



**IMPROVING THE DELIVERY OF
KEY WORK SUPPORTS:
Policy & Practice Opportunities at
A Critical Moment**

By Dorothy Rosenbaum and Stacy Dean

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The Center on Budget and Policy Priorities, located in Washington, D.C., is a non-profit research and policy institute that conducts research and analysis of government policies and the programs and public policy issues that affect low and middle income households. The Center is supported by foundations, individual contributors, and publications sales.

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EXECUTIVE SUMMARY

For more than 15 years, federal and state governments have been working together in earnest to simplify enrollment in public benefit programs. Their work has been driven by the fact that the share of people who participate in public programs has not kept pace with the need; by a desire to make full use of the federal resources available for low-income residents; and by the need to create more effective and efficient government services.

These efforts have been successful in many ways. In some form or another, most states have embraced increasing access and simplifying policies, particularly in federally funded programs like Medicaid and SNAP (formerly Food Stamps). They have streamlined processes, made procedures more client-friendly, reduced paperwork, and sought to increase outreach to potentially eligible people. As a result, millions of low-income individuals who might not have obtained work supports now do. This achievement is no small feat.

And yet, the work is far from complete. Often there is little coordination or seamless service delivery *across* programs (as opposed to within a single program). Further, although some states have coordination policies on the books, too often the on-the-ground procedures needed to operationalize these policies are not in evidence. In addition, few if any states have an effective, data-based system for determining whether families are in fact connected to the full range of programs for which they qualify.

Work Support Strategies: New Initiative by the Urban Institute

This report was written in coordination with *Work Support Strategies: Streamlining Access, Strengthening Families*, an initiative directed by the Urban Institute and funded by the Ford Foundation. This five-year project will provide a select group of states with the opportunity to design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports for low-income working families, including health coverage, nutrition benefits, and child care subsidies. The goal is to build upon recent state and federal innovations by providing states with expert technical assistance, peer support, and financial backing to take their efforts to the next level.

The nine states that will be participating in the initiative's planning year are Colorado, Idaho, Illinois, Kentucky, New Mexico, North Carolina, Oregon, Rhode Island, and South Carolina.

For more information about the initiative see: <http://www.urban.org/worksupport/index.cfm>

Failure to Coordinate Across Programs Creates Problems for Families and States

Lack of cross-program coordination can undermine the impact of in-program efforts and significantly decrease agency efficiency. It also reduces overall support for families. Because they must navigate a complex and inefficient web of systems, families often are unable to secure the full package of benefits for which they are eligible.

Consider a family with low earnings that is eligible for children's health coverage¹, SNAP, and child care. In many states, despite the fact that these programs often serve the same families and require very similar enrollment information, a struggling family would have to apply and renew benefits via three separate processes that are not synchronized in any way. Further, busy state workers in these three programs will spend time duplicating each others' efforts.

Without some level of coordination among programs, states' efforts to support struggling families are effectively stalled. And this is a particularly bad time to be stalled. Millions of Americans live in households whose earnings are not enough to get by. In 2009, nearly 46 million people (1 in 7 Americans) lived in a working family with cash income below 150 percent of the federal poverty line (\$32,931 for a family of four). The recent economic downturn has significantly exacerbated this problem, with more and more people streaming into public agencies to get help.

Even when the economy improves, the demand for services and supports will continue. The health care reforms enacted in 2010 will expand Medicaid coverage to approximately 16 million additional people, beginning in 2014. Many of these individuals will also be eligible for, but not participating in, human services programs such as SNAP or child care. At the same time, shrinking state budgets will continue to put enormous pressures on agencies to do more with less. Already 44 states have projected budget gaps that total \$125 billion for fiscal year 2012, and the projected gap is likely to grow and extend into future years.²

Thinking Outside the Box

In response to these challenging circumstances, a number of states have been shifting the paradigm under which they work: instead of focusing narrowly on enrollment — i.e., what can we do to maximize participation in a particular program? — they have broadened their sights to consider how they can be operationally smarter and maximize their effectiveness. Rapidly advancing technology and committed leaders who bring high expectations for what government can accomplish have helped the cause. Building on 15 years of experience with SNAP and children's health insurance enrollment efforts across the country, these states are launching new, more comprehensive efforts to rethink their policies, redesign their work processes, take full advantage of technology, and use data to guide their improvements in enrollment, retention, and service delivery.

This paper lays out the particulars. In the areas of policy, procedure, and data utilization, it shows why coordination among programs is critical and how to overcome its inherent challenges. Moving from theory to practice, it provides a catalogue of specific options states can pursue and reviews some best practices. While the paper focuses primarily on how states can better coordinate Medicaid and SNAP, it also offers examples of how to include TANF, child care, and other programs in the effort. With this information as a guide, state agencies providing key critical work

¹ Throughout this paper the term "children's health insurance" includes Medicaid coverage for children and the Children's Health Insurance Program (CHIP), as distinguished from "family health coverage," where the parents in a low-income family also qualify for Medicaid coverage. Typically states' income limits for health coverage for parents are much lower than for children. When health reform is implemented Medicaid income limits for adults will rise to at least 138 percent of poverty.

² Elizabeth McNichol, Phil Oliff, and Nicholas Johnson, *States Continue to Feel Recession's Impact*, Center on Budget and Policy Priorities, January 21, 2011, <http://www.cbpp.org/cms/index.cfm?fa=view&id=711>.

supports to families in need can substantially streamline and improve the way they conduct their business.³

In This Report

- **The big picture.** Why this work is so vital, what past efforts at improving enrollment practices have accomplished, and how the current economic climate creates even more urgency to finish the job.
- **Key considerations.** A review of some of the overarching challenges in this work, the role of health care reform, as well as specific recommendations about where to start.
- **Policy options.** A catalogue of policies that can help states expand eligibility, increase participation by eligible people, provide seamless enrollment across programs, expedite the application process for both families and workers, and increase retention and speed renewal.
- **Procedural and systems options.** How states can use case management, verification procedures, technology, staff training, forms, and other systems to support coordination among programs.
- **Data utilization options.** Strategies for using program data to assess the effectiveness of current and new policies and procedures.
- **Additional resources.** A brief bibliography of research and reports that offer additional information.

Instead of organizing the paper by type of intervention (i.e., policy, procedures, and data, as is presented here) another way to think about program improvements would be in terms of where in the eligibility process the change occurs (i.e., efforts to bring eligible people to the front door, efforts to reduce and to streamline verification burdens, efforts to help eligible people retain benefits rather than churn on and off, and so forth.) Table 1 summarizes the paper's major recommendations organized by steps in the application and eligibility process, including reviews and redeterminations.

³ The paper focuses on the package of benefits for working families (and families with unemployed workers). States also serve childless adults as well as seniors and people with disabilities in many of the same programs.

Table 1 Options For Coordinating Across Programs				
Methods Covered in This Paper	Introduction	Chapter 1 Policies	Chapter 1 Systems	Chapter 1 Data
Overall Performance				
Reaching eligible families with full package of benefits	✓			✓
Interaction with health reform	✓			
Process redesign				
Process mapping (also see Appendix 1)			✓	
Workload management changes such as universal caseloads, task model, centralized units, improved policy materials and training			✓	✓
Using technology to enhance access and process management			✓	✓
Diagnosing process strengths and weaknesses			✓	✓
Leadership (overall vision plus ensuring that changes happen down the line)	✓	✓	✓	
Role of program integrity		✓		
Customer service (notices, forms, surveys)			✓	✓
Specific Steps in the Process				
Bringing eligible families to the “front door” Expand eligibility, provide multiple access points and seamless enrollment, improve cross-program eligibility screening, etc.		✓	✓	
Limiting in-person requirements Adopt telephone interviews, online applications, etc.		✓	✓	
Reducing documentation requirements or sharing verification Eliminate documentation requirements, improve cross-program sharing of information, administrative verification, etc.		✓	✓	
Improving change reporting rules Limit changes that must be reported, establish call centers, give families online or telephone access to their case information		✓	✓	
Simplifying renewals / Improving retention of benefits Coordinate renewals and change reporting, focus on reducing churning, etc.		✓	✓	✓
Using data to provide feedback loop Use data to assess implementation on churning, program overlap, workload measurements, etc.				✓

INTRODUCTION

The Big Picture

Millions of Americans live in households whose earnings are not enough to get by. Specifically, nearly 30 million jobs in this country (almost 1 in 4) fail to keep a family of four out of poverty.⁴ And, in 2009, 46 million people (1 in 7 Americans) lived in a working family with cash income below 150 percent of the federal poverty line (\$32,931 for a family of four).⁵ Low incomes like these — whether due to low wages or limited work hours — leave families unable to reliably afford life's most basic necessities. As a result, families often must choose between nutritious food, adequate clothing, medicine and other health care, school supplies for their children, or heat in the winter.

Recognizing that despite best efforts at employment and self-sufficiency, too many families face these untenable choices, our nation has put in place a system of supports to boost low incomes and increase access to essentials. These supports include the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Medicaid and the Children's Health Insurance Program, child care assistance, housing vouchers, Temporary Assistance for Needy Families (TANF), low-income energy assistance, and the Earned Income Tax Credit. Taken together, they can be a powerful bulwark against the hardships experienced by working families living in poverty. Not surprisingly, families who obtain these benefits are better able to meet their immediate needs and avoid hardship. As a result, evidence suggests that children have better health, more stable child care, and more positive academic outcomes, and parents have greater success in employment over the long term.⁶

Many People Who Need This Support Aren't Getting It

Unfortunately, while federal and state governments offer a wide range of work supports, families often have significant difficulty accessing and retaining the full set of benefits for which they are eligible. In some instances, this is simply due to limited funding for the service. For example, although earning a low income makes many workers eligible for child care and housing assistance, only a very small number are able to participate in these programs because of capped federal

⁴ Shelley Waters-Boots, *Improving Access to Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need*, The Ford Foundation, Open Society Institute, and Annie E. Casey Foundation, February 2010.

⁵ Of these, 38 million have incomes below 133 percent of the federal poverty line.

⁶ Forthcoming: Gregory Mills, Olivia Golden, and Jessica Compton, *The Role of Work Support Benefits in Helping Low-Income Families Make Ends Meet and Earn More at Work: Rationale for a Demonstration and Evaluation*, February 2011, Urban Institute, www.urban.org/worksupport.

Caroline Ratcliffe and Signe-Mary McKernan, *How Much Does SNAP Reduce Food Insecurity?*, The Urban Institute, December 1, 2009, <http://www.urban.org/publications/412065.html>.

Kaiser Commission on Medicaid and the Uninsured, *The Impact of Medicaid and SCHIP on Low-Income Children's Health*, February 2009, <http://www.kff.org/medicaid/upload/7645-02.pdf>.

