

Trainer/Consultant/Therapist

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DATE: April 8, 2005

TO: Ms. Rachel Stiff, Project Director  
Office of the Governor, Division of  
Medicaid/CHIP Bureau (HRSA  
State Planning Grant)

FROM: Mary S. Nelums, PhD, LCSW  
Sofia R Omari, PhD

RE: Final Report – Focus groups with Mississippi Department of Human Services  
Social Workers.

Nelums and Associates conducted nine focus groups with Mississippi Department of Human Services (MDHS) social workers from across the state of Mississippi beginning in April 2004, and ending July, 2004. This is qualitative research; therefore, this final report will summarize key themes and patterns about the uninsured population in the state of Mississippi that emerged from these focus groups. The focus groups' findings will be presented by first stating the interview question in bold, then summarizing participants' responses.

### **Methods**

*Sample.* MDHS consists of nine regions. Each region is headed by a Regional Director who is responsible for several counties. Additionally, each county has an Area Social Work Supervisor, who also supervises several counties. The counties also have line social workers who report to the Area Social Work Supervisor. The focus groups consisted of regional directors, area social work supervisors and line social workers.

### Characteristics of the Sample

The focus groups were diverse from racial and gender perspectives. Their length of employment with MDHS ranged from 8 months to 34 years. See Table 1

Table 1

#### **Current MDHS Position and length of Employment (N = 81)**

Position	N	Length of employment (range)
Regional directors	3	6-18 years
Area Social Work Supervisors	14	1-34 years
Social workers	64	8 months-30+ years

*Recruitment of Sample.* The regional directors were contacted via telephone by the consultant to explain the study and request assistance in setting up focus groups with the social workers in their region. If the focus groups were scheduled for early morning or lunch time, the consultant provided breakfast, lunch or snacks for participants.

*Procedures.* The scheduled focus groups took place in MDHS offices the average focus group time was 1 to 1½ hours. The facilitators introduced themselves using a prepared script (Appendix A). The focus group participants were then given an informed consent form (Appendix B) to read and sign prior to beginning the group. The facilitator preceded with the focus group questions (Appendix C) upon receiving the signed informed consent. All of the focus groups were audio-taped with the permission of the focus group participants. Upon completion of the focus group, the participants were thanked for their participation. The following is a summary of the findings from these focus groups.

## ***Results and Discussion***

Summaries answers to focus groups discussion follow

- 1. Please begin by describing your current job or position. How long have you been in your current position?**

*Participants described their current job positions as including various assignments:*

- *conducting investigations about alleged neglect and abuse of children;*
- *making home visits to assess the safety of children, and*
- *providing concrete services to maintain family stability.*

- 2. In describing your job, explain how you come in contact with or have experience with persons who do not have health insurance.**

*Participants stated that they may come in contact with persons needing health insurance in the following ways:*

- *conducting investigation;*
- *receiving telephone calls from potential clients;*
- *people walking in the office;*
- *making home visits to clients;*
- *custody issues with parents who have the children; and*
- *reports of neglect on children who do not have Medicaid.*

- 3. How big of a problem is adequate health insurance coverage for the families you see?**

*Responses ranges from “major problem for certain groups” to moderate problem for others.” In all nine regions, the participants viewed the following as major problems:*

- *lack of adequate health insurance coverage for the elderly;*
- *single men with no children and no job;*
- *the working poor --- people who work everyday, but cannot afford insurance and their jobs do not provide coverage; and*
- *no dental coverage.*

*Other issues identified were: people who had been working and lost their job; no routine circumcision; middle-income people; relative placements; special needs children; people who suffer from mental health problems; young people who are emancipated from MDHS custody; and prescription drugs.*

*Participants stated that parents who do not have insurance may get charged with medical neglect because they delay or will not take their children to the doctor.*

*Workers indicated that this is a major problem of “blaming the victim” and recommended that this issue should always be explored with the parent before charges are made against them.*

4. **Are the uninsured families you see familiar with Medicaid? How much do they know about SCHIP?**

