

APPLYING ONLINE:

Technological Innovation for Income Support Programs in Four States

PENNSYLVANIA, WASHINGTON, CALIFORNIA & GEORGIA

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Executive Summary

A range of income supports exist for low-income individuals and families to help lift them out of poverty and to support their work efforts. These programs encourage and reward work and help compensate for the inability of wages and cash assistance to cover basic costs of living. Yet these supports, including Food Stamps, State Children’s Health Insurance Program (SCHIP), and Child Care Subsidies, are underutilized in most states.

Technological innovations offer tools for improving access to income supports for those who are eligible. These tools include websites for online screening of eligibility, online applications, and submission and storage of supporting documents in an electronic format.

The states of Pennsylvania, Washington, California, and Georgia are each using technology to enhance their delivery systems and increase access to their income support programs. The earliest of these projects began in 1999, and they all serve as the front-runners for much of the nation in their efforts to deliver income supports innovatively.

Online Applications in Four States (*October 2003*)

State	Healthcare	Food & Nutrition	TANF	Child Care
PA	SCHIP; Medicaid for children and adults; Home and Community-Based Services; Long Term Care	Food Stamps	Cash Assistance	
WA	SCHIP; Medicaid for children and adults; long term care (nursing home, in-home, and residential care); alcohol/substance abuse treatment	Food Stamps	Cash Assistance	Child Care
CA	SCHIP; Medicaid for children			
GA	SCHIP			

Each state implements online applications differently. In some states the general public has direct access to online applications, while in others access is limited to application agents or benefit eligibility workers. States also manage supporting documents differently. Some waive signature and documentation requirements, and others scan supporting documents and store them electronically.

Use of online applications has increased over time in each of the states. The number of applications submitted online per month ranges from approximately 2000 in some states to 4000 in others. Online applications comprise anywhere from two to 36 percent of the total applications filed. Users of these online applications often submit applications during non-business hours and many would not have applied during that month if they could not apply online.

Stakeholders in each state identified numerous benefits of online applications. The primary benefits were improved access to benefit programs, increased efficiency for applicants compared to applying at state or county offices, and prompt, reliable estimates of eligibility.

Shortcomings of the current implementation of online applications relate to needed infrastructure, policy and technology enhancements. Common deficiencies were inadequate outreach and marketing efforts, infrastructure limitations (e.g. uneven access to computers and the Internet), and needed policy and technological changes (e.g. scanning) that had not yet been adopted.

ONLINE APPLICATION BEST PRACTICE RECOMMENDATIONS

The end result of using online screening and application tools should be an application process that is faster, more convenient, and at least as efficient and reliable as the current paper system. This study of the strategies, challenges and successes experienced by these states in the implementation of online applications for benefits has led to a set of best practice recommendations. These recommendations can assist other states in their process of implementing online applications to support achievement of this outcome.

- I. Secure and retain support and cooperation for online innovations from leadership at multiple state agencies and community based organizations.**
- II. Publicize the launch of online tools and ensure ongoing outreach and marketing.**
- III. Streamline and improve access to the service delivery system by building on existing community capacity.**
- IV. Adopt policy options for receiving and processing documentation that support online applications and make use of technological innovations.**
 - **Policy Options:** States are vested with certain discretion in the administration of income support programs such as waiving the face-to-face eligibility interview for some Food Stamp applicants, and waiving verification of income and the signature on the SCHIP application.
 - **Digitized Documents:** Scanning is a critical way to track and store documents in digitized form. It can be initiated for all hard copies of documents sent to a state or county agency, and the agency should develop the capacity to receive scanned documents electronically.
 - **Document Tracking:** Since scanning of supporting documentation is not widely available, other procedures must be put in place to link documents with the electronically submitted applications, such as bar coding.
 - **Signature Management:** Electronic signatures can be obtained through either a special personal identification number (PIN) or through an electronic signature tablet attached to the computer. Where these options are not feasible, a one-page signed verification form can be accepted via fax and maintained in digitized form.
- V. Address the needs of all users of the system, including applicants, community based organizations, and state and county agencies.**
 - **User Friendly Tools:** This includes simplifying applications so minimal aid is needed in filling them out and creating accessible help desks and hotlines.
 - **Computer Infrastructure and Knowledge:** Access to computers, the Internet, and adequate modems, and sufficient computer skills among a pool of applicants and staff at community agencies are essential for online programs to succeed. Web-based training and other technical assistance are also necessary to support use and maintain efficiency.
 - **Application Tracking:** Creating options in the system that enable certified applications assistants to track applications, check on eligibility status, and also easily access partially completed applications will increase utilization.
 - **Data Linkages:** Application technology should be integrated with the process of determining eligibility so that the process is seamless.
- VI. Design online screening and application tools to allow for expansion to additional income support programs.**

Introduction

A range of income supports exist for low-income individuals and families to help lift them out of poverty and to support their work efforts. These programs encourage and reward work and help compensate for the inability of wages and cash assistance to cover basic costs of living. Yet these supports, including Food Stamps, State Children’s Health Insurance Program (SCHIP), and Child Care Subsidies, are underutilized in most states.

Reasons for underutilization of income supports include lack of information about the programs, complicated application requirements, and archaic benefit delivery systems. For example, the application process can be confusing and inefficient. Applicants can be required to attend multiple face-to-face interviews with state employees, at different locations for different programs, and submit essentially the same eligibility documentation (e.g. income verification) multiple times. In addition, many working applicants cannot apply for supports at county or state offices because they are working the same hours the offices are open to applicants.

Income support programs also have different eligibility criteria, making it difficult for families and service providers to determine for which programs they are eligible. An applicant that is found eligible for Food Stamps, for instance, typically is not advised that he or she is also eligible for

other supports, such as KidCare, child care, and tax credits. Each income support program has a different set of rules that

An applicant that is found eligible for Food Stamps, for instance, typically is not advised that he or she is also eligible for other supports, such as KidCare, child care, and tax credits.

specify income guidelines, the types of income used in the income calculation, and activities parents must be engaged in to qualify for programs. Without well-developed computer-based tools, keeping the different rules and processes straight is a formidable challenge for even the most efficient workers.

Technological innovations, including websites for online applications, offer tools for improving access to income supports for eligible families and individuals. This report describes efforts in Pennsylvania, Washington, California, and Georgia to use technology to enhance the delivery of income supports. Also documented are the strategies, challenges and successes experienced by these states in the implementation of online applications for benefits and other innovations. In addition, a set of best practice recommendations is provided to assist other states in their process of implementing online applications and other enhancements.

Technological Innovation in Four States

The states of Pennsylvania, Washington, California, and Georgia are each using technology to enhance their delivery systems and increase access to their income support programs. The earliest of these projects began in 1999, and they all serve as the front-runners for much of the nation in their efforts to deliver income supports innovatively.¹

At a minimum, each state instituted electronic screening and online applications for the State Children's Health Insurance Program (SCHIP), with some states supporting online applications for numerous programs. In some states the general public can directly access online applications, while in others access is limited to application agents or benefit eligibility workers. The states also manage supporting documentation differently, with some states waiving signature and documentation requirements, and others scanning supporting documents and managing them electronically.

While the projects in the four states are each in various stages of implementation and rely on varying levels of technological sophistication, many useful lessons can be learned from them. Other states undertaking similar projects can benefit from the systematic review of implementation strategies and issues.

The information in this report was collected during site visits to the four states during August and September 2003. Questions were sent to the stakeholders in advance to ensure that standard information was gathered. Meetings and interviews were then held with stakeholders who developed and implemented tools for online applications, state and county agency staff, and community based users of the tools. Information collected includes the development of the online tools, a description of how the enhanced systems work, outreach and marketing, usage and trends, and future plans for the systems.

¹ For recent reports with information about online application tools in these and other states see: National Academy for State Health Policy, "Public Access to Online Enrollment for Medicaid and SCHIP," California Healthcare Foundation, May 2003. <http://www.chcf.org/documents/ihealth/PubAccessOnlineEnrollmentLinked2.pdf>; and Elise Richer, "The Safety 'Net': Online Access to Benefits for Working Families," Center for Law and Social Policy, www.clasp.org/DMS/Documents/1042058139.16/website_work_supports.htm; and John J. Blyskal and David Ivy, "Modernization of State TANF Systems: Using the Web for Pre-eligibility Screening," State Information Technology Consortium, June, 2003; Issue Brief: "Enrollment Hits the Web: States Maximize Internet Technology in SCHIP and Medicaid," National Governor's Association, May 31, 2002, http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_3840,00.html.