Nicole Forry, *The Impact of Child Care Subsidies on Low-Income Single Parents: An Examination of Child Care Expenditures and Family Finances*, *Journal of Family Economic Issues* 30: 43-54, 2009.

funding. The U.S. Department of Health and Human Services (HHS) estimates that federal funding for child care subsidies served fewer than 30 percent of eligible families in 2005.⁷ Similarly, experts estimate that housing vouchers are available for as few as 19 percent of those who are eligible for them.⁸

Also, families often miss out on programs that do, in fact, have sufficient funding to enroll all eligible people. For example, the U.S. Department of Agriculture (USDA) estimates that SNAP served only 54 percent of people in eligible working families in 2008. The Urban Institute found that 4.7 million of the 7.3 million children who had no health insurance in 2008 were eligible for Medicaid or CHIP. Data from national surveys confirm that children who are likely eligible for SNAP and Medicaid are not always enrolled in both. Virtually all U.S. citizen children in families whose annual income is at or below poverty and who do not report having health coverage should be eligible for both Medicaid/CHIP and SNAP. Yet significant shares of these children fail to receive one or both of these supports. Figure 1⁹ shows that more than 40 percent of children likely to be eligible for both SNAP and health coverage are not receiving both programs.¹⁰

Families that are not enrolled in the full package of benefits are missing out on substantial assistance:

- **SNAP.** The typical family of three with a worker who works 30 hours a week at \$10 an hour receives about \$386 a month, or \$4,632 a year in SNAP benefits — a 35 percent increase in take-home pay.
- **Health coverage.** The cost of private health coverage depends on the local health insurance market, but for many families, coverage would be unaffordable without Medicaid or CHIP. In 2010, the average cost of a family policy was \$13,770 annually, which would consume nearly 75 percent of the income of a family of three at the federal poverty level.

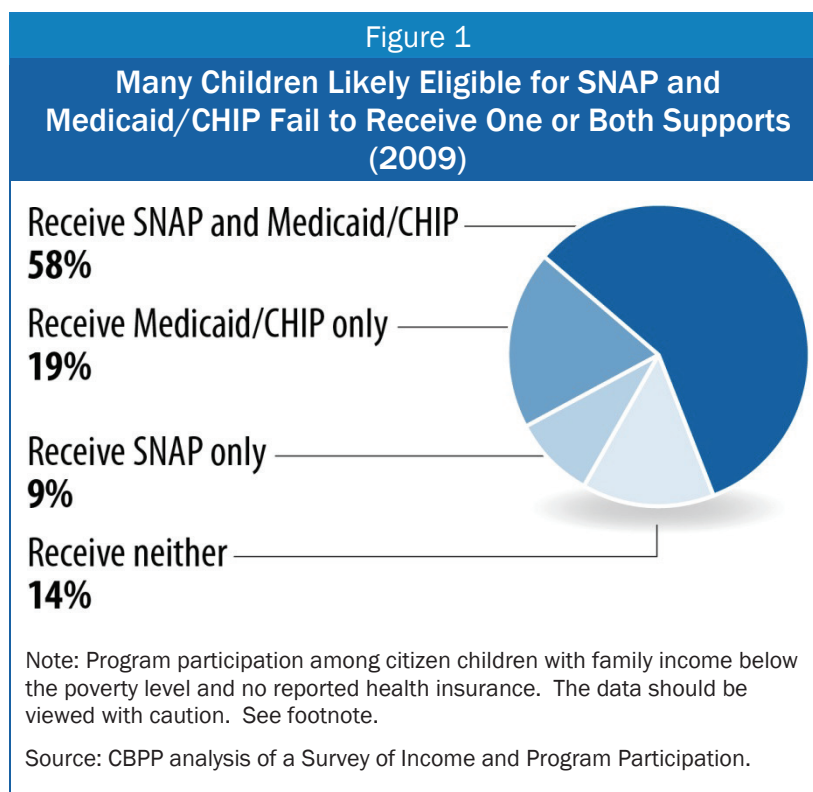
⁷ *Child Care Eligibility and Enrollment Estimates for Fiscal Year 2005*, U. S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, June 2008, <http://aspe.hhs.gov/hsp/08/cc-eligibility/ib.htm>.

⁸ CBPP analysis of 2009 American Housing Survey.

⁹ The data for this analysis are from the Census Bureau's Survey of Income and Program Participation (SIPP) for calendar year 2009. We limited the analysis to U.S. citizen children with incomes below the federal poverty level because these individuals are very likely to be eligible for both Medicaid and SNAP. The data should be interpreted with caution, as the SIPP significantly undercounts participation in Medicaid and SNAP. In 2009 the number of children reported in the SIPP as receiving SNAP is only about 75 percent of the number of children thought to have actually received SNAP based on SNAP administrative data. USDA finds that SNAP reaches about 85 percent of eligible children, rather than the 67 percent identified in this SIPP analysis. Similarly, the SIPP does not include about a third to 40 percent of the children who receive health coverage through Medicaid or CHIP.

¹⁰ A recent Urban Institute study based on a different national survey (The American Community Survey) found that in 2008 about 15 percent of children without health insurance coverage but eligible for Medicaid or CHIP were in households that received SNAP. This difference demonstrates that while there appear to be significant numbers of families that do not receive all the benefits for which they qualify, national survey data have significant limitations which may make it difficult to obtain accurate figures. See Genevieve M. Kenney, Victoria Lynch, Allison Cook, and Samantha Phong, *Who And Where Are The Children Yet To Enroll In Medicaid And The Children's Health Insurance Program?* Health Affairs, October 2010, vol. 29 no. 10, 1920-1929.

- **Child care.** In 2010, a family choosing center-based care for their infant could get a monthly benefit worth between \$339 (Mississippi) and over \$1,464 (New York) depending on the state they live in.



There are many reasons why participation rates don't match eligibility and need, even when program funding is available. These include:

- **Lack of awareness.** Many families may not know about the full range of supports for which they are eligible. They may incorrectly assume that their work income or employer-based health coverage disqualifies them for help. Or, they may assume that by applying for one benefit they were automatically screened for all available services, and since they did not hear from other programs, they are not eligible.
- **Stigma.** Some families, despite their difficult circumstances, may not feel comfortable enrolling in public benefits. They may be embarrassed about needing help to support themselves and their family. Or, they may fear they will face consequences at work or in their community if they accept government support.
- **Inconsistent policies.** Unnecessarily complex and sometimes conflicting program rules can create confusion. Families may lose benefits because they believe that renewing with one program will satisfy other programs' requirements. Separately, state and local caseworkers who specialize in one program may be confused about which families are eligible for other types of assistance. As a result, they may be reluctant to advise families as to their potential eligibility.

- **Cumbersome enrollment processes.** Eligible working families that apply for one program are rarely screened and enrolled (from one location) into the full package of work supports that a state or locality has to offer. Redundant application requirements, excessive paperwork, and inconvenient hours are but a few reasons why enrollment processes sometimes actually deter enrollment. Even those families that do manage to obtain a comprehensive set of supports may have trouble retaining the full package because of the many and differing requirements.

For all of these reasons, millions of working families who would greatly benefit from the full level of support that is available to them are not getting it.

We've Made Some Progress...

Over the last 15 years there have been numerous efforts at both the federal level and in the states to address these various problems and improve benefit take-up rates among people who are eligible. States have undertaken significant work to simplify enrollment processes in some programs by reducing paperwork, dropping complicated and unnecessary rules, and providing alternative pathways to coverage beyond going to the welfare office. Several national initiatives have focused on improving enrollment in health coverage. (See Box 1.) Taking a business-savvy look at their policies and procedures, many states have figured out how to streamline the process.

For example, all families need to have their eligibility for Medicaid regularly renewed. For years, many states opted to conduct these renewals at six-month intervals via an in-person interview. This burdensome process was wholly unnecessary: federal rules require eligibility determinations only annually, and no in-person interview is required. To address this problem, many states opted to extend their renewal periods from six to 12 months, to allow for electronic, phone or mail-in renewals, and establish a practice of using information known about enrollees through other programs in lieu of asking families to supply redundant documentation of their circumstances. These relatively simple administrative changes produced enormous time savings for workers and families.

Similarly, states have worked to facilitate SNAP enrollment by eligible people. They have simplified eligibility policy and the processes by which clients apply for and renew benefits. Many now offer same-day service to clients who come to local offices for services; for those more comfortable with technology, some states allow clients to conduct business online or over the phone.

Across the country there are numerous examples

Box 1 Maximizing Enrollment Project

In 2008 the Robert Wood Johnson Foundation launched Maximizing Enrollment, a \$15 million national program to help eight states (and, through lessons learned, all states) increase enrollment and retention of eligible children in Medicaid and CHIP. The program, directed by the National Academy for State Health Policy, has assisted states in diagnosing the strengths and weaknesses of their systems, policies, and procedures; facilitated peer-to-peer learning; and provided technical assistance to help states develop and implement plans to increase enrollment and retention of eligible children in health coverage — and to be ready with systems that will meet the vision and requirements of the Affordable Care Act. The eight states are Alabama, Illinois, Louisiana, Massachusetts, New York, Utah, Virginia, and Wisconsin.

The initiative has published numerous materials that are available to the public. For more information see <http://www.maxenroll.org/>.

of states making program changes like these and are beginning to report measurable success:

- Efforts to enroll eligible children in health coverage over the last decade are credited with driving the Medicaid/CHIP participation rates for children up from about 70 percent in 2000 to 82 percent in 2008.¹¹ Medicaid and CHIP have played an important role in stabilizing children's health insurance over the past decade. Despite an eroding private health insurance market, the share of children without health coverage fell from 12.5 percent in 1999 to 10 percent in 2009. Because of eligibility expansions and higher participation rates among eligible children, overall coverage rates for children under Medicaid or CHIP rose from 20.3 percent of all children in 1999 to 33.8 percent in 2009, an increase of 10.6 million children.¹²
- Between 2001 and 2008, the share of eligible people participating in SNAP rose from 54 percent to 67 percent.¹³ In 2008 SNAP provided 84 percent of the total benefits to which all eligible individuals were entitled.

...But We've Only Tackled Half of the Problem

While most states have successfully simplified policies *within* some of their individual programs, very few have systematically tried to coordinate policies *across* the work support programs they administer. For example, many states have moved to short, mail-in, health-only applications in an effort to increase enrollment in Medicaid and CHIP. While this may make it easier for families to obtain and retain health insurance for their children, it does not ensure they will receive the full array of benefits that are available to meet their needs (such as health coverage for parents, food assistance, child care, energy assistance, or cash assistance).

In fact, in the vast majority of states, families continue to face multiple processes to obtain and retain benefits. Though each individual process may be simpler than it was before state simplification efforts, taken together they remain highly duplicative, uncoordinated, and confusing. As a result, it is not entirely clear how much progress has been made from the perspective of an individual family or the caseworker who delivers some or all of the available programs.

Finally, few — if any — states have an effective, data-based system for assessing their success in coordinating work support programs. They simply do not know how many families participating in one such program also receive benefits from another one, or how many “new” applicants are actually families who are already receiving another benefit. For example, in many states, virtually all families participating in the state's child care subsidy program are also eligible for SNAP and

¹¹ See Thomas M. Selden, Julie L. Hudson, and Jessica S. Banthin, *Tracking Changes in Eligibility And Coverage Among Children, 1996-2002*, Health Affairs, Vol. 23, No. 5, 2004 and Genevieve M. Kenney, Victoria Lynch, Allison Cook, and Samantha Phong, *Who And Where Are The Children Yet To Enroll In Medicaid And The Children's Health Insurance Program?* Health Affairs, October 2010, vol. 29 no. 10, 1920-1929. The two studies have different methodologies in terms of what surveys are used and other factors, so are not directly comparable.

¹² Matt Broaddus and Rory Thompson, *Employer-Based Health Coverage Declined Sharply Over the Past Decade: Highlights Need for Successful Implementation of Health Reform Law*, Center on Budget and Policy Priorities, December 2010.

¹³ Joshua Leftin, *Trends in Supplemental Nutrition Assistance Program Participation Rates: 2001 to 2008*, U.S. Department of Agriculture, Food and Nutrition Service, June 2010.

children's health coverage. But it is extremely rare for a child care program, or the SNAP and Medicaid administrators, to know whether the state is serving these families across programs.

