

RESEARCH REPORT

# The Overlap in SNAP and Medicaid/CHIP Eligibility, 2013

Findings from the Work Support Strategies Evaluation

Laura Wheaton

Victoria Lynch

Martha Johnson

December 2016



## ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

# Contents

<b>Acknowledgments</b>	<b>iv</b>
<b>The Overlap in SNAP and Medicaid/CHIP Eligibility, 2013</b>	<b>1</b>
Why Measure Eligibility?	1
Determining Eligibility	3
Overlap in Eligibility between SNAP and Medicaid/CHIP	6
State Variation in Eligibility	7
Conclusions	12
<b>Appendix A. Methodology</b>	<b>13</b>
Medicaid/CHIP Simulation	13
SNAP Simulation	14
Overlap in Eligibility	16
<b>Appendix B. State-Level Estimates for All People</b>	<b>17</b>
<b>Appendix C. State-Level Estimates for People with Medicaid/CHIP Coverage or No Coverage</b>	<b>23</b>
<b>Notes</b>	<b>27</b>
<b>References</b>	<b>29</b>
<b>About the Authors</b>	<b>31</b>
<b>Statement of Independence</b>	<b>32</b>

# Acknowledgments

The Ford Foundation has provided generous lead funding for the Work Support Strategies initiative, including its evaluation, by committing \$21 million over five years. The Open Society Foundations, Annie E. Casey Foundation, Kresge Foundation, and JPMorgan Chase also gave crucial support. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at [www.urban.org/support](http://www.urban.org/support).

We would like to thank Joyce Morton and Silke Taylor for programming support, Genevieve Kenney for her advice on methods, and Pamela Loprest, Stacey Dean, Olivia Golden, and Elizabeth Lower-Basch for their reviews of earlier drafts and helpful insights.

# The Overlap in SNAP and Medicaid/CHIP Eligibility, 2013

This report examines the overlap in eligibility among children and nonelderly adults for the nation's largest nutrition assistance program, the Supplemental Nutrition Assistance Program (SNAP), and the nation's primary medical assistance programs for low-income families, Medicaid and the Children's Health Insurance Program (CHIP). We show how many children and adults are eligible, nationally and at the state level, for Medicaid/CHIP, SNAP, or both. We find that nearly 60 percent of children and a quarter of nonelderly adults were eligible for at least one of these programs in 2013. This estimate includes children currently covered by private insurance who would not immediately qualify for CHIP because of waiting periods or other provisions designed to target coverage to the uninsured. The overlap in eligibility varies by state and subgroup (children, parents, and nonparent adults), reflecting differences in eligibility rules and poverty rates. Overlap between SNAP and Medicaid among parents is expected to be higher after 2013 because of Medicaid expansion under the Affordable Care Act (ACA). Although overlap between SNAP and Medicaid among nonparents is also likely to increase, this will be offset somewhat by the reinstatement of SNAP time limits for adults in households without children who do not meet work requirements.

## Why Measure Eligibility?

SNAP and Medicaid/CHIP are key programs in the nation's social safety net. About one in seven Americans received SNAP in 2013, including 20.9 million children and 21.8 million adults under 60. Participating households received an average of \$275 per month to purchase food (Gray 2014). In 2013, Medicaid and CHIP provided health insurance coverage to 33.6 million nondisabled children and 12.7 million nondisabled, nonelderly adults (Snyder et al. 2014). SNAP and Medicaid/CHIP both target low-income people and families. Eighty-three percent of households that received SNAP in 2013 were poor, and these households received 92 percent of all SNAP benefits (Gray 2014). Eighty-nine percent of children and 92 percent of adults enrolled in Medicaid/CHIP have incomes less than 200 percent of the federal poverty level (FPL).<sup>1</sup> Although SNAP participation is declining as the economy improves, Medicaid participation continues to increase (Kenney et al. 2016).<sup>2</sup> Thus, the results presented here provide insight into the overlap in SNAP and Medicaid/CHIP eligibility before many states expanded Medicaid eligibility under the ACA.

In previous work, we provided state-level estimates of the share of the nonelderly population eligible for both SNAP and Medicaid/CHIP in 2011 (Wheaton et al. 2014). We used these estimates along with state administrative data to estimate SNAP and Medicaid/CHIP joint participation rates for five of the six states participating in the Work Support Strategies (WSS) initiative (see box 1).<sup>3</sup> The 2011 joint participation rate estimates showed how many people eligible for both SNAP and Medicaid/CHIP received assistance from both programs.

This report updates the joint eligibility estimates to 2013 and also shows the share of the population only eligible for either SNAP or Medicaid/CHIP. The Medicaid/CHIP eligibility estimates shown in figures 1–4 and in the state-level estimates in appendix B include people receiving health insurance through an employer or other source who meet the eligibility criteria for Medicaid/CHIP. Estimates including only the uninsured and those covered by Medicaid/CHIP are included in appendix C. Updated joint participation rate estimates for five WSS states are presented in a companion report (Loprest, Lynch, and Wheaton 2016). The results of that analysis show that four of the five states made strides toward increasing joint participation in SNAP and Medicaid/CHIP.<sup>4</sup>

---

#### BOX 1

##### **Work Support Strategies**

Work Support Strategies (WSS) was a multiyear, multistate, foundation-funded initiative to help low-income families get and keep the package of work supports for which they are eligible. Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina were selected through a competitive process to participate in WSS, first in a planning and design year in 2011 and then in the implementation phase from 2012 through 2015.

Through grants, expert technical assistance, and peer learning, the initiative helps states reform, modernize, and align the systems delivering work support programs intended to increase families' well-being and stability, particularly SNAP, Medicaid and CHIP, and child care assistance through the Child Care and Development Block Grant. Through WSS, states sought to streamline and integrate service delivery, use 21st-century technology, and apply innovative business processes to improve administrative efficiency and reduce the burden on states and working families, all toward the overall goal of increasing participation and retention to support work and well-being.

For additional reports and information, see [www.urban.org/work-support-strategies](http://www.urban.org/work-support-strategies).

---

The joint eligibility estimates presented here could also be used along with relevant administrative data to calculate joint participation rates in other states. Although single-program participation rates are routinely tracked for SNAP (Cunyngham 2016) and Medicaid/CHIP (Kenney et al. 2016), there are no corresponding estimates for joint participation in the two programs. States able to link their SNAP and Medicaid/CHIP data can calculate the number of people participating in both programs, but the administrative data do not provide information on the total number of people eligible. By dividing the number of joint participants by the estimate of joint eligibles provided here, states may be able to calculate their own joint participation rates.<sup>5</sup>

Estimates of the overlap between SNAP and Medicaid/CHIP eligibility and participation also provide insight into how many recipients of one program are eligible for another. Program administrators and policymakers can use this information to improve access to benefits. For example, the finding that nearly all SNAP recipients in states that expand Medicaid eligibility would qualify for health coverage under the ACA provided the basis for allowing SNAP receipt to be used to verify financial eligibility for Medicaid (Dorn et al. 2013; CMS 2013).

## Determining Eligibility

The overlap in eligibility between SNAP and Medicaid/CHIP is determined by the eligibility rules for the two programs, including income limits. Federal SNAP rules require that households without an elderly or disabled member have gross income below 130 percent of FPL and net income (after deductions) of less than 100 percent of FPL. Some states have increased the SNAP eligibility limit through broad-based categorical eligibility programs (table 1). However, because of the phasing out of benefits under the SNAP benefit formula, families are not necessarily eligible to receive a positive benefit at incomes above the federal eligibility limit.<sup>6</sup>

Nondisabled adults ages 18 to 49 who live in households without children may face time limits on SNAP benefits if they do not meet work requirements. With some exceptions, those failing to meet work requirements can only receive benefits for 3 months within a 36-month period. This requirement was waived during the Great Recession and continued to be waived in most states through 2013 while unemployment rates remained high. The estimates presented here simulate time limits in five states: Nebraska, New Hampshire, Utah, Vermont, and Wyoming.

Medicaid/CHIP eligibility limits vary considerably by demographic subgroup (children, parents, and nonparent adults) (table 1). The income eligibility limit for children is higher for Medicaid/CHIP than for

SNAP in nearly all states. In 2013, Medicaid income eligibility limits for parents were lower—often substantially lower—than SNAP eligibility limits in most states. Before implementation of the ACA in 2014, few states provided Medicaid to nondisabled adults who were not parents or relative caretakers. The ACA raised Medicaid eligibility limits to 138 percent of FPL in states adopting the expansion, similar to the federal SNAP eligibility limit of 130 percent of FPL.<sup>7</sup> As a result, the overlap in SNAP and Medicaid eligibility among adults should be greater after 2013 in states that expanded Medicaid. However, this increase will likely be offset to some extent among nonparents because of the reinstatement of SNAP time limits for nondisabled adults in households without children who do not meet work requirements.