*Participants indicated that most families are familiar with Medicaid, but that most are not familiar with SCHIP. Some participants stated their clients had “no clue” about SCHIP. They indicated this could be due to social workers’ lack of information regarding the resources and eligibility requirements for SCHIP. They further stated that many eligibility workers withhold information from people if they feel the person does not need the services. This complaint from other social workers was especially prevalent in small towns where everyone went to school or church together and “know other people’s business.”*

5. **How well do you think the SCHIP and Medicaid programs meet the needs of uninsured children in Mississippi?**

*Responses ranged from “very well in some cases” to “not very well” for this question. The participants stated concerns such as:*

- *no provision for routine care*
- *not enough Dentist will take Medicaid*
- *no preventive care allowed*
- *a fixed number of prescriptions allowed for the year (what if people need more)?*
- *no full coverage for mental health*
- *limited coverage for transportation*
- *no follow-up visits allowed.*

*No follow-up visits were not a consistent concern throughout the state. In regions 1-E and 1-W, participants stated that doctors often scheduled follow-up visits “just so they could bill Medicaid.*

6. **What are the advantages and disadvantages for families receiving Medicaid/SCHIP?**

*The participants listed the advantages as follows:*

- *full coverage*
- *some prescription drugs covered*
- *full pay for doctor’s visit*
- *no deductible*

- *no out-of-pocket money for families.*
- *small co-pay with SCHIP*

*The participants listed the disadvantages as follows:*

- *30 day waiting period*
- *only certain doctors will take Medicaid*
- *disrespect by some MDHS eligibility clerks and workers*
- *lack of confidentiality for clients*
- *a negative manner by which others judge clients*
- *re-application process*
- *no orthodontic care*
- *no coverage for the working poor*
- *no vision care, and*
- *single males with no children are uninsured.*

7. **How often do you see children who are not in Human Service custody and do not have health insurance?**

*The responses ranged from “often to very often, depending on the number of intakes or people who just walk in off the street and think we can help.”*

8. **Other comments**

*Several issues emerged from this statement. However, the most frequent responses were related to how clients are treated in the process, i.e. they are disrespected, and they are treated poorly by eligibility clerks who make decisions about eligibility based on their own biases rather than the system they are suppose to utilize.*

*Other concerns are reflected in the following statements:*

- *In-patient care for disturbed children is not adequate in that they are not allowed to stay long enough to get stable.*
- *Relatives tend not to know the services they qualify for. “This occurs because workers will not share the information; They think relatives should bear each others financial burden.”*
- *Psychologists must develop and submit a plan of care to Medicaid for approval before a psychological evaluation can be conducted. This is viewed as a problem due to the time it takes for Medicaid approval.*
- *Children cannot receive medication when their days have run out.*

- When children are taken into custody, parents will not give up the Medicaid card. There is a waiting period before the paper work is complete for another card.
- *People need help filling out the applications, and*
- *Medicaid needs to raise upper income eligibility limit.*

### ***Summary***

The focus group participants indicated a high level of support for Medicaid and SCHIP. However, they listed several issues that create barriers for persons seeking to enroll in the programs. Some of those barriers were listed as “too much paper work, long waiting lists, length of approval time, and too much personal information is required. An overwhelming majority of participants indicated a need for eligibility workers to receive training on how to present themselves as consumer friendly as well as a strong need for those workers to utilize the agency’s assessment tool for eligibility, not their own personal assessment.

Many of the participants viewed themselves as the “working poor” in that they could not afford adequate health insurance. The participants’ low morale around this issue was expressed in comments such as: “legislators need to stop giving themselves raises and give us health insurance. We need to qualify for SCHIP.”

### ***Recommendations***

1. Train eligibility workers and assign them to a region other than those in which they live.
2. Separate SSI from Medicaid and eliminate the six month waiting period.
3. Establish an emergency system for issuing Medicaid ID numbers
4. Pay for more counseling hours.
5. Remove the requirement for who is living in the household. Base assessment for Medicaid on need.
6. Establish a system that allows for Universal Health Coverage. This system would address The issue of preventive health cares for all Mississippians. The state would reduce their future long-term health costs.
7. Eliminate the waiting to re-instate people who are cut-off Medicaid. Have a system where health care is continuous.