It is very difficult to effectively pursue coordination strategies without baseline information like this. The federal government does little to help: instead of equipping states with information and incentives for establishing cross-program coordination, each federal agency focuses solely on whether eligible families participate in its particular programs.

To be clear, efforts to streamline policies and procedures within individual programs are critical and create the foundation for a multi-program approach. Increasing enrollment among eligible people in a particular program is a significant achievement — there is little or no benefit to families in coordinating two badly administered programs, or adding more barriers to a streamlined program in order to make it more consistent with a cumbersome, barrier-laden program. However, in the end, lack of cross-program coordination in policy, service delivery, and data evaluation limits the impact of in-program efforts; it reduces support for families and decreases agency efficiency. In the final analysis, without coordination, individual program improvement efforts are effectively stalled.

The Recession Makes This a Critical Moment to Finish the Job

The inefficient delivery of work supports has significant implications beyond its negative impact on individual families and caseworkers. By not pursuing a full range of specific outreach strategies and maximizing enrollment, states are forgoing billions in federal dollars that could help boost their economies and improve the well-being of their residents. For example, USDA estimates that in 2008, eligible households that did not participate in SNAP could have qualified for almost \$7 billion. State and local economies have much to lose when such large sums of money are left on the table.

Moreover, this is a particularly bad time to waste state administrative resources. Our struggling U.S. economy has caused large increases in family need as well as the steepest decline in state tax receipts on record. As a result, even after making deep spending cuts over the last two years, states continue to face large budget gaps. Further, by most reliable predications, they will continue to struggle over the next several years to find the revenue needed to support critical public programs — including human services programs. Already 44 states have projected gaps that total \$125 billion for fiscal year 2012. Once all states have prepared estimates, the projected gap for 2012 is likely to grow; and shortfalls are likely to continue into 2013.¹⁴

This strain on state budgets coincides with unusually high levels of poverty and unemployment. Unemployment data suggest the labor market remains very weak, with forecasters expecting the unemployment rate to stay at 9.0 to 9.3 percent or higher in 2011.¹⁵ And even if the economy begins a more robust recovery, it will take several years for unemployment levels to drop significantly. Moreover, poverty is likely to remain high even longer than unemployment does. In each of the last

¹⁴ Elizabeth McNichol, Phil Oliff, and Nicholas Johnson, *States Continue to Feel Recession's Impact*, Center on Budget and Policy Priorities, January 21, 2011, <http://www.cbpp.org/cms/index.cfm?fa=view&id=711>.

¹⁵ For example, the Blue Chip consensus economic forecast predicts an unemployment rate of 9.1 percent in the fourth quarter of 2011.

three recessions, the poverty rate did not begin to decline until a year *after* the annual unemployment rate started to fall.¹⁶

It is safe to say that the unprecedented demand for state services and support is unlikely to relent anytime soon, and states will continue to have to do more with less. For state agencies that are nearly drowning under the combined pressures of fiscal constraints and increasing demands for services, systemic redundancies and inefficiencies are simply unsustainable.

Health Reform Also Raises the Stakes

The implementation of health reform will have major impacts on states. The Congressional Budget Office estimates that by 2019, five years after the law goes into effect, 32 million Americans who otherwise would be uninsured will gain coverage. About half of these, or 16 million people, will be newly covered in state Medicaid programs. Those uninsured Americans with incomes too high to qualify for Medicaid will purchase coverage through new state-run health insurance “exchanges.” Individuals with incomes below 400 percent of poverty who receive coverage through the state exchanges will have access to tax credits to help make the insurance affordable. States, in collaboration with the IRS and HHS, will be responsible for running the exchanges and determining eligibility for the tax credits.

The health reform law requires most individuals to obtain health insurance coverage or face a penalty. As a result, it is likely that a large number of people (mostly parents and adults without children) will apply for coverage who have not had contact with state human services in the past. Many will be eligible for other benefits, such as SNAP, child care subsidies, energy assistance, WIC, school meals, or the Earned Income Tax Credit; some will already be enrolled in one or more of these programs. As states plan for the influx of new Medicaid beneficiaries and set up their state health insurance exchanges, there are a number of reasons why states should keep these overlaps in mind:

- **Integration with SNAP can save states time.** A Center on Budget and Policy Priorities analysis finds that there are likely to be about 5 million adult SNAP participants who will become newly eligible for Medicaid under the health reform law. Because these individuals already will be known to the state, streamlining enrollment policies and practice so that people on SNAP can be automatically (or more expeditiously) enrolled in Medicaid will be an important strategy for responding to the pending enrollment surge. If these cases can be dispatched quickly, states can focus on other Medicaid applicants who are new to the system.
- **Integration of technology makes more sense when done up front.** The vision for health reform is that it will utilize modern business techniques — that people interested in coverage will apply online, and much of the process for documenting their eligibility will occur within seconds, based on electronic data matches. States, together with the federal government, are working to develop the systems necessary to achieve this vision. As discussed in detail on page 64, over the next several years HHS intends to offer states an enhanced match rate (90 percent

¹⁶ Arloc Sherman, *Understanding the Census Bureau's Upcoming Report on Poverty Official Figures Will Miss Majority of Recovery Act's Assistance to Households*, Center on Budget and Policy Priorities, September 14, 2010, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3289>.

rather than the usual 50 percent) for upgrading computer systems used in Medicaid eligibility determinations. It will be most economical and efficient to build-in cross-program coordination capacity from the start, rather than try to retrofit the technology later.

- **Integration is expected.** The new law envisions that states will connect individuals applying for health coverage to other human services benefits. It clearly lays out requirements for states to seamlessly connect individuals eligible for health coverage in Medicaid, CHIP, or the exchange to the right program regardless of where they apply. For example, Section 1561 of the new law requires HHS to establish standards for how new IT systems will support applications to the health care exchanges that also connect families to other human services benefits. As mentioned above, some of the families who seek health coverage are likely to be eligible for other work supports.

In short, the health reform law will bring enormous changes to states in 2014. There will be many new rules, a huge influx of new people interacting with the system, and new opportunities to rapidly access data to establish and to verify eligibility. And yet, the basic work of collecting information and determining eligibility will remain fundamentally the same. So although some states might be tempted to wait until the law is fully implemented to take on concerted simplification and coordination efforts, this is not the most prudent course. To ensure maximum efficiency, states should use this three-year period to lay the groundwork for how they want their systems to work beginning in 2014.

Key Considerations

Before delving into a catalogue of specific policy and practice opportunities, it may be helpful for some states — especially those that have less experience in streamlining and/or coordinating program enrollment — to gain a more thorough understanding of some of the overarching issues that will likely affect their work.

Common Challenges

States that have undertaken cross-program coordination work often encounter the same “bumps in the road.” As will be shown in the next three chapters of this paper, most have discovered ways to meet these various challenges, but it is nonetheless important to know the landscape before beginning.

1. **Federal laws, rules, and guidance for work support programs are not consistent with each other.** The work support programs discussed here are authorized and operated by a range of congressional committees and federal agencies that rarely consider (let alone pursue) the goal of coordination. Laws, rules, and guidance from the federal level are typically crafted based on the needs of individual programs, reflecting the history and the particular mission and challenges of each program. They are rarely based on how a program’s requirements might overlap with others. As a result, many of the federal rules and requirements for the various work support programs are inconsistent, and sometimes even in direct conflict with each other. Nevertheless, there is often flexibility within programs to achieve improved, if not perfect, coordination. Often, state and local officials and program

operators may believe something is forbidden by federal law, only to find that there is no such provision, just a myth or a past obstacle that no longer exists.

2. **State and local arrangements often magnify the disconnects.** Work support programs tend to be offered by a range of regional, state, city, or county agencies — or even by networks of non-profit organizations. Most programs operate in their own, independent “silos.” All of this results in substantial inconsistencies across programs and contributes to duplicative, inefficient enrollment processes for workers and families.
3. **The disconnects can put programs in conflict with each other.** One result of the federally driven/locally implemented silo structure in which work support programs operate is that in-program efforts to simplify processes and increase access sometimes end up working at cross purposes with each other. Giving people new pathways to one program may actually undermine their access to another. For example, some outreach efforts that are focused solely on SNAP or children’s health coverage offer eligible families the opportunity to enroll without having to visit a local human services office. While this is certainly convenient for families, it may also inadvertently limit their exposure to other benefit opportunities. Unless the outreach efforts also screen for eligibility for multiple benefits or otherwise make connections between programs, families may miss out on supports that could help them make ends meet.
4. **Distinct funding structures can inhibit coordinated delivery of a full package of supports.** Some work support programs, like SNAP and Medicaid, are “entitlements,” meaning that if more families qualify for benefits, additional federal funding is automatically made available. But many other work support programs, such as TANF, child care, and LIHEAP, are “capped,” meaning federal funding cannot expand to meet need and states must decide how to target limited benefits and whether to add or redirect state funds to cover more people. In the future, as state budgets shrink, the funding for some of these programs is likely to decrease even further. So while entitlement programs may be seeking to expand access, capped programs may not be able to grow. This can complicate coordination efforts and undermine the overarching goal of providing a full complement of work supports to families that need them.

The Importance of Leadership and Vision

Despite these challenges, a number of states have embarked on transforming their work supports systems through changes in policies, procedures, and management. Typically, these efforts are spearheaded by dynamic leadership teams who can convey a vision for how improved access to work supports will promote family stability and self-sufficiency and then turn that vision into a reality.

How the vision is expressed may differ from state to state — for example, it could be framed as promoting easy access to benefits or as efficient delivery of benefits — but it is best communicated in a transparent and consistent manner. The message should reach from the highest levels of the agency to the local eligibility workers, as well as across agencies. And, the message should be conveyed to applicants and beneficiaries as they conduct business with the agencies. For example:

- The commissioner of Human Services in **Oklahoma** was so committed to his vision of integrated service delivery that he visited every local office to ensure that he communicated his plan for how the agency should work under its modernization initiatives.
- The Secretary of Health and Human Services in **New Mexico** made the case to her senior management team that clients' long waiting times in local offices and the confusing maze of program requirements did not reflect the governor's desire to connect eligible families to needed supports efficiently and effectively. She challenged her staff to come up with ways to overcome the many barriers to improved service and to change the client experience. Local office staff worked in teams to identify policy and procedural improvements with the goal of providing services faster. She asked for regular updates to ensure that efforts did not lose momentum, encouraged staff to try new ideas and take risks, and established management feedback to measure whether the clients' experience with the agency really did improve.
- In **Idaho**, a new Department of Health and Welfare Director brought with him a commitment to customer service. As a result of the Director's vision, the Division of Welfare adopted a customer-centric approach to programmatic changes, always challenging staff at all levels of the organization to try to see things through the customers' eyes. The agency leadership provided a constant, consistent communication about changing the agency's culture and process to reflect the new vision — including training, electronic bulletins, and multiple site visits by leadership staff. As Idaho reengineered business processes and implemented a new eligibility system to support the vision of improving the customer's experience, all staff — from the front line to senior management — were involved. During the transformation to the new eligibility system, incremental technological improvements provided “little wins” throughout the process, which allowed staff to embrace the new vision and validated the leadership's commitment to change.
- In **Wisconsin**, where SNAP and Medicaid are co-administered in the Department of Health, policy leaders set a goal for senior staff to make Medicaid and SNAP appear as coordinated as possible to the client. Staff were told to avail themselves of every option and flexibility allowed that would create as much conformity as possible on the eligibility and benefit processing front. Wisconsin now serves as a model on policy coordination.

