	35.75%
2	In-Person at agency office	36.23%
3	Mail	26.57%
4	Fax	0.97%
5	Through a community organization	0.48%
6	Other (please specify)	0.00%
	Total	207

**10-1 - How long did the entire application process take, from start to getting the decision?**



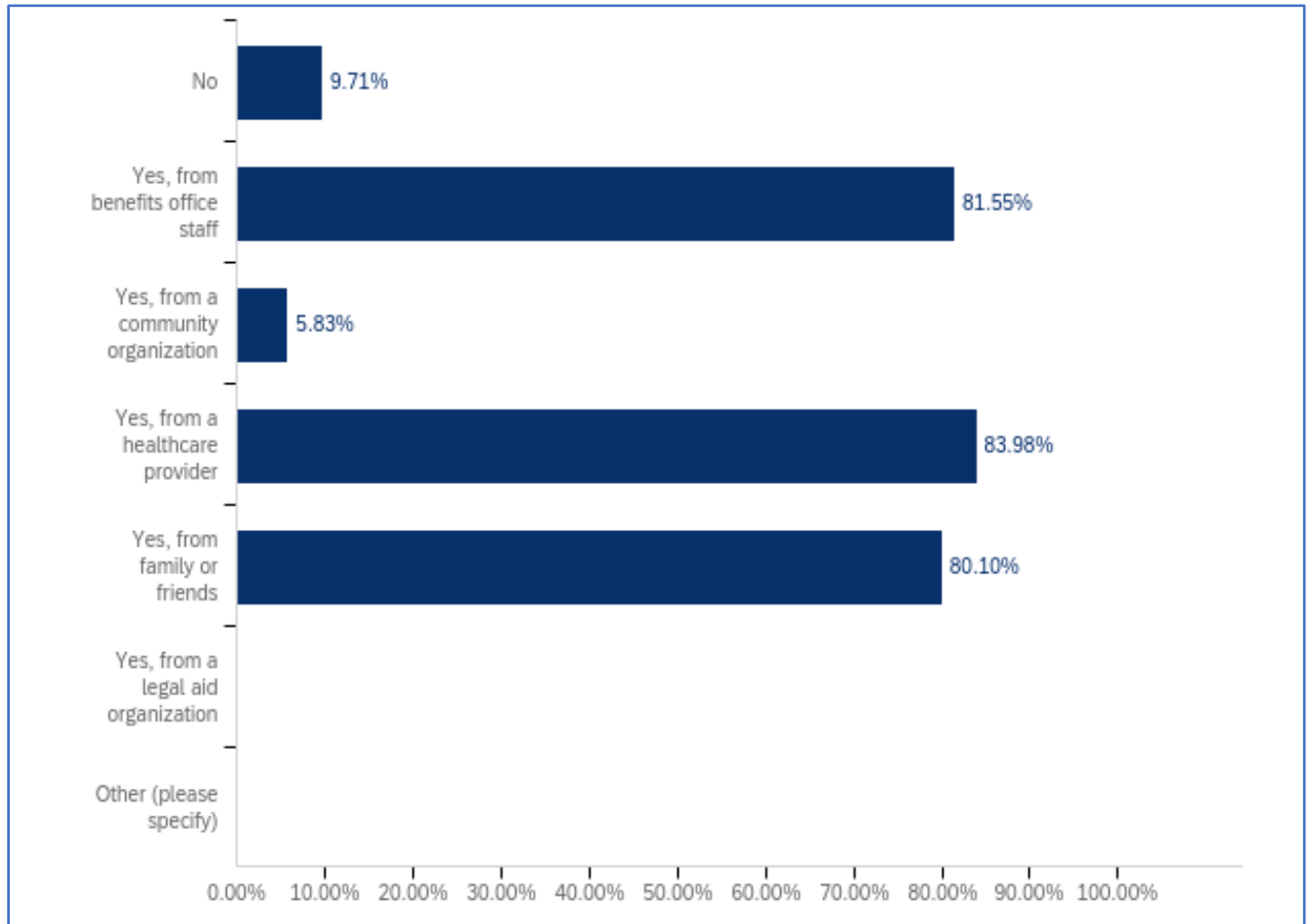
#	How long did the entire application process take, from start to getting the decision?	Percentage
1	Less than 7 days	3.38%
2	Less than 30 days	89.37%
3	Between 30 and 45 days	5.31%
4	More than 45 days	1.93%
5	Never received a decision	0.00%
	Total	207

**11 - In your experience, how would you rate the amount of time it took to complete your application?**



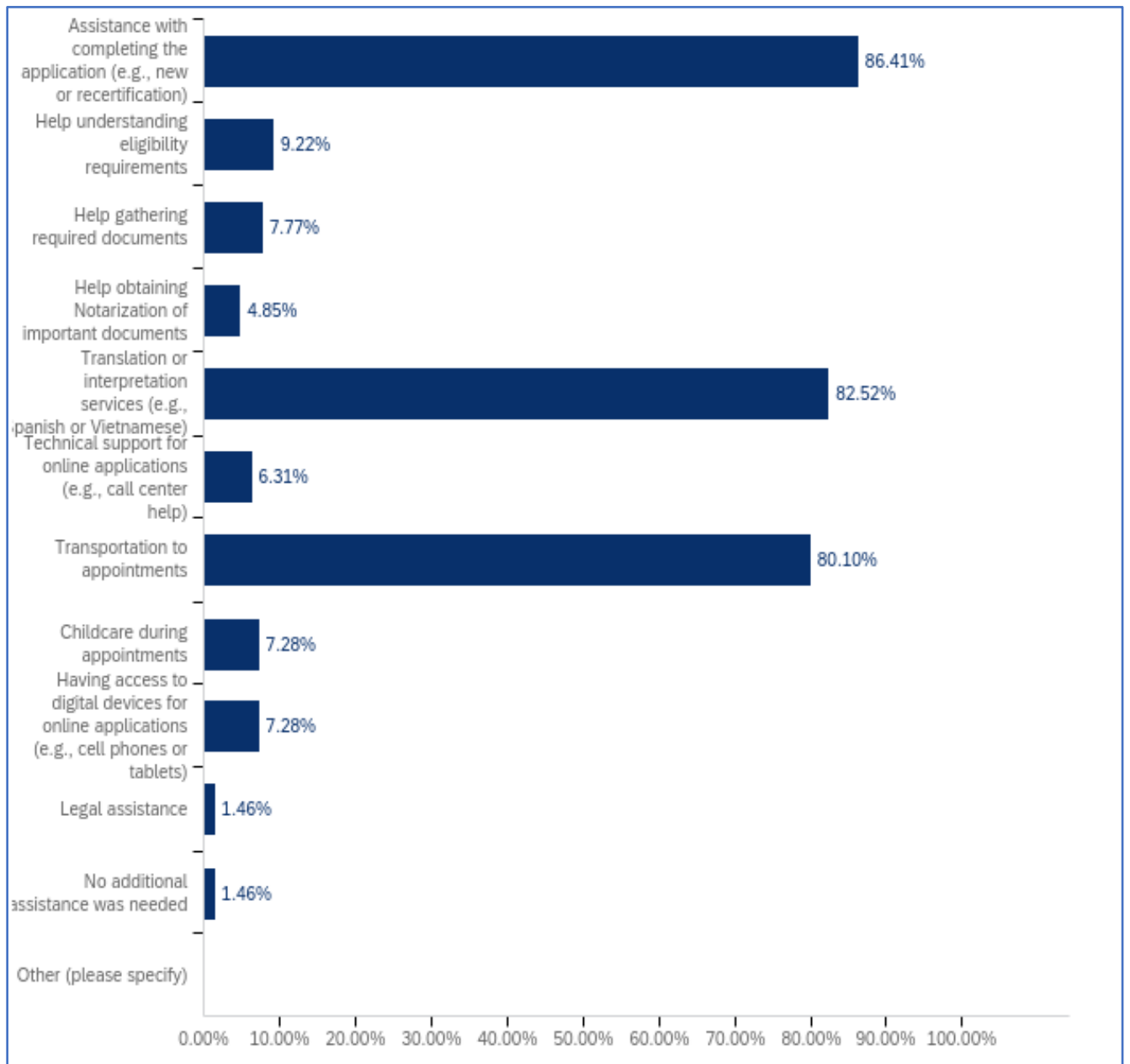
#	In your experience, how would you rate the amount of time it took to complete your application?	Percentage
1	Very time-consuming	22.22%
2	Somewhat time-consuming	26.57%
3	Took as much time as expected	19.81%
4	Somewhat quick	16.91%
5	Very quick	14.49%
	Total	207

**12 - Did you receive help with your application? (Select all that apply.)**



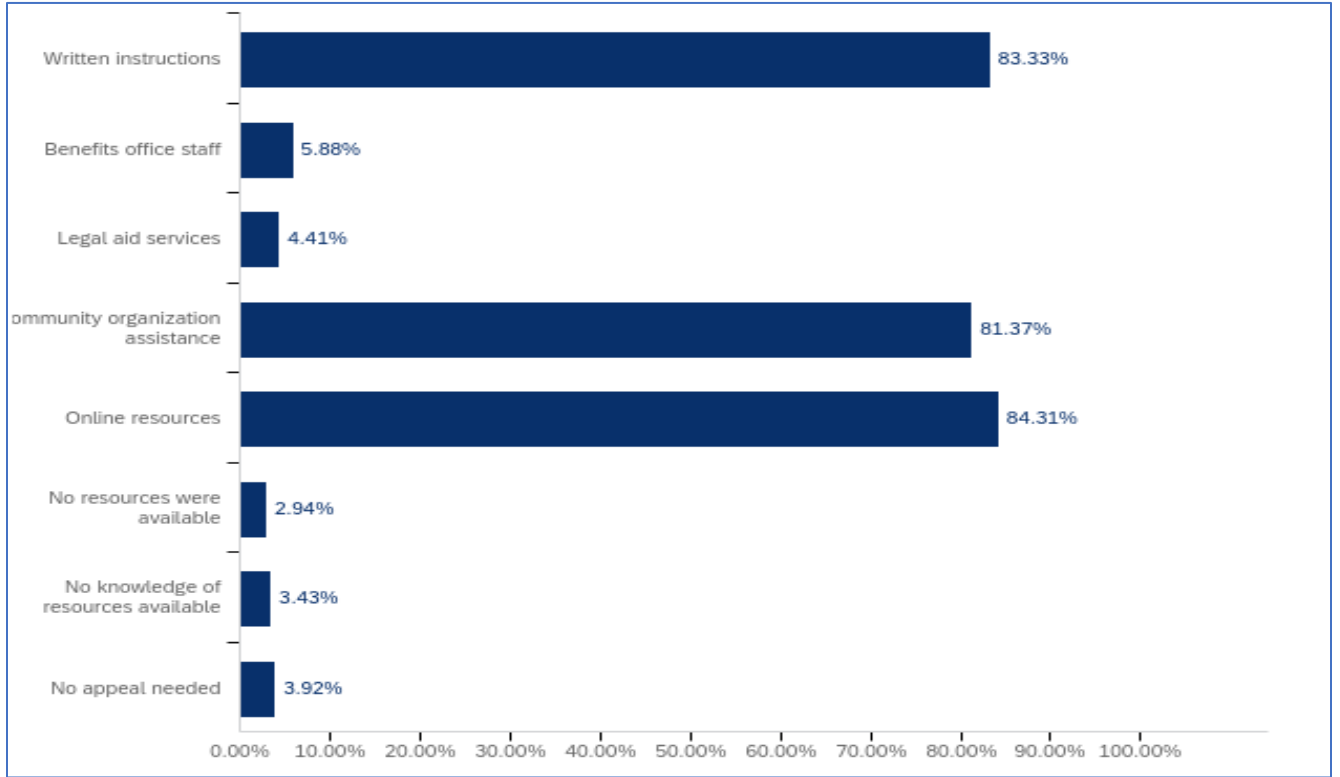
#	Did you receive help with your application? (Select all that apply.) - Selected Choice	Percentage
1	No	3.72%
2	Yes, from benefits office staff	31.23%
3	Yes, from a community organization	2.23%
4	Yes, from a healthcare provider	32.16%
5	Yes, from family or friends	30.67%
6	Yes, from a legal aid organization	0.00%
7	Other (please specify)	0.00%
	Total	538

**13 - What type of assistance would have been most helpful during the application and/or recertification process? (Select all that apply.)**