TABLE 1

State Poverty Rates and Program Rules for Children and Nonelderly Adults, 2013

	Percentage of population in poverty	Program income eligibility thresholds (percentage of FPL)			
		SNAP	Medicaid/CHIP		
		Households with children/without children	Children	Parents and relative caretakers of dependent children (jobless/employed)	Other nondisabled adults (jobless/employed)
Alabama	20.2	130	300	10/23	NA
Alaska	9.3	130	175	74/78	NA
Arizona	20.3	185	200 <sup>^</sup>	100/106	100 <sup>^</sup>
Arkansas	20.6	130	200	13/16~	NA~
California	17.3	130	250	100~/106~	NA~
Colorado	13.5	130	250	100/106	10 <sup>^</sup> /20 <sup>^</sup>
Connecticut	10.9	185	300	185/191	55/70
Delaware	13.7	200	200	100/120	100/110
District of Columbia	19.0	200	300	200/206	200/211
Florida	18.1	200	200	19/56	NA
Georgia	19.8	130	235	27/48	NA
Hawaii	10.9	200	300	133/133	133/133
Idaho	16.8	130	185	20/37	NA
Illinois	15.3	130	300	133/139	NA~
Indiana	17.0	130	250	18~/24~	NA~ <sup>^</sup>
Iowa	13.6	160	300	27~/80~	NA~
Kansas	14.4	130	232	25/31	NA
Kentucky	19.4	130	200	33/57	NA
Louisiana	20.6	130	250	11~/24~	NA~
Maine	13.8	185	200	133~/133~	NA~ <sup>^</sup>
Maryland	10.5	200	300	116/122	NA~
Massachusetts	12.2	200/130	300	133~/133~	NA~
Michigan	18.2	200	200	37/64	NA~ <sup>^</sup>
Minnesota	11.5	165	275	215~/215~	75~/75~
Mississippi	25.9	130	200	23/29	NA
Missouri	17.3	130	300	18~/35~	NA~
Montana	18.5	200	250	31/54	NA
Nebraska	13.6	130	200	47/58	NA
Nevada	16.6	200	200	24/84	NA



Program income eligibility thresholds (percentage of FPL)					
	Percentage of population in poverty	SNAP	Medicaid/CHIP		
		Households with children/without children	Children	Parents and relative caretakers of dependent children (jobless/employed)	Other nondisabled adults (jobless/employed)
New Hampshire	9.2	185/ <b>130</b>	300	38/47	NA
New Jersey	11.6	185	350	200/200	NA~
New Mexico	24.8	165	235	28~/85~	NA~^
New York	16.4	130	400	150/150	100
North Carolina	19.1	200	200	34/47	NA
North Dakota	11.9	200	160	33/57	NA
Ohio	16.7	130	200	90/96	NA
Oklahoma	17.8	130	185	36~/51~	NA~
Oregon	17.5	185	300	30~/39~	NA~^
Pennsylvania	14.6	160	300	25/58	NA
Rhode Island	15.0	185	250	175/181	NA
South Carolina	20.0	130	200	50/89	NA
South Dakota	14.4	<b>130</b>	200	50/50	NA
Tennessee	19.5	<b>130</b>	250	67/122	NA
Texas	18.2	165	200	12/25	NA
Utah	13.2	<b>130</b>	200	37~/42~	NA~^
Vermont	13.7	185	300	185~/191~	150~/160~
Virginia	12.3	<b>130</b>	200	25/30	NA
Washington	14.6	200	300	35~/71~	NA~^
West Virginia	20.0	130	300	16/31	NA
Wisconsin	14.2	200	300	200/200	NA~^
Wyoming	10.8	<b>130</b>	200	37/50	NA

**Sources:** State poverty percentages are from Urban Institute tabulations of 2013 American Community Survey data. SNAP broad-based categorical eligibility policies are from Laird and Trippe (2014). Medicaid/CHIP policies are from Heberlein et al. (2013).

**Notes:** FPL = federal poverty level; SNAP = Supplemental Nutrition Assistance Program; CHIP = Children's Health Insurance Program. The sample is the nonelderly civilian population, excluding those living in group quarters and institutions. The SNAP column shows the limit for gross income as a percent of the SNAP poverty guideline applicable to households without an elderly or disabled member. SNAP programs not using broad-based categorical eligibility are in bold and have income and assets tests at the standard federal levels. The Medicaid/CHIP columns exclude Medicaid/CHIP programs that do not offer full-benefit coverage or coverage available throughout the state. To simulate a sample person's eligibility for Medicaid/CHIP, an income-to-poverty ratio is computed using US Department of Health and Human Services guidelines and the Medicaid/CHIP-defined family and net income after deductions for select expenses. We list Medicaid policies for nondisabled adults only because of the complexity of disability eligibility rules. Policies under which adults with disabilities are eligible for Medicaid are modeled and included in our eligibility estimates. Columns including "(jobless/employed)" list a first number for jobless adults and a second for employed adults. If there is only one number, the program makes no distinction.

NA = Not applicable.

~ = The state has a Medicaid/CHIP program with limited benefits or a program only offered in some parts of the state.

^ = The Medicaid/CHIP program shown in the table is closed to new applicants.

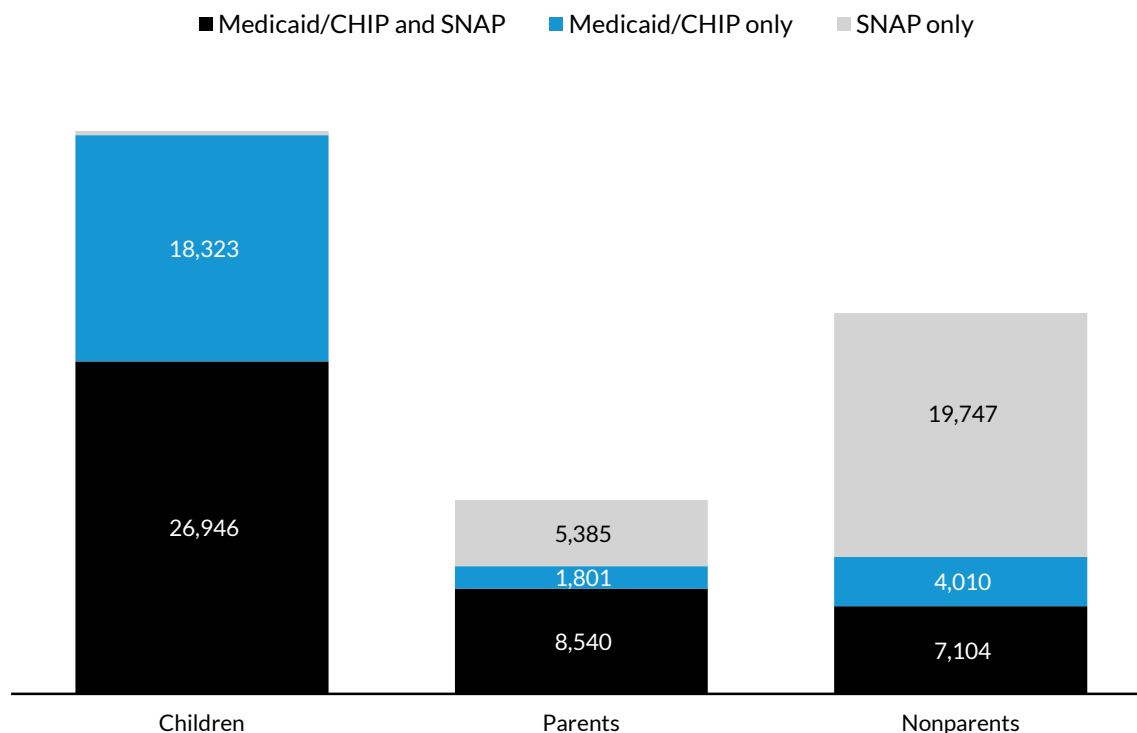
# Overlap in Eligibility between SNAP and Medicaid/CHIP

Figure 1 shows the overlap in SNAP and Medicaid/CHIP eligibility for children, parents, and nonparent adults.<sup>8</sup> The majority of children, 59 percent (26.9 million out of 45.6 million), eligible for one program were also eligible for the other. Of the total eligible for at least one program, 40 percent (18.3 million) were eligible for Medicaid/CHIP but not SNAP. Very few children (approximately 336,000) were eligible for SNAP but not Medicaid/CHIP.

FIGURE 1

## Program Eligibility among Children and Nonelderly Adults, 2013

*In thousands*



**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Note:** CHIP = Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program.

These numbers reflect the broader scope of Medicaid/CHIP eligibility among children relative to SNAP. Although income eligibility for Medicaid/CHIP varies across states, the eligibility limit is higher than for SNAP in most states and is often substantially higher. The SNAP eligibility limit for households

with children is 130 percent of FPL in roughly half of all states. All but four states have a Medicaid/CHIP eligibility limit of at least 200 percent of FPL, and many have limits of 300 percent of FPL or higher.

