



Project EASSE:

**Review of Baseline Program Data
(SNAP, TANF, Childcare, Medicaid)**

A Preliminary Draft Summary Report

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Table of Contents

EXECUTIVE SUMMARY	5
Overview of Project EASSE	5
Temporary Assistance to Needy Families Program (TANF)	5
Medicaid for Infants and Children Program (MICP)	8
Child Care Payment Program (CCPP)	9
Supplemental Nutrition Assistance Program (SNAP)	12
Summary of Baseline Data Collection Activities (All Programs)	15
Next Steps Evaluating Project EASSE	16
Project Overview	17
Introduction	17
Methodology	17
Connection to Project EASSE Research Activities	18
Temporary Assistance for Needy Families (TANF)	19
Program Introduction	19
Program Description	19
Eligibility Information	19
Pre-Eligibility Screening	20
Process/Application Workflows	20
TANF Workflow Intake/Eligibility Process	21
Document Verification Process	22
Work Registration Requirements	23
Additional Eligibility Determination (The HOPE Act)	25
Case Management Interview	26
Post-Approval Benefit Compliance	27
Appeal Process	27
Specific Data Findings	28

Application Data.....	29
Caseload Data	29
Caseload Data Observations.....	31
Other Data Found	32
Data Collection Challenges	34
Summary of Key Findings.....	34
Financial Mismanagement	35
Systemic Barriers	36
Transparency and Accountability Deficits	36
Data Gaps Requiring Further Investigation	37
Documentation/Requirement Summary.....	38
Post-Fraud Transparency Measures.....	38
Conclusions	39
Key Recommendations	40
References and Data Sources	40
Appendix	41
MEDICAID (INFANTS and CHILDREN).....	44
Program Description	44
Purpose of program.....	44
Mission	44
Program Goals	44
Other Children’s Health Programs.....	45
Medicaid vs. CHIP: An Overview.....	46
Federal Poverty Level: Definition and Limitations.....	49
Data Findings	50
Infant Eligibility and Emergency Medicaid.....	52
Medicaid Service Locations.....	53
Regional Offices Map & Key Personnel.....	56
Summary of Key Findings for Mississippi	57

Conclusions	57
Mississippi Child Care Payment Program	59
Program Description	59
Purpose of the Program.....	59
Mission & Goals	59
Program Components	60
Process/Application Workflows	60
Specific Data Findings:	61
Geographic Locations.....	62
Other Data Reviewed	62
Data Collection Challenges	63
Summary of Key Findings & Observations	63
Conclusions	64
Recommendations	65
Supplemental Nutrition Assistance Program (SNAP)	67
Program Introduction	67
Program Description	68
Mission and goals	68
Application Process	69
Work Requirement.....	71
Specific Data Findings	72
Approval/denial rates	75
Other Data Found/Available	75
Geographic locations	75
Data Collection Challenges	75
Summary of Key Findings & Observations	75
Conclusions	76
Future Project EASSE Evaluation Activities - Moving Forward	78
MURC Evaluation Team Members / Lead Section Authors	79

EXECUTIVE SUMMARY

Overview of Project EASSE

This report presents preliminary baseline data 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 assessment's purpose was to gain insight on 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 will be used to help identify potential operational and structural issues that serve as barriers limiting the successful participation of Mississippi residents who otherwise would qualify to receive services from those four programs. Additionally, this assessment will be used to help develop policy and programmatic recommendations for improving the accessibility and utilization of the four statewide programs.

The evaluation of Project EASSE consists 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 include: (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. This report provides findings on the baseline data assessment evaluation activity. The major findings from the overall report are presented in this executive summary. The following sections provide a summary of those findings organized by the four programs reviewed.

Temporary Assistance to Needy Families Program (TANF)

Below is a listing of key findings and observations that emerged from this review of baseline data related to the Temporary Assistance to Needy Families Program:

- The 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).
- Mississippi operates one of the most restrictive TANF programs in the nation. Table 2 reveals a decline in approval rates from a peak of 23.6% in FY 2018 to just 6.8% in FY 2024, suggesting that approximately 93% of applications in recent years have been 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 1. 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 concerning patterns. According to the Caseload Summary Table 1., 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.
- The Caseload Summary Table 1 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%.

Table 1. Caseload Summary of Total Recipient Average by Fiscal Year

Fiscal Year	Total Recipient Average	Year-over-Year Change	Cumulative Change from 2015
2015	13,972	-	-
2016	11,777	15.7%	15.7%
2017	10,486	11.0%	25.0%
2018	8,901	15.1%	36.3%
2019	6,612	25.7%	52.7%
2020	4,767	27.9%	65.9%
2021	2,880	39.6%	79.4%

Fiscal Year	Total Recipient Average	Year-over-Year Change	Cumulative Change from 2015
2022	2,511	12.8%	82.0%
2023	2,719	+8.3%	80.5%

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.

Table 2. Summary of Application Data Aggregated by Fiscal Year

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

Medicaid for Infants and Children Program (MICP)

Below is a listing of key findings and observations that emerged from a review of baseline data related to the Medicaid for Infants and Children Program:

- The Mississippi Medicaid Infants and Children program covers a wide variety of programs for those individuals whom are eligible for Medicaid. Individuals deemed medically eligible are covered. In Mississippi, health benefits for children from birth to age 19 are provided through Medicaid. Other children whose families earn too much money to qualify for Medicaid may be eligible for the Children's Health Insurance Program (CHIP). **For the purpose of this review of baseline data, the age group of interest for Medicaid for Children and Infants is 1-5 years old.**
- Medicaid and 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.