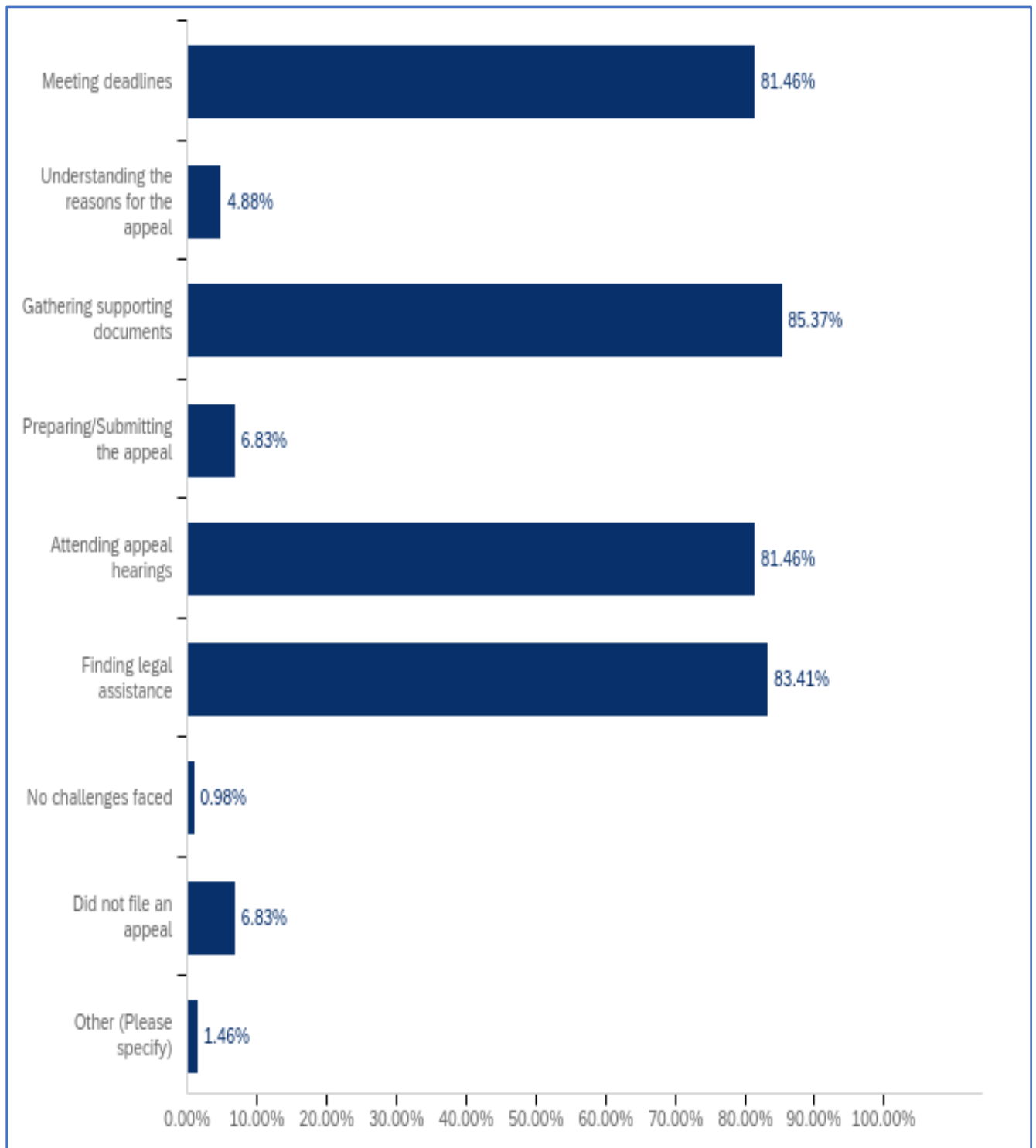
#	What type of assistance would have been most helpful during the application and/or recertification process? (Select all that apply.)	Percentage
1	Assistance with completing the application (e.g., new or recertification)	29.32%
2	Help understanding eligibility requirements	3.13%
3	Help gathering required documents	2.64%
4	Help obtaining Notarization of important documents	1.65%
5	Translation or interpretation services (e.g., Spanish or Vietnamese)	28.01%
6	Technical support for online applications (e.g., call center help)	2.14%
7	Transportation to appointments	27.18%
8	Childcare during appointments	2.47%
9	Having access to digital devices for online applications (e.g., cell phones or tablets)	2.47%
10	Legal assistance	0.49%
11	No additional assistance was needed	0.49%
12	Other (please specify)	0.00%
	Total	607

**14 - If you needed to appeal a denial decision, what resources were available to help with appeals? (Select all that apply.)**



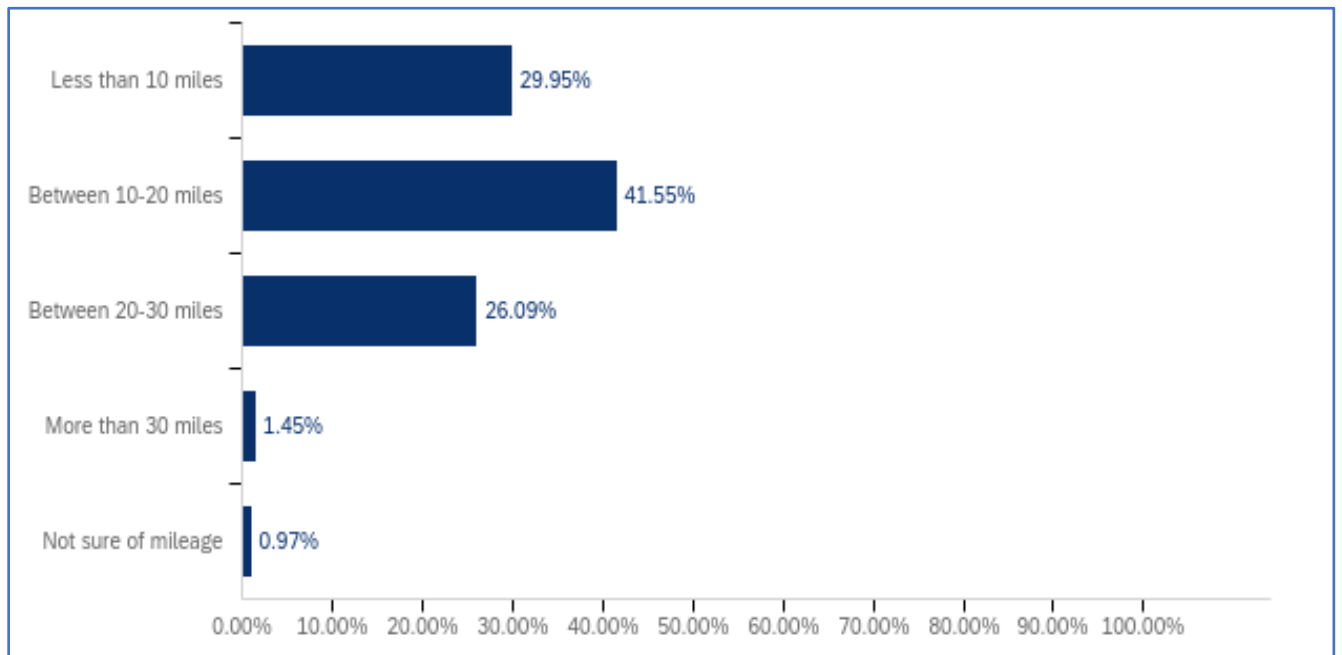
#	If you needed to appeal a denial decision, what resources were available to help with appeals? (Select all that apply.)	Percentage
1	Written instructions	30.91%
2	Benefits office staff	2.18%
3	Legal aid services	1.64%
4	Community organization assistance	30.18%
5	Online resources	31.27%
6	No resources were available	1.09%
7	No knowledge of resources available	1.27%
8	No appeal needed	1.45%
	Total	550

**15 - If you filed an appeal, what challenges did you face? (Select all that apply.)**



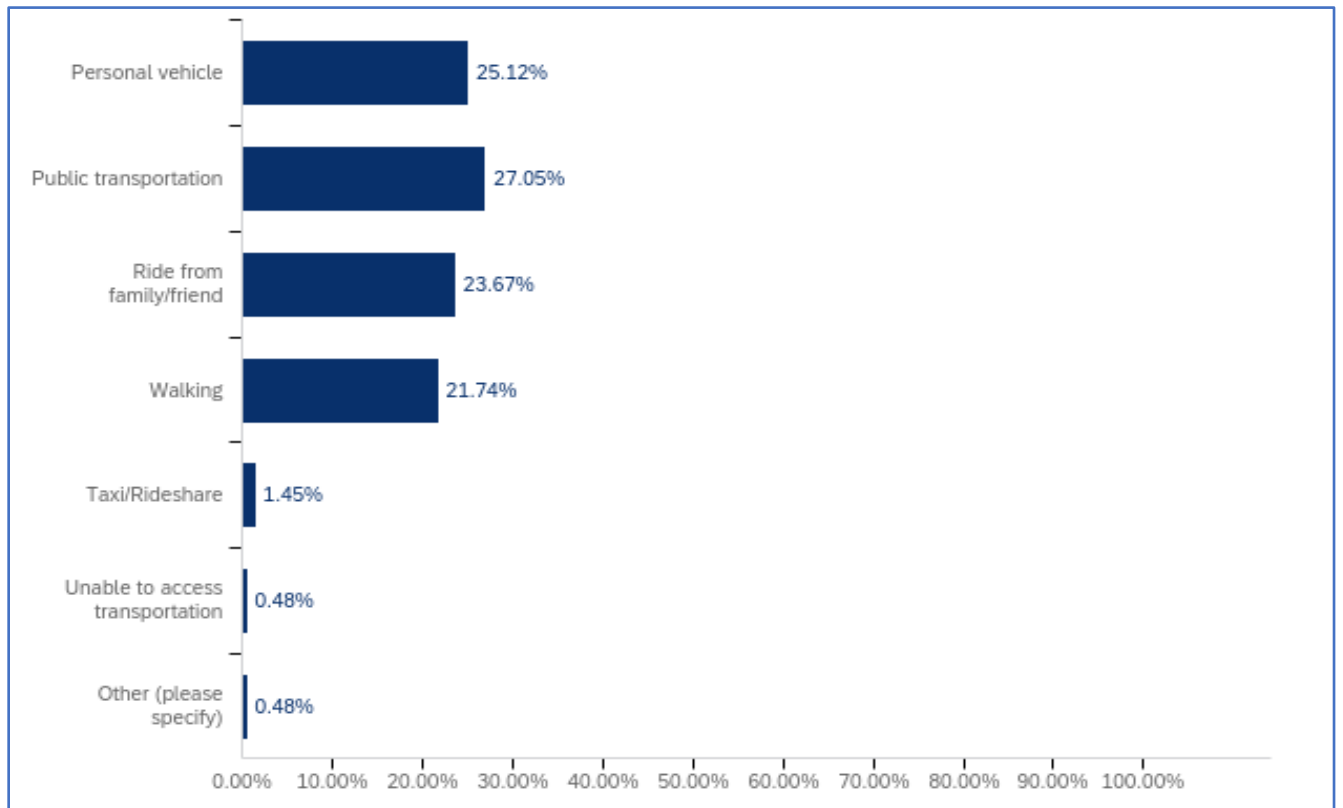
#	If you filed an appeal, what challenges did you face? (Select all that apply.) - Selected Choice	Percentage
1	Meeting deadlines	23.10%
2	Understanding the reasons for the appeal	1.38%
3	Gathering supporting documents	24.20%
4	Preparing/Submitting the appeal	1.94%
5	Attending appeal hearings	23.10%
6	Finding legal assistance	23.65%
7	No challenges faced	0.28%
8	Did not file an appeal	1.94%
9	Other (Please specify)	0.41%
	Total	723

**16 - How far is the nearest benefits office from your residence?**



#	How far is the nearest benefits office from your residence?	Percentage
1	Less than 10 miles	29.95%
2	Between 10-20 miles	41.55%
3	Between 20-30 miles	26.09%
4	More than 30 miles	1.45%
5	Not sure of mileage	0.97%
	Total	207