Eligibility for both programs is lower among parents and nonparents than among children, and these groups are more likely to be eligible for SNAP than for Medicaid. Fifty-four percent of parents (8.5 million) eligible for one of these programs are eligible for both. However, 39 percent of parents (5.4 million) eligible for SNAP are not eligible for Medicaid, and 17 percent of parents (1.8 million) eligible for Medicaid are not eligible for SNAP.

Just 23 percent of nonparents (7.1 million) eligible for one program are eligible for both, and many more are eligible for SNAP than for Medicaid. A relatively small number of nonparents (26 percent) eligible for SNAP are also eligible for Medicaid. By comparison, 64 percent of nonparents eligible for Medicaid are also eligible for SNAP.

The Medicaid/CHIP eligibility estimates presented here include people with private health insurance coverage (usually through an employer).<sup>9</sup> People are typically required to drop such coverage for a period of time before becoming eligible for CHIP but can have simultaneous coverage from Medicaid and another source; in this case, Medicaid is the second payer. Medicaid/CHIP estimates do not include people eligible for plans that are limited in scope or only available in some parts of the state. But many states do not have limited plans, and the estimates presented here likely reflect an upper bound of the number of people in need of Medicaid/CHIP in 2013.

## State Variation in Eligibility

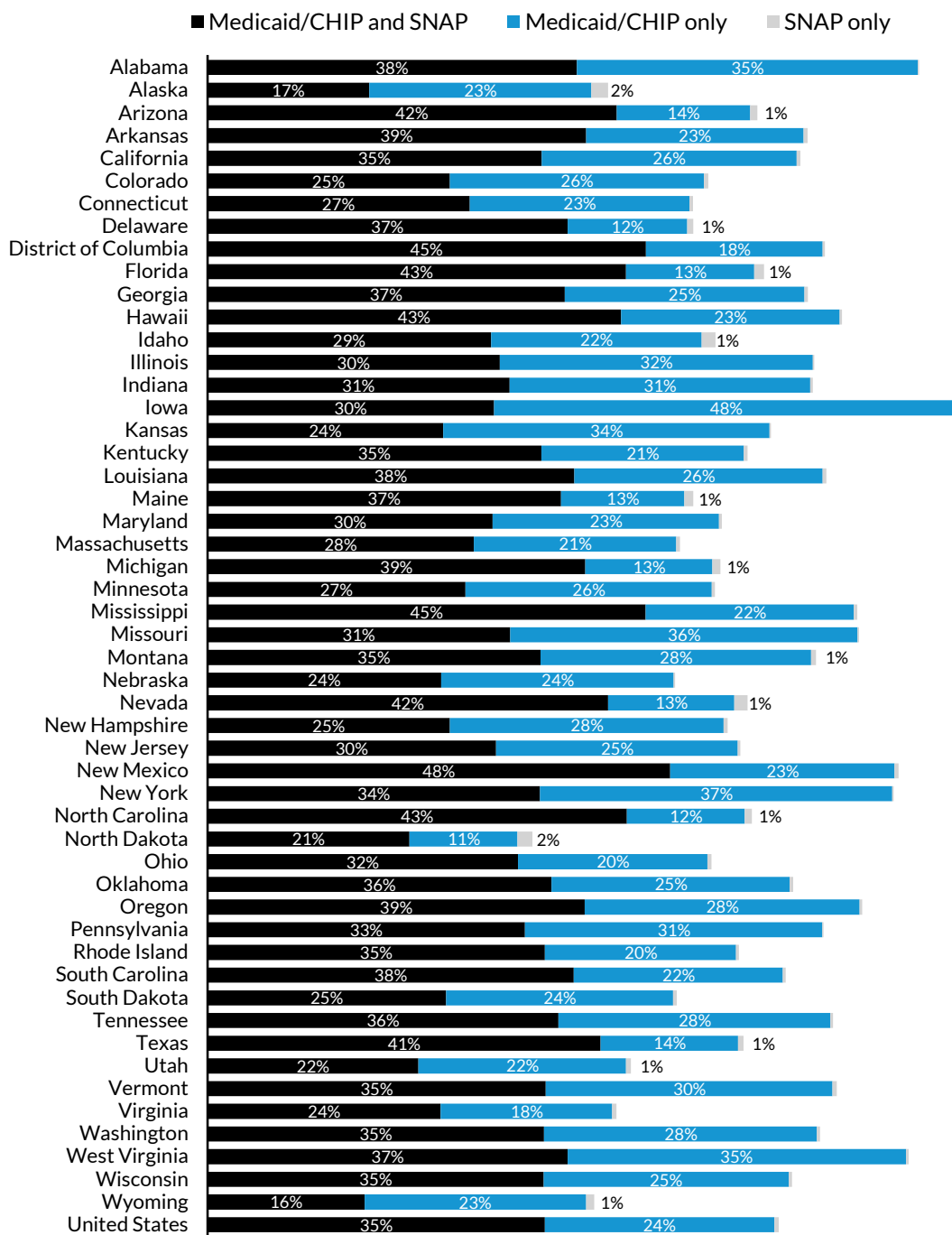
There is considerable variation in program eligibility overlap across states. This variation stems from differences in state income and demographic characteristics as well as policy choices. Figure 2 shows that 59 percent of children nationwide were eligible for at least one program.<sup>10</sup> The numbers eligible for at least one program ranged from 34 percent in North Dakota to 78 percent in Iowa. North Dakota's lower eligibility rate is attributable to its lower poverty rate (11.9 percent) and lower Medicaid/CHIP eligibility limit (160 percent of FPL). Iowa's poverty rate was somewhat higher (13.6 percent) and its Medicaid/CHIP eligibility threshold (300 percent of FPL) is almost twice that of North Dakota's. In nine states, at least 40 percent of children were eligible for both SNAP and Medicaid/CHIP.<sup>11</sup> The share of children eligible for SNAP but not Medicaid/CHIP was 2 percent or less in all states.

A quarter of all parents were eligible for at least one program, with numbers ranging from 14 percent in Wyoming to 43 percent in the District of Columbia (figure 3). The relatively low number in Wyoming reflects the state's lower poverty rate (10.8 percent versus 19 percent in the District of Columbia), SNAP income eligibility limit (130 percent of FPL versus 200 percent), and Medicaid eligibility limit (up to 50 percent of FPL versus 206 percent). The percentage of parents eligible for both SNAP and Medicaid/CHIP ranged from 5 percent to 31 percent, with Wyoming and the District of Columbia again providing the low and high values, respectively. Nine states had joint eligibility rates of 20 percent or higher and 13 states had joint eligibility rates of less than 10 percent. In all but nine states, the share of parents eligible for only SNAP was larger than the share eligible for only Medicaid/CHIP.

In most states, nonparents were more likely to be eligible for SNAP than for Medicaid. A quarter of all nonparents were eligible for either SNAP or Medicaid, with numbers ranging from 14 percent in Nebraska, New Hampshire, and Wyoming to 35 percent in the District of Columbia. The lower eligibility levels in Nebraska, New Hampshire, and Wyoming stem partly from these states reinstating SNAP time limits for adults in households without children who do not meet work requirements. Rates of joint eligibility among nonparents ranged from 2 percent to 22 percent. In 23 states, less than 5 percent of nonparents were eligible for both programs. In all but six states, the share of nonparents eligible for only SNAP exceeded the share eligible for Medicaid (either alone or in combination with SNAP).