Table 3. Medicaid vs. CHIP

Feature	Medicaid	CHIP
Eligibility	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
Benefits	Comprehensive health coverage	Focused health services for children
Funding	Joint federal-state funding with varying FMAP rates	Higher federal contribution than Medicaid
Coverage	Varies by state, with some using expansion	Covers children who do not qualify for Medicaid

Source: Mississippi Division of Medicaid, <https://medicaid.ms.gov/resources/forms/>

Table 4. 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

Year	Total	CHIP	Medicaid and CHIP
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: Mississippi Division of Medicaid, <https://Medicaid.ms.gov/resources/forms/>

Table 5. 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: Mississippi Division of Medicaid, <https://Medicaid.ms.gov/resources/forms/>

Table 6. Health Insurance Coverage Percentage

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 Center for Children and Families analysis of the U.S. Census Bureau 2017-2023 American Community Survey (ACS), Table C27001A-I: Health Insurance Coverage Status by Age. Selected Characteristics of Health Insurance Coverage in the United States.

Child Care Payment Program (CCPP)

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

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

Table 7. 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

(MSDH, 2025)

Table 8. Mississippi families and their poverty levels

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

Source: (Census, 2023) / Table 8. uses U.S. Census data to show some of the eligible targeted populations for CCPP based upon poverty levels.

Table 9. Monthly Income Limits (2025)

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

Source: (Relief, 2024) / Table 9 shows the maximum monthly income limits for family household size. Program eligibility is determined by evaluating gross monthly income and household size.

- Other issues identified during this baseline data assessment include:

(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

- Nearly 9,000 children are projected to lose access to subsidized child care.
- Families depending on vouchers are facing uncertainty and fear losing access to affordable, stable child care.

(4) Strain on Child Care Providers

- Providers are experiencing shrinking enrollment and rising operational costs.
- Many are at risk of closure, which could further reduce access to early childhood education across the state.

(4) Concerns About Early Learning

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

Supplemental Nutrition Assistance Program (SNAP)

Below is a listing of key findings and observations that emerged from a review of baseline data related to the Supplemental Nutrition Assistance Program:

- 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 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).
- 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.
- Based on preliminary reviews of available data, 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).
- 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.

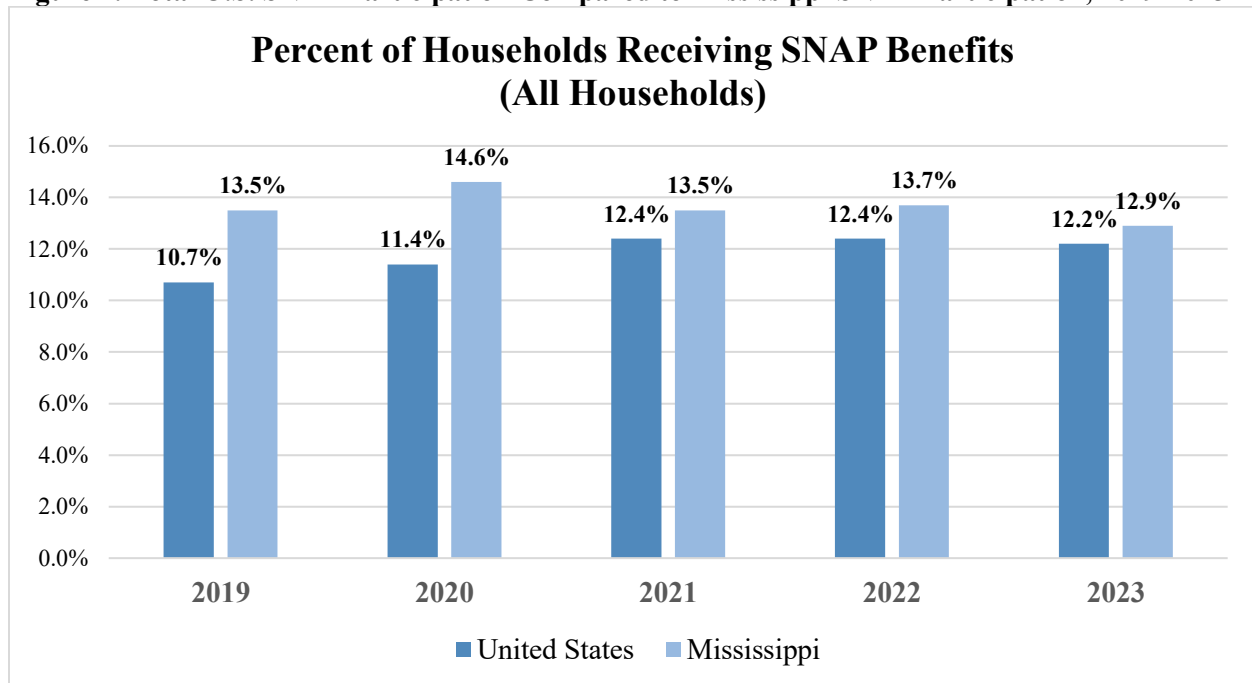
Figure 1. SNAP Major Components

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 outcomes.