Pennsylvania

Program:	COMPASS (Commonwealth of Pennsylvania Application for Social Services)
Benefits & Services	<i>Screen and apply online for:</i> Medicaid adultBasic SCHIP Cash Assistance Food Stamps LIHEAP Home and Community Based Services Long Term Care <i>Screen online</i> School Breakfast/Lunch <i>Forthcoming June 2004</i> <i>Screen and apply online for:</i> TANF Related Child Care Subsidized Child Care <i>Renewal:</i> Healthcare coverage
Agencies:	Department of Public Welfare Department of Health Department of Aging Insurance Department
URL:	www.compass.state.pa.us
Features:	Program information, screening tool, and application in English & Spanish Data entered into the screening tool is automatically placed in application Application completed and submitted online ² Public access to COMPASS Community Partner View for authorized users at CBOs Streamlined Power User version of COMPASS for authorized users at CBOs and healthcare providers Customer survey at end of application

² An office visit is also required for some programs.

DEVELOPMENT & IMPLEMENTATION

Pennsylvania developed an online application tool called COMPASS (Commonwealth of Pennsylvania Application for Social Services). The Department of Public Welfare's (DPW) goal for COMPASS was to create a tool for doing business more efficiently. The cost for development and maintenance of COMPASS is met by state and federal funding (50 percent each).

Development of COMPASS started in October 2000. COMPASS was first launched in October 2001 with applications for Medicaid for Pregnant Women and Children and SCHIP, which are administered through the Insurance Department. The application process for these programs is more streamlined than other programs; they do not have an asset test and do not require a face-to-face interview. In subsequent iterations, COMPASS has been expanded to include a larger set of public benefits programs and other features (Table 1). COMPASS applications were modeled on simplified paper applications for Medicaid, Food Stamps, and SCHIP. All online materials have also been tested for their literacy level.

Table 1: COMPASS Release 1 to Release 7

Release Number	Release Date	Apply for Programs	Screen for Programs	Other Features
Release 1	Oct 2001	Medicaid for Pregnant Women & Children; SCHIP		
Release 2	Nov 2001			Spanish Version of Release 1
Release 3	Apr 2002	All Medicaid; adultBasic; Cash Assistance; Food Stamps; Family Works	All Medicaid; SCHIP; adultBasic	Community Partner View Pilot; Maps and Directions
Release 4a	Sep 2002		Cash Assistance; Food Stamps	
Release 4b	Feb 2003	Long Term Care; Home and Community Based Services	Long Term Care; Home and Community Based Services; School Breakfast/Lunch	
Release 5	Jun 2003	Additional Home and Community Based Services		Community Partner View statewide rollout; PowerUser launch
Release 6	Nov 2003	LIHEAP	LIHEAP	E-signature Pilot
Release 7	Jun 2004	TANF Related Child Care and Subsidized Child Care	TANF Related Child Care and Subsidized Child Care	Renewal of healthcare coverage

From the outset, COMPASS was supported by top state agency staff through their involvement in the COMPASS Steering Committee. The Committee is consulted on planning and

implementation by the core COMPASS team, which is responsible for the day-to-day

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operations of the project. Although it took time for the different agencies to commit to online applications, there was also a strong incentive for them to participate so they could partake in the project's success.

Deloitte Consulting is the contractor for the ongoing development of COMPASS. DPW staff stressed the importance of having one central point of contact for all COMPASS stakeholders during the development process as well as for maintenance, updates, and enhancements. A DPW senior staff person coordinates the work of the COMPASS team and the COMPASS steering committee. Close cooperation with the Department's Office of Legal Counsel provided expert information on policy options that are advantageous to online applications. For example, to facilitate online renewal planned for June 2004, policy options were adopted to waive the face-to-face interview for Medicaid renewal. Counsel also clarified requirements for HIPAA compliance, including drawing up an agreement for community partners to allow for release of documents.

DPW issued a policy memorandum to eligibility workers at county assistance offices with information about COMPASS procedures. Insurance Department staff issued similar instructions to their contractors. Given the volume of information competing for the attention of eligibility staff as well as staff turnover, DPW repeated messages about COMPASS over time.

Regarding labor and union issues, DPW has an agreement with the unions representing eligibility workers that automation does not constitute a change in work rules, and therefore is not subject to collective bargaining requirements. Unions are regarded as stakeholders in COMPASS and are kept apprised of plans for upgrades.

COMPASS earned Pennsylvania status and distinction as a forerunner in online applications for public benefits. Pennsylvania provided information on COMPASS to Kansas and West Virginia, an arrangement that significantly reduces the online tools development time in these two states.

CURRENT FUNCTIONS

COMPASS offers screening and application for all Medicaid programs, SCHIP, adultBasic, Cash Assistance, Food Stamps, Long Term Care, Home and Community Based Services. COMPASS also provides screening only for School Breakfast and Lunch programs. Assistance for online applicants is provided with help screens for each page, an email contact, and a toll-free DPW general helpline (staffed by 12 full time employees during regular business hours). Since November 2001, all COMPASS screening and application materials have been available in English and Spanish.

COMPASS is a continually evolving set of tools. A screening tool was added to COMPASS Release 3 to respond to individuals and community based organizations (CBOs) who wanted

to learn about prospective eligibility before taking the time to complete an

To address concerns that web based screening would result in complaints if the benefit amount indicated by the screening differed from final eligibility, the tool conservatively estimates benefit levels, but also limits the number of false negatives on eligibility.

application. To address concerns that web based screening would result in complaints if the benefit amount indicated by the screening differed from final eligibility, the tool conservatively estimates benefit levels, but also limits the number of false negatives on eligibility. Data entered for screening is automatically transferred to the application.

With COMPASS Release 5 in June 2003, there are two versions of COMPASS: a public website and the Community Partner View for registered CBO application agents. CBOs apply to become a registered application agent and sign agreements pertaining to confidentiality and HIPAA. Clients also sign a release of information form so they can work with the CBO. Fifteen CBOs were involved in the pilot of the Community Partner View. Hospitals and other high volume agencies are seen as potential major users. Training for other CBOs in Community Partner View is available on request from DPW.

The Community Partner View has two key features, the Community Dashboard and the COMPASS Power User. The Community Dashboard allows application agents to track the progress of an application. Power User is a text-only, data entry intensive version of COMPASS that was developed in response to requests from CBOs who found the public version too slow.³ The Power User also has an automatic save feature to prevent loss of data if the user is unexpectedly disconnected from the Internet.

³ DPW reported a full screening and application on the public website takes 31 to 45 minutes. However, a CBO said the over 200 screens for Food Stamps can take up to 60 to 90 minutes with a dial up modem. DPW estimates that with Power User, with fewer pages and no graphics, an experienced user can complete an application in 10 to 12 minutes.

COMPASS enhancements in Release 6 (November 2003) include screening and application capability for the LIHEAP program and an electronic signature pilot.

PROCESSING OF ONLINE APPLICATIONS

DPW staff at County Assistance Offices (CAOs) and Insurance Department contractors make eligibility determinations for applications submitted through COMPASS. Electronic applications are automatically routed to CAOs and contractors based on the applicant's zip code and the program for which they appear likely to be eligible. Staff in county offices check twice a day for COMPASS applications. Initially, CAO staff had to print out COMPASS applications and then re-enter data in their system. CAO staff now can review the COMPASS application online and transfer the data from the application automatically to the backend eligibility system.

Supporting documentation, including signature and wage verification can be mailed or faxed to the appropriate CAO or Insurance Department contractor. However, in practice linking these documents with applications submitted via COMPASS is a concern as it may result in lost documents.⁴

OUTREACH AND MARKETING

The DPW Press Office supported publicity for COMPASS, attending its monthly operations and outreach meetings and biweekly policy meetings. Press releases and publicity kits were sent out for the launch of COMPASS, and press releases were issued for subsequent upgrades. COMPASS posters were sent to all CAOs and 800 libraries. CAOs were mandated to hold meetings about COMPASS with social service organizations within 30 days of the launch. CAOs are also encouraged to put a computer in their waiting areas so individuals can use COMPASS for screening and application.

Resources for outreach and publicity to inform the public and CBOs about COMPASS have been limited. Similarly, limitations on resources for recruitment and training of Community Partners curtailed outreach to CBOs for the Power User version of COMPASS. No further resources are currently available for outreach.

USAGE AND TRENDS

About 1,900 COMPASS applications were received in July 2003, comprising about 2 percent of total applications received.⁵ COMPASS applications are increasing by

⁴ Scanned application attachment capability is not planned for the November 2003 or June 2004 COMPASS releases.