FIGURE 2

Children Eligible for SNAP and/or Medicaid/CHIP, 2013

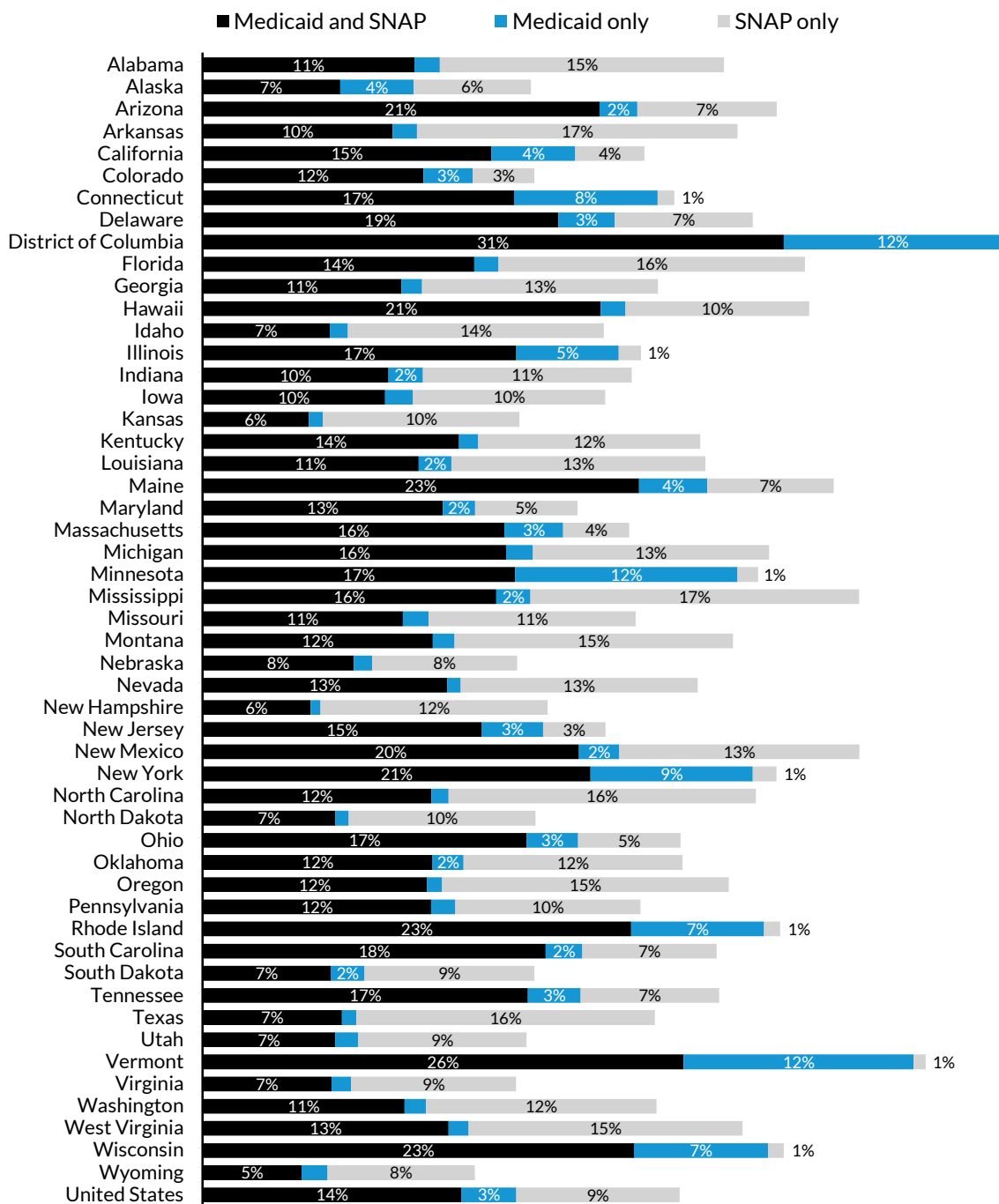


**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Notes:** SNAP = Supplemental Nutrition Assistance Program; CHIP = Children's Health Insurance Program. Children are defined as people under the age of 19. Bar segments without labels represent a share of less than 1 percent.

FIGURE 3

Nonelderly Parents Eligible for SNAP and/or Medicaid, 2013

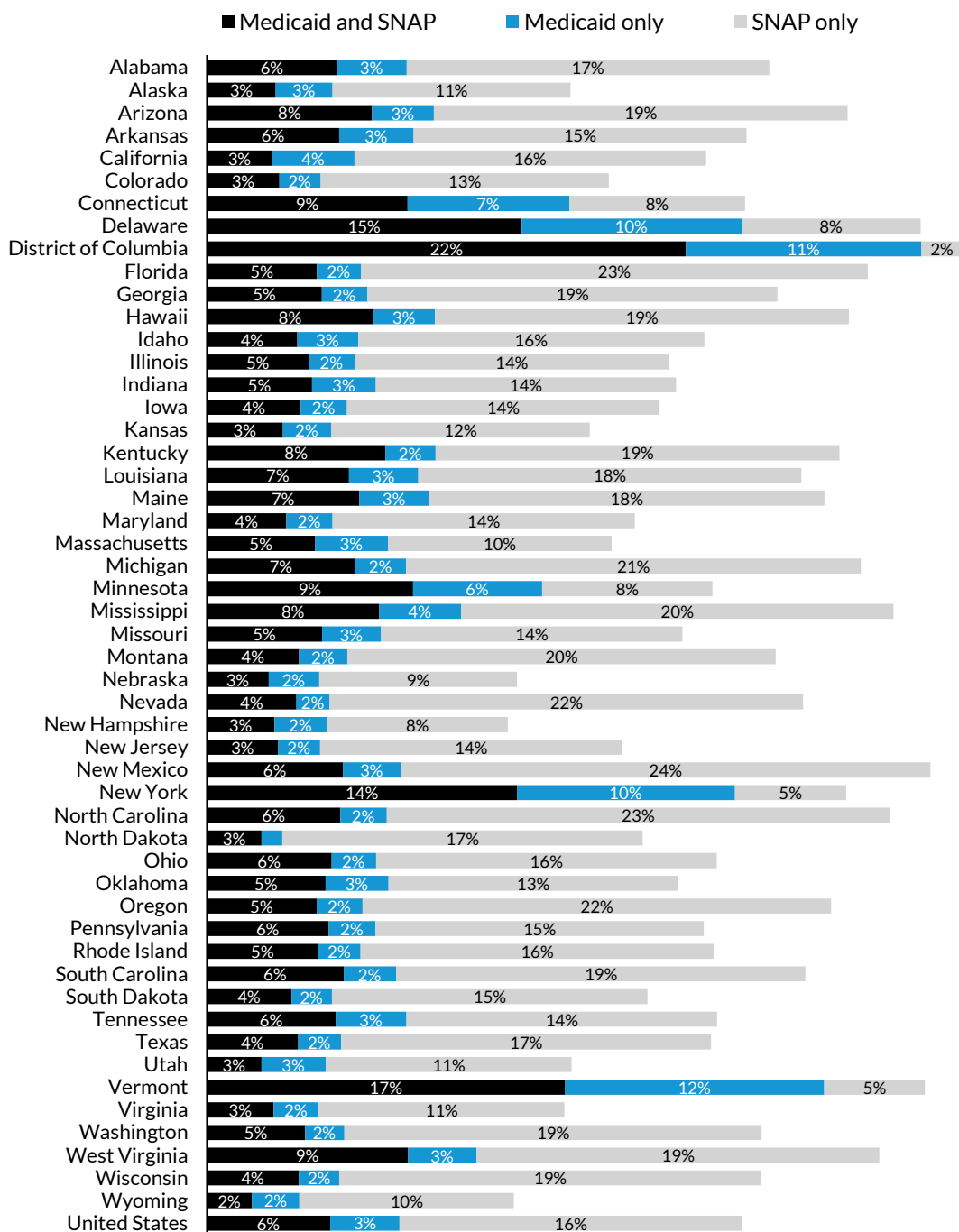


**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Notes:** SNAP = Supplemental Nutrition Assistance Program. The figure includes parents ages 19 to 64. Bar segments without labels represent a share of 1 percent or less.

FIGURE 4

Nonelderly, Nonparent Adults Eligible for SNAP and/or Medicaid, 2013



**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Notes:** SNAP= Supplemental Nutrition Assistance Program. Bar segments without labels represent a share of 1 percent or less.

## Conclusions

Public programs for low-income families are intended to address different needs but often target the same families. This report shows that nearly 60 percent of children and 25 percent of parents and nonparents were eligible for SNAP, Medicaid/CHIP, or both in 2013. This estimate includes children currently covered by private insurance who would not immediately qualify for CHIP because of waiting periods or other provisions designed to target coverage to the uninsured. Over half of the children eligible for one program were eligible for both, and nearly all children eligible for only one program were eligible for Medicaid/CHIP. A substantially smaller share of parents and nonparents were eligible for both SNAP and Medicaid/CHIP. Among nonparents eligible for one program, most were eligible for only SNAP and not Medicaid (either alone or in combination with SNAP).

Estimates of joint eligibility allow calculation of joint program participation rates, which tell us how many people eligible for assistance from multiple programs access those benefits. Information about the overlap in SNAP and Medicaid/CHIP eligibility also tells us how many people eligible for one program are eligible for the other, data that program administrators and policymakers can use to improve access to benefits.

Joint eligibility for SNAP and Medicaid is likely to increase among adults in states that expand Medicaid under the ACA. However, the increase in joint eligibility among nonparents may be offset somewhat by the reinstatement of SNAP time limits for adults without children who do not meet work requirements. Among children, joint eligibility rates are primarily affected by SNAP eligibility and, along with overall SNAP eligibility, may fall as the economy improves.



# Appendix A. Methodology

Eligibility estimates are prepared using 2013 American Community Survey (ACS) data as processed by the Urban Institute's Transfer Income Model, version 3 (TRIM3) and Medicaid/CHIP Eligibility Simulation Model. The ACS is a nationwide annual survey that provides estimates of demographic, housing, social, and economic characteristics for all states as well as smaller geographic areas.<sup>12</sup> Residents of group quarters and institutions are excluded from the analysis, and members of the military and people age 65 and older are included as appropriate when determining eligibility for other family members but are not shown in the results.