**17 - What transportation method(s) do you use to reach the benefits office? (Select all that apply.)**

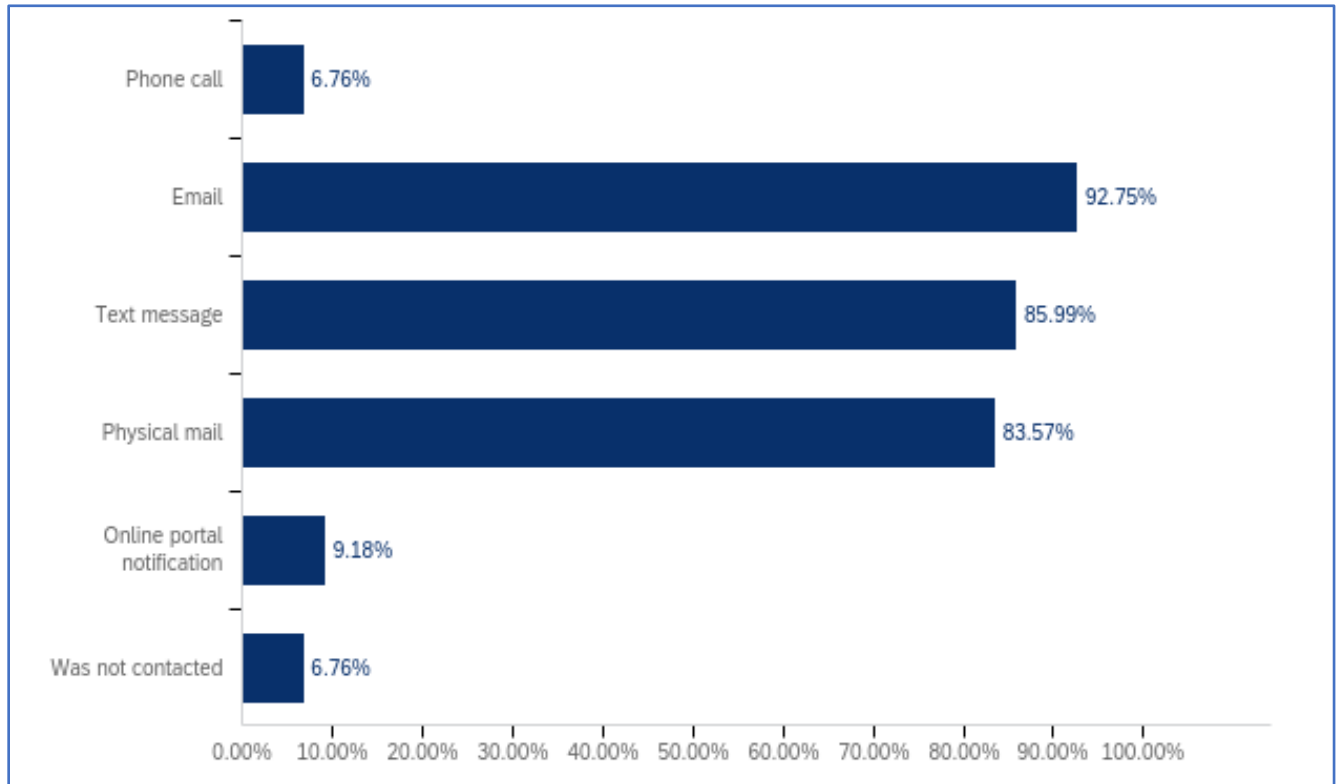


#	What transportation method(s) do you use to reach the benefits office? (Select all that apply.) - Selected Choice	Percentage
1	Personal vehicle	25.12%
2	Public transportation	27.05%
3	Ride from family/friend	23.67%
4	Walking	21.74%
5	Taxi/Rideshare	1.45%
6	Unable to access transportation	0.48%
7	Other (please specify)	0.48%
	Total	207

17\_7\_TEXT - Other (please specify)

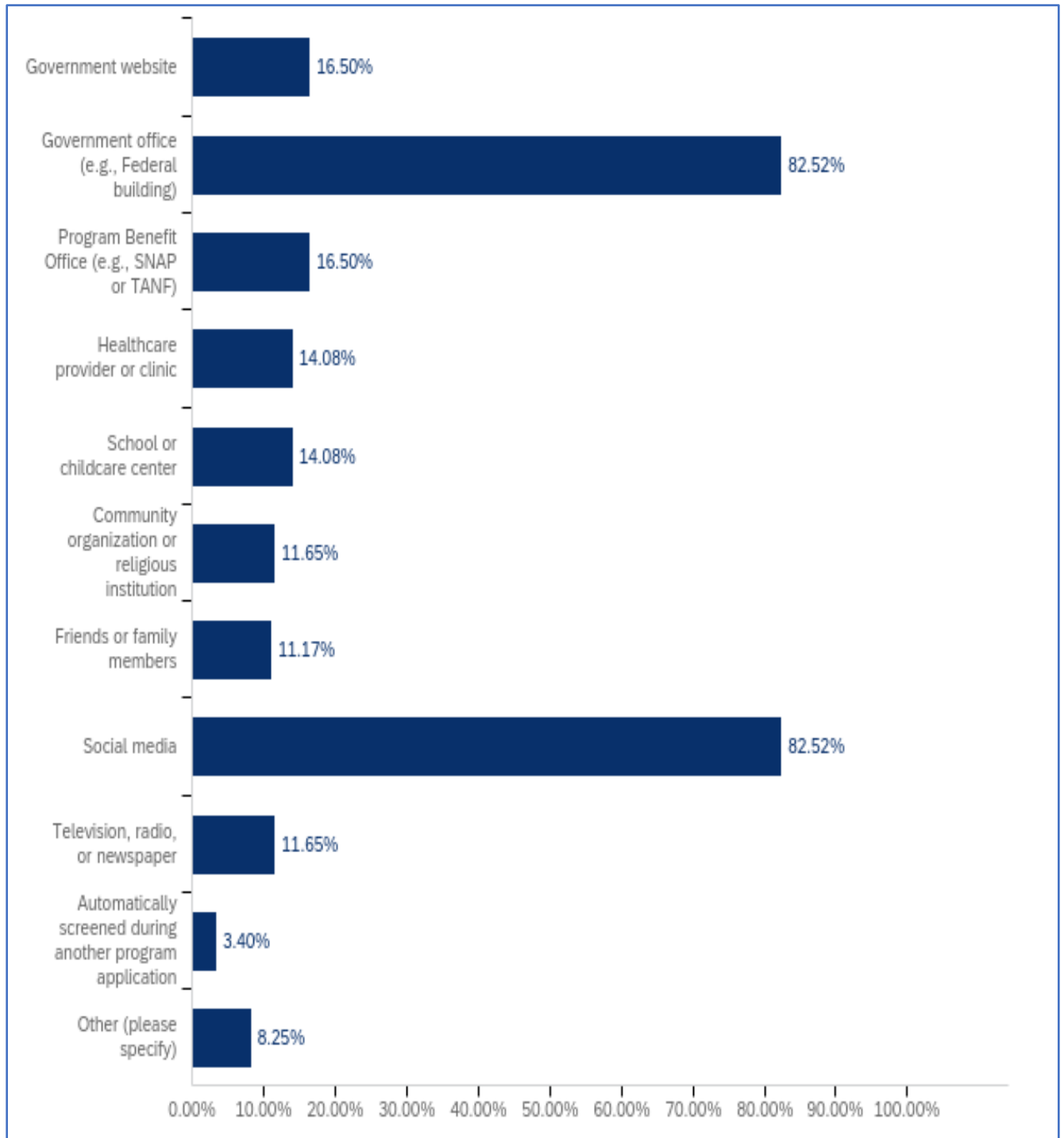
it was all done over the phone and online

**18 - How were you contacted about your application? (Select all that apply.)**



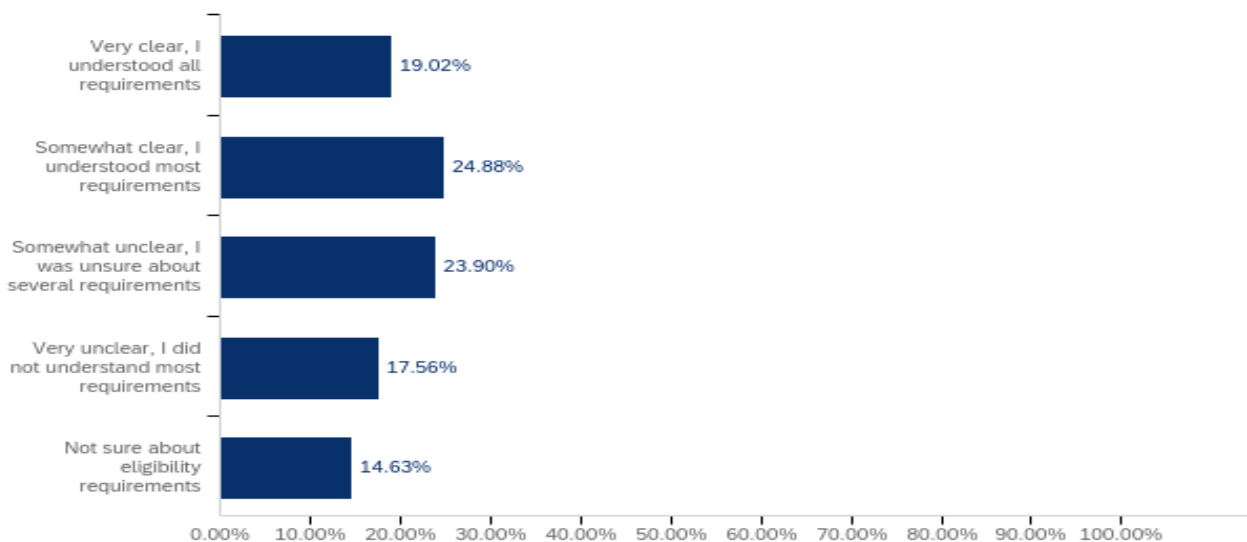
#	How were you contacted about your application? (Select all that apply.)	Percentage
1	Phone call	2.37%
2	Email	32.54%
3	Text message	30.17%
4	Physical mail	29.32%
5	Online portal notification	3.22%
6	Was not contacted	2.37%
	Total	590

**19 - How did you first learn about the benefits program(s) you applied for? (Select all that apply.)**



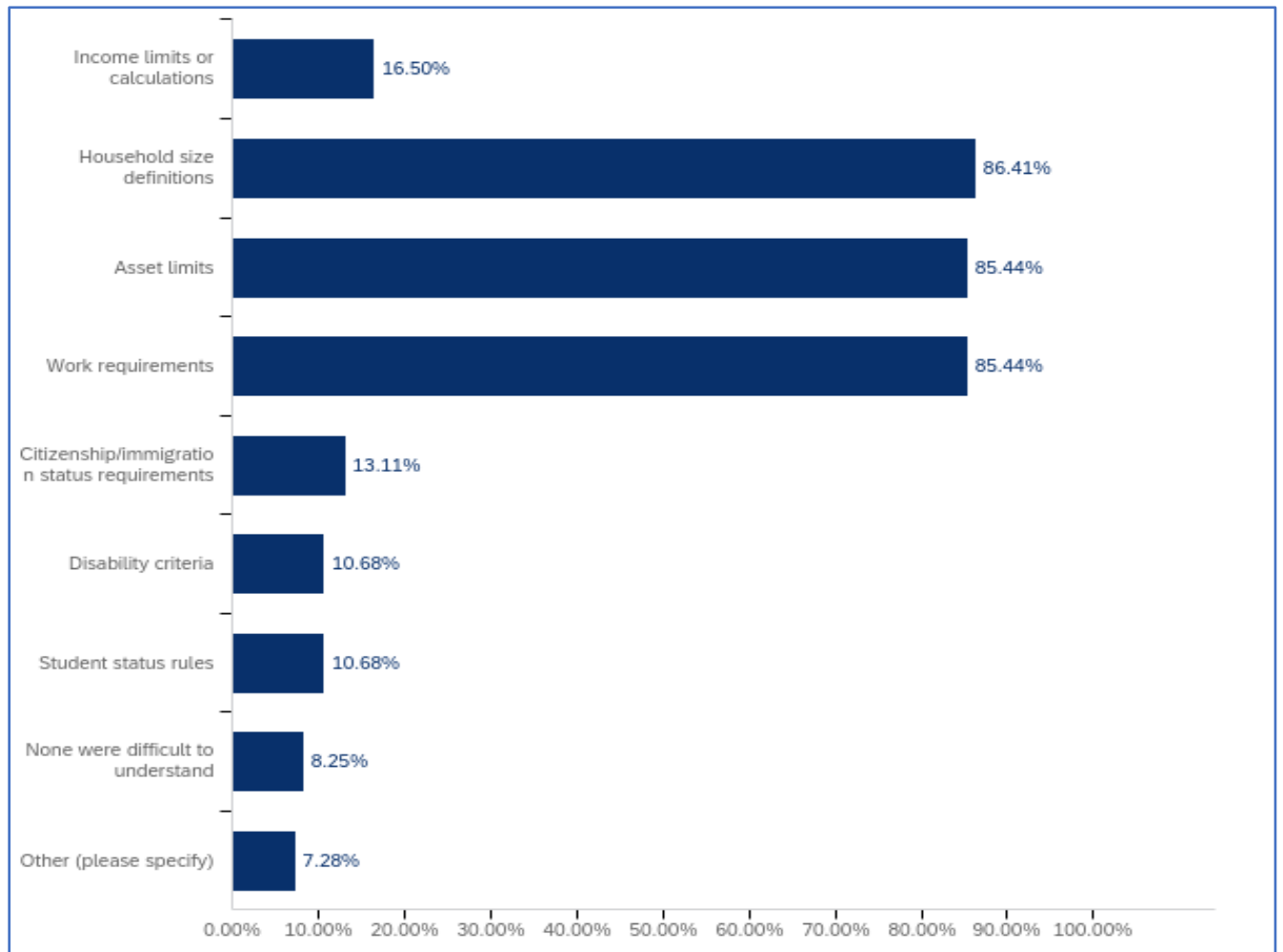
#	How did you first learn about the benefits program(s) you applied for? (Select all that apply.) - Selected Choice	Percentage
1	Government website	6.06%
2	Government office (e.g., Federal building)	30.30%
3	Program Benefit Office (e.g., SNAP or TANF)	6.06%
4	Healthcare provider or clinic	5.17%
5	School or childcare center	5.17%
6	Community organization or religious institution	4.28%
7	Friends or family members	4.10%
8	Social media	30.30%
9	Television, radio, or newspaper	4.28%
10	Automatically screened during another program application	1.25%
11	Other (please specify)	3.03%
	Total	561