⁵ The total number of applications refers to actual applications received. This number will always be less than the sum of Medicaid, Food Stamps, and Cash Assistance, since one application can be used for more than one program.

about 100 per month. As of July 2003, a total of 46,943 screenings had been completed on COMPASS and 27,421 applications had been submitted.

Fifty four percent of applications submitted on COMPASS are sent during business hours (9:00 a.m. to 5:00 p.m., Monday through Friday); 46 percent are sent during non-business hours. The optional survey at the end of the COMPASS application is completed by about 19 percent of applicants.

FUTURE PLANS

New features for Release 7 (June 2004) include and screening and application capability for TANF related Child Care and Subsidized Child Care, renewal for healthcare coverage, and One Client, One Account Portal Phase 1. The One Client, One Account Portal Phase 1 will enable the client to check on any benefits authorized by DPW, such as Cash, Food Stamps or Medicaid. The use of scanned documents is still under discussion and may be piloted in 2004 or 2005.

STAKEHOLDER VIEWPOINTS

Staff of community agencies, health care providers, and advocacy organizations were unanimously positive about the extent of their involvement in COMPASS planning. This involvement from the outset enabled the community and family perspective to be represented in the planning process.

Deloitte was also reported as being adept at

Staff of community agencies, health care providers, and advocacy organizations were unanimously positive about the extent of their involvement in COMPASS planning.

translating community requirements into technical tools. Moreover, the CBOs agreed that the DPW not only involved them in the planning but also were responsive after the launch of COMPASS, incorporating CBO feedback into the development process.

CBOs also agreed that COMPASS was a more efficient way to apply for support programs than at county offices, with families becoming eligible faster than via paper applications. Furthermore, the ability to apply for benefits at home or with a CBO offered privacy for people concerned with the stigma of going to the county office.

The major factors influencing a CBOs use of COMPASS related to whether it had already been screening clients for eligibility and providing assistance in completing applications and whether it had the capability to maintain contact with clients to provide follow up assistance and encourage them to complete all of the application steps. Despite the many advantages of COMPASS reported by CBOs, staff at two healthcare access

organizations said they were not using the Power User version at all, citing the following concerns as barriers to their use of COMPASS for healthcare applications:

- Separation of supporting documents from the online application
- Need to fax or mail in a copy of the signature page
- Insufficient technological infrastructure of the CBO (unavailability of computers with Internet access or slow dial-up access)
- Insufficient computer skills of CBO staff
- Preference for paper application if worker can complete it more quickly
- Possible security risks for workers to travel with laptop computers on home visits
- Absence of telephones in homes for dial-up modem

Staff of a CBO focusing on outreach and enrollment in health programs reported that the use of COMPASS to apply for programs such as Food Stamps in addition to health programs is not efficient for its mission. Applying for multiple programs requires more information and takes longer than applying for health programs, which have no asset test or eligibility interview. Furthermore, they saw COMPASS as running counter to efforts to dissociate health insurance from government programs, such as Cash Assistance and Food Stamps, which hold negative associations or stigma. They saw COMPASS as useful for agencies that already focused on multiple program enrollment.

CBOs were pleased with the responsiveness of COMPASS staff to their input, and made the following suggestions for further improvements:

- Addition of a section to designate an authorized representative, which would allow CBOs to offer follow up assistance on applications
- Addition of a notes section in Power User for comments to caseworkers
- Introduction of the capability for document scanning
- Introduction of the capability for electronic signature
- Adoption of policies to waive income verification and signature when possible

CBOs report looking forward to the upcoming re-enrollment capability on COMPASS, explaining that the current re-enrollment process is complicated, with many points where it can break down: a mail notice is sent out but sometimes people do not receive it or do not understand it; if there is no response to a mail notice, notification of termination is mailed out but if the notice is not received or understood, the person might not know enrollment was terminated until trying to use the insurance or other benefits.

Overall, CBOs recognized the potential of COMPASS for supporting their work and feel that the improvements made to COMPASS in response to community input would increase users.

Washington

Program: Online Community Services Office

Benefits & Services *Screen and apply online:*

Cash Assistance

Basic Food Programs (Food Stamps)

Medicaid

Children's Medical (SCHIP)

Child Care

Alcohol and substance abuse treatment

Long term care (nursing home, in-home care, residential care)

Agencies: Washington State Department of Social and Health Services
Economic Services Administration

URLs: Trial eligibility calculator: <http://www1.dshs.wa.gov/esa/TEC/>
Online application: <https://wvs2.wa.gov/dshs/onlinecso/applying.asp>
Online Community Service Office: <https://wvs2.wa.gov/dshs/onlinecso/>

Features: Trial Eligibility Calculator (TEC)
Online application
Fully accessible to the public
Information on programs, eligibility, benefits
Rules and regulations online
Help desk via email
Toll free phone using automated voice response system
Local office locator via zip code of residence

DEVELOPMENT AND IMPLEMENTATION

The online application was initiated in 1999 by staff in King County (Region IV, Seattle metro area) of the Community Service Division (CSD) of the Department of Social and Health Services (DSHS) Economic Services Administration (ESA). The goal was to offer improved access to services for clients of DSHS. The online application software was compiled by a group of recent college graduates for a cost of \$85,000. The Medical Assistance Administration of DSHS also supported development with SCHIP outreach funding. In 2000, the project migrated to Region VI of CSD (an 8 county area around Olympia), and the tool went into production in early 2001. When the tool set was released for public use, DSHS supported a brief marketing campaign and also offered training to staff of community based organizations.

Major information technology initiatives in Washington state government are overseen by the Department of Information Services. The DSHS Information Technology Division also provides oversight of agency information technology initiatives. In addition, DSHS has an oversight arm called the Information System Services Division. The original implementation of the online application and trial eligibility calculator were done “under the radar” and did not have Department of Information Services or Information System Services Division involvement. Future plans to update the program will probably not require oversight by the Department of Information Services but likely will require Information System Services Division oversight.

CURRENT FUNCTIONS

The Online Community Service Office is a web based information resource on programs, benefits, applications and procedures of the department. The online application portion allows an individual to apply for cash assistance (TANF), Medical (Medicaid), Children’s Medical (SCHIP), Basic Food (Food Stamps), child care assistance, alcohol and substance abuse treatment, and long term care (nursing home, in-home care, and residential care). There is also a Trial Eligibility Calculator that quickly assesses potential eligibility.

As initially designed, the application process did not require an applicant’s signature. However, beginning in January 2003, signatures became required for most applications. ESA workers print out a hard copy of the electronically filed application, and mail it to the applicant with a postage paid return envelope.

The online application system also supports the submittal of changes in case or family status, including adding or removing a family member, and reporting a change of address for persons currently enrolled.

PROCESSING OF ONLINE APPLICATIONS

Online applications are routed electronically to the appropriate Community Service Office of ESA, where an eligibility worker is assigned to process the application. The worker prints out the application and mails it to the applicant for signature. Upon receipt of the signed application, and any required documentation, the worker completes the eligibility determination.

The online application system lacks a direct link to the agency's eligibility database ACES (Automated Client Eligibility System).⁶ Therefore, upon receipt of the completed online application, the eligibility worker must print out a hard copy, and then re-enter the information into ACES.

Two complementary technologies support the online application process. DSHS established a comprehensive document imaging system, whereby all documents sent to ESA are scanned and maintained in digitized form. There are nine "scanning offices" all located near postal facilities. This minimizes the delay in transporting the documents and increases efficiency. Each scanned document is linked to the case or pending application via a case number or an application number

There are nine "scanning offices" all located near postal facilities. This minimizes the delay in transporting the documents and increases efficiency.

A second supporting technology is the Answer Phone, a toll-free automated voice response system that can provide clients with information on a 24/7 basis. Via the Answer Phone users can:

- Obtain information on case status, payment and medical information
- Determine a particular caseworker's telephone number
- Leave a voice mail message for a caseworker
- Obtain voice mail messages from a caseworker
- Set up an individual PIN to ensure confidentiality
- Determine whether documents sent to the agency were received

⁶ See description at <http://www.acf.hhs.gov/nhsitrc/Aurl.jsp?pageID=showprofile2&App=390>.

The Answer Phone is not available for new applicants because the system only responds to clients who can input a case number, and new applicants have only an application number. However, during normal business hours, the public, including new applicants, can access CSO staff via the Answer Phone. Because applications and supporting documents are all digitized, every eligibility worker has access to all cases in the department's caseload.