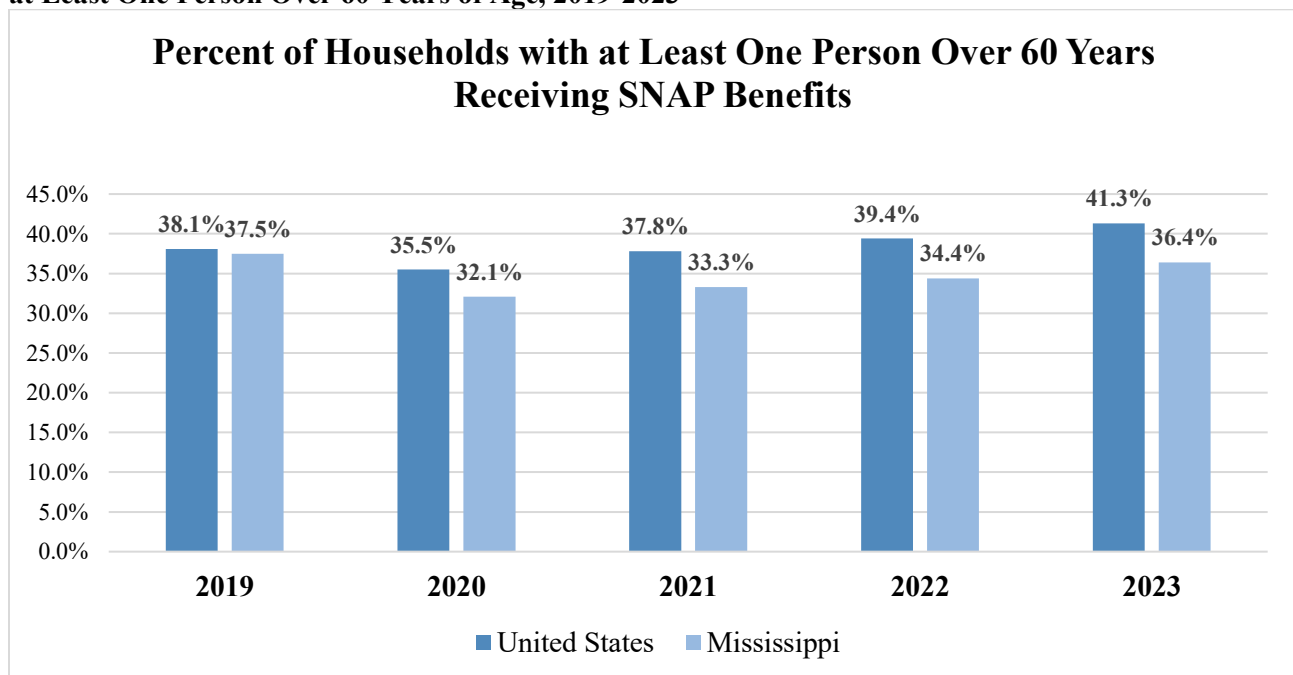
Sources: (Mississippi Department of Human Services, 2025) (United States Department of Agriculture, 2025)

Figure 2. Total U.S. SNAP Participation Compared to Mississippi SNAP Participation, 2019-2023



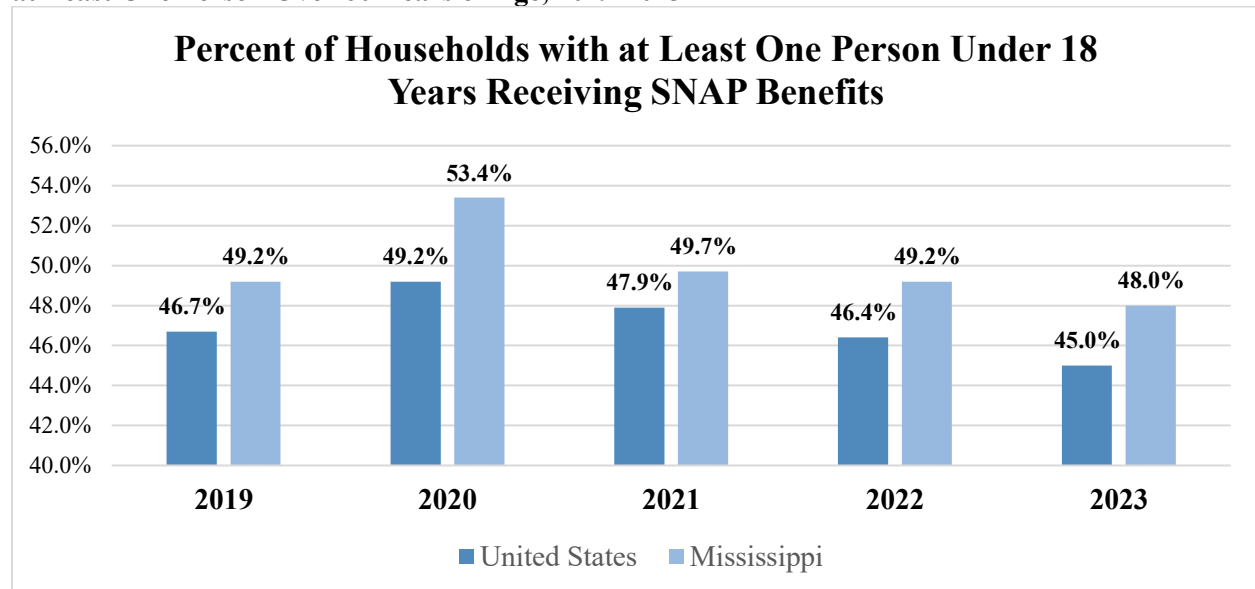
Source: (CBPP, 2025) <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Mississippi>

Figure 3. U.S. SNAP Participation Compared to Mississippi SNAP Participation, Households with at Least One Person Over 60 Years of Age, 2019-2023



Source: (CBPP, 2025) <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Mississippi>

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: (CBPP, 2025) <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Mississippi>

Summary of Baseline Data Collection Activities (All Programs)

The following section provides a summary of baseline data assessment findings on the four Mississippi public benefits programs comprising Project EASSE. This section groups those common baseline data issues identified across the four Project EASSE programs. The major issues identified are as follows:

* The availability of key data factors (e.g., program participation rates, approval and denial rates, funding per participants ratios) across the four programs varied widely ranging from high availability rates for the SNAP program, to very limited or none-at-all availability for the Child Care Payment Program (CCPP) and the Supplemental Nutrition Assistance Program (SNAP). This finding is especially true as related to identifying program approval and denial rates.

- In terms of identifying program participation rates by “geographic areas”, data findings for the four programs examined were also greatly limited or not publicly accessible.
- The “Eligibility requirements” for all program areas were generally available; however the Medicaid for Infants and Children program had sometimes overlapping eligibility requirements with the CHIP health insurance program (which also serves children in Mississippi).
- Clarity and ease-of-following-directions regarding “Application processes” for the four program also varied greatly ranging from highly complex (TANF and SNAP), to fairly

straight forward and simple (CCPP), to overlapping and/or competing qualifications for the Medicaid and the CHIP program.