**20-1 - How clear was your understanding of the eligibility requirements before applying?**



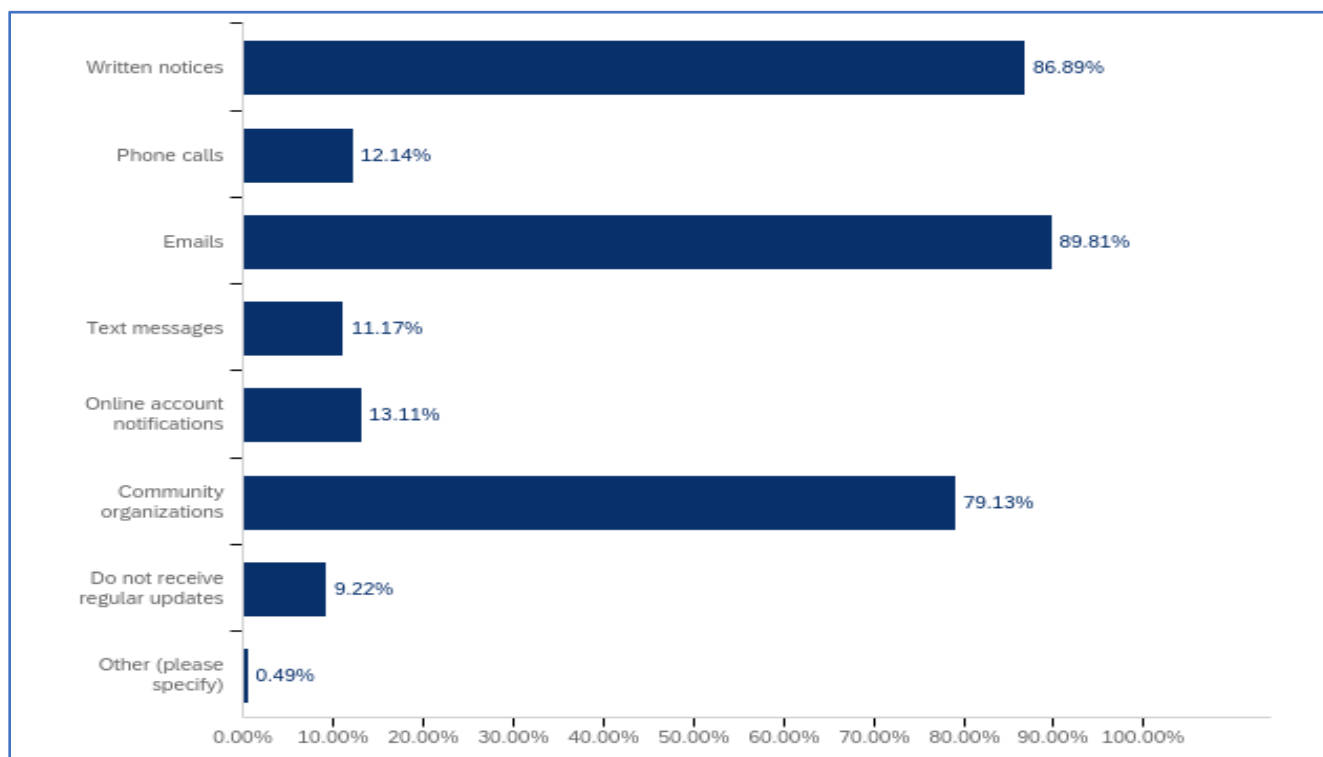
#	How clear was your understanding of the eligibility requirements before applying?	Percentage
1	Very clear, I understood all requirements	19.02%
2	Somewhat clear, I understood most requirements	24.88%
3	Somewhat unclear, I was unsure about several requirements	23.90%
4	Very unclear, I did not understand most requirements	17.56%
5	Not sure about eligibility requirements	14.63%
	Total	205

**21 - What specific aspects of eligibility were difficult to understand? (Select all that apply.)**



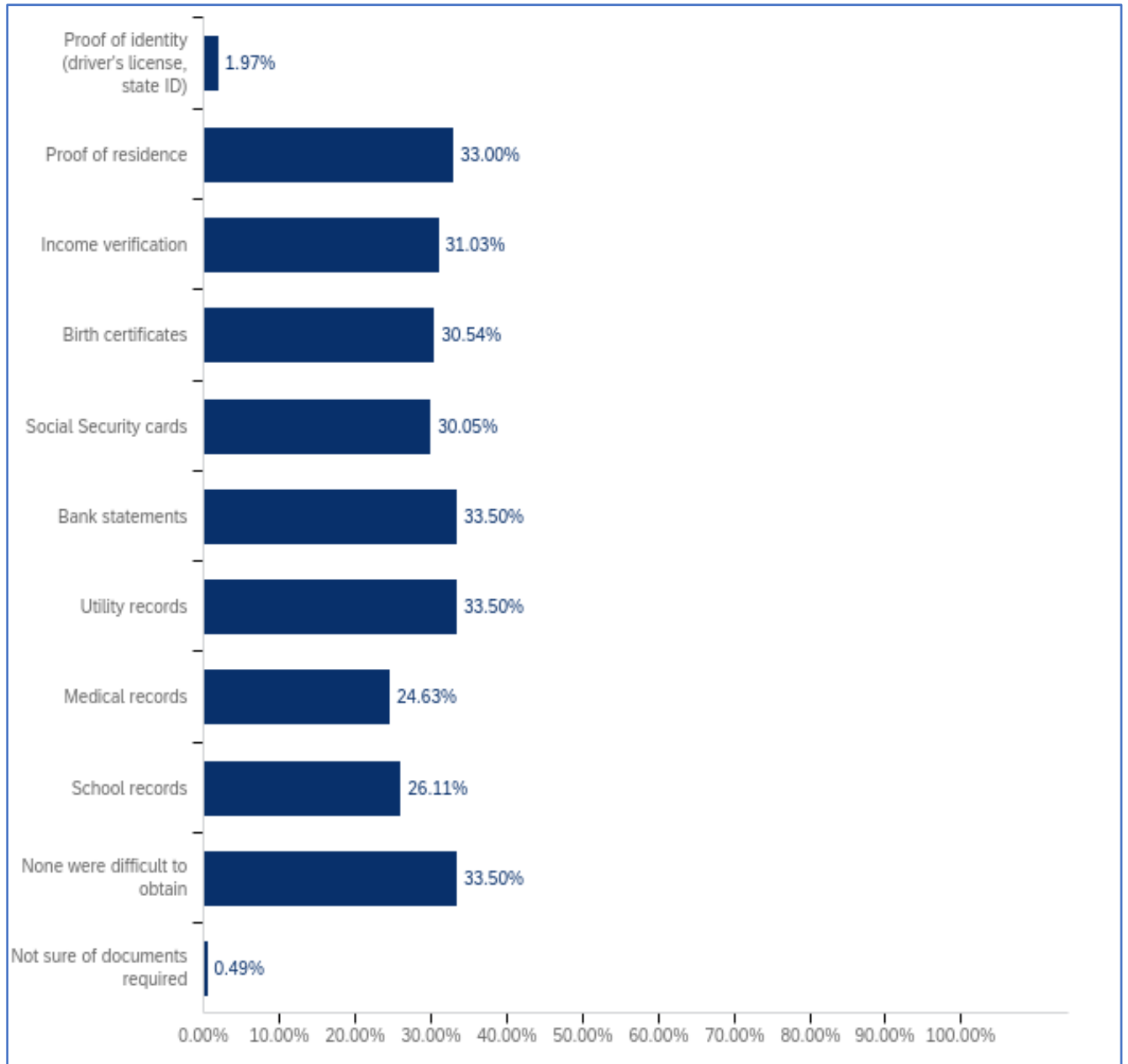
#	What specific aspects of eligibility were difficult to understand? (Select all that apply.)	Percentage
1	Income limits or calculations	5.10%
2	Household size definitions	26.69%
3	Asset limits	26.39%
4	Work requirements	26.39%
5	Citizenship/immigration status requirements	4.05%
6	Disability criteria	3.30%
7	Student status rules	3.30%
8	None were difficult to understand	2.55%
9	Other (please specify)	2.25%
	Total	667

**22 - How do you typically get information about changes to your benefits? (Select all that apply.)**



#	How do you typically get information about changes to your benefits? (Select all that apply.)	Percentage
1	Written notices	28.78%
2	Phone calls	4.02%
3	Emails	29.74%
4	Text messages	3.70%
5	Online account notifications	4.34%
6	Community organizations	26.21%
7	Do not receive regular updates	3.05%
8	Other (please specify)	0.16%
	Total	622

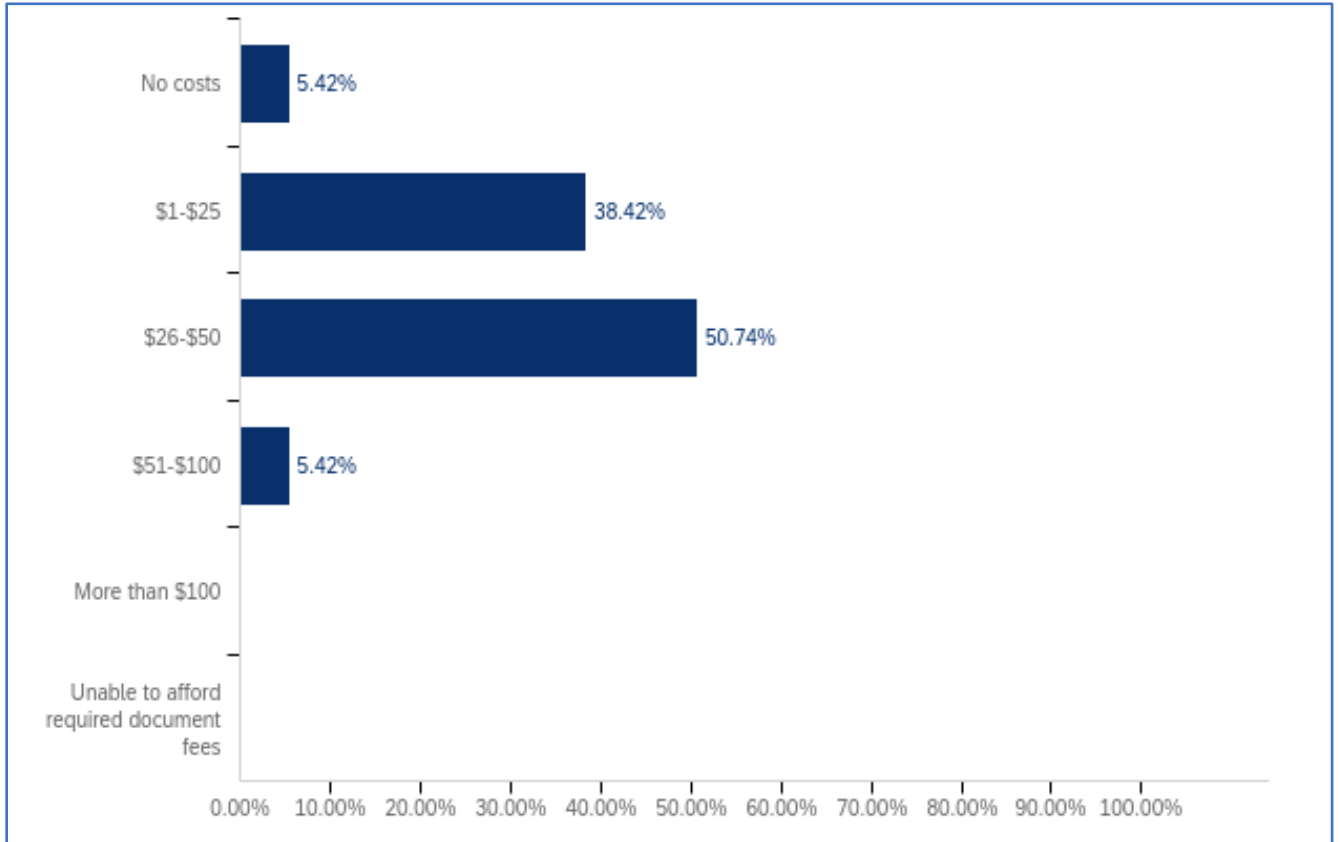
**23 - Which required documents were difficult to obtain? (Select all that apply.)**