What sets these and other leaders apart is that they set a clear course for their agencies to coordinate service delivery and to improve agency effectiveness. They worked to establish organizational structures, practices, and capacity to carry out their vision. They have demonstrated that a coordinated approach to policy and service delivery that improves access to work supports is an achievable goal.

Where to Start?

In a perfect world we could just start all over again and recreate the full set of work support programs simultaneously, with a consistent set of eligibility rules and a single point of access. But in the real world, we must work with what we have, striving to maximize simplicity and ensure coordination wherever possible. The task may seem daunting: the full package of work support programs is extensive, including SNAP, Medicaid, child care assistance, TANF, housing vouchers, LIHEAP, and the Earned Income Tax Credit, among others. That said, there is a logical sequence for accomplishing coordination work.

Begin with immediate, high-impact opportunities. For many states, the most immediately available and highest-impact opportunities for coordination will focus on SNAP and Medicaid. In these states, coordinating across SNAP and Medicaid is a good place to start for a number of reasons:

- **It's the biggest pool.** These two state-administered programs serve the greatest number of low-wage workers and their family members.
- **There is a great deal of participant overlap.** Because the federal SNAP income eligibility threshold is 130 percent of the poverty level, most SNAP families will have at least one member who is also eligible for Medicaid — often a child. Many Medicaid-eligible families will be SNAP-eligible as well.
- **This overlap will increase sharply in 2014.** Although some states already provide Medicaid coverage for parents up to the SNAP income limits, and some cover childless adults, the 2014 expansions in Medicaid coverage will mean that virtually all children and adults with incomes up to 133 percent of poverty will be eligible for both SNAP and Medicaid. Medicaid will not have an asset test. Some 41 states (as of January 2011) have also used a state option to eliminate (or raise) the asset test for SNAP.
- **The funds are there.** Because SNAP and Medicaid are entitlement programs and federal funding is open ended, resources are available for new enrollees.
- **There are already administratively alignments.** In most states, SNAP and Medicaid are administered by the same agencies, workers, and computer systems. Further, while there are some important programmatic differences, both operate under similar eligibility determination structures, require periodic renewals, and manage case changes in a similar manner.

Starting cross-program coordination efforts with SNAP and Medicaid can be advantageous for these many reasons. While these programs are subject to more federal rules around eligibility and service delivery than most of the other work support programs — and this can create challenges — once SNAP and Medicaid have been aligned, states have enormous latitude to conform the rules in other programs accordingly.

Look for other high-impact opportunities for coordination. For many states, this will mean child care, TANF, and other programs. As discussed above, struggling families can greatly benefit from a full package of work supports. Coordination between Medicaid and SNAP and programs such as TANF cash assistance and child care subsidy programs can be critical to helping families avoid hardship and improve their economic circumstances. Research has found, for example, that child care subsidies are associated with employment stability, increased earnings, and improved employment outcomes.¹⁷

¹⁷ Stephanie A. Schaefer, J. Lee Kreader, and Ann M. Collins, *Parent Employment and the Use of Child Care Subsidies*, April 2006, <http://www.researchconnections.org/childcare/resources/8725/pdf>.

Nicole Forry, *The Impact of Child Care Subsidies on Low-Income Single Parents: An Examination of Child Care Expenditures and Family Finances*, *Journal of Family Economic Issues* 30: 43-54, 2009.

States have wide latitude to set their own eligibility rules and program procedures in TANF and child care, so federal rules are not a barrier to better coordination. Further, because child care and TANF are often administered by the same agencies that administer SNAP and Medicaid, the coordination process is that much easier. In most states, families that receive TANF cash assistance are automatically connected to the other work support programs, including Medicaid and SNAP. Eligibility for subsidized child care may also be a seamless (or at least a direct) connection. This often is accomplished by TANF eligibility workers who have smaller caseloads than other eligibility workers in the state and focus on providing families with a package of benefits.

States vary more in their approach to delivering child care to families that do not receive TANF cash assistance. Some states have integrated aspects of their child care eligibility with other systems such as SNAP and Medicaid, while others operate eligibility separately. States also vary in their administrative structures: some operate the child care eligibility system in the same department or overarching agency as SNAP and/or Medicaid, while others use totally separate state agencies (such as the education or early childhood learning department). Finally, states vary in whether local services are run by state agencies or are contracted out — for example, to child care “resource and referral” agencies or other nonprofit partners.

For both TANF and child care, program processes such as eligibility periods and change reporting rules can be coordinated, and states can share information across programs to reduce redundant documentation requirements. States may also wish to coordinate *financial eligibility* for these programs with SNAP and Medicaid while separately maintaining processes necessary for helping families choose high-quality care, paying child care providers, or ensuring compliance with TANF work requirements. Such processes are analogous to Medicaid programs’ efforts after qualifying families for coverage, to help them select a health plan.

What’s in This Paper?

The three chapters that follow lay out a wide range of strategies that states can undertake to coordinate simplification efforts across the range of work support programs they offer. Our assumption is that readers will have basic knowledge of SNAP, Medicaid, or both. As a result, we are not reviewing the requirements of each program or detailing all available options to streamline access within each program. Instead, the chapters focus on key opportunities for coordination.

Each chapter includes background information on the importance of innovating in that area (as well as on what can make it particularly challenging), a catalogue of available options, and a review of some best practices.

Sandra K. Danzinger, Elizabeth Oltmans Ananet, and Kimberly G. Browning, *Child Care Subsidies and the Transition from Welfare to Work*, National Poverty Center, January 12, 2011, http://www.npc.umich.edu/publications/working_papers/paper11/03-11.pdf.

Marsha Weinraub, Anne B. Shlay, Michelle Harmon, and Henry Tran, *Subsidizing Child Care: How Child Care Subsidies Affect the Child Care Used by Low-Income African American Families*, Early Childhood Research Quarterly 20, 373–392, 2005, http://www.temple.edu/fcpc/Reports/documents/SubsidizingChildCare_2005.pdf.

Box 2

Considerations for Coordination with Other Programs, Including TANF and Child Care

States will face challenges in coordinating Medicaid, SNAP, TANF, and child care, such as:

- **Differences in funding availability.** As noted above, federal funding for child care and TANF is capped. As a result, many states face difficult decisions about how to target these benefits within their existing resources, or whether to add or redirect resources to cover more people.

States have a great deal of flexibility in how they spend federal TANF funds. Many have chosen to divert federal TANF funding to other areas of state spending that meet one of the permissible TANF purposes but that otherwise were (or would have been) funded with state resources — for example, certain child welfare expenditures — and spend only a small share of federal funds on cash assistance for needy families. As state budgets shrink while need is high, states could choose to allocate more TANF funds for cash assistance while pulling TANF funds back from other areas of the state budget.

For child care subsidies, many states maintain waiting lists, freeze intake, or ration services in other ways because they do not have sufficient resources to fund all eligible families. Thus, states using these options may not wish to seek enrollment expansions through improved coordination. However, states may want to encourage connections in the other direction — for example, to ensure that families who seek child care assistance get Medicaid and SNAP promptly. This is beneficial regardless of whether the family is able to get child care help. And for some states, coordination with Medicaid and SNAP would help them get a more realistic idea of the number of low-income working families that are eligible for child care so that they can plan for the future, even if they are unable to serve all of them now.

- **Differing program goals.** To help families succeed in the workplace and at home, most program coordination and simplification efforts seek to extend supportive benefits for as long as possible. However, in TANF, lower caseloads and program exits are often seen as a success — sometimes without regard to the unmet needs of the family. Moreover, months of benefit receipt may count against a time limit, so adding months of receipt of cash assistance may have consequences at a later time. Differing program goals like this may make full coordination difficult.
- **Additional process requirements.** Because TANF and child care are more directly linked to employment than SNAP and Medicaid, and because employment patterns can be unstable, TANF and child care programs generally require more frequent contact with families. Child care subsidy levels, for example, can depend upon the parent's work status, hours, and income. Since these factors can change, states must decide whether and how often to monitor changes in the family's status (though increasingly states are minimizing the extent to which they adjust subsidy levels before the end of the renewal period). Much of this information would not be relevant to other programs. Thus, efforts to reduce documentation requirements in Medicaid and SNAP may be challenging for states that require more information for child care programs.
- **Small numbers of recipients.** The number of low-income families receiving TANF and/or child care is a very small fraction of the number receiving SNAP or Medicaid. Nationally, in 2009, some 24 million families received health coverage for at least one family member through Medicaid and about 15 million families (many of them the same families) participated in SNAP. By contrast, in 2008 TANF and child care (through the federal Child Care Development Block Grant) each served only about 1 to 2 million families. Because the participant overlap is not as great, the payoff from coordination with these programs may not be as large in total numbers.

On the other hand, virtually all the families that receive subsidies from the CCDBG are eligible for either SNAP or Medicaid for their children. Families on child care waiting lists are also likely eligible. So coordination can have a very big payoff for families that receive or are waiting for child care, even if the resources aren't there to expand child care availability. Thus, improved coordination could substantially reduce burdens for any given family that does receive TANF or child care.

For states that wish to consider simplification and coordination issues related to child care and TANF in more detail, please see *Designing Subsidy Systems to Meet the Needs of Families: An Overview of Policy Research Findings*, by Gina Adams, Kathleen Snyder, and Patti Banghart, Urban Institute, 2008, <http://www.urban.org/publications/411611.html> and *Streamlining and Coordinating Benefit Programs' Application Procedures*, by Sharon Parrott, Donna Cohen Ross, and Liz Schott, Center on Budget and Policy Priorities, June 2005, <http://www.cbpp.org/files/6-22-05prosim.pdf>.

- **Chapter 1: Policy Options** provides a catalogue of policies that can help states expand eligibility, provide seamless enrollment across programs, expedite the application process for both families and states, and increase retention and speed renewal.
- **Chapter 2: Procedural and Systems Options** offers a menu of process-redesign ideas that can help states create a “one front door” environment and improve workload management. States will find strategies for redesigning pieces of a system or the entire system. The chapter also includes a discussion of how technology can support redesign efforts.
- **Chapter 3: Using Data** demonstrates how states can create a feedback loop that will show how well they connect families to the full range of work support benefits, thereby informing ongoing improvements. The chapter reviews specific strategies for measuring overall performance, diagnosing strengths and weaknesses, and making targeted changes to workload management strategies. It also includes a comprehensive list of useful performance measures and the possible data sources for each.
- **Other Resources:** Each chapter ends with a resource list to give readers some examples of additional resources that are available. Two Appendices at the end of the paper provide an example of a process map and information on state-level participation rates for health coverage and SNAP.

With this information as a guide, state agencies that provide critical work supports to families in need can substantially streamline and improve the way they conduct their business.

General Resources

Research and Advocacy Websites

- Center on Budget and Policy Priorities:
www.cbpp.org.
- The Urban Institute’s *Work Support Strategies: Streamlining Access, Strengthening Families* Project:
<http://www.urban.org/worksupport/>.
- National Academy for State Health Policy’s Maximizing Enrollment for Kids Project:
<http://www.nashp.org/max-welcome>.
- Georgetown’s Center for Children and Families:
<http://ccf.georgetown.edu/index/policy-issues>.
- Southern Institute on Children and Families:
<http://www.thesoutherninstitute.org/>.
- Food Research and Action Center:
<http://frac.org/reports-and-resources/publications-archives/#snap>.

- Center on Law and Social Policy:
<http://www.clasp.org/>.