- The absence (and/or lack of publicly available) performance metrics across the four program also contributed to making it difficult to assess how well the programs are meeting their established goals and objectives.
- Overall, issues related to the programs' lack of critical data on participation rates, detailed demographics, financial expenditures, and overall impact, served to hinder transparency and impede the consistent establishment of baseline data measures across the four statewide programs under review for this study.

Next Steps Evaluating Project EASSE

The next steps associated with this project involves MURC coordinating with ACLU representatives in requesting publicly unavailable data for each of the four statewide programs. The MURC evaluators have submitted to ACLU representatives a specific listing of data/information needed for each program. The goal is to obtain the requested data for the purposes of gaining additional insight regarding the accessibility and utilization of the four programs, and to help determine what, if any, challenges and/or barriers participants may have experienced while interacting with the selected statewide programs.

Project Overview

Introduction

This report presents preliminary baseline data findings from a review of the four programs comprising Project EASSE (**Equitable Access to Social Services for Everyone**). Project EASSE's goal is to analyze and propose solutions that address barriers limiting equitable access to the following four Mississippi public benefit programs: (1) Temporary Assistance to Needy Families Program (TANF); (2) Medicaid for Infants and Children Program (MICP) - *NOTE: the Children's Health Insurance Program (CHIP) was also reviewed for comparison purposes due to overlapping services similar to the MICP*; (3) Child Care Payment Program (CCPP); and (4) Supplemental Nutrition Assistance Program (SNAP).

The purpose of conducting this baseline data assessment is to gain insight regarding 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 will be used to help identify potential operational and structural issues that may serve as barriers limiting the successful participation of Mississippi residents who otherwise would qualify to receive services from the four targeted programs. Additionally, this assessment will be used to help develop policy and programmatic recommendations for improving the accessibility and utilization of the four targeted programs.

Methodology

Each of the four targeted program areas (i.e., TANF, MICP, CCPP, and SNAP,) were assigned to a research staff member employed at the Jackson State University Mississippi Urban Research Center (MURC). Those MURC staff members were given a standardized listing of research questions and data to locate and later report. Examples of the listing of research

questions and data to be located included --- What is the mission and goals of each program? How are the programs structured and where are they located? What are the eligibility and enrollment requirements? How many persons have been served by the programs over the last ten years? What is the demographic breakdown of persons served by each program? What service challenges, barriers, and/or opportunities can be identified from reviewing each program? Each MURC staff researcher was also given a reporting format for capturing and recording research findings related to their assigned program area. 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. This report presents the researchers' preliminary findings resulting from a review of available baseline data and related information.

[Connection to Project EASSE Research Activities](#)

This preliminary report represents one of three major research activities designed to assess the accessibility and utilization of the four targeted Mississippi public benefits programs identified earlier. The three major research activities include --- (1) a Baseline data/information assessment; (2) a Survey of program participants reviewing their views and perceptions of the four program areas; and (3) the conducting of several focus group sessions across Mississippi to gather feedback and insight from actual program participants. Additional planned research activities will potentially include 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 utilization of the four Mississippi statewide public benefits programs.

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.¹

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

¹ 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.