#	Which required documents were difficult to obtain? (Select all that apply.)	Percentage
1	Proof of identity (driver's license, state ID)	0.71%
2	Proof of residence	11.86%
3	Income verification	11.15%

4	Birth certificates	10.97%
5	Social Security cards	10.80%
6	Bank statements	12.04%
7	Utility records	12.04%
8	Medical records	8.85%
9	School records	9.38%
10	None were difficult to obtain	12.04%
11	Not sure of documents required	0.18%
	Total	565

**24 - What were your total out-of-pocket costs for obtaining the required documents?**



#	What were your total out-of-pocket costs for obtaining the required documents?	Percentage
1	No costs	5.42%
2	\$1-\$25	38.42%
3	\$26-\$50	50.74%
4	\$51-\$100	5.42%
5	More than \$100	0.00%
6	Unable to afford required document fees	0.00%
	Total	203

**31 - What recommendations do you have for improving access to Mississippi's public benefits programs?**

What recommendations do you have for improving access to Mississippi's public benefits programs?

---

Clear and well understandable requirements

---

Take the application over the phone and ask if any changes and if none then approve the application.

---

none

---

Be transparent about process and determination of benefit amounts. Increase time of notifications of changes to benefit programs. Provide more up to date information about resources. And a backup plan for when program resources thin at the end of the year.

---

Having a case manager that can help a person complete the application.

---

Allow other proof of birth instead of birth certificate. Allow initial acceptance until otherwise proven not eligible, I needed childcare as soon as I got a new job but the process of providing proof of new Income and a birth certificate takes a while and while I'm waiting I still needed childcare.

---

more one on one contact with the parents for questions and concerns on the time frame for assistance

---

find a way to not have people hold the line so long until they hang up on the person on the other end who has already been on hold a long time

---

Keep them active because people need them to survive

---

hire more workers

---

The eligibility requirements are insane so many people have had to pull their kids from Childcare because they can't afford to pay for childcare and work and pay bills and the sad thing is it's the most Childcare's in North Mississippi charge less than they should be charging and they're all closing down and having issues which intern makes it hard for parents to work when they close down

---

They would do well to make it simpler by just simply transferring over the basic information from previous applications for those of us who were already on it and just doing a recertification . It's diabolical to have to go and get the same info over and over again. It's even worse when they don't call you or make things clear and then your deadline is missed and you get get cut off and have to again , GET EVERYTHING ALL OVER AGAIN TO SUBMIT like they don't have the information anymore all of a sudden . That's so time consuming . Also , their database needs to be more secure . It's insane to me that someone from 5 states over is able to access someone else's SNAP card and steal their stamps, and it's so disappointing that they won't even replace them! MS really needs to do better!

---

the state should focus on reducing barriers and making the application process easier for everyone. Simplifying paperwork, allowing online and mobile applications, and offering help

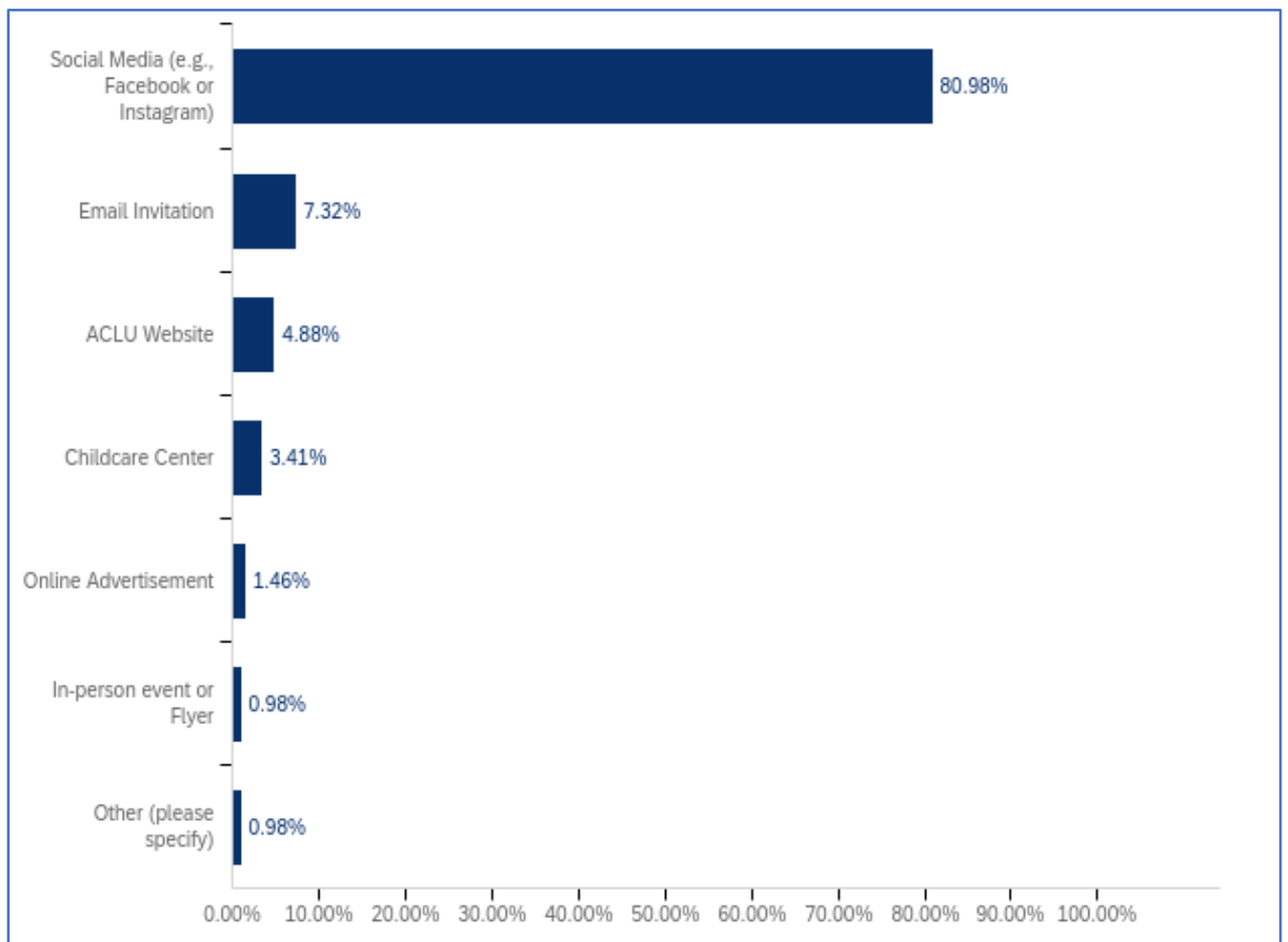
through community partners would make it easier for people in rural or low-income areas to get the support they need.

I got a \$1 raise and they cut my SNAP benefits in half to where it will not cover my all food for the month. I think there should be more funding available to applicants + they did not even talk to me about the decision or if there was anything I could do to keep the past amount.

maybe not so thorough when filling out the documents because that did take me a while.

Develop mobile apps for easy access to health information

**Q38 - How did you find this survey? (Select all that apply.)**



#	How did you find this survey? (Select all that apply.) - Selected Choice	Percentage
1	Social Media (e.g., Facebook or Instagram)	80.98%
2	Email Invitation	7.32%
3	ACLU Website	4.88%
4	Childcare Center	3.41%
5	Online Advertisement	1.46%
6	In-person event or Flyer	0.98%
7	Other (please specify)	0.98%
	Total	205

Q38\_7\_TEXT - Other (please specify)

Zoom meeting

## Beneficiary Focus Group Results

### Executive Summary

This analysis examined the experiences of a select group of Mississippi residents who are actively participating in one of four Mississippi public benefit programs under review by the ACLU of Mississippi (MS). Those four programs include Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families Program (TANF), Child Care Program, and the Medicaid for Infants and Children Program.

### Methodology

Five focus group sessions were held across the state of Mississippi during the time period of May 13<sup>th</sup> through June 12<sup>th</sup>. The locations of the focus group sessions were Jackson, Greenville, Gulfport, Hattiesburg, and Natchez. Focus group participants were selected by the ACLU, working in conjunction with ACLU's community partners at the local level. Table 1 provides a listing of focus group participants by location:

Table 1

Location & Date	Natchez (05/13)	Jackson (05/20)	Greenville (05/22)	Hattiesburg (05/29)	Gulfport (06/12)
Number of Participants	13	7	4	7	9

Each focus group session followed a structured protocol which utilized approximately five core questions, along with additional follow-up inquiries, to gather deeper insights on participants' experiences with any (or all) of the four public benefits' programs. Each focus group session lasted approximately 1 hour and was designed to ensure respectful, concise communication while capturing comprehensive participant experiences. Participant responses (data) were captured via audio and then transcribed using Sonix transcription software. The analysis involved reviewing participant responses for recurring themes, issues, challenges, and/or unique insights regarding their participation in one or more of the four programs.

### Findings

Findings reveal both systemic challenges and location-specific barriers that hindered participants' effective access to SNAP, TANF, Medicaid, and Childcare Payment programs. Key challenges identified during the focus group sessions included:

(1) *Application and access barriers* dominated discussions in all sessions, with participants struggling with online systems despite generally preferring digital applications. Processing

delays, lost paperwork, and missed appointments due to poor notification systems affected participants regardless of location;

(2) *Communication and service quality issues* proved systemically problematic. Every focus group reported experiences with dismissive, unhelpful, or actively disrespectful staff members. Participants consistently described feeling dehumanized by their interactions with benefit program staff. The lack of clear communication about eligibility requirements and available resources compounded those negative experiences;

(3) *Eligibility and income threshold problems* created barriers among all locations. The use of gross rather than net income calculations particularly disadvantaged working families, creating situations where small pay increases resulted in significant benefit losses;

(4) *Systemic inefficiencies* in the benefit delivery system indicated a lack of interagency cooperation which caused participants to often submit the same documentation multiple times to different programs. Inconsistent caseworker assignments also disrupted continuity of care, requiring participants to explain their situations to new staff members repeatedly.

### *Conclusions*

Common themes identified revealed variations in the quality of participant experiences across Mississippi and each of the four programs. The consistency of challenges articulated by focus group participants across diverse communities indicate the possible presence of systemic and localized barriers hindering effective participant interactions with those programs.

Due to the relative small number of focus group participants (n= 40 total) in comparison to the thousands of participants in all four public benefit programs under review, readers of this report's focus group findings should note that these findings are not statistically generalizable to the larger population of program participants, and therefore should be viewed cautiously when trying to reach wide-spread, definitive conclusions regarding barriers and challenges identified by focus group program participants. Additional research involving larger sample sizes and varying viewpoints are needed before reaching any such definitive conclusions.

### *Recommendations*

Based upon an analysis of feedback and insights derived from the focus group participants, the following recommendations are provided for consideration by the ACLU of MS regarding addressing challenges and barriers to accessing the four statewide public benefits programs:

1. Where not currently in place, establish an independent ombudsman's office to investigate complaints from program participants.
2. Require agencies to maintain updated, accessible websites with real-time application status.

3. Implement an inter-agency policy where any Mississippi public benefits agency can share with other agencies information related to application, eligibility, and program participation enrollments.
4. Where not currently in place, create transportation voucher programs for participants to attend benefit-related appointments at local and/or state program offices.
5. Encourage state public benefits offices to partner with local organizations (like Children's Defense Fund, Baldwin County Community Action, Springboard in Jackson)
6. Require annual program utilization audits examining program outcomes by demographics, geography, and other measures (e.g., employment, education, volunteer activity).