OUTREACH AND MARKETING

When the online application website was first launched, DSHS supported a three month marketing campaign, which consisted primarily of press releases. DSHS also offered training to community based staff regarding use of the online application. No further publicly funded outreach or marketing occurred.

A complementary marketing initiative was developed by the Children's Alliance, a statewide child advocacy organization that promotes public policies and practices supporting the stability, health, and safety of children. The organization supports a website, Parent Power that attractively presents information on health care, child care, school meal programs, tax benefits, scholarships, WIC, and rental assistance.⁷ The site has an eligibility calculator and a link to the online application at the DSHS website.

USAGE AND TRENDS

DSHS receives about 85,000 applications per month for all the programs it administers; about 3,000 of those are submitted via the online application. A large portion of all applications is submitted by hospitals and health care providers. DSHS does not have the capacity to identify sources of applications submitted online.

FUTURE PLANS

With the exception of some changes to address legislative mandates and security issues, the online application has not been modified in the three years that it has been in use. DSHS Information Technology staff reported that the software used for the online application is extremely complex, and that there is a backlog of 60 or more change orders. For this reason, the Information Technology unit proposed completely rebuilding the tool set. Their priorities for rebuilding include:

⁷ <http://www.washingtonparentpower.org/site.asp>.

- Creating a direct link to the backend system, ACES, in order to improve efficiency for eligibility workers
- Simplifying and streamlining the application process by removing unnecessary questions for clients applying for a single program
- Incorporating advances in technology to improve the look and feel of the tool set from the user's perspective
- Developing a process that more efficiently accommodates the need for a signature
- Addressing the need for collecting documents in digitized form, and linking them to the electronic application

STAKEHOLDER VIEWPOINTS

Staff of community based providers and advocacy organizations consistently expressed reservations about using the online application. For example, a non-profit organization dedicated to screening and enrolling uninsured persons carefully reviewed the online application, and decided against using it.⁸ Reasons for declining to rely on the online application are related to needed policy changes and technological enhancements. These reasons include:

- The current signature requirement unreasonably delays submission of the application. It is more efficient to complete a paper application, have the client sign, and then mail the completed application with supporting documents attached.
- Agencies with a dial up modem find that it takes an hour or more to complete an application, far longer than completing a paper application.
- Occasional glitches, such as a computer screen freezing up, forces staff to start the process over.
- Some staff in the field lack access to the Internet.
- The system does not provide capacity to track applications prepared by CBO staff.
- An agency that focuses on SCHIP applications cannot avoid dealing with extraneous questions that are relevant to Food Stamp applications.

Generally, CBO and advocacy staff stated they had an effective working relationship with state agency managers, although their frustration with the slow pace of change in the technology was evident. There was also some anecdotal evidence of problems in processing online applications, with applications potentially being “stuck” at some point in the continuum between the central point of receipt, forwarding to the CSO,

⁸ Its 12 staff members prepare about 100 Medicaid and SCHIP applications per month.

printing out, and mailing the application. A new tracking procedure has been put in place to monitor the flow of online applications through this process.

CBO staff also reported concerns about the accuracy of the Trial Eligibility Calculator. An initial problem, the calculator not adequately informing families of potential eligibility for Basic Health (a state funded medical insurance program), has been corrected. CBOs also reported progress in working with the state agencies to develop an integrated electronic application for Medicaid and Basic Health.

Finally, stakeholders expressed concerns regarding various policy initiatives taken in response to the state's fiscal constraints that would restrict access to benefits, and also create new barriers for effectiveness of online tools. A new policy requiring documentation of wage information for SCHIP was implemented in April 2003. There is also a plan, scheduled for early 2004, to require redetermination every six months rather than annually. Finally, a proposal to increase and severely complicate, premium payments for SCHIP may take effect early in 2004.

California

Program: Health-e-App

Benefits: *Screen and apply online for:*
Healthy Families (SCHIP)
Medi-Cal for Children (Medicaid for children under age 19)

Agencies: Managed Risk Medical Insurance Board
California Department of Health Services

URL: <http://www.dhs.ca.gov/health-e-app/>

Features: Online application available to “Certified Application Assistants” (CAAs) and to county eligibility workers
Preliminary eligibility screening
Real-time, electronic submission of supporting documentation
Automatic error checking
Online selection of providers, and health, dental and vision plans
Electronic payment of Healthy Families premiums
Electronic signatures
Web-based interactive training for CAAs
Available in Spanish and English

DEVELOPMENT AND IMPLEMENTATION

Health-e-App was developed with support from the California Health Foundation (CHCF) by Deloitte Consulting. CHCF provided a free license to the State of California for use of Health-e-App. The tool was piloted in San Diego County in 2001, and it was approved for statewide use in 2002.

Two state agencies jointly operate Health-e-App in California. The California Department of Health Services (DHS) administers Medi-Cal, the state's Medicaid program, in collaboration with the state's 58 counties. The Managed Risk Medical Insurance Board (MRMIB) oversees several other health programs, including the Healthy Families Program (SCHIP). MRMIB contracts with a third party (formerly EDS and currently Maximus) to accept and process applications for Healthy Families. All applications are processed by a Single Point of Entry (SPE) operated by the contractor.

To support the development and operation of the tool, DHS agency staff initially planned to claim an enhanced federal match (90 percent for development costs and 75 percent for operational costs). DHS fiscal staff later determined that the enhanced match was only available for IT systems that processed medical provider claims, and that only the regular administrative cost match of 50% could be claimed for data systems processing initial applications.

Health-e-App implementation was overseen by the California Department of Information Technology, which controlled all significant technology initiatives.⁹ This process required development of a detailed implementation plan, and approval involved several state departments. Concerns about risk of fraud resulted in a number of changes in the tool set. For example, use of Health-e-App requires a relatively complex password: 8 characters in upper and lower case with both alpha and numeric characters, which must be changed at least every three months. Also, state overseers initially proposed an automatic log out after five minutes of inactivity; that timeframe was extended to twenty minutes.

Since 1999, MRMIB recruited more than 4,000 Enrollment Entities to assist individuals in applying for Healthy Families. Most Enrollment Entities are community based non-profit organizations. Staff of Enrollment Entities that are trained, and who are certified to provide application assistance, are referred to as Certified Application Assistants. There are currently more than 12,000 Certified Application Assistants. During 2002 Health-e-App was made available to all Enrollment Entities, allowing their

⁹ This department was eliminated last year, and many of its functions were assumed by the Department of Finance.

Certified Application Assistants to file online applications. Until June 30, 2003, when budget constraints forced termination of the policy, California paid \$50 for each approved application submitted by an Enrollment Entity.

Web-based training for the Certified Application Assistants, developed by California HealthCare Foundation and given to the State at no cost, is an interactive training that tracks user's progress and issues a username and password to the Health-e-App system. In addition, the California Health Care Foundation assisted selected Enrollment Entities in obtaining necessary computer equipment and in obtaining high-speed Internet access. The online tutorial was supplemented with direct training where needed. Recently funds for training and providing technical support to existing or new Certified Application Assistants were terminated.

The initial implementation goal was to shift 30 percent of Certified Application Assistant applications to Health-e-App during 2002, and to increase that to 60 percent during the first six months of 2003. However, as a result of the 2002 California fiscal crisis, the effectiveness of its implementation was impacted by a loss of outreach funding experienced by the state agencies.

CURRENT FUNCTIONS

Health-e-App allows for online application for two medical assistance programs: Healthy Families (SCHIP) and Medi-Cal for Children (Medicaid for children under age 19). The use of the online application is limited to Certified Application Assistants who registered and received a password. Completion of the screening and application process takes 20 to 30 minutes, and results in an immediate and highly reliable assessment of eligibility. Certified Application Assistants can track applications they submitted, check on eligibility status, and easily access applications that were partially completed.

California requires Healthy Family recipients to select a medical, dental and vision plan prior to formal approval. Health-e-App allows users to search for providers and plans by zip code, and by language, gender and specialty preference. Selected providers are included in the application to facilitate enrollment.

The system supports electronic signatures via electronic signature tablets, devices similar to those used by retail establishments to collect a signature for a credit card purchases. These electronic signature tablet were purchased and distributed to high volume Enrollment Entities by the California HealthCare Foundation.

After the application is submitted, a summary of the application can be printed as can a fax cover sheet to accompany supporting documentation. The fax cover sheet contains a bar code with the application tracking number assigned to the application.

Health-e-App offers a broadcast message system for use by system administrators, in which a pop-up message informs users of routine system maintenance and upgrades or updates to the Healthy Families and Medi-Cal programs.