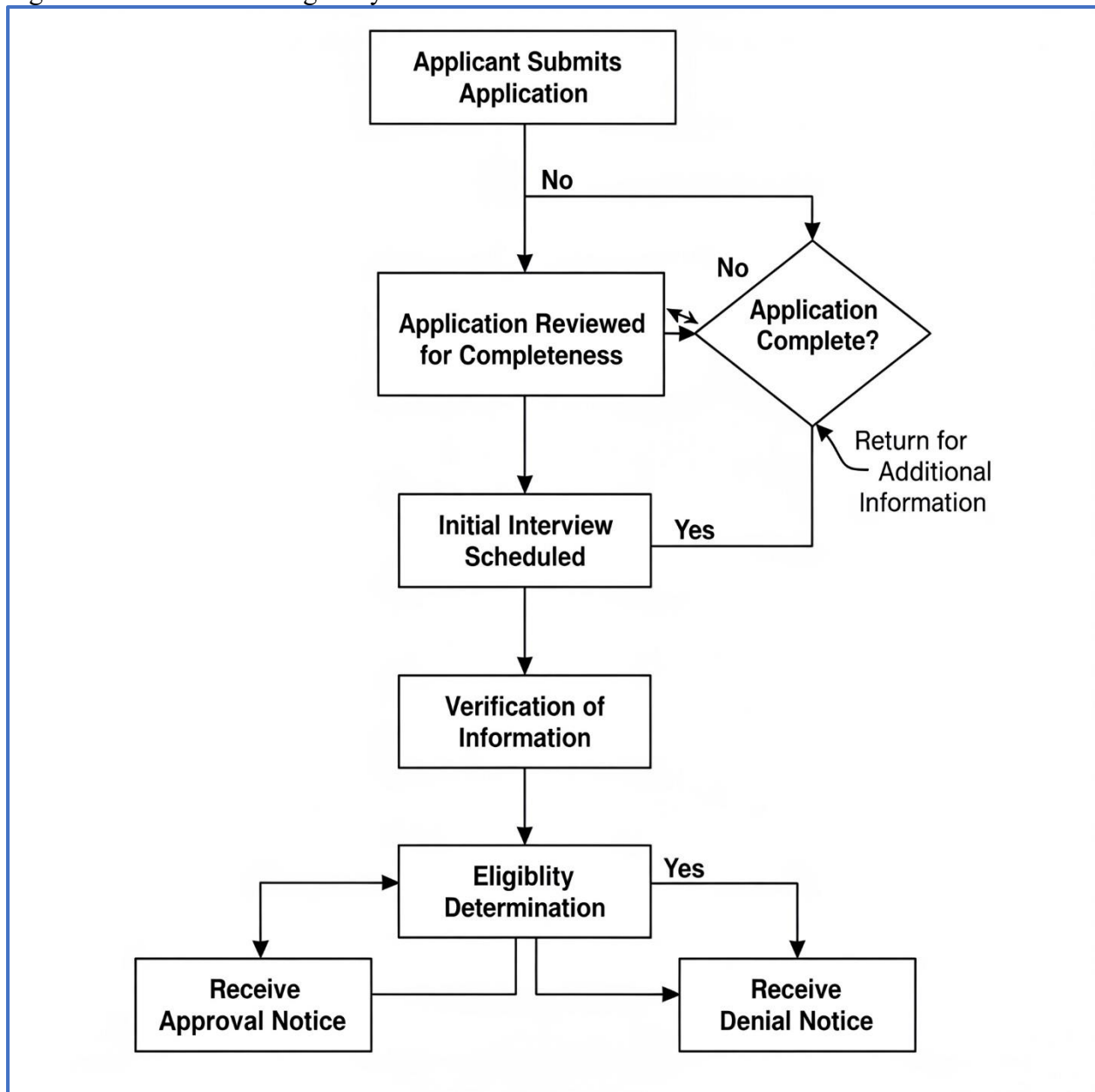
Process/Application Workflows

The Mississippi TANF application process involves multiple complex steps ranging from initial application intake processes to recertification and/or program exit processes. 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 trying to successfully navigate 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.

TANF Workflow Intake/Eligibility Process

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.

Documentation Category	Required Documents
Identification	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
Residency Verification	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
Financial Resources	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)
Rent/Shelter/Utility Expenses	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
Income Verification	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

Documentation Category	Required Documents
Absent Parent Information	Complete names, addresses, Social Security numbers, and places of employment for absent parents of applicant's children (required for child support enforcement coordination)
Social Security Documentation	Social Security cards for each household member, official documents containing Social Security numbers, Social Security award letters, or SSS forms for newborns
Family Relationship Proof	Birth certificates, marriage licenses, insurance policies, or wills to verify household composition and relationships
Dependent Care Expenses	Childcare or daycare receipts or statements from providers to verify work-related expenses
Pregnancy Verification	Statement from licensed physician or medical personnel in public health or outpatient clinic (if pregnancy is a factor in eligibility)
Property and Asset Documentation	For sold or transferred property: deeds, sale or transfer papers; For trust funds: wills, court orders, deeds, or other trust establishment documents
Immigration Status	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.²

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 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

² Mississippi's TANF Work Program (TWP). www.mdhs.ms.gov

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.³

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, which exempted 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

³ The Temporary Assistance for Needy Families (TANF) Program & Higher Education. The Hope Center for Student Basic Needs. www.hope.temple.edu

TANF (new applications and redeterminations) were subject to an evaluation of all household resources.⁴

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 the case review by MDHS personnel. 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

⁴ 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>

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.⁵

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, which involve 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

⁵ MDHS-EA-303B, Information Sheet for TANF Applicants, MS Dept of Human Services.
https://www.ms.gov/mdhs/tanf_snap/Docs/MDHSEA303B.pdf

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.^{6 7} Below is a Summary Table (Table 2) of the number of applications received, approved, and denied from 2015 to 2024.

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

⁶ Mississippi Today, "If you count unspent millions, high denial rate and mysterious outcomes, the TANF scandal persists" (October 16, 2024)

⁷ Mississippi Legislative Democratic Caucus. MS Public Broadcasting News.
<https://www.mpbonline.org/blogs/news/mississippidemocratsholdfirstlegislativehearingonwelfarecandalc allformajorreforms/>

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.⁸ For the year 2022, only 166 adults and 2,067 children received TANF cash 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.⁹ 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

⁸ State TANF Data and Reports. Office of Family Assistance, Dept of the Administration for Children and Families. <https://acf.gov/ofa/programs/tanf/datareports>

⁹ 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 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)

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

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.

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.¹⁰
- 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%.

¹⁰ 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.¹¹ 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.¹²

¹¹ TANF Weakening as a Safety Net for Poor Families. Center on Budget and Policy Priorities. (March 14, 2012)

¹² 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/statefactsheettrendsinstatetanftopovertyratios>

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.¹³ 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.

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.¹⁴ Mississippi Today's

¹³ 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.

¹⁴ Auditor Demands Repayment of Misspent Welfare Money. MS Office of State Auditor (October 12, 2021). <https://www.osa.ms.gov/news/auditor-demands-repayment-misspent-welfare-money>

comprehensive investigative analysis of TANF expenditures provided additional context for understanding program implementation failures.¹⁵

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 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%.

¹⁵ Mississippi welfare scandal inspires national safety net improvements. Mississippi Today. (February 6, 2024.)

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

Purpose of program

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 - EPSDT). 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

Feature	Medicaid	CHIP
Eligibility	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
Benefits	Comprehensive health coverage	Focused health services for children
Funding	Joint federal-state funding with varying FMAP rates	Higher federal contribution than Medicaid
Coverage	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

Year	Total	CHIP	Medicaid and CHIP
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	Medicaid Coverage for Infants Ages 0-1 CHIP	Medicaid Coverage for Infants Ages 1-5 Medicaid	Medicaid Coverage for Infants Ages 1-5 CHIP	Separate CHIP for Uninsured Children Ages 0-18
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:

Central Office Walter Sillers Building 550 High Street, Suite 1000 Jackson, Mississippi 39201	Mississippi Division of Medicaid Phone: 601-359-3789 Fax: 601-359-5252 Toll-free: 800-421-2408 Website: medicaid.ms.gov
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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