## Introduction

This analysis examined the experiences of a select group of Mississippi residents who are actively participating in one of four Mississippi public benefit programs under review by the ACLU of Mississippi (MS). Those four programs include Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needed Families Program (TANF), Child Care Program, and the Medicaid for Infants and Children Program. The ACLU of MS is currently conducting an evaluation of those programs focusing on identifying any potential challenges or barriers that may be impeding participation of eligible Mississippi residents. That evaluation has been named *Project EASSE*. The ACLU of MS has contracted with the Mississippi Urban Research Center (MURC) to assist with evaluating that project.

## Methodology

### Location and Participants

As part of the project's evaluation activities, five focus group sessions were conducted across the state of Mississippi from May 13<sup>th</sup> to June 12<sup>th</sup>. The locations of the focus group sessions were Jackson, Greenville, Gulfport, Hattiesburg, and Natchez. Focus group participants were selected by the ACLU, working in conjunction with the ACLU's community partners at the local level. Focus groups included beneficiaries with direct experience accessing Mississippi's public benefit programs. Table 1 provides a listing of focus group participants by location:

Table 1

<b>Location &amp; Date</b>	<b>Natchez (05/13)</b>	<b>Jackson (05/20)</b>	<b>Greenville (05/22)</b>	<b>Hattiesburg (05/29)</b>	<b>Gulfport (06/12)</b>
<b>Number of Participants</b>	<b>13</b>	<b>7</b>	<b>4</b>	<b>7</b>	<b>9</b>

## Questions and Session Durations

Each focus group session followed a structured protocol developed by the Mississippi Urban Research Center, which employed approximately five core questions, along with additional follow-up inquiries, to gather deeper insights. Each focus group session lasted approximately one hour and was designed to ensure respectful and concise communication while capturing comprehensive participant experiences.

## **Data Collection and Analysis**

Participant responses (data) were captured via audio and then transcribed using Sonix transcription software. The analysis involved examining participant responses for recurring themes and unique insights regarding their participation in one or more of the four programs. The analysis of each focus group session included an AI-assisted thematic review that identified key themes, contextual connections, and synthesized insights. The analysis process involved a careful

examination of each location's thematic findings to identify commonalities and divergences. Additionally, to get a better understanding of the impact of challenges across locations, an informal severity gradient for key issues was constructed. That assessment was derived from participant ratings, the emotional intensity of their descriptions, and the frequency of specific complaints within each focus group. This approach revealed that while particular challenges were systemic, their intensity varied significantly by location.

## **Findings**

Findings reveal both systemic challenges and location-specific barriers that hindered participants' effective access to SNAP, TANF, Medicaid, and Childcare Payment programs. Key challenge categories emerging from the focus group sessions included *application and access barriers*; *communication and service quality issues*; *eligibility and income threshold problems*; and *systemic inefficiencies*. Table 2 presents a listing of specific issues identified by the previously listed challenges:

**Table 2 - Challenges**

Challenge Category	Specific Issue	Jackson	Greenville	Natchez	Hattiesburg	Gulfport
<b>APPLICATION AND ACCESS BARRIERS</b>						
	Online Application Difficulties	Participants struggled with technical problems and system failures	Despite preferring online applications, participants faced consistent difficulties	Limited internet access compounded online application problems	Medicaid's online system worked better, though other programs had issues	Participants experienced digital paradox of preference versus functionality
	Long Wait Times & Processing Delays	Applications taking weeks/months with no status updates reported	Long wait times explicitly mentioned in report summary	Significant delays in benefit processing discussed	Processing delays noted for most programs	Weeks to months waiting for decisions
	Lost Paperwork & Repetitive Processes	Extensive discussions of lost documents requiring resubmission	Documents disappearing, multiple submissions required	Participants reported having to resubmit same materials	Lost paperwork issues mentioned	Repetitive documentation requirements noted
	Missed Appointments Due to Delayed Notifications	Benefits denied for "non-compliance" when participants never received notice	Multiple participants reported missing appointments due to late letters	Letters arriving after appointments, no phone calls received	Late notifications causing missed meetings	Notification failures leading to missed appointments
<b>COMMUNICATION AND SERVICE QUALITY ISSUES</b>						

Challenge Category	Specific Issue	Jackson	Greenville	Natchez	Hattiesburg	Gulfport
	Poor Customer Service Experiences	- participants felt "demeaned" and reported hostile treatment	Staff dismissive and unhelpful	Mixed - some helpful but many dismissive staff	Negative attitudes, participants want "more positive staff"	Poor treatment reported, less severe than Jackson
	Lack of Clear Communication	Staff couldn't/wouldn't explain eligibility or requirements	Requirements not clearly communicated	lack of transparency about programs	Eligibility rules not explained clearly	Program information not adequately communicated
	Inadequate Staff Training	Workers gave conflicting information, suggesting poor training	Inconsistent information from different workers	Staff unable to provide accurate program information	Different workers providing different answers	Staff appeared inadequately trained on programs
<b>ELIGIBILITY AND INCOME THRESHOLD PROBLEMS</b>						
	Strict Income Requirements for SNAP	Working families falling just above thresholds	SNAP income limits specifically cited as too restrictive	Income requirements preventing access despite need	Participant suggested "increase in income limits for SNAP"	Income limits too low for cost of living
	Gross vs. Net Income Calculations	Gross income used, disadvantaging working families	Pre-tax income calculations creating unfair assessments	gross vs net income problems	Gross income calculations problematic	Benefits based on gross not take-home pay

Challenge Category	Specific Issue	Jackson	Greenville	Natchez	Hattiesburg	Gulfport
	Benefits Cliff Effect	Forced to work less to	Small raises causing	Wage increases led to	Elderly losing benefits due to	Economic advancement discouraged

		maintain benefits	large benefit losses	worse financial situations	lifetime savings	
<b>SYSTEMIC INEFFICIENCIES</b>						
	Lack of Interagency Cooperation	Same documents required multiple times	Repetitive applications across agencies	major systemic failure	Multiple programs requiring same documentation	Different programs don't share information
	Inconsistent Caseworker Assignments	Different workers each visit, no continuity	No consistent case management	Must re-explain situation to new workers repeatedly	Different caseworkers providing conflicting info	No continuity of care mentioned
	Limited Transparency	Programs and benefits not clearly communicated	Limited information about available resources	Criticized for hiding available programs /benefits	Participants unaware of programs they qualified for	Available benefits not transparently communicated

#### *Four Categories of Challenges*

Four categories of challenges appeared consistently across all five focus group locations. The first category (*Application and access barriers*) dominated discussions in all sessions, with participants struggling with online systems despite generally preferring digital applications. Processing delays, lost paperwork, and missed appointments due to poor notification systems affected participants regardless of location.

The second category (*Communication and service quality issues*) proved systemically problematic. Every focus group reported experiences with dismissive, unhelpful, or actively disrespectful staff members. Participants consistently described feeling dehumanized by their interactions with benefit program staff. The lack of clear communication about eligibility requirements and available resources compounded those negative experiences. Participants also described instances where program staff did not clearly communicate major program changes such as changes in eligibility requirements and benefits calculations.

The third category (*Eligibility and income threshold problems*) created barriers among all locations. The use of gross rather than net income calculations, particularly for disadvantaged working families, created situations where small pay increases resulted in significant benefit losses. Also, mentioned by participants across the focus groups was the loss of benefits due to acceptance into other public programs; thus causing a “net decrease” in overall benefits received.

The fourth category (*Systemic inefficiencies in the benefit delivery system*) indicated a lack of interagency cooperation which caused participants to often submit the same documentation multiple times to different programs. Inconsistent caseworker assignments also disrupted continuity of care, requiring participants to explain their situations to new staff members repeatedly.

### *Location-specific Challenges*

In addition to the identification of system-related challenges, several location-specific challenges were also identified that included urban area participants experiencing more severe service quality issues and explicit concerns about discrimination; and rural area participants facing pronounced transportation barriers and funding disparities. Findings suggest systemic and localized reforms may be needed to address the multiple issues identified by the focus group participants. Without such reforms, Mississippi's most vulnerable residents will continue facing significant barriers to accessing essential support services.

### **Other Notable Observations**

Below is a listing of other notable observations that emerged from analyzing the feedback obtained from program participants across the five focus group sessions. These observations provide additional insight regarding the participants' experiences, along with factors affecting program operations:

- Jackson emerged as experiencing the most severe service quality issues, with participants providing the lowest ratings and most intense descriptions of feeling demeaned by staff.
- Uniquely, Jackson participants discussed feeling compelled to manipulate the system to overcome bureaucratic barriers, suggesting a possible lack of trust between beneficiaries and the system. Racial bias discussions were most explicit in Jackson, with participants directly attributing poor treatment to stereotyping and discrimination.
- When discussing the Greenville focus group, it is worth highlighting that this group benefited from a unique perspective, as it included one participant who had relocated from California. The participant's perspective was the first of a comparison of another state's public benefit programs to those in Mississippi. These individuals noted that while Mississippi had less overt systemic bias than California, significant challenges remained.
- Additionally, rural funding disparities emerged as a particular concern, with participants noting that smaller towns received limited resources. Greenville participants also demonstrated the positive impact of community organizations, with strong acknowledgment of support from the Children's Defense Fund and Bolivar County Community Action.
- Natchez participants emphasized transportation as their primary barrier, particularly for those lacking internet access. This location showed the most substantial criticism of interagency cooperation failures, with participants describing repetitive and contradictory requirements across programs.
- Interestingly, Natchez also showed the most polarized service experiences, with some participants encountering helpful staff while others faced extreme dismissiveness.

- Hattiesburg participants presented several unique patterns and, unlike other locations, multiple participants praised Medicaid's online application process, suggesting some programs function better than others.
- Hattiesburg also uniquely focused on elderly-specific concerns, highlighting how lifetime savings disqualified seniors from needed benefits despite their ongoing financial struggles.
- Gulfport's discussions emphasized community-wide solutions, particularly the need for youth employment opportunities and public transportation infrastructure.
- Gulfport discussions also included an example of how participants' TANF funds are subject to fraud whereby criminals have illegally withdrawn participant funds from their TANF debit cards.
- While sharing systemic challenges, Gulfport participants seemed more focused on systemic community improvements rather than individual program fixes (e.g., identifying the need for public transportation systems and youth employment opportunities as essential components for improving access to benefits and reducing dependence on assistance programs altogether).

## **Discussion**

Consistent challenges were identified across all locations, suggesting that problems exist in Mississippi's public benefit delivery system at both systemic and local levels. The commonality of poor customer service experiences indicates possible issues with agency staff training, accountability, and organizational culture within those agencies.

The emergence of a “digital paradox” (that is, the greater use of technology does not always lead to expected improvements in performance, productivity, or other desired outcomes such as convenience and efficiency) warrants noting here because participants expressed a preference for online application modalities due to the convenience. However, the implementation of digital systems paradoxically generated additional barriers to access by creating service delivery challenges. This may indicate that effective access to benefit programs requires a multi-modal service delivery framework that combines functional digital infrastructure with traditional (“Human”) service channels, supplemented by digital literacy training support. This observation highlights the need for multiple access pathways and robust support systems to facilitate effective digital utilization by program participants.

The variation in the severity of challenges across locations provides insights regarding some of the issues and problems being experienced by focus group participants. Urban areas, such as Jackson (MS), expressed more explicit concerns about discrimination and more impersonal bureaucracies impacting their participation in the programs. Rural areas, which often face transportation and funding issues, highlighted the issues of how a lack of funding and transportation can hinder effective program participation. Subsequently, the positive Medicaid experiences expressed by Hattiesburg focus group participants suggest that successful agency-participant interaction models exist within Mississippi's current public benefits system. Understanding why Medicaid functions more effectively in specific locations could provide a blueprint for improving other programs.

This report's focus group findings also revealed how Community organizations are serving as critical gap-fillers, particularly in locations like Greenville and Jackson, where they received strong recognition. However, the presence and utilization of these organizations also reveal potential service gaps being performed by those organizations instead of government agencies. While celebrating the contributions of those community organizations, state agencies and policymakers must also recognize that community organizations cannot be a long-term viable substitute for services that the public benefits programs should provide.

## Conclusions

This analysis of focus groups' findings provides participants' insights on the operations, services, barriers, and challenges encountered by four programs under review by the ACLU (i.e., *Supplemental Nutrition Assistance Program (SNAP)*, *Temporary Assistance for Needed Families Program (TANF)*, *Child Care Program*, and the *Medicaid for Infants and Children Program*). Common themes identified revealed variations in the quality of participant experiences across Mississippi and each of the four programs. The consistency of challenges articulated by focus group participants across diverse communities indicates the presence of possible systemic and localized barriers hindering effective participant interactions with those programs. Participants indicated that in some areas and public benefit programs, experiences have been positive. Hattiesburg's functional Medicaid online platform demonstrates that user-friendly digital services are achievable. Participants mentioned how community organizations such as the Children's Defense Fund, Bolivar County Community Action, and Springboard (Jackson) are helping to bridge the service gaps between accessing government programs and receiving those services. Focus group participants also offered recommendations for improvement, demonstrating that those most affected by these public benefits' systems can also help identify solutions to improve them.