## Medicaid/CHIP Simulation

For Medicaid/CHIP eligibility status, we rely on a slightly modified version of the Urban Institute Medicaid/CHIP Eligibility Simulation Model designed to make the Medicaid/CHIP modeling more consistent with the TRIM3 modeling of SNAP. The main difference is that the modified version uses the TRIM3 approach to modeling Supplemental Security Income-based eligibility. This mostly affects adults, but there may be minor differences among children. We also used a slightly different definition of the family unit and adjusted how we impute eligibility. The eligibility estimates are lower than those produced by the core model, which we believe understates eligibility because of a lack of data on pregnancy status and medical expenses in the ACS and limited information on family relationships.

The Medicaid/CHIP Eligibility Simulation Model uses available information on eligibility guidelines, including income thresholds for the appropriate family size, asset tests, parent/family status, and the amount and extent of income disregards, for each program and state as of mid-2013 (Lynch, Haley, and Kenney 2014). The model also takes into account length of residency in the United States for states where this is a factor. Because the ACS does not contain sufficient information to determine whether someone is an authorized immigrant, we impute documentation status for noncitizens (Kenney et al. 2016). The following eligibility pathways are modeled, presented in roughly the order in which caseworkers or state eligibility-determination programs check for eligibility:

- **Children:** Title IV-E/foster care, Supplemental Security Income (SSI), Social Security Act section 1931, CHIP, imputed (certain people with reported Medicaid who fall into particular Medicaid categorically eligible groups but do not meet all requirements according to information available through the ACS and the rules we have).

- **Adults:** Aged-out foster children, SSI, Social Security Act section 1931, aged/blind/disabled, Social Security Act section 1115 waivers, Medically Needy (adults categorically eligible for Medically Needy coverage who meet income qualifications for eligibility without deducting medical expenses), relative caretakers (section 1931), imputed (certain people with reported Medicaid eligibility who fall into particular Medicaid categorically eligible groups but do not meet all requirements according to information available through the ACS and the rules we have).

We made an extensive effort to collect information on the different rules for each state and to marshal all relevant information in the ACS. Still, eligibility in states with more pathways and more detailed pathways to eligibility not described above may be understated in our model. In addition, state determinations of disability-related eligibility use additional criteria beyond the indicators of functional limitations available from the ACS. The ACS, like other surveys, is not detailed enough to correctly capture important elements of all the major eligibility pathways. The three most important pathways we have limited ACS data for are pregnancy, Medically Needy status, and relative caretaker eligibility. The ACS does not collect data on pregnancy status, the medical expenses used to calculate spend down for Medically Needy program eligibility, or the details of relationship needed to consistently identify relative caretakers. To compensate for these limitations, we impute eligibility to certain categorically eligible adults and children with reported Medicaid/CHIP (Lynch et al. 2011). There are known limitations with the Medicaid/CHIP simulation model, but we have found our core model's flag for simulated eligibility and the ACS's flag for reported Medicaid/CHIP to be good predictors of enrollment (Lynch and Resnick 2013).

## SNAP Simulation

SNAP eligibility estimates are generated using the TRIM3 microsimulation model, a comprehensive microsimulation model of tax and transfer programs developed and maintained by the Urban Institute.<sup>13</sup>

Most households are simulated to file as a single SNAP unit. However, complex households may be split into multiple filing units subject to SNAP regulations that require married couples to file together and children under 22 to file with their parents. In most cases, all household members are considered potentially eligible for SNAP. Exceptions include people reporting SSI in California, who receive higher SSI benefits in lieu of SNAP, and people ineligible because of their immigration and citizenship status.<sup>14</sup>

In 2013, most states had waivers suspending time limits for able-bodied adults without dependents. These time limits were modeled for four states (Nebraska, New Hampshire, Vermont, and Wyoming) that had time limits in place for most of the year and did not guarantee employment and training services to all such adults at risk of losing eligibility.<sup>15</sup> Time limits were also modeled in Utah, which reinstated time limits in 2013 but guaranteed employment and training opportunities to adults at risk of losing eligibility (the guarantee ended in October 2014) (Utah Department of Work Services, n.d.).

Eligibility is modeled on a month-by-month basis to capture how a family's real-world income and eligibility may change during the year. Earnings are allocated to months of the year based on reported weeks of work. Most sources of unearned income are divided evenly across the months of the year, but the model captures monthly variations in receipt of child support and unemployment compensation.<sup>16</sup>

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

SNAP units consisting entirely of members receiving SSI, TANF, or other cash assistance are automatically eligible for SNAP. Under federal rules, other households must have gross income below 130 percent of FPL and net income below 100 percent of FPL. Households with an elderly or disabled member are not required to pass the gross income test. Households must also pass liquid asset and vehicle asset tests. Under state broad-based categorical eligibility (BBCE) rules, states can increase the gross income limit to as much as 200 percent of FPL and bypass the net income and assets tests by providing applicants with a TANF-funded service, such as an informational brochure. All but 10 states had BBCE policies in effect in 2013 (Laird and Trippe 2014).

Eligibility estimates are generated according to each state's BBCE rules or according to federal rules for states without BBCE. TRIM3 also simulates SNAP certification periods and reporting requirements. One- and two-person households that pass their state's BBCE or federal eligibility test are automatically counted as eligible. Households with three or more people are only counted as eligible if the SNAP benefit formula finds them eligible for a positive benefit amount. One- and two-person units are guaranteed a minimum benefit if they are found eligible, but this policy does not apply to larger households.<sup>17</sup>

## Overlap in Eligibility

The overlap in SNAP and Medicaid/CHIP eligibility is determined by merging the TRIM3 SNAP and Medicaid/CHIP Eligibility Simulation Model eligibility estimates at the individual level. TRIM3 SNAP estimates are generated at the monthly level, and we assume that people eligible for SNAP in a given month who are also found eligible for Medicaid according to our model's estimate will be eligible for Medicaid in any months they are eligible for SNAP.<sup>18</sup> Results are presented as average monthly estimates and reflect the number of people eligible for both SNAP and Medicaid in the average month of the year.

# Appendix B. State-Level Estimates for All People

Appendix tables B.1, B.2, and B.3 provide detailed, state-level results of the overlap in SNAP and Medicaid/CHIP eligibility among children, parents, and nonparents. These estimates include people with health insurance through an employer or other source who would qualify for Medicaid/CHIP.

TABLE B.1

## Program Eligibility among All Children, 2013

	Children (in Thousands)				Percentage of Population				
	Total population	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible
Alabama	1,179	451	417	1	870	38	35	—	74
Alaska	196	33	45	3	81	17	23	2	42
Arizona	1,692	718	234	12	964	42	14	1	57
Arkansas	742	291	167	3	462	39	23	—	62
California	9,626	3,333	2,546	37	5,916	35	26	—	61
Colorado	1,302	327	343	6	676	25	26	—	52
Connecticut	825	224	188	3	415	27	23	—	50
Delaware	214	80	27	1	108	37	12	1	50
District of Columbia	114	52	21	—	73	45	18	—	64
Florida	4,240	1,839	563	44	2,446	43	13	1	58
Georgia	2,619	970	650	9	1,629	37	25	—	62
Hawaii	319	137	72	1	210	43	23	—	66
Idaho	447	131	97	6	235	29	22	1	53
Illinois	3,163	958	1,026	5	1,989	30	32	—	63
Indiana	1,664	521	518	4	1,044	31	31	—	63
Iowa	757	225	364	—	589	30	48	—	78
Kansas	753	184	254	1	440	24	34	—	58
Kentucky	1,056	365	222	4	591	35	21	—	56
Louisiana	1,166	443	300	4	748	38	26	—	64
Maine	270	99	35	3	136	37	13	1	50
Maryland	1,408	416	330	4	751	30	23	—	53
Massachusetts	1,454	402	305	6	712	28	21	—	49
Michigan	2,355	922	310	19	1,252	39	13	1	53
Minnesota	1,335	357	341	4	702	27	26	—	53
Mississippi	773	351	167	3	521	45	22	—	67
Missouri	1,454	456	524	2	982	31	36	—	68
Montana	236	81	66	1	149	35	28	1	63
Nebraska	483	117	116	1	234	24	24	—	48
Nevada	695	289	91	10	389	42	13	1	56
New Hampshire	284	72	81	1	153	25	28	—	54
New Jersey	2,122	635	532	6	1,172	30	25	—	55
New Mexico	534	256	124	2	383	48	23	—	72
New York	4,420	1,523	1,614	6	3,143	34	37	—	71
North Carolina	2,394	1,040	292	18	1,351	43	12	1	56
North Dakota	166	35	19	3	56	21	11	2	34

	Children (in Thousands)					Percentage of Population			
	Total population	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible
Ohio	2,762	889	543	11	1,443	32	20	—	52
Oklahoma	992	354	245	3	602	36	25	—	61
Oregon	898	351	256	2	609	39	28	—	68
Pennsylvania	2,834	933	873	4	1,810	33	31	—	64
Rhode Island	222	78	44	1	122	35	20	—	55
South Carolina	1,128	428	244	3	676	38	22	—	60
South Dakota	212	52	50	1	103	25	24	—	49
Tennessee	1,563	569	441	4	1,014	36	28	—	65
Texas	7,375	3,005	1,049	44	4,099	41	14	1	56
Utah	936	205	201	5	411	22	22	1	44
Vermont	130	46	39	1	85	35	30	—	65
Virginia	1,955	473	347	9	829	24	18	—	42
Washington	1,662	580	470	5	1,055	35	28	—	63
West Virginia	398	149	140	1	290	37	35	—	73
Wisconsin	1,370	478	348	5	830	35	25	—	61
Wyoming	144	23	33	1	58	16	23	1	40
<b>Total</b>	<b>77,040</b>	<b>26,950</b>	<b>18,320</b>	<b>336</b>	<b>45,600</b>	<b>35</b>	<b>24</b>	<b>—</b>	<b>59</b>

**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Notes:** CHIP = Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program. Cells with a population count below 1,000 or a share below 1 percent are left empty.