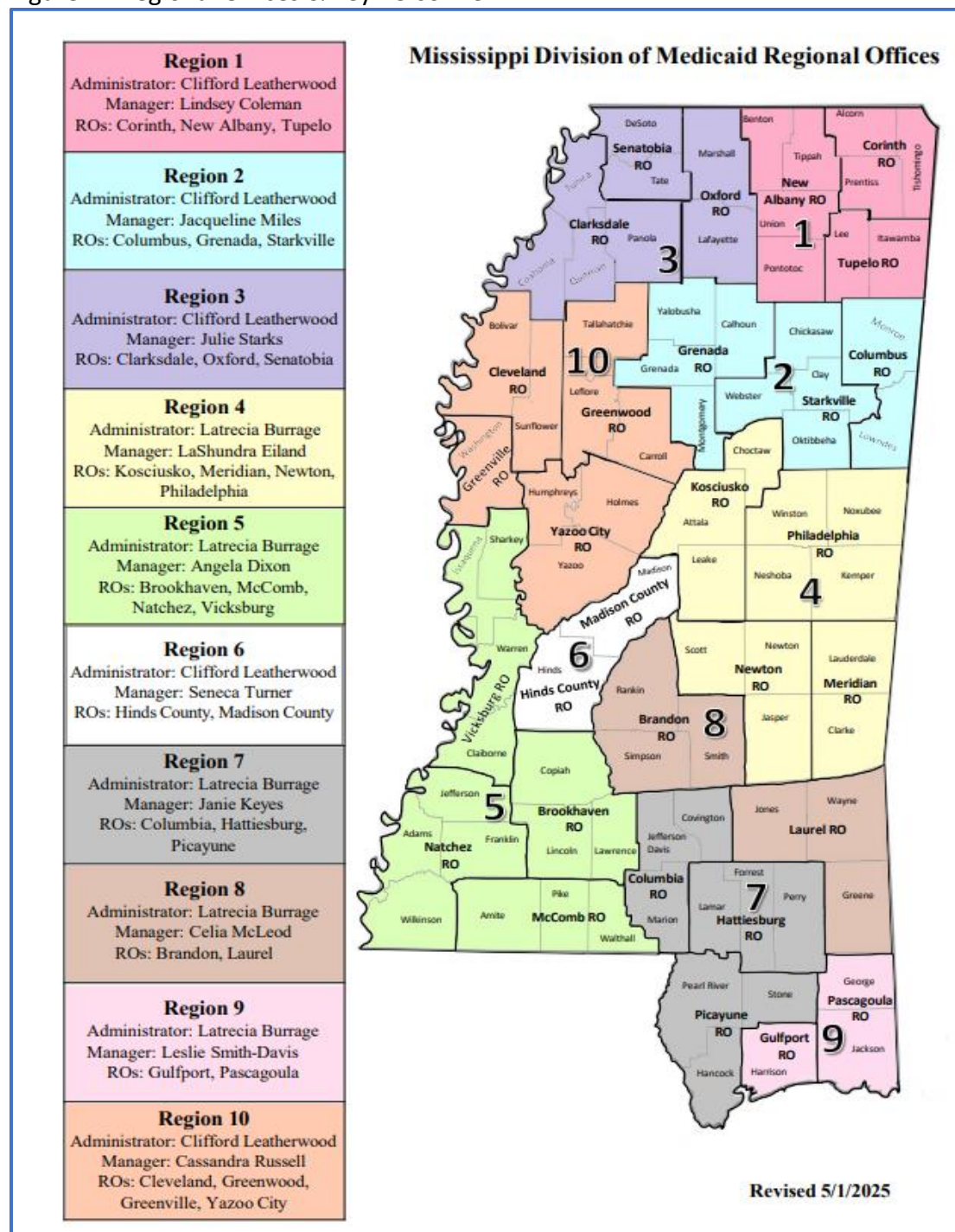
Vicksburg | 3401 Halls Ferry Road, Suite 1, Vicksburg MS 39180 | 601-638-6137 | Fax: 601-638-7186
Serves Claiborne, Issaquena, Sharkey and Warren counties

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

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

Household Size	Monthly Income Limit
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.