## Recommendations

Based upon an analysis of feedback and insights derived from the focus group participants, the following recommendations are provided for consideration by the ACLU of MS regarding addressing challenges and barriers to accessing the four statewide public benefits programs:

1. Where not currently in place, establish an independent ombudsman's office to investigate complaints from program participants.

- \* **Addresses:** Poor customer service, disrespectful treatment, and no accountability for staff behavior

2. Require agencies to maintain updated, accessible websites with real-time application status.

- \* **Addresses:** Lack of transparency, anxiety about application progress, frequent office visits

3. Implement an inter-agency policy where any Mississippi public benefits agency can share with other agencies information related to application, eligibility, and program participation enrollments.

\* **Addresses:** Lack of interagency cooperation, participants being shuffled between offices, limited program awareness

4. Where not currently in place, create transportation voucher programs for participants to attend benefit-related appointments at local and/or state program offices.

\* **Addresses:** Transportation barriers, missed appointments, rural access challenges

5. Encourage state public benefits offices to partner with local organizations (like Children's Defense Fund, Baldwin County Community Action, Springboard in Jackson)

\* **Addresses:** Lack of trust between agencies and communities, need for local support, cultural barriers

6. Require annual program utilization audits examining program outcomes by demographics, geography, and other measures (e.g., employment, education, volunteer activity).

\* **Addresses:** Disparities in service delivery, potential bias, unequal outcomes between urban and rural areas

## LIMITATION OF FINDINGS

Due to the relative small number of total focus group participants (n= 40) in comparison to the thousands of participants in all four public benefit programs under review, readers of this report's focus group findings should not that these findings are not statistically generalizable to the larger population of program participants, and therefore this report should be viewed cautiously when trying to reach wide-spread, definitive conclusions regarding the barriers and challenges identified by focus group program participants. Additional research involving larger sample sizes and varying viewpoints are needed before reaching any such definitive conclusions.

## **Appendix**

### **FOCUS GROUP QUESTIONS:**

#### Core Questions for all Focus Groups

1. How would you rate your overall experience accessing public benefits programs in Mississippi? Please describe specific challenges or positive aspects you encountered during the application process, eligibility determination, or while receiving benefits.
  
2. How do you feel your personal characteristics (such as your race, disability status, family situation, or where you live) affected your experience applying for public benefits?
  
3. What has been your experience in applying for public benefits?
  
4. How would you describe the quality of service you received during your participation in the program?
  
5. Is there anything important about your experience that we haven't asked about that you'd like to share?

## FOCUS GROUP QUESTIONS:

### Supplemental Questions

#### **SECTION 1: APPLICATION PROCESS AND SYSTEM NAVIGATION**

##### **1. Opening**

- How would you rate your overall experience accessing public benefits programs in Mississippi? For example, have you encountered anything (*positive or negative*) during the application process or eligibility determination that created a memory that you would like to share?

##### **2. Program Coordination**

- If you applied for multiple benefit programs, how well did these programs work together? Were there redundancies or contradictions?
- How did differences between program requirements (like income calculations or documentation) create challenges for you?

#### **SECTION 2: SERVICE QUALITY AND INFORMATION CLARITY**

##### **1. Staff Interactions**

- How would you describe your interactions with program staff during the application process? Did these interactions create a barrier for you?

##### **2. Information Clarity**

- Can you recall specific instances where program information was unclear or contradictory?
- What would make program information more understandable and accessible to you?

#### **SECTION 3: PERSONAL IMPACT AND BARRIERS**

##### **1. Emotional Impact**

- Did you ever feel embarrassed or stigmatized when applying for benefits? Can you share that experience?

## 2. Privacy

- How comfortable were you sharing personal information required by the application?
- Were there questions that felt unnecessarily invasive?

## SECTION 4: IDENTITY AND COMPARATIVE EXPERIENCES

### 1. Intersectionality

- How do you feel your personal characteristics (such as your race, disability status, family situation, or where you live) have affected your experience applying for benefits?
- What aspects of your identity or situation do you feel program staff didn't fully consider or understand during your application process?

### 2. Comparative Experiences

- If you've applied for benefits in another state or county, how would you compare that experience to applying in Mississippi?
- Have you noticed any changes in the application process over time? What's gotten better or worse?

## CONCLUDING QUESTIONS (10 minutes)

1. Is there anything important about your experience that we haven't asked about that you'd like to share?
- 

### Moderator Notes:

## Focus Group Guidelines

*Moderator: Please read these questions aloud before any Focus Group sessions begin.*

- The time allotted for this session will be around 1 hour.
- Due to the small amount of time we have for discussion, we will moderate the length of answers.
- The moderator (person asking the questions) may sometimes have to *interrupt*, due to the short amount of time. We are trying to ensure that all questions are answered.
- Please wait your turn and try not to speak when others are speaking.
- There are no right, wrong, or perfect answers. It is perfectly okay if someone else has a different answer or opinion.
- We ask that you please be respectful to everyone, even to the person asking the questions.
- You do not have to answer any of the questions if you do not wish to answer.
- Your name will not be used in reporting or any documentation related to your responses.

- When you respond to the questions, please state your assigned number. For example, “I am number 4” and my answer is.....
- I will raise my hand or a sheet of white paper if someone is being disruptive or answering too long.
- Please refrain from using obscene or offensive language.

## Administrative Barriers Affecting Public Benefit Programs

### Introduction

Access to public benefits programs in Mississippi is shaped not only by eligibility criteria but also by the administrative systems that deliver them. Programs such as SNAP, TANF, Medicaid, and the Child Care Payment Program (CCPP) serve as essential safety net resources for low-income families, yet administrative barriers often prevent eligible individuals from obtaining the assistance they need. For many households, interactions with benefit systems are ongoing rather than one-time events, requiring repeated engagement with application, verification, and renewal processes.

In Mississippi, these programs are administered primarily through the Mississippi Department of Human Services (MDHS) and the Mississippi Division of Medicaid (DOM), under statutory authority in Mississippi Code Annotated Titles 43 and 71, with program operations further governed by the Mississippi Administrative Code (MAC). SNAP, TANF, and child care assistance are administered by MDHS pursuant to Miss. Code Ann. § 43-1-1 et seq., while Medicaid is administered by the DOM under Miss. Code Ann. § 43-13-101 et seq. Child care licensing and subsidy participation intersect with Miss. Code Ann. § 43-20-1 et seq. and related administrative rules. These statutory and regulatory frameworks structure eligibility determination, case processing, and beneficiary interactions with agencies.

Research conducted by the Mississippi Urban Research Center (MURC), including a review of MDHS and DOM agency websites, application portals, and publicly available program documentation, indicates that a range of administrative and operational factors impede access for low- to moderate-income Mississippians seeking public benefits. These findings are consistent with national evidence documenting how administrative design shapes benefit access and continuity (Moynihan, Herd, & Harvey, 2021).

### Methodology

This analysis draws on a systematic review of administrative materials, program documentation, and publicly available data related to public benefit programs administered by the Mississippi Department of Human Services (MDHS) and the Mississippi Division of Medicaid (DOM). The research was conducted by the Mississippi Urban Research Center (MURC) between 2024 and 2025.

Data sources included MDHS and DOM agency websites, online application portals, renewal and recertification guidance documents, provider handbooks, and publicly available policy manuals. The review also examined relevant statutory provisions in the Mississippi Code Annotated, Titles 43 and 71, as well as administrative rules in the Mississippi Administrative Code (MAC), Titles 18 (MDHS) and 23 (DOM).

MURC also developed a survey instrument to capture administrative perspectives from public benefit program staff. The survey was designed to complement the documentation review by eliciting insights on caseworker experiences, system challenges, and operational barriers.

However, the survey was not administered due to state-level restrictions on data collection activities.

To contextualize Mississippi-specific findings, the analysis incorporated national research on administrative burden, benefit access, and program implementation from peer-reviewed sources and policy research organizations, including the Center on Budget and Policy Priorities (CBPP), Kaiser Family Foundation (KFF), Urban Institute, Center for Law and Social Policy (CLASP), and the U.S. Department of Agriculture (USDA). Additional insights were drawn from beneficiary feedback collected through MURC’s community engagement activities, which provided qualitative perspectives on user experiences with application, verification, renewal, and appeals processes across SNAP, TANF, Medicaid, and the Child Care Payment Program (CCPP).

The methodology focused on identifying structural and procedural features of program administration that create barriers to access and continuity for eligible households. The analysis examined how administrative design elements—including documentation requirements, communication practices, technology infrastructure, renewal processes, and caseworker capacity—interact to shape beneficiary experiences and program outcomes.

## **Findings**

### Barriers affecting Program Participants

Across programs, the most consequential barriers include procedural churn, complex and duplicative verification requirements, fragmented eligibility systems, limited digital access, and shortages in service and provider capacity. These patterns align with national trends in SNAP, Medicaid, TANF, and child care subsidy administration and are evident in Mississippi program operations (CBPP, 2024; KFF, 2024; Urban Institute, 2024). Together, these barriers shape both initial enrollment and long-term benefit retention.

#### *Procedural Churn*

Procedural churn, the loss of benefits due to administrative issues rather than changes in eligibility, represents one of the most significant barriers affecting Mississippi beneficiaries. MURC’s review of MDHS and DOM renewal guidance indicates that beneficiaries frequently lose coverage due to missed deadlines, unclear notices, or documentation problems, consistent with renewal and redetermination processes authorized under Miss. Code Ann. § 43-13-115 for Medicaid eligibility and administration and under Title 43 for MDHS-administered programs.

In practice, short renewal windows, notices written at high reading levels, returned mail associated with housing instability, and portal outages or authentication failures create multiple points at which eligible households fall out of compliance. These procedural features increase the likelihood that families will experience coverage interruptions even when their underlying eligibility has not changed. National Medicaid unwinding data show that large shares of coverage losses have been driven by procedural terminations rather than ineligibility, a pattern reflected in Mississippi Division of Medicaid renewal outcomes (KFF, 2024).

As a result, procedural churn disrupts SNAP benefits administered by MDHS, Medicaid coverage administered by DOM, and employment stability tied to MDHS's Child Care Payment Program. These disruptions often trigger cascading effects across programs, such as loss of health coverage affecting work capacity or loss of child care assistance undermining employment, thereby compounding household instability.

### *Verification and Documentation Requirements*

Closely related to procedural churn are extensive verification and documentation requirements embedded in MDHS and DOM eligibility rules and administrative procedures set forth in the Mississippi Administrative Code, including MAC Title 18 for MDHS and MAC Title 23 for the Division of Medicaid. These rules govern income verification, identity documentation, residency, and recertification processes across SNAP, TANF, Medicaid, and CCPP.

Because eligibility systems and verification platforms are not fully integrated across MDHS and DOM, families must repeatedly submit overlapping documentation across programs and across certification periods. This redundancy increases the time and resource burden on households, particularly for individuals working hourly jobs, families without access to printers or scanners, and residents in rural areas with limited broadband access. Each additional documentation request introduces another opportunity for delay or procedural error.

This administrative structure increases compliance costs and the likelihood of procedural closures, consistent with national findings on SNAP and TANF participation (CBPP, 2024; Urban Institute, 2024). Document obtainment may also involve fees, transportation costs, and lost work time, further compounding financial strain. Over time, repeated documentation demands can discourage continued participation and undermine program continuity even among eligible families.

### *Communication Challenges*

Communication barriers further intensify the effects of churn and the burden of documentation requirements. Program notices issued by MDHS and DOM are often written in technical or legalistic formats that many applicants find difficult to interpret. Client-facing materials often fail to clearly distinguish instructions on deadlines, documentation, and case actions from general program information, making it difficult for beneficiaries to understand what specific actions are required and by what date.

Call center capacity constraints, long wait times, and limited in-person access further affect communication. When beneficiaries miss a call, receive a delayed notice, or misunderstand written instructions, cases may be closed automatically for noncompliance. These communication failures often occur not because beneficiaries are unwilling to comply, but because information is not delivered in a timely or accessible manner.

National research on administrative burden demonstrates that unclear communication and limited contact channels increase learning and compliance costs, raising the likelihood of procedural errors and benefit loss (Moynihan et al., 2021). Limited use of text or email

notifications further compounds these challenges for households with unstable housing, limited literacy, or inconsistent access to mail.