8. Provide the working poor and unemployed single men affordable health insurance.
9. Provide free health care for the elderly. They should not have to choose what prescription to buy, or decide not to eat so they can afford their medicine.
10. Provide accessible health facilities and health practitioners in rural communities.

**APPENDIX A**  
**Interview Protocol**

Interview Guide - MDHS Social Workers  
and  
Child Support Workers\*

1 Protocol

Good evening and welcome to our session. Thanks for taking the time to join us. My name is Mary Nelums and assisting me is\_\_\_\_\_. We're both from Jackson State University, but in this capacity, we are vendors for Medicaid. Medicaid received a HRSA planning grant to "collect data on Mississippi's uninsured population to develop health policy options that will address the needs of all Mississippians". We are having discussions like this with social workers/child support workers across the State.

You were invited because your name was selected from a list provided by DHS that indicated you are a social worker/child support worker with children and families.

You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We will be on a first name basis tonight, and we won't use any names in our reports. You may be assured of complete confidentiality. The report will go back to the Division of Medicaid to help them develop health policy options for "uninsured Mississippans".

We are interested simply in your opinions about and experiences with individuals without health insurance. There are no right or wrong answers to the questions I will ask.

**APPENDIX**  
**Informed Consent**

**Informed Consent for Participation in a Focus Group On Research about Mississippi’s uninsured population to develop health policy options that will address the needs of all Mississippians.**

*Instructions: Please read this form and ask any questions that you may have before agreeing to participate in the focus group.*

**Description and explanation of procedures:**

In this focus group, we are interested in your experiences with persons who are uninsured in the state of Mississippi. We would also like your input on what are barriers that may prevent people from enrolling in the SCHIP and Medicaid programs, and developing strategies on health policy options that will address the needs of all Mississippians.

The content of the focus group will be summarized and presented as a summary report. No comments will be attributed to any specific individual. Other than your signature below, indicating your willingness to participate, we will have no record of your name. The consent form will be filed separately from the transcripts of the focus groups and the transcripts will be assigned a random number to protect your confidentiality.

We hope to uncover new and valuable information about the problems of the uninsured in Mississippi that will assist in developing health policy options to address the needs of all Mississippians. We could not undertake this type of project without your cooperation.

**Informed Consent for Participation in Research**

I have read the description of this research and I give permission for my participation. I acknowledge that my focus group session may be taped. I understand that I am free to skip any question, or to withdraw this consent and discontinue participation in this group at any time. I understand that my individual responses are confidential, and that this consent form will be filed separately from the transcripts of the focus group. I have been provided with a copy of this consent form.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Facilitator’s Signature

\_\_\_\_\_  
(Date)

**APPENDIX C**  
**Focus Group Questions**

### **Interview questions for MDHS social workers and child support workers**

1. Please begin by describing your current job or position. How long have you been in your current position?
2. In describing your job, explain how you come in contact with or have experience with persons who do not have health insurance.
3. How big of a problem is adequate health insurance coverage for the families you see?
4. Are the uninsured families you see familiar with Medicaid ? How much do they know about SCHIP?
5. How well do you think the SCHIP and Medicaid programs meet the needs of uninsured children in Mississippi?
6. What are the advantages and disadvantages for families?
7. In your opinion, what barriers do your children and families have in obtaining health insurance?\*
8. How often do you see children that are not in Human Service custody and do not have health insurance?
9. In preparation of your cases for court disposition, do you require health insurance as part of the court order?\*
10. How feasible do you think it is to pursue health insurance coverage for children as part of the child support recovery process?
11. Are you made aware of the general health status of children and parents when they are assigned to your caseload?\*
12. What do you think need to be done to address the need for health coverage for children and families on your caseload?\*

### **III.**

Thank you for taking the time out of your busy schedule to talk with us about the uninsured population in Mississippi. Do you have any other questions or comments? if not, again, thank you and have a good evening.