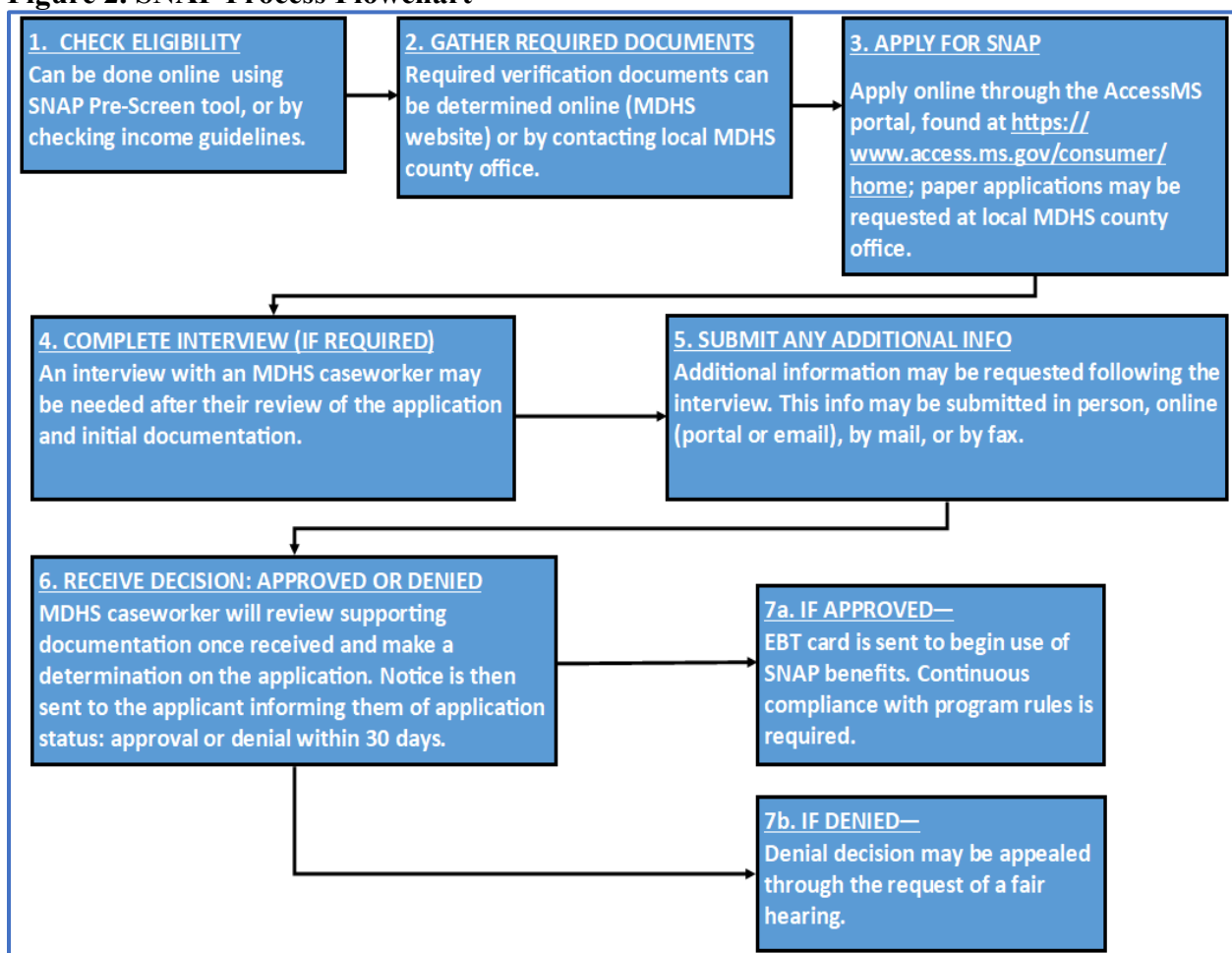
Once submitted, the process may require an interview with an MDHS caseworker. Applicants are notified of the interview by mail or an email stating the date and time of their appointment. If requested in the interview, the applicant must supply additional information to verify their eligibility – this 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

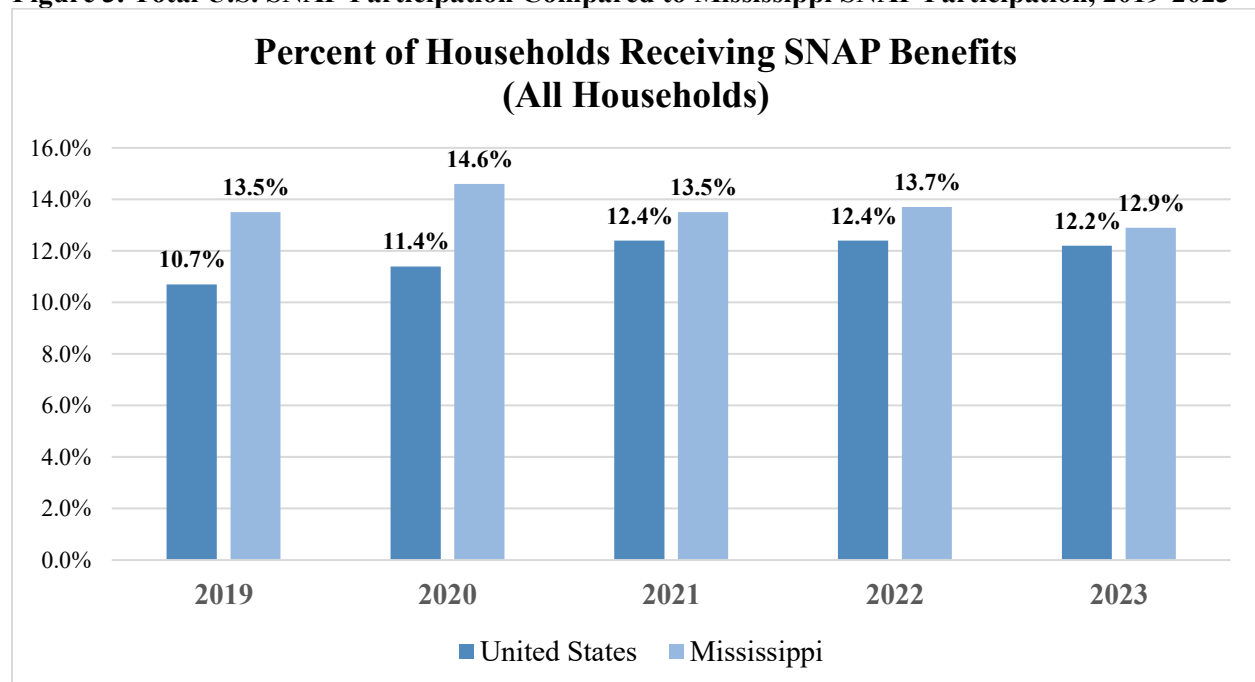
population, as well as for SNAP participation. The website data.census.gov was used to locate SNAP data for each county in the state, for the years 2018-2022 (American Community Survey, 5-year Estimates), and statewide for the years 2018-2023 (ACS Survey, 1-year Estimates).