PROCESSING OF ONLINE APPLICATIONS

All Health-e-App applications are electronically filed with the Single Point of Entry (SPE), which is administered by a third party vendor under contract with MRMIB. The data is automatically entered into the eligibility system for processing. Signatures are either provided electronically through the electronic signature tablet or alternately an applicant prints, signs and faxes a declaration and rights page. Faxes arrive in digitized form, allowing supporting documents, including payroll stubs or other wage verification to be stored electronically.

All families eligible for Healthy Families must pay a monthly premium of \$4 to \$7 per eligible child, with a family maximum of \$27. Health-e-App provides several real-time payment options: credit card, debit card and electronic check. Alternately, applicants may take the fax cover sheet to a local Rite Aid drugstore and pay their first premium there, using the bar code contained on the cover sheet.

If a child in the household is not eligible for Healthy Families (SCHIP), but appears eligible for Medi-Cal for Children, the application is forwarded to the applicant's county of residence for processing because Medi-Cal eligibility is handled by county eligibility workers. In four counties (San Diego, Orange, Santa Clara, San Mateo) the application is forwarded electronically. In the other 54 counties, a hard copy of the application and supporting documentation is forwarded. An eligibility worker at the county human services agency then re-enters the data and processes the application.

OUTREACH AND MARKETING

With its Health-e-App implementation plan, California envisioned a vigorous campaign in early 2002, directed at the Enrollment Entities and certified application assistants across the state. The marketing initiative was significantly constrained by funding cuts resulting from the state's fiscal crisis. The California HealthCare Foundation stepped in with \$500,000 grant. However, no major marketing campaign was ever implemented to advise the general public of the ease and quickness of applying via

Health-e-App with Certified Application Assistants. Instead, a focused marketing strategy was developed and targeted at 100 of the top producing Enrollment Entities (in terms of volume of applications generated). Over time it became apparent that the top 20 Enrollment Entities produced an overwhelming majority of electronic applications. In order to encourage Enrollment Entities to increase electronic application rates, DHS began publishing a list of the top ten Enrollment Entities in terms of numbers of Health-e-App's filed each month.

USAGE AND TRENDS

The Single Point of Entry receives an average of 20,000 applications monthly. Certified Application Assistants generate about 60 percent of all applications for the Healthy Family Program, and their proportion of Health-e-App applications has been steadily increasing. In September 2003, the number of electronically filed applications reached 3,835.

There were general concerns that overall use of Health-e-App may decline as a result of budget cuts eliminating the \$50 fee paid to Enrollment Entities for each approved application and terminating funds for training and technical support to Certified Application Assistants. However, a survey of Enrollment Entities showed that a substantial number of them intended to continue providing assistance in preparing applications. In addition, the rate of electronic applications submitted to the Single Point of Entry has not declined since July 2003.

FUTURE PLANS

Health-e-App was envisioned as a first step in a series of tools to provide automated enrollment in cash assistance, food assistance, and all medical assistance programs. Since its implementation, the state launched online enrollment in two additional programs, Child Health Disability Program, and Breast and Cervical Cancer Screening and Treatment. However, neither of these programs was included in Health-e-App, and efforts to open up Health-e-App use to the public and to include additional programs have stalled. Barriers to expansion include complex relationships between multiple county and state agencies, technology capacity barriers such as non-compatible legacy data systems, and concerns about perceived risks of fraud.

Several California counties have joined together to develop a "next generation" Health-e-App, called One-e-App. This effort is supported by the California HealthCare Foundation and the California Endowment. One-e-App is a county-based system for enrollment in multiple health and social services programs including Medicaid for aged,

blind and disabled individuals, WIC, and county indigent programs. One-E-App was scheduled to pilot in three counties in late 2003, but implementation has been delayed.

STAKEHOLDER VIEWPOINTS

Many of the 4,000 Enrollment Entities in California have not yet made regular use of Health-e-App. Reasons reported by Certified Application Assistants include:

- Lack of clients
- Dial up access takes too long
- Process was too difficult for staff
- Worker forgot password
- Lack of experience with computers
- Lack of a working printer
- Agency policy that permits rather than requires use of Health-e-App

However, Certified Application Assistants who regularly use Health-e-App cite the following benefits:

- Prompt, reliable estimate of eligibility
- Immediate filing of application
- Much quicker processing
- Ease in tracking pending applications
- Ease in saving and completing applications when client returns with needed information or documentation

The process for faxing the signed verification sheet and wage documents was reported to work well with some limited exceptions. For example, printing the fax cover sheet on a dot-matrix printer caused problems with scanning the document upon its arrival at the Single Point of Entry.

The interactive online training program was well received, but was also seen as inadequate for some Certified Application Assistants. Therefore direct training was arranged at over 30 sites across the state.

Very few of the electronic signature tablet devices were regularly used with reports that the devices were fragile and broke easily. Consequently, almost all signatures were received via fax.

Finally, there was strong interest in using an expanded tool with capacity to screen for multiple programs. Accordingly, Certified Application Assistants in San Mateo, one of the pilot counties for One-E-App, were very much looking forward to using the tool set when it becomes available.

Georgia

Program: PeachCare for Kids

Benefits: *Screen and apply online for:*
SCHIP

Screen online:
Medicaid

Agency: Georgia Department of Community Health

URL: <http://www.peachcare.org/>

Features: Website and application in English and Spanish
Submit application online
Public access
Information on PeachCare eligibility, benefits, and cost
Phone number for helpline
No income verification requirement
No signature requirement
Automated eligibility determination
Medicaid-eligible applications automatically forwarded to Medicaid
Look up primary care physician by zip code
Customer survey

DEVELOPMENT AND IMPLEMENTATION

The Georgia Department of Community Health initially received a planning grant to investigate technology options. The development phase then began in January 2001 and was supported by a grant from the Robert Wood Johnson Foundation. The website with the electronic application for PeachCare was launched in April 2001.

A primary goal of the online application for PeachCare is to provide a quicker way to receive and process applications. Processing time for mailed applications is about ten days, while online

applications facilitate same day processing and result in more rapid eligibility determination and enrollment. Online

Processing time for mailed applications is about ten days, while online applications facilitate same day processing and result in more rapid eligibility determination and enrollment.

submission reduces the mail delays and increases the rate of complete applications upon submission. This is especially effective given that current policy states that PeachCare coverage is for the entire month in which a complete application is received.

The online PeachCare application was modeled on the paper application. The only difference is that the online application first asks the address in order to screen out nonresidents of Georgia. The speed and ease of implementing PeachCare Online resulted from the following necessary administrative procedures already being in place: waiver of income verification and signature, and infrastructure for automating PeachCare eligibility determination, which was already being used for the paper application.

A PeachCare helpline was put in place for people who experience problems with the website. The helpline initially received calls from users of Macintosh computers and users of the Netscape browser, but the problems were quickly resolved. Over 95 percent of the current calls to the helpline concern problems with inputting data that arise when users do not enter information in required fields.

The server is built to handle normal traffic plus 50 percent; overload has not been an issue. The server is rarely down, except for maintenance on weekends or late at night. Security concerns are addressed by means of server arrangements.

CURRENT FUNCTIONS

The PeachCare website is open to the public and offers users the opportunity to apply online for PeachCare. It also enables applicants to search for PeachCare primary

care physicians according to zip code. The PeachCare program is clearly described and the helpline telephone number is prominently displayed. The average time to enter an application is 24 minutes, with a range of 5 to 60 minutes.¹⁰

PROCESSING OF ONLINE APPLICATIONS

Much of the ease of implementing the online PeachCare application is due to the previous implementation of technological tools to automate the processing of the paper application. Processing is handled by Dental Health Administrative and Consulting Services, Inc. (DHACS),

the third party administrator of PeachCare. Paper applications are entered and then sent electronically to

the same automated eligibility database as the online application, which does not distinguish between the two types of application. PeachCare requests but does not require a signature for the initial application but one is required for redetermination of eligibility, and must be mailed.

Much of the ease of implementing the online PeachCare application is due to the previous implementation of technological tools to automate the processing of the paper PeachCare application.

DHACS developed the software and maintains the software and servers for the online application as well as backend eligibility processing of all paper and online applications. PeachCare pays DHACS a fee of \$2.75 per application. DHACS is also responsible for all correspondence informing applicants of approval or denial.

If it is determined that the applicant is not eligible for PeachCare but is eligible for Medicaid, the file is electronically transferred to the Department of Community Health, the agency that administers Medicaid. Because the Medicaid and PeachCare information systems are not compatible, Medicaid workers print out the online application, re-enter the data into the Medicaid system, and provide PeachCare feedback on the disposition of the applications. Medicaid requires receipt of the applicant's signature within six months of enrollment.