Federal Agencies' Websites

- USDA's SNAP Program Improvement Web Page:
<http://www.fns.usda.gov/snap/government/program-improvement.htm>.
- HHS's Center for Medicaid and Medicare's Web Page:
<http://www.cms.gov/>.
- Insure Kids Now: Connecting Kids to Coverage Web Page
<http://www.insurekidsnow.gov/About%20Us/index.html>
- National Child Care Information and Technical Assistance Center:
<http://nccic.acf.hhs.gov/state-territory/index.cfm>.
- HHS's Office of Family Assistance, Administration for Children and Families TANF Web Page:
<http://www.acf.hhs.gov/programs/ofa/tanf/index.html>.

General Resources on Program Integration

Child Care Subsidies and the Economic Well Being of Recipient Families: A Survey and Implications for Kentucky, James P. Ziliak, Charles Hokayem, and Bradley Hardy. Prepared for Kentucky Youth Advocates and underwritten by the Kentucky Cabinet for Health and Family Services, June 2008.

<http://www.ukcpr.org/Publications/ChildCareSubsidies.pdf>.

Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges, U.S. Department of Health and Human Services, Office of Consumer Information and Insurance Oversight, January 20, 2011. (Note, this is the grant announcement for funding for states to establish health exchanges under health reform. Program integration is one of the functions listed.

<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=12241>.

Federal Funding for Integrated Service delivery: A Toolkit. Annie E. Casey Foundation and Center for Law and Social Policy, 2011.

http://www.clasp.org/admin/site/publications/files/CWF_ALL.pdf

Helping Low-Wage Workers Access Work Supports: Lessons for Practitioners, by Kay Sherwood, Manpower Demonstration Research Corporation, November 2009.

<http://www.mdrc.org/publications/533/policybrief.pdf>.

How Much Does SNAP Reduce Food Insecurity?, by Caroline Ratcliffe and Signe-Mary McKernan, The Urban Institute, December 1, 2009. <http://www.urban.org/publications/412065.html>.

The Impact of Child Care Subsidies on Low-Income Single Parents: An Examination of Child Care Expenditures and Family Finances, by Nicole Forry, The Journal of Family Economic Issues 30: 43-54, 2009. <http://nccic.acf.hhs.gov/node/36199>.

The Impact of Medicaid and SCHIP on Low-Income Children's Health, by the Kaiser Commission on Medicaid and the Uninsured, February 2009. <http://www.kff.org/medicaid/upload/7645-02.pdf>.

Improving Access to Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need, by Shelly Waters Boots, The Ford Foundation, the Open Society Institute, and the Annie E. Casey Foundation, February 2010. <http://www.aecf.org/~media/Pubs/Topics/Economic%20Security/Family%20Economic%20Supports/ImprovingAccessToPublicBenefitsHelpingEligibl/BenefitsAccess41410.pdf>.

Is there a System Supporting Low-Income Working Families, by Sheila Zedlewski, Gina Adams, Lisa Dubay, and Genevieve Kenney, The Urban Institute, February 2006. http://www.urban.org/UploadedPDF/311282_lowincome_families.pdf.

The Role of Work Support Benefits in Helping Low-Income Families Make Ends Meet and Earn More at Work: Rationale for a Demonstration and Evaluation, by Gregory Mills, Olivia Golden, and Jessica Compton, The Urban Institute, 2011, www.urban.org/worksupport.

Strategies to Help Low-Wage Workers Advance Implementation and Early Impacts of the Work Advancement and Support Center (WASC) Demonstration, by Cynthia Miller, Betsy L. Tessler, and Mark Van Dok, Manpower Demonstration Research Corporation, June 2009. <http://www.mdrc.org/publications/519/overview.html>.

CHAPTER 1: POLICY OPTIONS

Why are policy changes important?

In recent years, in an effort to increase access and/or streamline administrative processes, most states have successfully simplified enrollment policies within some of their individual benefit programs. However, very few states have systematically tried to coordinate policies across the work support programs they administer.

For example, many states have expanded and simplified eligibility for children's health coverage under Medicaid and CHIP as well as moved to short, mail-in, health-only applications in an effort to enroll more children in these programs. While such in-program simplifications may make it easier for families to obtain an individual benefit, they do not ensure that families will receive the full array of benefits that are available to meet their needs (such as health coverage for parents, child care, or assistance with food, energy, or cash income support). Further, without assessing the full landscape across benefit programs, states may have policies on the books that actually work at cross purposes. Following are several examples of how uncoordinated policies can be problematic both for families needing support and for the eligibility workers trying to assist them.

- **Uncoordinated policies mean extra paperwork and confusion.** When renewal periods, for example, are not coordinated across programs, families must reapply separately, and often in different months, to maintain eligibility. It can be confusing to keep track of the various deadlines. Further, states must process multiple renewal applications.
- **Inconsistent policies can undermine goals.** Questioning the long-term wisdom of requiring low-income households to liquidate their modest savings in order to obtain a needed benefit, some states have eliminated asset tests in individual programs. However, it is not uncommon for a state to have eliminated the test in its children's Medicaid category and child care yet retained it in SNAP and for the family Medicaid category. Because so many families in need receive benefits across these programs, such inconsistency may render moot the paperwork improvement made in an individual program. If a family applies for children's Medicaid and SNAP and the latter has an asset test, the less restrictive test will ensure the children get health coverage if the family has modest assets. But, from the perspectives of the eligibility worker and the family, the fact that Medicaid may have eliminated the asset test is of no help in reducing documentation and paperwork requirements. The worker must ask about assets and the family may need to provide verification.
- **Conflicting rules can trigger additional work and confuse families.** Almost every state has moved to "simplified reporting" in SNAP (under which families report only major changes in income), yet few have done so in Medicaid, even though states have the flexibility under federal rules to coordinate reporting rules. As a result, if a family reports a small income change to Medicaid, the worker may then be required to verify and act on the change for SNAP, even though the change did not actually require a report to SNAP and did not affect Medicaid eligibility.

- **Varied requirements are confusing at the local level and often increase errors.** When state policy officials issue conflicting guidance to localities on the same issue for Medicaid and SNAP, families and eligibility workers are left to sort out the differences, and the likelihood of errors and missing paperwork increases. For example, if a state is working to simplify the eligibility process in both programs, but in SNAP the policy guidance indicates that families with earnings must still have an in-person meeting, while Medicaid policy officials have decided that the state should look to administrative data first for income verification, then eligibility workers at the local level will need to reconcile how to process income verification for a family that applies for both benefits and make sure they calculate monthly income for the family correctly for each program.

While a single divergent policy may not, by itself, create enormous inefficiencies, the cumulative impact of conflicting policies — across all of the benefit programs, the millions of families who use them, and the staff who administer them — creates a substantial level of unnecessary bureaucracy and inefficiency. Well-thought-out policy changes can enable important procedural modifications (detailed in the next chapter) that can make state operations substantially more efficient.

Why is it challenging to change policy?

States seeking to coordinate policies across work support programs may face a number of challenges. For example:

- **Programs and policymakers tend to operate in silos.** At both the federal and state levels, within agencies and/or in legislative bodies, policy- and decision-makers do not always have open lines of communication, may not consider program alignment to be a high priority, or may feel strongly that different requirements serve the unique purposes of an individual program and should not, or cannot, be modified. In addition, federal policymakers rarely coordinate with each other and are not always transparent about what options are available to states.
- **Opportunities for change may only be available in one program.** Whether at the federal or state level, policymakers may only be able to move program improvements in one area. For example, when a piece of legislation pertaining to one program is under consideration, governing committees for another program may not be interested in pursuing legislation. Given that programs do operate in silos, seizing available opportunities to move program improvements in a single program often makes sense, but this can frustrate coordination efforts. And, it can mean that when change does come in a second program, it is implemented somewhat differently than the first.
- **Budgets may be tight.** While coordination of efforts can reap substantial administrative savings, it also may increase enrollment, which necessarily increases costs. For programs with capped federal funding, like child care, increased enrollment costs will be fully borne by the state. In Medicaid, the state will need to share in the costs. In addition, some policy improvements that can reap long-term administrative savings may require an investment of resources up front.

- **Policy changes require a management investment.** To effectively implement new policies, states will need to retrain front-line staff and supervisors, as well as monitor implementation and ongoing operations. This can be labor-intensive or even costly under some circumstances.
- **Antiquated systems may not easily accommodate a change.** States frequently operate with computer systems that are decades old and difficult to reprogram. While policy staff may want to make a simplification, it might not be possible within the existing eligibility system, or the time and resources needed may delay making the change.
- **Unintended consequences can occur.** Without careful attention to detail, efforts to coordinate program rules could end up increasing, rather than easing, barriers to participation. For example, while most states allow mail-in or online applications for health coverage programs, under SNAP rules applicants must be interviewed (in person or by telephone). If a state decided to conform all of its Medicaid rules to its SNAP rules, many families would face additional requirements.

For these many reasons, although policy coordination is an important overarching goal, it should not be pursued at any cost. In some instances retaining variations in policy may be necessary or desirable.¹⁸

Policy Options States Can Pursue

The combination of significant flexibility in federal rules and states' full discretion to design and implement state-run programs gives states a great deal of room to make policy changes that minimize conflicts and redundancies for families trying to obtain multiple work supports. Following is a list of policy options that states may wish to consider to reduce the time- and labor-intensiveness of eligibility processes. In most cases, these policies can be implemented without federal waivers and face no other major barrier beyond the need for a state plan amendment or policy manual change. Of course, some states will need to navigate processes such as formal rulemaking procedures; a few states have written basic program rules into state statute, meaning the state legislature must enact basic policy changes.

Before adopting a change statewide, some states may prefer to pilot simplified policies with a subset of the population, such as more stable families, those in a limited geographic area, or those seeking renewal rather than initial application.

This chapter focuses on *policy* options — the kinds of items that might be found in the state's policy manual. Chapter 2 focuses on the *processes and procedures* needed to get the work done. In

¹⁸ Some differences in program rules cannot easily be reconciled because of fundamental differences in program purposes. For example, the unit for SNAP eligibility is all people who live together and purchase and prepare food together, whereas for health coverage the unit is people who are legally responsible for one another, like parents and their children. Similarly, Medicaid has requirements for third-party liability and medical support from non-custodial parents that generally are not present in other programs. However, it still is possible for states to simplify their policies within these constraints, and in some instances more sophisticated technology can help states address differences. Or, in some cases, eligibility options can permit states to grant eligibility for one program based on determinations made by another program, notwithstanding the differences in technical program rules.

some ways this is an artificial distinction because policy and procedure are intertwined. For example, while it is a policy decision that applicants for one program be screened for eligibility in other programs, a state implements that policy through the application procedures it selects. Given the close connection between policy and procedure, these two chapters should be read together.

The policy options reviewed in this section fall into four categories:

- Policies that expand and/or simplify eligibility
- Policies that provide seamless enrollment across programs
- Policies that expedite the application process for families and eligibility workers
- Policies that increase retention and simplify renewal.

Policies That Expand and/or Simplify Eligibility

In both SNAP and Medicaid, federal funds are available for states to expand eligibility beyond federally identified thresholds. Doing so means giving needed support to a larger number of working families and families with unemployed workers. The policy options through which a state can expand eligibility also may help it coordinate eligibility and enrollment processes across programs, creating administrative efficiencies.

The options discussed here include:

- Eliminating (or simplifying) asset tests across programs
- Raising income limits.

Eliminating (or Simplifying) Asset Tests Across Programs

Policymakers in many states have questioned the long-term wisdom of requiring low-income households to liquidate their modest savings in order to obtain health insurance, food assistance, or other work supports. While only a very small number of applicant households have assets that end up disqualifying them, a substantial amount of agency time has to be spent investigating and verifying asset information across all applicants and training staff on asset rules. The result is higher administrative costs for states, greater opportunities for error, and eligible families failing to complete the application process. As a result, over the last decade, many states have eliminated asset limits (or significantly simplified asset verification) within individual work support programs.