TABLE B.2

## Program Eligibility among All Nonelderly Parents, 2013

	Parents (in Thousands)				Percentage of Population				
	Total population	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible
Alabama	933	105	13	141	258	11	1	15	28
Alaska	143	10	6	9	25	7	4	6	17
Arizona	1,245	262	25	92	380	21	2	7	31
Arkansas	579	59	7	99	165	10	1	17	28
California	7,698	1,182	342	282	1,807	15	4	4	23
Colorado	1,083	127	28	35	191	12	3	3	18
Connecticut	715	118	55	6	179	17	8	1	25
Delaware	165	31	5	12	48	19	3	7	29
District of Columbia	88	27	10	—	37	31	12	—	43
Florida	3,304	477	42	538	1,057	14	1	16	32
Georgia	2,006	212	22	251	486	11	1	13	24
Hawaii	241	51	3	24	78	21	1	10	32
Idaho	355	24	3	48	76	7	1	14	21
Illinois	2,590	432	141	31	603	17	5	1	23
Indiana	1,327	131	24	147	302	10	2	11	23
Iowa	639	62	10	65	137	10	1	10	21
Kansas	616	35	5	64	104	6	1	10	17
Kentucky	866	118	9	102	229	14	1	12	26
Louisiana	875	101	15	118	234	11	2	13	27
Maine	224	52	8	15	75	23	4	7	34
Maryland	1,183	151	20	64	236	13	2	5	20
Massachusetts	1,299	208	41	45	294	16	3	4	23
Michigan	1,897	306	27	238	571	16	1	13	30
Minnesota	1,113	185	131	12	328	17	12	1	30
Mississippi	563	88	10	98	196	16	2	17	35
Missouri	1,178	125	16	130	271	11	1	11	23
Montana	189	23	2	28	53	12	1	15	28
Nebraska	392	31	4	30	66	8	1	8	17
Nevada	539	70	4	68	142	13	1	13	26
New Hampshire	268	15	1	32	49	6	1	12	18
New Jersey	1,871	278	61	62	400	15	3	3	21
New Mexico	387	77	8	49	135	20	2	13	35
New York	3,707	764	320	46	1,130	21	9	1	30
North Carolina	1,887	230	17	308	555	12	1	16	29
North Dakota	147	10	1	15	26	7	1	10	18
Ohio	2,231	384	61	122	567	17	3	5	25
Oklahoma	768	94	13	89	196	12	2	12	25
Oregon	759	90	6	116	212	12	1	15	28
Pennsylvania	2,359	287	30	232	549	12	1	10	23
Rhode Island	191	44	13	2	59	23	7	1	31
South Carolina	878	160	17	63	240	18	2	7	27
South Dakota	169	11	3	15	30	7	2	9	18
Tennessee	1,252	217	35	92	344	17	3	7	27
Texas	5,694	422	44	902	1,368	7	1	16	24
Utah	700	49	9	63	120	7	1	9	17
Vermont	111	28	14	1	43	26	12	1	38
Virginia	1,625	111	17	142	271	7	1	9	17
Washington	1,416	152	16	173	341	11	1	12	24
West Virginia	329	43	4	48	94	13	1	15	29

	Parents (in Thousands)					Percentage of Population			
	Total population	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible
Wisconsin	1,139	261	81	9	352	23	7	1	31
Wyoming	119	6	2	9	17	5	1	8	14
<b>Total</b>	<b>62,053</b>	<b>8,540</b>	<b>1,801</b>	<b>5,385</b>	<b>15,730</b>	<b>14</b>	<b>3</b>	<b>9</b>	<b>25</b>

**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Notes:** CHIP = Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program. Cells with a population count below 1,000 or a share below 1 percent are left empty.



TABLE B.3

## Program Eligibility among All Nonelderly, Nonparent Adults, 2013

	Nonparent Adults (in Thousands)					Percentage of Population			
	Total population	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible
Alabama	1,897	114	61	317	492	6	3	17	26
Alaska	293	9	8	32	49	3	3	11	17
Arizona	2,533	193	72	483	749	8	3	19	30
Arkansas	1,116	68	38	171	278	6	3	15	25
California	15,445	463	588	2,505	3,555	3	4	16	23
Colorado	2,116	70	40	281	392	3	2	13	19
Connecticut	1,414	131	106	115	351	9	7	8	25
Delaware	377	55	38	31	124	15	10	8	33
District of Columbia	332	73	36	6	116	22	11	2	35
Florida	7,979	404	163	1,865	2,432	5	2	23	30
Georgia	3,913	207	82	740	1,030	5	2	19	26
Hawaii	551	42	16	105	163	8	3	19	30
Idaho	560	23	16	90	129	4	3	16	23
Illinois	5,153	242	109	747	1,098	5	2	14	21
Indiana	2,514	122	74	348	544	5	3	14	22
Iowa	1,140	49	24	164	238	4	2	14	21
Kansas	1,046	37	23	125	185	3	2	12	18
Kentucky	1,729	142	40	322	505	8	2	19	29
Louisiana	1,861	122	59	329	510	7	3	18	27
Maine	569	40	18	104	162	7	3	18	28
Maryland	2,411	88	51	336	476	4	2	14	20
Massachusetts	2,740	137	92	283	511	5	3	10	19
Michigan	3,975	272	93	834	1,199	7	2	21	30
Minnesota	2,109	200	126	166	492	9	6	8	23
Mississippi	1,155	92	44	230	366	8	4	20	32
Missouri	2,357	125	64	328	517	5	3	14	22
Montana	400	17	9	79	105	4	2	20	26
Nebraska	686	20	16	63	98	3	2	9	14
Nevada	1,139	47	17	249	313	4	2	22	27
New Hampshire	536	17	13	45	74	3	2	8	14
New Jersey	3,466	114	67	483	663	3	2	14	19
New Mexico	814	51	22	199	272	6	3	24	33
New York	8,216	1,175	826	421	2,422	14	10	5	29
North Carolina	3,881	239	83	900	1,222	6	2	23	31
North Dakota	283	7	3	47	57	3	1	17	20
Ohio	4,579	263	94	720	1,077	6	2	16	24
Oklahoma	1,447	79	42	193	314	5	3	13	22
Oregon	1,599	81	34	346	460	5	2	22	29
Pennsylvania	5,141	289	110	779	1,178	6	2	15	23
Rhode Island	441	23	9	72	103	5	2	16	23
South Carolina	1,908	120	46	360	527	6	2	19	28
South Dakota	311	12	6	45	63	4	2	15	20
Tennessee	2,592	154	84	371	610	6	3	14	24
Texas	9,854	414	196	1,682	2,291	4	2	17	23
Utah	937	23	28	106	158	3	3	11	17
Vermont	259	43	31	12	86	17	12	5	33
Virginia	3,291	101	68	373	542	3	2	11	16
Washington	2,794	126	51	538	715	5	2	19	26
West Virginia	766	71	24	142	238	9	3	19	31

	Nonparent Adults (in Thousands)					Percentage of Population			
	Total population	Medicaid/ CHIP and SNAP	Medicaid/ CHIP only	SNAP only	Total eligible	Medicaid/ CHIP and SNAP	Medicaid/ CHIP only	SNAP only	Total eligible
Wisconsin	2,268	96	43	441	579	4	2	19	26
Wyoming	229	5	5	23	32	2	2	10	14
<b>Total</b>	<b>125,118</b>	<b>7,104</b>	<b>4,010</b>	<b>19,750</b>	<b>30,860</b>	<b>6</b>	<b>3</b>	<b>16</b>	<b>25</b>

**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

**Notes:** CHIP = Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program.

# Appendix C. State-Level Estimates for People with Medicaid/CHIP Coverage or No Coverage

Appendix tables C.1 and C.2 provide detailed, state-level results of the overlap in SNAP and Medicaid/CHIP eligibility among children and nonelderly adults who are covered by Medicaid/CHIP or are uninsured.