OUTREACH AND MARKETING

The Governor of Georgia held a press conference to publicize the launch of the online PeachCare application. Beyond this, however, there has been no dedicated outreach campaign for the online application, although it is mentioned in general PeachCare outreach efforts, including printed materials, mailings such as with utility

¹⁰ "PeachCare for Kids Web Statistics," PeachCare for Kids, July 21, 2003.

bills, and television advertisements. There are also outreach and enrollment activities involving the schools. PeachCare materials are included in school mailings in September and outreach workers assist parents in applying online using the school's computer labs when parents come to register their children and other times they are at the school.

Since 2002, the Georgia Department of Community Health has conducted PeachCare and Medicaid outreach at five pilot sites in the state. This outreach is funded by a Robert Wood Johnson Foundation's Covering Kids and Families grant.¹¹

USAGE AND TRENDS

For the period June 2002 through July 2003, 37,588 electronic and 67,004 paper PeachCare applications were submitted. Of the eligible applications completed online, about 50 percent were PeachCare eligible and 50 percent Medicaid eligible, compared with 75 percent and 25 percent respectively for paper PeachCare applications.

PeachCare applicants have the opportunity to complete a voluntary survey at the end of the online application. Of 8,604 complete applications submitted online from April 2001 to March 6, 2002, nearly 8,500 applicants filled out the survey. The survey data show that 96 percent of respondents did not need help completing the application; 23 percent said they would not have applied this month if they could not apply online, and 61 percent reported they had completed the online application at home.¹²

PeachCare staff reported initial skepticism by many regarding whether the PeachCare market was using the Internet. However, the rapid expansion of use of online applications quickly dispelled this misperception. They found that all segments of the target population were using PeachCare Online.

FUTURE PLANS

PeachCare staff reported that there are no plans to expand the PeachCare online application tool to include either screening tools or applications to other benefit programs. However, the Georgia Department of Community Health implemented an electronic application for long term care, which is password protected and available only to staff of nursing homes. It is used in a limited number of counties. The processing of these applications is more labor-intensive than PeachCare applications.

¹¹ More information on the Covering Kids and Families projects in Georgia can be found at <http://coveringkidsandfamilies.org/projects/index.php?StateID=GA>.

¹² "PeachCare Internet Application: Applicants and Their Survey Responses," PeachCare, March 2003.

Community based organizations noted that the state has a poor track record with its technological infrastructure for Food Stamps and TANF. For example, the computer system for Food Stamps recently had been down for 60 hours. Because serious problems with these information systems persist despite investment to remedy them, it seems unlikely that legislators would allocate more money in the near future for technology-based projects such as an online application for Food Stamps.

STAKEHOLDER VIEWPOINTS

Organizations involved with PeachCare outreach and enrollment report satisfaction with the online application as a tool for improving access to the program. However, its use is limited because of uneven access to computers and the Internet and lack of computer skills among some staff and volunteers at community agencies. During the early implementation of PeachCare online, stakeholders reported other sporadic problems including applicants waiting for long periods to have their online applications processed, the PeachCare website going down from time to time, and error messages occurring at the same point in the application process.

Furthermore, stakeholders confirmed that marketing has been very limited for the online application and that “it could use more.” Much of the outreach for health insurance involves families eligible for Medicaid and is conducted by state workers, who can enter the application data directly into the state’s Medicaid system instead of using the online PeachCare application. Another organization involved in outreach for PeachCare and Medicaid from 1999 to 2002 conducted trainings for staff at community and county agencies that covered outreach and application assistance and informed staff about the online application for PeachCare, but did not focus specifically on its use.

Other groups have implemented their own outreach tools. For example, since March 2003, the Georgia Association for Primary Health Care has been operating a kiosk providing information about health care services and Internet access to the PeachCare online application.¹³ The kiosk displays the PeachCare logo and is free-standing, resembling an ATM machine. It is located in a mall in a low-income minority neighborhood. Estimates of usage are approximate: about 2,100 visits to the kiosk home page each month, and nearly 400 visits to the website for the online PeachCare application. There is no information on the number of complete applications submitted online via the kiosk. The cost of the kiosk was about \$7,000 for the hardware; \$6,000 to \$7,000 for the software; and \$150 per month for Internet access and maintenance.

¹³ The kiosk’s materials are on its own website, www.healthcoverageatlanta.com.

Analysis of Online Tools

Online application development encourages benefit agencies to examine areas where efficiencies can be made and where flexibility in regulations can be useful. Policy options supporting online application are often more easily adopted because there is a stake in making the online application successful. This section provides an analysis of the current economic and political contexts and their impact on technology enhancements, plus a description of specific infrastructure decisions impacting the effectiveness of online tools including:

- Types of Online Access
- Access to Multiple Benefit Programs
- Signatures for Online Applications
- Documentation Supporting Electronic Applications
- Marketing and Outreach

ECONOMIC AND POLITICAL CONTEXTS

The economic and political contexts of each state in the study have changed significantly since the projects for online applications were first undertaken. The economic slowdown of the past few years has resulted in declining state revenues and budget cuts. In the wake of budget deficits, states are seeking cost-saving measures, and to varying degrees are introducing policies that reduce access to public benefits and state expenditures on them, just as struggling families need them the most.

These policies can have different effects on the use of online applications. On the one hand, state budget shortfalls have resulted in staffing cuts to agencies administering income support programs. As a result, fewer workers are assigned to an increasing number of tasks. Online applications have the potential not only to improve access to programs but also to reduce the number of face-to-face contacts with staff at state and county human services offices.

On the other hand, some states are taking actions that can reduce the efficiency of online applications, as in the case of Washington's reintroduction of the signature requirement for the SCHIP program, and they can withhold the resources necessary for expanding online tools, as in the case of California. In addition, at earlier phases in the implementation of online applications, states had allocated funding for outreach and marketing for public benefits programs, including online application tools; such funding is now much reduced or nonexistent.

Over time, interest and resources within a state may be shifted from one area of human services to another. For example, CBOs in Georgia, reported that child welfare is currently the primary concern of state human services; benefits programs and other poverty issues are low priority. In this context of cuts to public benefits, however, Georgia's PeachCare is something of an exception. Its broad base of support was demonstrated by vociferous participation in public hearings against proposals to raise PeachCare income eligibility levels, which would likely have reduced enrollments.

CBOs in Pennsylvania said that the Governor and the administration are positively disposed towards COMPASS and are not withdrawing support for it, even though it is associated with the previous regime. This continued support for COMPASS also relates to the fact that Pennsylvania's leadership in the field of online applications brings status and prestige to the state. CBOs also report that the current administration has expressed interest in adopting policy options to improve access to Food Stamps, addressing Medicaid and SCHIP renewal problems, and supporting other innovations to public benefits programs on the grounds of improved efficiency.

Unlike Pennsylvania, ongoing support for the online application is less certain in Washington, where the original impetus for it was at the local county level rather than the state administration. In this climate, online application tools are more vulnerable to the loss of funding for development and implementation and lack high-level support for policy changes that streamline the process of applying online. Furthermore, without the administration's support in a climate of state budget cuts, online applications easily can become targets of hostile policies designed to reduce expenditures on the programs. One observer in Washington noted the reintroduction of the signature requirement "is about controlling dollars and reducing enrollment." Another CBO representative commented, "Our goal is to improve the system. The reality is that now we are trying to defend it against the state's efforts to reduce enrollments through policy changes."

Overall, state agencies and CBOs are committed to online application tools, which suffer cuts like other programs during times of budget shortfalls but are expected to regain strength when states' fiscal conditions improve.

TYPES OF ONLINE ACCESS

Both public access websites and partnerships with authorized CBOs using password protected online applications provide an opportunity to enroll families with no or a reduced number of visits to the local office of the state or county agency. The states differ in terms of the type of online application access that they offer (Table 2).

Table 2: Types of Online Access

State	Public Only	Certified Application Agent Only	Both Public and Certified Application Agent
PA			X
WA	X		
CA		X	
GA	X		

In California, the creation of a tool for Certified Application Agents to apply online for children’s health programs was considered only a first step; the larger initial design was to later expand to other benefit programs and then establish a publicly accessible web application. However, the lack of funding and policy barriers prohibited this anticipated development. Opponents also cited the purported enlarged scope for fraud as a further argument against a public website for online benefit applications.