However, to realize the vision of this policy simplification, the change must occur across all work support programs, and eligibility workers must be trained to stop asking for verification of assets when families apply. As of January 2011, almost all states had eliminated the asset test in their children's health insurance programs, but fewer than half had done so in their family health coverage programs (for parents' eligibility.) While almost all states forgo an asset test for child care assistance, most states still require it for TANF cash assistance and many do for SNAP.

In January 2014, when the health reform law's Medicaid expansion goes into effect, states will no longer consider assets in determining eligibility for health coverage programs for most Medicaid beneficiaries, including low-income children, parents, and other adults.¹⁹ Of course, states can eliminate this test prior to 2014. In addition, states that retain an asset test in SNAP or child care should consider eliminating it so that when the 2014 change occurs, this simplification will be consistently applied across all work support programs.

Table 2	
Number of States that Have Eliminated the Asset Test	
Child Health (Medicaid/CHIP)	48
Child Care	49
SNAP	37
Family Health (parents)	24
TANF	5

Raising Income Limits

Although Medicaid and SNAP have federal rules covering income eligibility, to varying degrees states have flexibility to set higher limits. Such changes can make more families eligible for benefits and in some cases can improve alignment across programs. This section discusses two state options related to income limits.

- **Eliminating tiered eligibility thresholds for children in health care programs.** Current federal Medicaid law establishes minimum eligibility standards for children based on age. All otherwise-eligible children under 6 years old with family incomes below 133 percent of poverty and those ages 6 to 18 with family incomes below the poverty line qualify for Medicaid, while those with higher incomes qualify for CHIP. Such “tiered” income thresholds mean that within a single family, different children may be covered by different programs, have to see different doctors, and go through entirely separate application and renewal processes to obtain and maintain their health coverage. This can result in confusion among families, duplicative work for states, and ultimately lower participation levels among eligible families.

To minimize this problem, some states have opted to use the authority to use “less restrictive methodologies” for Medicaid eligibility²⁰ or CHIP funds to expand coverage to all eligible children to a specific income level, regardless of age. This policy change can go a long way towards streamlining access and enrollment. And, any use of CHIP funds for this purpose would only need to be temporary; in 2014, all otherwise-eligible children and adults under 65 with family incomes below 133 percent of poverty will be eligible for Medicaid.²¹

- **Increasing gross income limits.** States have flexibility to lift income limits in Medicaid and SNAP to allow more families to qualify. In Medicaid, states can use waivers or less restrictive methodologies to increase eligibility limits for parents, and since the enactment of health reform, have gained the ability to cover childless adults up to any desired income level. In SNAP, states can raise the gross income limit to as much as 200 percent of poverty by using

¹⁹ Asset tests will remain for Medicaid coverage for certain populations, such as the elderly and people with disabilities.

²⁰ “Less restrictive methodologies” is authority under section 1902(r)(2) of the Social Security Act.

²¹ Under health reform income disregards and deductions will no longer be allowed, other than a flat income disregard of 5 percent, so the effective eligibility limit will be 138 percent of poverty (133 percent + 5 percent).

“expanded categorical eligibility.”²² A higher SNAP gross income limit is particularly beneficial for working families that have high child care or shelter expenses. For example, a single parent with one child who works 40 hours a week at \$10 an hour would not qualify for SNAP in a state with a gross income limit of 130 percent of poverty, because her income would put her at about 141 percent of the poverty level. However, if the state raised the gross income limit, she could qualify for \$100 or more a month in SNAP benefits once her shelter and child care expenses are deducted.

Wisconsin, for example, has expanded Medicaid eligibility for adults up to 200 percent of poverty. With these higher income limits the state could, without ending eligibility for individuals, eliminate most Medicaid income deductions and disregards, so policy and training on income can be simpler. Wisconsin also implemented expanded categorical eligibility for SNAP with a gross income limit of 200 percent of poverty.

In 2014, when the health reform law takes effect, Medicaid and CHIP income limit rules will change and all states will use a new tax definition of income, Modified Adjusted Gross Income (MAGI), for Medicaid and CHIP eligibility (see box 3), but states still will have the option to set higher income limits for Medicaid.

Policies That Provide Seamless Enrollment Across Programs

Families that are eligible for one work support program are generally, based on their income, eligible for many other programs as well. As a result, requiring multiple application processes is often unnecessary. Following are two ways states can take advantage of the natural overlap in families’ eligibility to automatically enroll them in multiple work supports:

- Allow “passive” or “Express Lane” applications
- Use “Presumptive Eligibility” determinations.

Allowing “Passive” or “Express Lane” Applications

Families seeking work supports face a confusing jumble of application options. Most states have a joint application that includes TANF, SNAP, Medicaid, and sometimes CHIP and/or child care. At the same time, almost every state has created a separate, short application for children’s health insurance, and many also have SNAP-only or child care-only applications. With all of these application options, families often do not know which programs they qualify for, which applications to use, or how to get screened for all available programs. In addition, they must go through multiple enrollment processes to receive a full package of supports.

States can address this problem — and save time for everyone — by allowing eligibility determination for one program to automatically confirm eligibility in other programs and enroll the

²² See: USDA, *Improving Access to SNAP through Broad-based Categorical Eligibility*, September 30, 2009, <http://www.fns.usda.gov/snap/rules/Memo/2009/093009.pdf>. Not all households up to the higher limit will qualify for SNAP benefits, however, because they still are subject to the benefit calculation formula, which will result in a zero benefit for many households at higher income levels.

Box 3

How Will Health Reform Change Medicaid Eligibility Rules?

To coordinate eligibility and coverage across the different health care programs, states will make major changes in the way they determine eligibility for Medicaid and CHIP when the health reform law's coverage expansions go into effect in 2014. The new rules will align with the income tax-based rules for premium credits in the health exchanges. The biggest changes involve how income and household size are defined to determine eligibility for Medicaid and CHIP (as well as the exchange premium credits).

- **Income:** The health reform law establishes a new definition of income — called Modified Adjusted Gross Income, or MAGI — that will be used in determining eligibility for premium credits, Medicaid, and CHIP. MAGI is Adjusted Gross Income as determined under the federal income tax, plus any foreign income or tax-exempt interest that a taxpayer receives. (Assets will not be considered in determining eligibility for most beneficiaries.)
- **Unit members:** In determining income eligibility for premium credits, an individual's family size will be based on the size of the individual's tax filing unit. The unit income thus will be the MAGI of the taxpayer, the spouse (if any), and any child or other person who is claimed as a tax dependent (including the income of any person who must report his or her income on a separate return but is still claimed as a dependent by the taxpayer).

In general, Medicaid will cover low-income adults and children with incomes up to 138 percent of the poverty line.¹ But the change to MAGI will mean that the calculation is somewhat different from the way Medicaid (and CHIP) calculate income today:

- MAGI will be closer to a measure of gross income. The income deductions and disregards that many states currently use will no longer be applied.
- Many items now included in income for the purposes of determining Medicaid eligibility are excluded from taxable income for purposes of the federal income tax — and hence will not count when using MAGI. These include child support, most Social Security income and other income from public benefit programs, and pre-tax contributions for purposes such as child care, retirement savings, and the employee's share of employer-sponsored health insurance premiums paid through a cafeteria plan.
- Basing family size and household income on the tax filing unit will result in some differences in whose income is counted in determining eligibility. For example, the income of step-parents or grandparents is usually not counted currently when determining eligibility of a child, but under MAGI, the treatment will depend on whether the adult claims the child as a dependent on his or her tax return.

The use of MAGI is necessary to standardize and simplify income eligibility across states and among Medicaid, CHIP, and the exchange premium subsidies. Federal guidance on some of the more technical aspects of the change to MAGI is anticipated.

States will need to consider how these changes will affect coordination with SNAP and other benefits. There currently are differences between SNAP's income and household definitions and those used in Medicaid and CHIP, so to some extent these types of differences are not new. Also, the move to automated collection of family's information through the health exchanges and online public benefit applications, as well as the use of "rules engines" for determining eligibility, will allow states to use technology to simplify some of the more complex rules regarding income counting and unit composition.

¹The health reform law does *not* change Medicaid eligibility rules for beneficiaries who are in certain eligibility categories, such as those based on disability or on being age 65 or older.

family in those other programs. The federal child nutrition program, for example, requires that all children who are SNAP participants be automatically enrolled in, or “directly certified,” for free school meals, with no additional paperwork. In another example, **New Jersey** is one of many states that deem SNAP recipients automatically eligible for home energy assistance (LIHEAP). As a result, the local LIHEAP agency does not have to conduct additional eligibility screens for most families that receive SNAP.

To encourage this kind of streamlining, the 2009 Children’s Health Insurance Program Reauthorization Act (CHIPRA) created an option called Express Lane Eligibility (ELE), which allows Medicaid and CHIP agencies to use a finding from another state agency (such as family income) to determine whether a child satisfies one or more eligibility criteria for Medicaid or CHIP. ELE allows states to use the other program’s finding without having to apply Medicaid or CHIP methodologies; for example, if a state used a SNAP income finding to determine a family’s Medicaid eligibility, it would not have to factor in differences in what type of income (or which family members’ income) is counted in order to use the finding for Medicaid.

States can use ELE to initiate new applications or to facilitate renewal. Several states, including **Louisiana**, have found ways to use this option to simplify the enrollment process for eligible children. In early 2010, Louisiana (where separate agencies administer Medicaid and SNAP) used an electronic file of all children receiving SNAP benefits to enroll more than 10,000 previously uninsured children in health coverage.

Even in states that co-administer eligibility for Medicaid and SNAP, ELE can play a role in covering more children. For example, **Oregon** has begun cross-checking enrollees to identify children that are in SNAP households but are not enrolled in Medicaid or CHIP. One month after SNAP enrollment, SNAP households with at least one child that is not enrolled in Medicaid or CHIP are sent letters notifying them that their child(ren) might be eligible to be “express-laned” into health coverage. If the uninsured child or children do not become enrolled in health coverage after that initial mailing, they are sent another letter after they have completed their six-month report for SNAP. Parents can confirm their interest in enrolling their children by completing the short application included with their letter or by calling their eligibility worker.

This kind of approach may be particularly helpful beginning in 2014, when health reform goes into effect. Many adults who will be newly eligible for Medicaid will already be participating in SNAP. States could seamlessly enroll these individuals in Medicaid on January 1, 2014, and continue to do so on an ongoing basis. Such automatic enrollment could prevent significant duplicative work for states and families.

Using “Presumptive Eligibility” Determinations in Medicaid and CHIP

Under federal law, states can enlist “qualified entities” outside the Medicaid or CHIP agency (e.g., health providers, schools, some child care providers, and WIC offices) to help them improve access to health coverage benefits for children and pregnant women.²³ This process is called “presumptive

²³ The health care reform law expanded presumptive eligibility to 1) allow PE for parents and other newly eligible individuals and 2) require states to allow hospitals that are Medicaid providers to be a qualified entity for purposes of determining PE.

eligibility” (PE).²⁴ Through PE, if a child is eligible for Medicaid or CHIP based on the family’s reported income and other circumstances, he or she can be immediately enrolled and have full access to coverage while completing the regular eligibility process.

Presumptive eligibility is an efficient way to connect children and pregnant women to coverage when they present as part of a household seeking other work supports. In **California**, for example, where Medicaid and CHIP eligibility are determined by separate agencies, if a Medicaid-eligible child applies for CHIP instead, the CHIP program presumptively finds the child eligible for Medicaid.