These tables exclude eligible people not covered by Medicaid/CHIP who have health insurance through another source (such as through their employer or a spouse's or parent's employer). Although these people are eligible for public health coverage programs, they are less likely to take-up these benefits for several reasons, including certain restrictions that discourage switching from private to public coverage. The eligibility estimates presented in this appendix were used to calculate 2013 joint participation rate estimates for five states in Loprest, Lynch, and Wheaton (2016).

TABLE C.1

## Program Eligibility among Children with Medicaid/CHIP Coverage or No Coverage, 2013

	Children (in Thousands)					Percentage of Population			
	Total population	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible	Medicaid/CHIP and SNAP	Medicaid/CHIP only	SNAP only	Total eligible
Alabama	1,179	400	188	—	1,179	34	16	—	50
Alaska	196	26	30	1	196	13	15	1	29
Arizona	1,692	608	146	4	1,692	36	9	—	45
Arkansas	742	269	112	1	742	36	15	—	51
California	9,626	2,961	1,492	8	9,626	31	16	—	46
Colorado	1,302	282	187	2	1,302	22	14	—	36
Connecticut	825	198	94	1	825	24	11	—	35
Delaware	214	68	16	—	214	32	7	—	39
District of Columbia	114	49	13	—	114	42	12	—	54
Florida	4,240	1,584	351	24	4,240	37	8	1	46
Georgia	2,619	857	357	4	2,619	33	14	—	47
Hawaii	319	89	20	—	319	28	6	—	34
Idaho	447	111	52	4	447	25	12	1	38
Illinois	3,163	865	520	1	3,163	27	16	—	44
Indiana	1,664	457	236	2	1,664	27	14	—	42
Iowa	757	194	124	—	757	26	16	—	42
Kansas	753	152	116	—	753	20	15	—	36
Kentucky	1,056	328	126	1	1,056	31	12	—	43
Louisiana	1,166	402	187	1	1,166	34	16	—	51
Maine	270	86	23	1	270	32	8	—	40
Maryland	1,408	343	152	1	1,408	24	11	—	35

	Children (in Thousands)					Percentage of Population			
	Total population	Medicaid/ CHIP and SNAP	Medicaid/ CHIP only	SNAP only	Total eligible	Medicaid /CHIP and SNAP	Medicaid/ CHIP only	SNAP only	Total eligible
Massachusetts	1,454	331	144	1	1,454	23	10	—	33
Michigan	2,355	796	165	7	2,355	34	7	—	41
Minnesota	1,335	287	129	—	1,335	21	10	—	31
Mississippi	773	318	103	1	773	41	13	—	55
Missouri	1,454	401	217	1	1,454	28	15	—	43
Montana	236	71	40	—	236	30	17	—	47
Nebraska	483	105	59	—	483	22	12	—	34
Nevada	695	216	39	3	695	31	6	—	37
New Hampshire	284	56	34	—	284	20	12	—	32
New Jersey	2,122	519	211	1	2,122	24	10	—	34
New Mexico	534	235	76	1	534	44	14	—	58
New York	4,420	1,330	683	1	4,420	30	15	—	46
North Carolina	2,394	896	175	7	2,394	37	7	—	45
North Dakota	166	26	10	1	166	16	6	—	22
Ohio	2,762	792	276	4	2,762	29	10	—	39
Oklahoma	992	317	153	2	992	32	15	—	48
Oregon	898	290	96	—	898	32	11	—	43
Pennsylvania	2,834	787	360	—	2,834	28	13	—	41
Rhode Island	222	66	20	—	222	30	9	—	39
South Carolina	1,128	393	140	1	1,128	35	12	—	47
South Dakota	212	48	33	1	212	22	16	—	38
Tennessee	1,563	508	229	1	1,563	33	15	—	47
Texas	7,375	2,677	640	21	7,375	36	9	—	45
Utah	936	158	96	2	936	17	10	—	27
Vermont	130	42	20	—	130	33	16	—	48
Virginia	1,955	395	179	3	1,955	20	9	—	29
Washington	1,662	482	218	1	1,662	29	13	—	42
West Virginia	398	131	61	—	398	33	15	—	48
Wisconsin	1,370	395	123	1	1,370	29	9	—	38
Wyoming	144	21	19	—	144	15	13	—	28
<b>Total</b>	<b>77,040</b>	<b>23,417</b>	<b>9,293</b>	<b>118</b>	<b>77,040</b>	<b>30</b>	<b>12</b>	<b>—</b>	<b>43</b>

**Note:** Cells with a population count below 1,000 or a share below 1 percent are left empty.

**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

TABLE C.2

## Program Eligibility among Nonelderly Adults with Medicaid Coverage or No Coverage, 2013

	Nonelderly Adults (in Thousands)				Percentage of Population				
	Total population	Medicaid and SNAP	Medicaid only	SNAP only	Total eligible	Medicaid and SNAP	Medicaid only	SNAP only	Total eligible
Alabama	2,830	194	66	250	2,830	7	2	9	18
Alaska	436	19	13	22	436	4	3	5	12
Arizona	3,778	405	89	285	3,778	11	2	8	21
Arkansas	1,695	117	43	157	1,695	7	3	9	19
California	23,143	1,397	868	1,580	23,143	6	4	7	17
Colorado	3,198	169	62	150	3,198	5	2	5	12
Connecticut	2,129	199	98	52	2,129	9	5	2	16
Delaware	543	66	27	14	543	12	5	3	20
District of Columbia	420	73	29	2	420	17	7	—	25
Florida	11,283	793	180	1,362	11,283	7	2	12	21
Georgia	5,919	375	91	561	5,919	6	2	9	17
Hawaii	792	72	17	35	792	9	2	4	16
Idaho	916	43	17	70	916	5	2	8	14
Illinois	7,743	576	198	421	7,743	7	3	5	15
Indiana	3,840	233	88	278	3,840	6	2	7	16
Iowa	1,780	103	31	97	1,780	6	2	5	13
Kansas	1,662	65	24	93	1,662	4	1	6	11
Kentucky	2,595	236	42	229	2,595	9	2	9	20
Louisiana	2,736	206	70	267	2,736	8	3	10	20
Maine	793	82	26	63	793	10	3	8	22
Maryland	3,595	201	60	174	3,595	6	2	5	12
Massachusetts	4,039	303	116	143	4,039	7	3	4	14
Michigan	5,872	530	104	535	5,872	9	2	9	20
Minnesota	3,222	284	125	66	3,222	9	4	2	15
Mississippi	1,717	164	49	185	1,717	10	3	11	23
Missouri	3,535	224	73	251	3,535	6	2	7	15
Montana	588	35	10	57	588	6	2	10	17
Nebraska	1,078	46	19	44	1,078	4	2	4	10
Nevada	1,678	99	18	162	1,678	6	1	10	17
New Hampshire	804	30	13	37	804	4	2	5	10
New Jersey	5,336	310	108	278	5,336	6	2	5	13
New Mexico	1,201	116	27	151	1,201	10	2	13	24
New York	11,923	1,530	748	179	11,923	13	6	1	21
North Carolina	5,769	417	87	603	5,769	7	2	10	19
North Dakota	430	17	4	23	430	4	1	5	10
Ohio	6,810	601	141	421	6,810	9	2	6	17
Oklahoma	2,216	153	49	160	2,216	7	2	7	16
Oregon	2,358	157	35	237	2,358	7	1	10	18
Pennsylvania	7,500	520	124	483	7,500	7	2	6	15
Rhode Island	632	54	16	35	632	8	3	6	17
South Carolina	2,786	243	53	220	2,786	9	2	8	19
South Dakota	479	22	8	33	479	5	2	7	13
Tennessee	3,844	328	106	260	3,844	9	3	7	18
Texas	15,547	748	211	1,533	15,547	5	1	10	16
Utah	1,636	61	29	78	1,636	4	2	5	10
Vermont	370	53	28	4	370	14	7	1	23
Virginia	4,916	187	76	252	4,916	4	2	5	10
Washington	4,210	243	59	350	4,210	6	1	8	15
West Virginia	1,095	104	25	101	1,095	10	2	9	21

	Nonelderly Adults (in Thousands)				Percentage of Population				
	Total population	Medicaid and SNAP	Medicaid only	SNAP only	Total eligible	Medicaid and SNAP	Medicaid only	SNAP only	Total eligible
Wisconsin	3,407	280	77	199	3,407	8	2	6	16
Wyoming	348	9	6	16	348	3	2	4	9
<b>Total</b>	<b>187,171</b>	<b>13,489</b>	<b>4,683</b>	<b>13,257</b>	<b>187,171</b>	<b>7</b>	<b>3</b>	<b>7</b>	<b>17</b>

**Note:** Cells with a population count below 1,000 or a share below 1 percent are left empty.

**Source:** Transfer Income Model, version 3, and Urban Institute Medicaid/CHIP Eligibility Simulation Model estimates using data from the 2013 American Community Survey.