Pennsylvania is unique in offering both a public website and a password protected Community Partner website. The Community Partner version incorporates features requested by CBOs that make the use of the online application more attractive and efficient: it offers CBO staff online tools to track an application as well as a streamlined power user version that expedites the application process for experienced users at CBOs.

ACCESS TO MULTIPLE BENEFIT PROGRAMS

The four states differ in the programs that are available via online application (Table 3). Pennsylvania launched COMPASS with SCHIP and Medicaid and is steadily expanding it to include Food Stamps, Cash Assistance, Child Care, and other programs in later releases. Washington was ambitious from the outset, offering a range of programs at the public website: Medicaid, Cash Assistance, General Assistance, and Food Stamps.

Table 3: Online Applications (October 2003)

State	Healthcare	Food & Nutrition	TANF	Child Care
PA	SCHIP; Medicaid for children and adults; Home and Community-Based Services; Long Term Care	Food Stamps	Cash Assistance	
WA	SCHIP; Medicaid for children and adults; long term care (nursing home, in-home care, residential care), alcohol and substance abuse treatment	Food Stamps	Cash Assistance	Child Care
CA	SCHIP; Medicaid for children			
GA	SCHIP			

Online applications in Georgia and California are limited to health programs, and neither state is presently committed to adding other programs. However, the Georgia Department of Community Health has implemented an electronic application for long-term care, available only to staff of nursing homes and used only in a few counties.

A state worker in California observed, “At first we were in the forefront, but to my dismay, California has been left in the dust. We had an opportunity to expand and we missed it.” Additional barriers to adding an online Food Stamps application arise from California’s administrative requirements, including mandatory fingerprinting of applicants and face-to-face interviews. Widespread unsubstantiated concern about fraud led to these requirements and resulted in strong resistance to publicly accessible online applications. To work around the state’s barriers to online applications, counties are developing their own strategies, such as One E-App.

SIGNATURES FOR ONLINE APPLICATIONS

With the exception of SCHIP, public benefit programs require a signature and define an application as one that is signed by the applicant, in order to affirm the information supplied in the application. The way an online application system addresses this requirement significantly impacts its overall efficacy. This point is demonstrated by a brief review of the manner that signatures are handled in each of the four states.

Georgia’s online application is limited to PeachCare, the state’s SCHIP program. Georgia waives any signature requirement at the time of application. This policy of waiving signatures, combined with a waiver of documentation

This policy of waiving signatures, combined with a waiver of documentation requirements (e.g., wage stubs verifying earned income and a photo ID to verify identity) maximizes the efficiency of an online application.

requirements (e.g., wage stubs verifying earned income and a photo ID to verify identity) maximizes the efficiency of an online application. A person literally fills out the required fields, hits send, and receives an eligibility determination. Georgia does require a signature for re-determination of eligibility, which is handled by paper via U.S. mail.

California’s Health-e-App takes an intermediate approach. A signature is required, but can be met in one of two ways. Electronic signatures can be collected by an electronic signature tablet attached to the computer (similar to the equipment used by retail stores to collect a signature supporting a credit card purchase). Alternatively, a one-page verification and declaration form can be printed out and signed by the applicant, then faxed to the office that processes applications where it is stored in digitized form.

Pennsylvania's COMPASS requires online applicants to print out and mail the application, a signature verification page, and necessary documents, to the county assistance office. The online application must then be matched with the mail, triggering the filing of the application. In addition to delays caused by mailing documents, additional delays may occur in processing the mail and in matching documents with the online application. These concerns caused numerous CBOs to avoid COMPASS. Department of Public Welfare managers are considering alternative procedures for collecting signatures for online applications. One option under consideration calls for mailing a PIN (personal identification number) to an applicant, who would be instructed to reopen the application on COMPASS and to insert the PIN. This process entails some delays by relying on mail, and also brings some risk of confusion by applicants, or further delay if the applicant has forgotten the password needed to access their application.

The process for issuance of PINs could be expanded by adopting procedures used by the IRS. A taxpayer can create their own PIN, and also enter certain information that the IRS uses to authenticate the taxpayer's identity (taxpayer's date of birth and prior year adjusted gross income). This PIN is then used to authenticate an electronically filed tax return. The IRS also authorizes PINs for tax practitioners, who in turn can issue PINs for their clients using IRS Form 8879, which is signed by the taxpayer and authenticates the PIN. The Form 8879 is not sent to the IRS, but is kept on file by the tax preparer. This latter procedure could be developed for use by certified application agents at CBOs.

Washington initially omitted a signature requirement when it designed its online application and processing procedures. Because of questions raised by federal auditors, the state agency began collect a signature on electronic applications. The application is received electronically, and a state worker prints it out, and mails the application to the applicant. Upon receipt, the applicant must sign the application and mail it back to the local office. Only at that point is the document filed as an application for benefits.

DOCUMENTATION SUPPORTING ELECTRONIC APPLICATIONS

Generally, an individual applying for cash assistance, medical assistance, Food Stamps or other public benefits must provide documentation to verify certain information in the application. Examples of items for which verification by supporting documents may be required include:

- Wages (pay stubs)
- Identity (photo ID)
- Residence (utility bill; drivers license; lease)
- Assets (bank statement)
- Child care expenses (receipts)

One exception is SCHIP, because Congress authorized states to waive documentation requirements in connection with applications. States may verify

information through third party databases (e.g., wage records submitted to the agency administering the state's unemployment benefit program). However, few states have elected to waive documentation in connection with SCHIP applications.

States have some flexibility in determining which elements of eligibility must be verified through documents supplied by an applicant. The four states surveyed did not appear to adjust documentation requirements in order to accommodate online application procedures. However, there were indications that the level of documentation required, and the manner in which the documentation was integrated into the online application processes dramatically affected the overall efficacy of this technology.

Of the four states surveyed, only Georgia waives all documentation requirements for PeachCare applicants. Applicants fill in a one-page application and hit send to complete it. The

ease, simplicity, and convenience of this process accounts for the high usage of

The ease, simplicity, and convenience of this process accounts for the high usage of the online application, which has enrolled over 30,000 children in PeachCare.

the online application, which has enrolled over 30,000 children in Peach Care.

An applicant for Healthy Families, the California SCHIP program, must submit wage documentation to start the processing of the application. The online application, Health-e-App, allows supporting documents to be faxed to the Single Point of Entry, the processing office for Healthy Families. Health-e-App generates a fax cover sheet with a bar code that corresponds to the application tracking number. The certified application agent can then fax wage stubs and any other relevant documentation, such as proof of pregnancy and proof of immigration status, with the fax cover sheet. The documents are stored in digitized format, linked to the application via the tracking number.

State agency staff and certified application assistants all endorsed this arrangement as efficient and reliable. They reported that the process was subject to relatively few glitches. Because the documents can be forwarded at the same time that the application is electronically filed, and because the eligibility determination can be made by easily locating the application and supporting documents, the transmission of documents does not compromise the benefits of electronically filing applications.

The Washington Department of Social and Health Services (DSHS) sends a hard copy of the application back to the applicant for signature. The applicant must also mail copies of required documents with the signed application. Staff of community organizations and advocacy groups expressed concerns about the delay involved in

receiving a hard copy of the application, and then sending the materials back. Most preferred to complete a paper application, and to send all the documents at once.

DSHS Information Technology staff are planning to rebuild the online application, and hope to develop a more effective process for handling documents. DSHS currently has a document imaging system. All documents received by its Office of Community Services are directed to one of nine scanning units where they are scanned and maintained in digitized form. Development of the capacity to accept faxed documents into the document imaging system would also improve the efficiency of the Washington electronic application procedures.

Pennsylvania's Department of Public Welfare requires documents supporting online applications to be mailed to the local county office. Eligibility workers review the documents and the online application to make an eligibility determination. While staff of community based organizations generally expressed strong concerns about risks of delay or loss of benefits, patterns of specific problems in the management of this process, such as lost documents, mismatched records, and delays in linking documents to applications, have not surfaced. State agency staff acknowledge these concerns and report that a future iteration of COMPASS will promote more efficient procedures for handling documents supporting applications filed online. However, state agency staff have not yet selected a specific strategy, nor have they set a timeframe.

MARKETING AND OUTREACH

State agency staff and CBO staff in all states expressed frustration with a lack of ongoing outreach and marketing that could improve awareness and access to online applications. Generally, outreach efforts were limited to press releases announcing the initial launch of the web-based application. Budget constraints were cited as the reason for not making additional investments in outreach and marketing.