### *Technology and Digital Access Gaps*

Technology and digital access gaps further compound communication and documentation challenges. Many MDHS and DOM systems rely on legacy portals, paper-based processing, and case management platforms with limited real-time integration. Fragmented technology infrastructure across agencies contributes to processing delays, inconsistent eligibility determinations, and repeated documentation requests. Beneficiaries may be required to interact with multiple systems that do not communicate with one another, increasing the likelihood of errors and missed information. For example, documents uploaded to one system may not be visible to another program, requiring families to resubmit materials multiple times. These system limitations increase administrative burden for both beneficiaries and staff.

Limited broadband access, particularly in rural counties and parts of the Mississippi Delta, creates significant barriers to submitting documents, completing applications, and responding to renewal requests. Even when online portals are available, unstable internet connections and limited digital literacy make timely compliance difficult. These gaps align with national evidence indicating that technology barriers are structural contributors to administrative burden (Moynihan et al., 2021; USDA, 2023).

### *Work Schedule Conflicts*

Work schedule conflicts further interact with documentation and communication requirements, creating additional compliance barriers. MDHS and DOM programs often require in-person visits, scheduled appointments, or phone contact during traditional business hours. For beneficiaries working full-time, multiple jobs, or nonstandard shifts, these requirements create conflicts that make it difficult to maintain compliance. Time off work often results in lost wages, transportation challenges, or disruptions to childcare, forcing beneficiaries to make difficult tradeoffs between meeting program requirements and maintaining employment. These pressures are particularly acute for low-wage workers with limited job flexibility.

TANF's strict work participation and reporting rules, administered by MDHS and authorized under Miss. Code Ann. § 43-17-1 et seq., further intensifies these challenges. National TANF participation trends indicate that sanctions and case closures are often driven by reporting and compliance issues rather than substantive eligibility changes (Urban Institute, 2024). These time-related compliance costs disproportionately affect working families and can undermine the very employment stability that programs are intended to support.

### *Rural Access Barriers*

Rural access barriers intersect with and amplify the challenges described above. Physical and digital access barriers are especially pronounced in rural counties throughout Mississippi. Many rural areas have limited MDHS office locations, fewer community partners that assist with applications, significant transportation challenges, and weaker internet infrastructure.

Distance to offices and providers often requires substantial travel time and expense, making in-person visits difficult or impossible for many households. When combined with work schedule constraints and limited broadband access, geographic isolation significantly increases the likelihood of missed deadlines and delayed documentation. These patterns reflect broader rural access challenges documented in national analyses of low-income service delivery (Urban Institute, 2023). Rural service deserts amplify other barriers and increase the likelihood of procedural closures within MDHS and DOM systems, contributing to lower rates of benefit continuity in rural communities.

### *Provider Shortages and Child Care Deserts*

Provider shortages further exacerbate rural and work-related barriers, particularly within the MDHS-administered Child Care Payment Program, which is partially governed by Miss. Code Ann. § 43-20-1 et seq. Low reimbursement rates and payment delays, documented in MDHS guidance and national CCDF analyses, discourage provider participation and contribute to child care deserts (MDHS, 2024; CLASP, 2024).

In many rural counties, families approved for assistance report difficulty locating eligible providers within a reasonable distance. Even when benefits are authorized, limited provider availability prevents families from using them. This disconnect between eligibility and access undermines the program's effectiveness. Limited provider availability also undermines parents' ability to maintain employment, participate in training, or comply with SNAP and TANF work requirements. As a result, child care shortages generate cascading effects across multiple benefit programs and directly affect household economic stability (Urban Institute, 2023).

### *Appeals Process Complexity*

When administrative barriers result in denials or terminations, the appeals process introduces an additional layer of complexity. Appeals rights and hearing procedures for MDHS- and DOM-administered programs are governed by agency-specific rules and procedures set forth in the Mississippi Administrative Code and enabling statutes under Title 43. Beneficiaries must comply with strict filing deadlines, documentation requirements, and hearing protocols, often within short timeframes.

The complexity of appeals procedures, combined with limited access to legal assistance, creates significant barriers for households seeking to challenge erroneous denials or terminations. For many families, the time, knowledge, and resources required to pursue an appeal exceed their capacity. Administrative burden research shows that appeals systems impose substantial compliance and psychological costs, particularly for individuals with limited resources or legal knowledge (Moynihan et al., 2021). These barriers reduce the likelihood that beneficiaries will successfully navigate appeals, even when agency errors are present, allowing procedural mistakes to translate into lasting benefit loss.

### *System Fragmentation*

Underlying many of these barriers is structural fragmentation across Mississippi’s public benefits systems. Programs operate under distinct statutory authorities and administrative codes across MDHS and DOM, including separate eligibility systems authorized under Miss. Code Ann. § 43-1-1 et seq. for MDHS programs and § 43-13-101 et seq. for Medicaid. This statutory separation contributes to siloed systems, duplicate documentation, and misaligned renewal timelines. This fragmentation forces families to navigate multiple offices, portals, and caseworkers, increasing administrative burden and the risk of inconsistent information. Households receiving multiple benefits must track different rules, deadlines, and processes, increasing the probability of procedural error.

National analyses identify such fragmentation as a major driver of procedural errors and inconsistent outcomes (CBPP, 2024; Urban Institute, 2024). In Mississippi, this structural separation magnifies the likelihood of benefit disruption for households receiving multiple forms of assistance and reinforces the cumulative effects of administrative burden across programs.

### *Administrative Capacity*

Administrative capacity within MDHS and DOM plays a central role in shaping both the efficiency of program operations and the quality of beneficiary experiences. Moreover, workforce constraints and persistent vacancies contribute to elevated caseloads for existing staff, increasing time pressure and limiting the individualized attention caseworkers can provide to each household. As caseloads grow, staff are often required to prioritize urgent cases, which can delay routine processing, slow responses to beneficiary inquiries, and increase the likelihood of errors. Over time, sustained high workloads contribute to burnout and turnover, resulting in the loss of institutional knowledge and further weakening operational continuity.

Technology limitations further compound workforce pressures. Outdated or fragmented systems require staff to rely on manual workarounds, duplicate data entry, and paper-based processes. These inefficiencies slow processing and increase frustration for both workers and beneficiaries. As staff encounter repeated system failures or rigid platforms that limit their ability to resolve client issues, technology constraints contribute to moral distress, particularly when workers cannot provide timely assistance to eligible families due to system barriers rather than policy intent.

These limitations in administrative capacity create a reinforcing cycle. As a result, administrative capacity constraints not only delay benefit processing but also directly shape beneficiary experiences, perceptions of service quality, and overall confidence in program administration. Together, these barriers increase the likelihood that families will miss notices, fail to submit required documents on time, be unable to attend required appointments, or encounter system delays—resulting in coverage gaps, sanctions, and case closures that are driven by administrative processes rather than changes in eligibility.

## *Impact of Administrative Barriers*

These findings demonstrate that administrative barriers do not operate as isolated challenges but instead function as an interconnected system that shapes beneficiaries' experiences across the full lifecycle of benefit participation. Procedural churn, extensive documentation requirements, communication gaps, technology limitations, work schedule conflicts, rural access constraints, provider shortages, appeals complexity, system fragmentation, and administrative capacity limitations interact to create cumulative points of procedural failure. When layered, these barriers amplify one another. As a result, eligible households face heightened risk of benefit interruption, sanctions, and case closures driven by system design rather than changes in need. This interconnected structure of administrative burden helps explain why coverage gaps, service instability, and diminished user satisfaction persist even when formal eligibility criteria remain unchanged.

## **Conclusions**

The barriers affecting Mississippi beneficiaries in public benefit programs are predominantly administrative rather than eligibility-based and are embedded within statutory and regulatory structures governing MDHS and DOM operations under Mississippi Code Annotated Title 43 and the Mississippi Administrative Code. These barriers shape both access to and continuity of benefits for low-income households. Consistent with beneficiary feedback reviewed by MURC, these administrative burdens also affect beneficiaries' experiences and perceptions of program quality. Beneficiary responses indicate that repeated documentation requests, unclear or delayed communications, portal and access issues, and difficulties reaching caseworkers contribute to frustration, uncertainty, and diminished trust in program operations. As a result, even when benefits are ultimately approved, these burdens inhibit achieving high levels of user satisfaction and contribute to negative service experiences that extend beyond eligibility outcomes.

These findings are consistent with national evidence on administrative burden and benefits administration, which shows that high learning, compliance, and psychological costs reduce perceived service quality and undermine confidence in public institutions (Moynihan et al., 2021; CBPP, 2024; KFF, 2024). In Mississippi, beneficiary-reported challenges suggest that administrative design not only shapes enrollment and retention but also directly influences user satisfaction, perceptions of fairness, and willingness to re-engage with programs when needs change. The results point to the need for coordinated reforms focused on system integration across MDHS and DOM, simplified verification processes, expanded digital access, strengthened rural service capacity, improved communication practices, and investments in frontline staffing and infrastructure. In addition to improving enrollment and continuity, these reforms are likely to improve beneficiary experience and satisfaction by reducing frustration, increasing clarity, and strengthening trust in program administration.

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## Administrative Survey on Mississippi Public Benefits Programs

This survey aims to understand the operational challenges administrators and staff face in delivering Mississippi's public benefits programs (TANF, SNAP, Childcare Assistance, and Medicaid for Infants and Children). Your responses will help identify opportunities for improving program delivery.

### Q1. What is your primary role?

- Program Administrator
- Case Manager/Caseworker
- Eligibility Worker
- Supervisor/Manager
- Front Desk/Intake Staff
- IT/Technical Support
- Other (please specify): \_\_\_\_\_

### Q2. What are the most common reasons applications are incomplete or require additional information? (Select all that apply.)

- Missing income verification documents
- Missing identity verification documents
- Missing proof of residence
- Applicants do not understand eligibility requirements
- Applications are submitted through third parties unfamiliar with requirements
- Online portal issues or technical errors
- Language barriers or limited English proficiency
- Insufficient program guidance materials or instructions
- Need for supervisory review or approval
- Verification processes with external agencies
- Other (please specify): \_\_\_\_\_

### Q3. What methods do you use to communicate with applicants and beneficiaries? (Select all that apply.)

- Phone calls
- Physical mail
- Email
- Text messages/SMS
- Online portal notifications
- In-person meetings
- Outreach through community organizations
- Other (please specify): \_\_\_\_\_

**Q4. What are the biggest challenges you face in approving applications received? (Select all that apply.)**

- Outdated or incorrect contact information submitted
- Limited phone or internet access among applicants
- Language barriers
- Beneficiaries' work schedules conflicting with office hours
- Low literacy levels of applicants
- Beneficiaries not responding to communications
- Insufficient time or staff to conduct thorough outreach
- Lack of accessible communication tools or platforms
- Limited trained staff
- Applications not meeting program requirements
- Volume of applications received
- Other (please specify): \_\_\_\_\_

**Q5. What challenges do you face in verifying applicant documentation? (Select all that apply.)**

- Difficult-to-read or poor-quality documents
- Expired or outdated documents
- Documents not meeting program requirements
- Delays in receiving documents from third parties
- Limited access to verification systems or databases
- Conflicting information across documents
- Applicants unable to obtain required documents
- Limited trained staff
- Other (please specify): \_\_\_\_\_

**Q6. What technology or system improvements would most enhance your agency's ability to serve beneficiaries? (Select all that apply.)**

- More user-friendly online application portal
- Better integration between program databases
- Mobile-responsive systems for applicants
- Automated application status updates for applicants
- Electronic document submission and verification
- Improved case management software
- Access to real-time verification databases
- Multilingual system interfaces
- Improving staff training
- Other (please specify): \_\_\_\_\_

**Q7. What are the most common barriers preventing eligible individuals from accessing benefits? (Select all that apply.)**

- Lack of awareness about program availability
- Transportation challenges to reach offices
- Limited office hours that conflict with work schedules
- Difficulty obtaining required documents
- Complexity of application process
- Language barriers
- Stigma or fear associated with applying
- Lack of digital literacy or internet access
- Immigration status concerns
- Disability-related barriers
- Other (please specify): \_\_\_\_\_

**Q8. What would improve MDHS coordination and collaboration with external partners assisting program applicants/beneficiaries? (Select all that apply.)**

- Regular communication channels or meetings
- Shared data systems or information portals
- Memoranda of understanding or formal agreements
- Training for external partners on program requirements
- Co-located services or one-stop centers
- Streamlined referral processes
- Other (please specify): \_\_\_\_\_

**Q9. What additional resources or support would most help MDHS serve applicants and beneficiaries more effectively?**

\_\_\_\_\_