States that have adopted the presumptive eligibility option often enlist health providers such as hospitals and Federally Qualified Health Centers to complete the PE determinations. These entities also can be trained to provide information and application assistance more broadly so that they can connect presumptively eligible individuals to other work support programs, and help families make the transition from short term health coverage to on-going eligibility.

Short of using information from one program to *directly* enroll families in another program, states can take a variety of other steps. For example, they can use check-boxes on an application to ask if a family wishes to receive information about applying for other benefits. Or, they can conduct targeted outreach to families that are enrolled in one program but not in others for which they appear to be eligible. Even more effective are strategies that use data from a different public benefit program (or other authoritative sources of information) to “pre-populate” an application form that can be filed without waiting for families to respond to outreach efforts. These and other procedural strategies are discussed in the next chapter.

Policies that Expedite the Application Process for Families and State Workers

Among the most cumbersome aspects of many current benefit eligibility processes are the requirements for families to appear in person for multiple interviews and to produce a complicated series of documents to verify eligibility.

There are a number of high-impact policy changes that states can make to overcome these barriers. In so doing, they can expedite processing, increase efficiency for state workers, and decrease burdens on families. Further, these efforts will increase the likelihood that families will receive the full package of work supports for which they qualify. This section reviews strategies in the following areas:

- Getting rid of (or minimizing) in-person requirements
- Decreasing, streamlining, and automating documentation requirements
- Sharing verifications across programs
- Using all available data sources.

²⁴ In child care, the term “presumptive eligibility” is used when a state allows subsidies to begin immediately for some families — before all documentation is provided or verified — if certain criteria are met that reduce the likelihood of error. The goal of presumptive eligibility in child care is to help families get child care in place before they have the first paystub from a new job.

Getting Rid of (or Minimizing) In-Person Requirements

For working families, people living in rural areas, and those with limited access to transportation, in-person appearances at the welfare office can be particularly challenging to manage, and can result in an unnecessary loss of benefits. States can address this problem through two simple policy changes:

- **Eliminate requirements that families appear in-person at a local welfare office to apply for or retain work support benefits.** For health insurance and child care programs in particular, states have full flexibility to use mail, telephone, or online communication for the application and renewal processes. For SNAP, states must interview a family member at initial application and once a year thereafter, but the interview can occur by telephone. If a SNAP in-person interview presents a hardship for the family, then the state must instead conduct a telephone interview. USDA has found that states that have used telephone interviews widely in lieu of face-to-face interviews have not experienced higher error rates as a result.

As states consider changing their interview policies, it will be important to ensure as much consistency across programs as possible and to accommodate instances in which eliminating a face-to-face interview is not feasible or desired. For example, in TANF, a state may feel that periodic face-to-face interaction for purposes of work support assessment and monitoring is necessary. However, the initial eligibility determination process can be separated from these assessments and combined with other programs' eligibility determinations to reduce the number of required office visits. In child care, an interview may not be necessary to determine eligibility, but the state may wish to provide parents with optional in-person advice and support on how to select a quality child care provider.

Some states have mail-only application processes for children's health insurance that, in part because of the need for a SNAP interview, do not serve as SNAP applications even when the family appears eligible for SNAP. As a result, families applying for health insurance that would also be eligible for SNAP might miss out on food assistance. Chapter 2 discusses a number of procedural solutions to this problem, such as using a short telephone interview to collect the necessary information to complete a SNAP application, forwarding the application to the agency that administers SNAP, or providing follow-up information on SNAP in the Medicaid or CHIP approval letter.

- **Allow electronic or telephone signatures.** Key to reducing in-person appearances for families is ensuring that the *entire* application process can be done online or via telephone. Online applications (discussed in detail in the next chapter) let families apply for benefits at their convenience 24 hours a day and also establish the date of application. However, if online applications do not offer an electronic signature option, the efficiency they provide is largely undone. Applicants will have to print and sign a "signature page" and then mail or fax it to an enrollment office. This requires a working printer, an envelope and postage, and a trip to the mailbox or post office. It also creates additional tasks for eligibility workers who have to process the incoming signature pages. Further, some states allow electronic or telephonic signatures in some programs but not in others, creating significant confusion for families. Since state law governs electronic signatures, a single coordinated policy across programs may not be too difficult to achieve.

Important note about this option: While decreasing in-person requirements for families is a valuable goal, in-person application processes can be very helpful in some instances. Many families may have limited access to technology or may need help to properly copy paperwork. People with low literacy levels, limited English proficiency, or certain disabilities may prefer or need an in-person meeting. In general, some applicants simply like to speak with a person, and others want to take care of all their business at once: learning about the full range of benefits, applying, being interviewed, submitting any required verification, and receiving confirmation from a person that they have complied with all necessary steps. Finally, face-to-face interaction may afford states an opportunity to provide richer case management services to families facing a broader set of challenges, such as mental health problems, substance abuse issues, or domestic violence.

As discussed in the next chapter, in streamlining their enrollment processes some states have moved to same-day service in local offices, meaning that people who appear in person are likely to walk out that day with SNAP EBT and Medicaid cards in hand. As a general rule, any family that appears in person should have access to the full range of benefits and not be directed to an online, telephone, or mail-in process.

Decreasing, Streamlining and Automating Documentation Requirements

Public benefit programs generally require some form of documentation (or verification) of a family's statements about its income and other circumstances. This requirement enhances program integrity and improves the accuracy of eligibility and benefit decisions. In practice, however, documentation requirements often place a significant burden on families that may not have paystubs or other requested documents or may have difficulty obtaining a photocopy or arranging a fax or scan. In addition, documentation requirements are often inconsistent across programs, making it difficult for families to be sure about what is required. If a family has difficulty securing required documents, its application for (and receipt of) benefits is likely to be denied or delayed.

Documentation requirements also can be onerous for staff. When documents come into an agency piecemeal (as is often the case), state eligibility staff must log them in or scan them, link them to the proper case, and route them to the right staff; an eligibility worker will then have to "touch" the case again to assess the information and approve or deny the application (or send a request for more information). If the application is denied because of incomplete verification, everyone has to begin the process again. All of this additional work creates numerous opportunities for eligible families to fall through the cracks.

So while maintaining strong program integrity is critical to securing public confidence in the programs, onerous documentation requirements can impinge on this integrity by preventing eligible families from gaining access to work supports for which they qualify. (See Box 4 below for a longer discussion of program integrity issues.)

States have considerable latitude in both how much documentation they require from applicants as well as in how they verify the information. Immigration status must always be verified; in Medicaid, states must also verify citizenship, identity, and Social Security numbers, while in SNAP, they must verify income, identity, Social Security numbers, and residency. But beyond these rules, states have

discretion to establish verification policies that decrease burdens and improve participation in work support programs.²⁵ Below are some changes states may want to consider:

- **Limit documentation to those items required by law.** As discussed above, states can eliminate the asset test so that assets no longer need to be verified. In another strategy, several states — such as **Massachusetts, New Mexico, and Washington State** — have adopted a SNAP policy that accepts a family’s attestation on shelter expenses, dependent care expenses, or household composition, unless the eligibility worker finds anything questionable. This helps these states conform their verification requirements to more closely match Medicaid rules and results in fewer “pending” applications and renewals. For the majority of households, once identity and residency are verified, then income is the only eligibility factor requiring verification and, as discussed below, the family need not be the primary source of documentation for this.
- **Allow third-party telephone verification.** In lieu of paper from a family, states can use telephone contacts with third parties, such as landlords or employers, to verify information. For some clients, this approach could represent a barrier to participation, as some people do not want their employers or landlords to know they receive benefits, so this option should only be used with the client’s consent. Some states make such third party contacts during the client’s interview, either by calling the contact during an in-person interview or by conducting a three-way call with the applicant and the third party if the interview is being conducted over the telephone.
- **Eliminate unnecessary differences in verification requirements.** When states do elect to verify information, it is helpful to have consistent rules across programs about what is needed for common items like income. For example, some states may require the last four weeks of paystubs to verify income for SNAP while requiring the last 30 days’ worth of pay information for Medicaid; while the difference is minor, it can cause significant confusion — families may find they have satisfied the verification requirements for SNAP but not for Medicaid because they have provided verification of 28 days’ worth of income. States can solve this problem by aligning the policies and giving caseworkers the appropriate discretion to determine when verification is sufficient. In cases where federal rules impose hard-to-meet verification requirements in only one program — such as Medicaid’s policy of requiring specific identity and citizenship documents — keeping a more flexible policy in SNAP is vastly preferable to alignment.
- **Only re-verify things that change.** Some states routinely ask for documentation at renewal regardless of whether the item has been verified in the past. Permanent items, such as date of birth or Social Security numbers, need not be re-verified, nor should circumstances that haven’t changed or have changed only slightly (e.g., wages from the same employer or housing costs for the same dwelling). Often the state’s official policy does not require caseworkers to re-verify items that have not changed, but in practice the workers nonetheless ask for all documentation at every redetermination. States can ensure that computer-generated notices and instructions pertaining to renewals do not inform clients to attach copies of these documents to their renewal forms if the documents are not required by policy.

²⁵ Verification requirements apply to applicants. Non-applicants, such as parents who apply on behalf of their children, are not subject to these requirements.

Box 4

Ensuring Integrity In Public Benefit Programs

States have a compelling interest in ensuring that work support benefits go only to those who are eligible and are issued in the proper amount. The public must be confident that its dollars are being spent as intended. States generally assess program integrity in two ways:

1. **Conduct documentation checks and data matches as families apply for or renew coverage.** Public benefit programs generally require some form of documentation (or verification) of a family's statements about its income and certain other circumstances. Federal law gives states a significant amount of flexibility in determining what kinds of documentation are required, when other government data sources can be used, and in what timeframes they need to be re-checked.
2. **Undertake periodic, intensive assessment of a sample of cases.** Intensive error monitoring generally takes place on a program-by-program basis.
 - **SNAP:** The SNAP program's Quality Control (QC) system reviews a statistically valid sample of cases each month. QC reviewers conduct interviews with families to verify that the state eligibility worker made the correct eligibility determination and issued the proper benefits. Some 50,000 cases are sampled annually. Federal re-reviewers assess a subset of these cases to check the accuracy of the state's QC findings. States with high error rates face fiscal penalties.
 - **Medicaid and CHIP:** All states participate in the Payment Error Rate Measurement (PERM) system, as well as conduct Medicaid Eligibility Quality Control (MEQC) activities. PERM requires states to pull a sample of cases every three years to review the accuracy of eligibility decisions (and payments to medical providers and managed care plans). The PERM eligibility reviews are relatively new and have produced some unreliable error rates that have discouraged some states from simplifying their eligibility procedures to maximize enrollment among those who are eligible. The rules for these reviews have been repeatedly amended since they were put in place, most recently this past year. Because states have their own funds invested in providing health benefits, many augment PERM with their own program integrity systems, sometimes integrated with the SNAP QC system.

Finding the Right Balance

Over the years, data from these various assessment mechanisms have shown that the great majority of improper payments in work support programs do not result from fraud, but rather are due to honest mistakes by eligibility workers or families. Complex program rules and the rapidly changing (and often unstable) circumstances low-income families face contribute to these occasional errors.

At the same time, burdensome paperwork requirements can conflict with other goals of the program — most notably, ensuring that eligible families have access to critical work supports that can prevent extreme hardship and help them to improve their circumstances.