Georgia produces flyers and brochures for PeachCare that provide the URL for the online application, but the materials do not promote the relative benefits of using the online application. Although the state agency websites of the three states with publicly accessible online applications (Georgia, Pennsylvania and Washington) provide good guidance for persons to find the application, there is a general lack of state investment to inform the general public of the availability of these resources.

In Washington a statewide child advocacy organization developed a complementary marketing initiative including a website, Parent Power, with information on health care, child care, school meal programs, tax benefits, scholarships, WIC, and rental assistance. It also has an eligibility calculator and a link to the online application.

Best Practice Recommendations

The experiences in the four states offer many best practices to support achievement of successful online benefit tools.

- I. Secure and retain support and cooperation for online innovations from leadership at multiple state agencies and community based organizations.** For example, in Pennsylvania, although it took time for the different agencies to commit to online applications, there was also a strong incentive for agencies to participate so they could partake in the project's success.
- II. Publicize the launch of online tools and ensure ongoing outreach and marketing.** All states expressed frustration with a lack of ongoing outreach and marketing that could improve awareness and access to online applications. There have been many successful outreach and marketing campaigns about income supports that could be tailored to include new technology options. Collaboration with private and local government outreach initiatives should also be encouraged, as was seen in Parent Power, the Washington State Children's Alliance website.
- III. Streamline and improve access to the service delivery system by building on existing community capacity.** Community based organizations (CBOs) have more flexible working hours and are already connected to families through the services they offer. Online tools offer an efficient way to involve CBOs in the screening and application processes. Both Pennsylvania and California register community entities as system users.
- IV. Adopt policy options for receiving and processing documentation that support online applications and make use of technological innovations.** The manner in which documentation is integrated into the online application processes dramatically affects the overall efficacy of this technology.
 - **Policy Options:** States are vested with certain discretion in the administration of income support programs. For example, states can waive the face-to-face eligibility interview for some Food Stamp applicants, and states may waive verification of income and the signature on the SCHIP application. In Georgia, the waiver of income verification and signatures greatly streamlined the PeachCare application process.
 - **Digitized Documents:** Scanning is a critical way to track and store documents in digitized form. All hard copies of documents sent to a state or county agency can be scanned, and the agency should develop the capacity to receive scanned documents in electronic form. None of the four states have the

capacity to accept electronic filing of scanned documents. California does accept faxed documents, which are maintained in digitized form. Washington has established a comprehensive document imaging system with nine scanning offices all located near postal facilities. All applications and documents submitted, received by mail or hand delivery are scanned and maintained in digitized form. This minimizes the delay in transporting the documents and increases efficiency. Each scanned document is linked to the case or application via a case number or an application number.

- **Document Tracking:** Since scanning of supporting documentation is not widely available, other procedures must be put in place to link these documents with the electronically submitted applications. California uses bar codes with a unique application tracking number on the application and fax cover sheets to facilitate integration.
- **Signature Management:** Except for SCHIP, income support programs generally require a signed application. Electronic signatures can be obtained through either a special personal identification number (PIN) or through an electronic signature tablet attached to the computer, as in the case of California. Where these options are not feasible, a one-page signed verification form can be accepted via fax and maintained in digitized form.

V. **Address the needs of all users of the system, including applicants, community based organizations, and state and county agencies.** For the applicants and community based partners to effectively use the tools, the tools must be simple, and the users' computers and Internet access should be sufficient.

- **User Friendly Tools:** This includes simplifying applications, so minimal aid is needed in filling them out, and creating accessible help desks and hotlines. In Georgia, 96 percent of online PeachCare applicants report not needing help completing the applications. Pennsylvania modeled its COMPASS applications on simplified paper applications for Medicaid, Food Stamps, and SCHIP, and carefully tested for literacy levels. Washington created the Answer Phone, a toll free automated voice response system that can provide department clients information on a 24/7 basis.
- **Computer Infrastructure and Knowledge:** Access to computers and the Internet, adequate modems (preferably broadband access), and sufficient computer skills among a pool of applicants and staff at community agencies are essential for online programs to succeed. Web-based training and other technical assistance are also necessary to support use and efficiency. In California, the California HealthCare Foundation provided selected

Enrollment Entities assistance in obtaining necessary computer equipment and high-speed Internet access. In addition, they developed web-based training and gave it to the state at no cost. The state agency also offered extensive technical assistance in the form of online manuals, email alerts, and a help desk. COMPASS offers computer-based training for the Community Partner version as well as assistance for users of the publicly accessible website via help screens for each page, an email contact, and a toll-free helpline.

- **Application Tracking:** Creating options in the system that enable certified applications assistants to track applications they submitted, check on eligibility status, and also easily access partially completed applications will increase utilization. In California, the certified applications assistants can track applications they submitted, check on eligibility status, and also easily access partially completed applications. In Pennsylvania, the Power User version of COMPASS offers these functions to staff of CBOs.

For entities that process the online applications at the backend, including state and county workers as well as third party administrators, some key system design functions can greatly streamline their handling of the applications.

- **Data Linkages:** Application technology should be integrated with the process of determining eligibility. In many states data that is entered into the application and submitted online has to be re-entered into the eligibility database by a caseworker. Pennsylvania updated its system so data entered for screening is automatically transferred to the application, and data from the application is automatically transferred to the backend eligibility system.

VI. Design online screening and application tools to allow for expansion to additional income support programs. Systems that highlight eligibility for and provide a link to a range of income supports will reduce the time needed for both the applicant and state providers to process applications for several supports. Pennsylvania designed COMPASS to be a continually evolving set of tools, as evidenced by its seven releases and current functions. Washington was ambitious from the outset, offering many programs at the public website: Medicaid, Cash Assistance, General Assistance, and Food Stamps, with Child Care added later. In addition, by allowing verification documents, such as proof of wages and assets, to be shared among programs, families could submit documentation to a main system that connects to several different income support programs. Instead of making trips to several offices to submit the same information, families can submit it once. This will decrease complications arising from lost documents, filed originals, or duplicate requests for copies held by another agency.

Conclusion

Improved access to income supports has positive economic and social effects. Financially, a working poor family that receives income supports can experience an increase in spendable income and an opportunity to safeguard resources for other family necessities, such as health care, education, and improved housing. For the community, increased family spending spurs economic growth and increases sales tax revenues. Socially, by making the access and procedures more efficient, working parents can spend more time with their children, instead of in state and county benefit offices.

The end result of using online benefit tools should be an application process that is faster, more convenient, and at least as efficient and reliable as the current paper system. This study of the strategies, challenges and successes experienced by these states in the implementation of online applications for benefits has led to a set of best practice recommendations. Each project taken up by the four states offers lessons for other states about policy, technology, and operational innovations that are integral pieces to making online applications work. The best practices identified here support achievement of successful online benefit tools and result in enhanced access to needed income supports.

Appendix: People Interviewed in the Four States

Pennsylvania

Pennsylvania Department of Public Welfare

George Hoover

Jerry Koerner

Michael Ruane

Gina Shiban, Deloitte Consulting

Pennsylvania Partnerships for Children

Ann Bacharach

Wellspan Healthcare Systems

Courtney Paskell

Dawn Copp

Philadelphia Citizens for Children and Youth

Alisa Simon

Laurel Barnes

Barbara Torregrossa

Maternity Health Care Coalition

Natalie Sondheimer

Lila Slovak

Washington

WA DSHS IT Division

Greg Beck

Scott Reese

Paul Ericson

WA DSHS Community Services Division

Billy Hartline, Regional Manager

Todd Herring

Choice Regional Health Network

Annette Brown

Mike Rand

Washington Health Foundation

Liz Mercer

Children's Alliance

Liz Arjun

King County Department of Public Health

Miriam Gray

California

Managed Risk Medical Insurance Board

Janette Lopez, Eligibility, Enrollment and

Outreach Manager

California Department of Health Services

Manuel Urbina

Andrea Coldwell

San Mateo County Health Services Agency

Toby Douglas

San Mateo County Human Services

Elsa Dawson

San Mateo County Health Services Dept.

Outreach

Marmi Bermudez, Outreach Coordinator

Claudia Lopez, CAA from Health Services

Joan Haseleu, MediCal program Specialist

California HealthCare Foundation

Claudia Page

Georgia

Georgia Department of Community Health

Fran Ellington

Jana Thomas

Dental Health Administrative and

Consulting Services, Inc. (PeachCare third

party administrator)

Wes Harris

Georgia Department of Human Resources,

Right from the Start Medicaid Outreach

Project

Jon Andersen

Atlanta Community Food Bank

Kathy Palumbu

Georgia Association for Primary Health

LaShun Chappell-Wright