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:

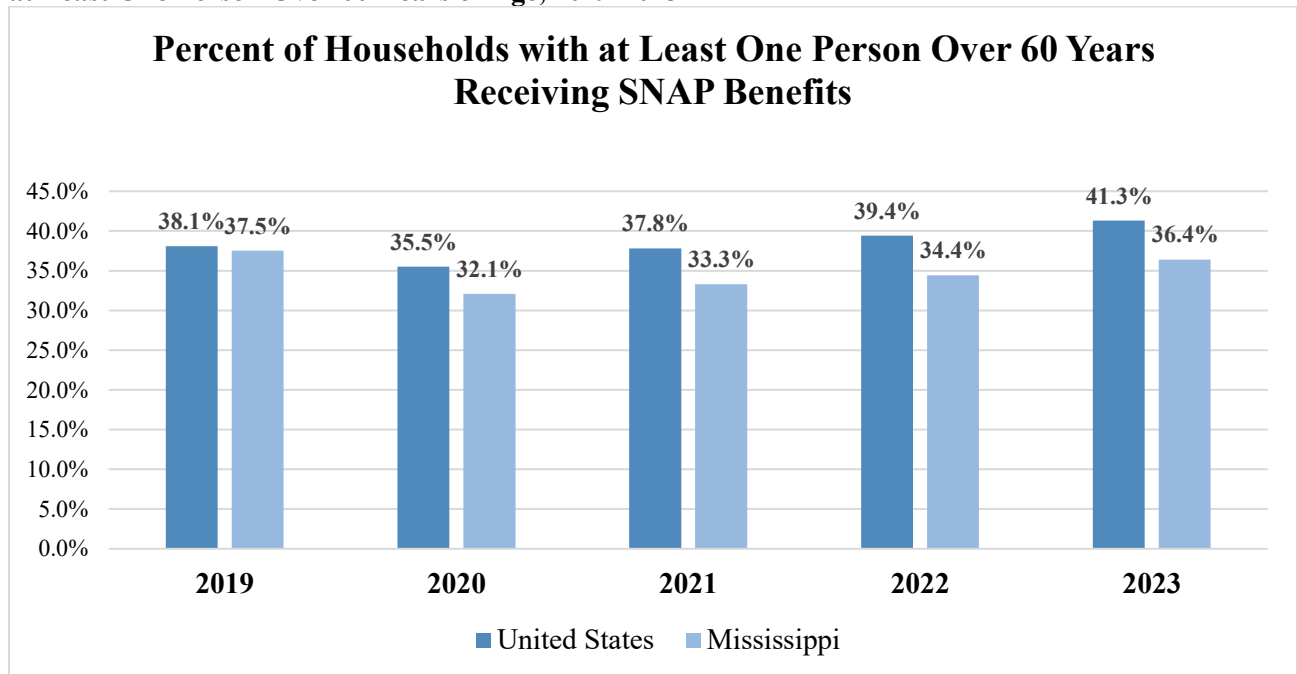
- Total number of SNAP benefit recipients and percentage (of total population)
- Total number of households receiving SNAP and percentage of households receiving SNAP
- Total number of households NOT receiving SNAP and percentage of households NOT receiving SNAP
- Household type
- Poverty status in the 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



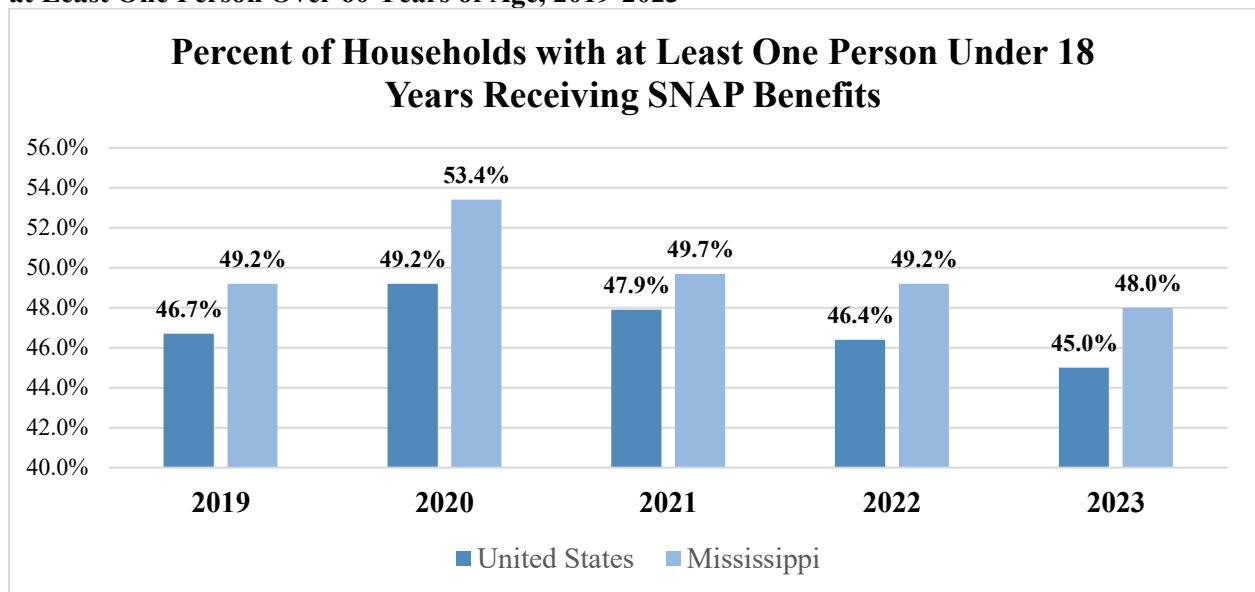
Source: American Community Survey, 5-year Estimates (2019-2023)

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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Future Project EASSE Evaluation Activities - Moving Forward

Moving forward, the MURC evaluation team will continue coordinating with ACLU representatives in requesting the data and information identified during this study's baseline assessments of the four targeted programs. MURC has submitted to ACLU representatives a specific listing of data/information needed for assessing the composition, utilization, and performance of the four targeted programs (i.e., TANF, Medicaid Infants and Children, Child Care Payment Program, and SNAP). Upon obtaining the additional program data, the MURC evaluation team will prepare a follow-up report that considers those data and their overall implications for Project EASSE. The goal is to obtain the requested data for the purposes of gaining additional insight regarding the accessibility and utilization of the four targeted programs, along with any potential challenges and barriers that can be identified from reviewing the data.

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