# Notes

1. Urban Institute estimate derived from 2013 American Community Survey data.
2. The number of SNAP participants decreased from 47.6 million in the average month of fiscal year (FY) 2013 to 46.7 million in FY 2014 and 45.8 million in FY 2015. “Supplemental Nutrition Assistance Program Participation and Costs,” US Department of Agriculture, last updated December 9, 2016, <http://www.fns.usda.gov/sites/default/files/pd/SNAPsummary.pdf>.
3. The five states were Colorado, Idaho, Illinois, North Carolina, and South Carolina. Rhode Island also participated in the WSS project but did not provide administrative data on joint participation for the analysis.
4. The WSS joint participation estimates begin with 2011, the first year of the WSS project, and measure change through 2013 because this was the last year before implementation of some of the biggest changes included in the Patient Protection and Affordable Care Act.
5. For further details regarding the assumptions underlying the eligibility estimates and the construction of joint participation rate estimates, see the methodology discussion in appendix A and in Wheaton and colleagues (2014) and Loprest, Lynch, and Wheaton (2016). Participation rates could be estimated including all people eligible for both SNAP and Medicaid/CHIP (appendix B) or only those who are uninsured or enrolled in Medicaid/CHIP (appendix C).
6. Households with one or two members are guaranteed a minimum monthly benefit (\$16 in 2013) but there is no such guarantee for larger households. In our analysis, a household is only counted as eligible for SNAP if it meets the relevant eligibility criteria and is also eligible for a positive benefit (including the minimum benefit). In 2012, less than 3 percent of households receiving SNAP had income above the federal SNAP eligibility limit (GAO 2012).
7. Although similar, SNAP and Medicaid eligibility limits are not perfectly comparable. For example, family and income definitions differ for SNAP and Medicaid eligibility purposes.
8. The estimates were produced by TRIM3 and the Medicaid/CHIP Eligibility Simulation Model. As described in the methodology section in appendix A, these estimates for Medicaid/CHIP eligibility are not comparable to other estimates produced by the Urban Institute Health Policy Center because they rely on an alternative model that is more consistent with TRIM3. We define children as people under the age of 19. People age 19 or 20 may be eligible based on child status but are classified here as adults (as a parent if they have a child or as a nonparent if they do not). We classify parents as adults with a child under the age of 19. However, some nonparent adults are eligible on the basis of being a guardian to or having a child age 19 or 20.
9. Estimates including only the uninsured and people covered by Medicaid/CHIP are provided in appendix C.
10. Detailed counts for figures 2–4 are provided in appendix B.
11. For ease of presentation, we include the District of Columbia in the count of states.
12. We use an augmented version of the ACS developed by researchers at the University of Minnesota as part of their Integrated Public Use Microdata Series project because it includes imputations that provide additional detail on the relationships of people in ACS households. See Ruggles et al. (2010).
13. TRIM3 is funded primarily by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Documentation is available at <http://trim3.urban.org>. The adaptation of TRIM3 methods to ACS data was funded by the Annie E. Casey Foundation and the MacArthur Foundation. For further information about ACS TRIM3 modeling, see Giannarelli, Lippold, and Martinez-Schiferl (2012); Wheaton and colleagues (2011); and Zedlewski and colleagues (2010).
14. Undocumented immigrant status is taken from Medicaid/CHIP Eligibility Simulation Model imputations.

15. Waiver information is from Bolen, Schroeder, and Link (2013), and effective dates were researched through state websites. For more information on pledge states that guarantee to provide employment and training to people at risk of losing eligibility, see Lee (2013).
16. TRIM3 uses imputation methods to disaggregate child support and unemployment compensation from a collective “other income” ACS variable.
17. The SNAP benefit formula produces a positive benefit amount for families with three or more members that pass the federal eligibility tests. However, families in states with higher BBCE eligibility thresholds can pass the income test but not qualify for a positive benefit.
18. The Medicaid/CHIP eligibility estimate is obtained by dividing annual income by 12 and comparing the result to the relevant income threshold.



# References

- Bolen, Ed, Daniel Schroeder, and Kathy Link. 2013. "The Return of the ABAWD." Presentation given at the AASD 38th Annual Education Conference, Austin, TX, September 22–25, 2013.
- CMS (Center for Medicare and Medicaid Services). 2013. "Facilitating Medicaid and CHIP Enrollment and Renewal in 2014." Baltimore: US Department of Health and Human Services, Centers for Medicare and Medicaid Services.
- Cunyngham, Karen E. 2016. "Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2013." Alexandria, VA: US Department of Agriculture.
- Dorn, Stan, Laura Wheaton, Paul Johnson, and Lisa Dubay. 2013. *Using SNAP Receipt to Establish, Verify, and Renew Medicaid Eligibility*. Washington, DC: Urban Institute.
- Gray, Kelsey. 2014. *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2013*. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service.
- GAO (US Government Accountability Office). 2012. *Supplemental Nutrition Assistance Program: Improved Oversight of State Eligibility Expansions Needed*. GAO-12-670. Washington, DC: US Government Accountability Office.
- Giannarelli, Linda, Kye Lippold, and Michael Martinez-Schiferl. 2012. *Reducing Poverty in Wisconsin: Analysis of the Community Advocates Public Policy Institute Policy Package*. Washington, DC: Urban Institute.
- Heberlein, Martha, Tricia Brooks, Joan Alker, Samantha Artiga, and Jessica Stephens. 2013. *Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012–2013*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
- Kenney, Genevieve M., Jennifer M. Haley, Clare Wang Pan, Victoria Lynch, and Matthew Buettgens. 2016. *Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation Under the ACA*. Washington, DC: Urban Institute.
- Laird, Elizabeth, and Carole Trippe. 2014. *Programs Conferring Categorical Eligibility for SNAP: State Policies and the Number and Characteristics of Households Affected*. Washington, DC: Mathematica Policy Research.
- Lee, Helly. 2013. "SNAP Works: SNAP Work Requirements and Time Limits." Washington, DC: CLASP.
- Loprest, Pamela, Victoria Lynch, and Laura Wheaton. 2016. "Changes in Joint Medicaid/CHIP and SNAP Participation Rates, 2011 to 2013." Washington, DC: Urban Institute.
- Lynch, Victoria, Jennifer Haley, and Genevieve M. Kenney. 2014. "The Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model." Washington, DC: Urban Institute.
- Lynch, Victoria, Genevieve M. Kenney, Jennifer Haley, and Dean M. Resnick. 2011. *Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits*. Washington, DC: US Census Bureau.
- Lynch, Victoria, and Dean M. Resnick. 2013. "Results of a Record Check of Edits to Health Insurance Coverage in the American Community Survey." Working paper. Washington, DC: US Census Bureau.
- Ruggles, Steven, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. 2010. *Integrated Public Use Microdata Series: Version 5.0 (Machine-readable database)*. Minneapolis: University of Minnesota.
- Snyder, Laura, Robin Rudowitz, Eileen Ellis, and Dennis Roberts. 2014. "Medicaid Enrollment: December 2013 Data Snapshot." Washington, DC: Kaiser Commission on Medicaid and the Uninsured.

Utah Department of Workforce Services. n.d. *Annual Report 2015*. Salt Lake City: Utah Department of Workforce Services.

Wheaton, Laura, Linda Giannarelli, Michael Martinez-Schiferl, and Sheila R. Zedlewski. 2011. "How Do States' Safety Net Policies Affect Poverty?" Washington, DC: Urban Institute.

Wheaton, Laura, Victoria Lynch, Pamela Loprest, and Erika Huber. 2014. *Joint SNAP and Medicaid/CHIP Program Eligibility and Participation in 2011*. Washington, DC: Urban Institute.

Zedlewski, Sheila R., Linda Giannarelli, Laura Wheaton, and Joyce Morton. 2010. *Measuring Poverty at the State Level*. Washington, DC: Urban Institute.

# About the Authors

**Laura Wheaton** is a senior fellow in the Income and Benefits Policy Center at the Urban Institute. She specializes in the analysis of government safety net programs, poverty estimation, and the microsimulation modeling of tax and transfer programs.

**Victoria Lynch** is a research associate in the Health Policy Center at the Urban Institute. She is a survey methodologist with an in-depth understanding of public policy on Medicaid, the Children's Health Insurance Program, and other health insurance programs.

**Martha Johnson** is a former research associate in the Income and Benefits Policy Center, where she supported policy analyses and program evaluations relating to education and the social safety net.

## STATEMENT OF INDEPENDENCE

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.