Balancing the need for documentation with the actual incidence of fraud and with overall program goals is key. As discussed in this paper, states can adjust their eligibility requirements to achieve all of these goals. For example, recent state-level research has found that when children's health coverage programs reduce income verification requirements, they do *not* see a rise in error rates. Similarly, when states (such as Massachusetts, New Mexico, and Washington State, as discussed above) have dropped verification of shelter and child care expenses and other factors for SNAP, they have not seen a rise in their SNAP error rates.

- **Only verify things that affect eligibility.** States can train eligibility workers to identify when verification of certain items of eligibility is not necessary for a given family. The computer system also can be programmed to indicate this to the eligibility worker. For example, a family with no current income automatically qualifies for the maximum SNAP benefit as well as Medicaid; there is no need to verify shelter expenses or child care arrangements. Similarly, if a family is not seeking retroactive Medicaid coverage for prior medical expenses, there is no need to verify the amount of income from a job a person no longer has.
- **Proceed without verification if the information is not questionable.** Some states retain an expanded list of verification requirements but do not deny or “pend” an application if some of the items on the list are missing unless the family’s statements are questionable. For example, a state’s instructions to families for SNAP verification may include providing proof of rent and utility costs. If the family does not provide this information but its statement on the application seems reasonable, the state can process the application with that information. Since most families will provide the information if they can, this approach can limit the number of times a state needs to “touch” a case. At the same time, by maintaining a lengthy list of requirements, states may be requiring families to chase down verification unnecessarily.

Important note about these strategies: If a state has concerns about the effects of these various strategies on program integrity or state expenditures, it can test them on a subset of the population (e.g., among more stable families, at renewal rather than initial application, or in a limited geographical area) before establishing the policy statewide. Following such a test, if the state decides a specific verification requirement has “low payoff” — i.e., it prevents relatively few errors but significantly increases paperwork burdens — then the requirement can be removed (except in under certain criteria that the state establishes where the information the family has provided or the state has obtained is questionable.)

The state’s Quality Control system or other audits can provide data on the “pay-off” of various forms of verification. Reliable data on case closures and the frequency of denial codes, in particular, can show which types of verification are most likely to contribute to procedural denials. (A procedural denial or closure is one where the family remains eligible, but loses benefits for failure to comply with a procedural requirement, such as providing verification. For more information about use of data in setting policy and procedures, see Chapter 3.)

Sharing Verifications Across Programs

As described above, most low-income families are eligible for more than one work support benefit, and states can allow information verified in one program to determine or update eligibility for another program. Sharing verification in this way reduces the number of times a family must provide the same documentation to various agencies or caseworkers. For example, families without health problems may be most likely to inform their SNAP or child care caseworker about changes in their circumstances (such as a new address) because those are the benefits they rely on most. Rather than require families to provide this information to Medicaid as well, the state should allow Medicaid caseworkers to simply check other programs for the most recent information.

States can undertake information-sharing in a number of ways. For example, they may wish to consider policies that enable routine sharing of scanned images of permanent verification

documents, such as birth certificates. Or, they can provide “look-up” capabilities, with client consent, so that workers can check to see if income verification, changes of address, or other items have been submitted recently for another program. In **Illinois**, eligibility for the child care program is typically determined by local non-profit child care resource and referral agencies (CCRRs). While these agencies are separate from the Illinois Department of Human Services (DHS), they have access to the DHS computer system. This allows them to look up a household’s SNAP and Medicaid record, which often contains most of what the CCRR needs to determine eligibility for child care subsidies. This practice reduces redundant paperwork for families and increases agency efficiency.

Another information-sharing strategy is to give certain programs (such as LIHEAP or WIC) the ability to electronically confirm a household’s participation in SNAP or Medicaid, after obtaining the client’s consent, if they require such confirmation for eligibility or other purposes. This is far more efficient than asking families to visit the local welfare office to get a printout confirming their participation.

For any of these strategies to succeed, verification information must be available in a range of formats. For example, a Medicaid worker will only be able to use income information from SNAP if it is available *by individual*, not just by household. Similarly, cross-checking is most feasible when states align, as closely as possible, what counts as income or assets in their programs, or implement eligibility rules that allow determinations from one program to establish eligibility for another. States hoping to increase sharing of verification information will need to think through these issues and plan accordingly.

Using All Available Data Sources

A verification requirement — whether in federal law or state policy — does not, by definition, mean that the family applying for benefits is responsible for securing the verification. In many instances, states can independently verify or corroborate families’ statements using electronic data matches or information from other agencies. In fact, under SNAP rules, states cannot require a specific piece of paper (such as a paystub or birth certificate) to verify a given element of eligibility, and they must assist the applicant in gathering information by accepting alternative documents or conducting data matches or third-party telephone calls.

Some 12 states do not request paper documentation from families applying for health coverage for their children. Instead, the agency first looks to other sources to verify income before placing the burden of verification on families. There are many information sources available to verify income and other eligibility factors:

- **Federal databases.** States have long had access to many federal databases to verify items such as Social Security numbers, SSI and Social Security income, and Unemployment Insurance income. A new Social Security Administration data match is available to states for verifying citizenship and identity for Medicaid and CHIP; as of December, 2010, 32 states were implementing this option. And, the health reform law will establish a new process by which public benefit program can access a broad range of federal databases (and potentially state data as well).

- **State databases.** State databases have information on wages, addresses, new employment, motor vehicle records, drivers' licenses, child support income, workers' compensation, energy assistance, and some child care co-payments, among other items.
- **Commercial databases.** Payroll data companies, such as The Work Number, can provide employment and current income information for certain employers at a modest cost to states.
- **Program files.** As described above, some states have a "paperless file" system in which information from one program is immediately available to other programs.

With all of this data available across a wide range of different sources, several states have sought to simplify data collection for eligibility workers by installing a "gopher" system that looks up all matches and presents a consolidated report within seconds. These systems save eligibility workers from having to query each data source separately. See page 63.

Important note about this strategy: While electronic verification through existing databases holds great promise for lowering the burden of paperwork on families and state agencies, database information is not always accurate. For example, databases of newly hired individuals and state wage information might be outdated — the person may have been hired and subsequently lost the job, for example — or the employer may have erred in entering the information. Similarly, federal sources of information on immigration status may not be updated to reflect an individual's subsequent naturalization. State agencies should have a process in place that gives families an opportunity to challenge and correct information that the state has obtained through data matches.

Policies that Simplify Renewal and Increase Retention of Benefits

Research shows that the month when eligibility and benefits must be redetermined is a significant risk point for families participating in work support programs: they are more likely to lose their benefits during this time because they are unable to successfully navigate the renewal process. A loss of benefits can precipitate household crises — it may leave a family without enough food, unable to see a doctor when a child is ill, or without the child care arrangement that enables the parents to keep their jobs.

But continuity of benefits is a matter of urgency not only for families; for states facing budget crises it is also critically important. Traditionally, states have sent renewal applications to families and waited for the applications to be returned. If they are not returned, the case is closed, often resulting in the family applying again within a few weeks to reopen their benefits. This type of "churning" is an enormous waste of caseworker and agency time.

Consider a state that has a caseload of 120,000 families. If the state must reestablish eligibility for each family once a year, and one-third of those families fail to renew on time yet remain eligible and subsequently reapply for benefits, the state must unnecessarily process an additional 36,000 applications a year. Further, this example assumes that renewals are coordinated across programs. If the state must do a *separate* SNAP and Medicaid renewal each year, or separate SNAP, Medicaid, and CHIP renewals, then the number of unnecessary applications increases several times over.

Given these numbers, decreasing churning should be a high priority for states. Improving the renewal process is a key strategy because these families are known to the agency and renewal procedures can take full advantage of the significant time already expended on establishing initial eligibility. Many of the enrollment simplification and coordination policies discussed above — e.g., reducing documentation requirements and sharing data across programs — also will yield dividends at renewal time. Following are additional retention-specific strategies in three areas:

- Coordinating and simplifying renewal activities
- Aligning change reporting rules
- Quickly re-establishing eligibility following a break.

Coordinating and Simplifying Renewal Activities

All families must periodically renew their eligibility for work support programs. Unfortunately, renewal philosophies, time periods, and processes can vary widely across programs. For example, in SNAP, states must use fixed certification periods (no longer than one year) and must obtain a new, signed application from the family at the end of the certification period. Most states' TANF and child care programs also use fixed eligibility periods, though they are not required to do so and the time periods and paper requirements may be different. In health coverage programs, although federal rules require redetermination of eligibility at least once a year, families are considered eligible until they are shown to be ineligible (because of changes to their income or circumstances or because they do not complete the renewal process).

Fortunately, states have significant flexibility — particularly in renewal of health care coverage — to coordinate and streamline renewals, as outlined below. It is important for states to think about their renewal periods in combination with their change reporting policies (discussed next).

- **Use the longest eligibility periods available.** While most states renew Medicaid/CHIP eligibility only once a year, many still review SNAP eligibility every six months. Using annual eligibility periods across all programs saves time for state workers and keeps families enrolled.
- **Combine renewals.** To complete the renewal process, different work support programs require much of the same information about family income and circumstances. By combining efforts — i.e., when renewing for one program a family is automatically or simultaneously renewed for another — states can greatly increase efficiency. For any given family, combining the renewals across SNAP and Medicaid could cut the state's total effort on renewals in half.

Important note about this strategy: When renewal processes for SNAP and Medicaid/CHIP are combined, states should design the process to ensure that Medicaid and CHIP are not terminated if the SNAP recertification fails to be completed. In such an instance, the family would keep its health coverage through the original renewal period. At that point, there would also be an opportunity to rescreen and enroll the family in SNAP.

- **Push eligibility forward.** When updated information is collected for one program, the state can extend eligibility in another program without requiring a separate renewal process. This sometimes is called “rolling renewals.” For example, when a family recertifies its eligibility for SNAP (or submits the required “check-in” report at the six-month mark) the state can use the

information gathered as a part of the SNAP renewal to bump forward the family's Medicaid or CHIP eligibility period another 12 months without requiring the family to submit additional paperwork. This strategy also can be used if eligibility periods fall out of alignment: they can be quickly realigned by pushing the Medicaid eligibility period forward.

Important notes about this strategy: Because of differences in work support program rules, pushing eligibility forward may work best when SNAP is the originating program. When a family completes a renewal for health coverage, the eligibility worker typically will not have all the information to recertify SNAP (e.g., data on certain deductible expenses and on SNAP household members not applying for health coverage). In addition, SNAP requires fixed eligibility periods and a recertification application with a signature, while health programs allow flexibility in these areas. If additional information is needed for another program (such as data on private health coverage or hours of work for child care), questions can be added to the SNAP simplified report or recertification form along with a note explaining that this information is not required for SNAP purposes. In addition, as with the option to combine renewals, it is important to note that Medicaid and CHIP should not be terminated if a family fails to complete its SNAP recertification.

- **Allow renewals by telephone or Internet.** States typically use the mail for renewing benefits, but the telephone and/or Internet also can be used effectively if the state is able to accommodate such applications (specific procedural options in this area are detailed in the next chapter). Only the SNAP program requires a signature on an application for recertification, but the signature can be electronic or telephonic.
- **Pre-populate forms.** States can simplify the renewal process by pre-populating renewal forms with the most recent information the agency has (such as on household members or income) and then asking for updates as opposed to re-entry of data. If there is no change, there is no need to re-verify the information.
- **Establish a policy vision that gives special attention to cases that are about to close at renewal.** In many states, the system closes a case automatically if the renewal process is not completed by a certain date. These “auto-closures” can occur frequently and can put a family's entire support package at risk. Further, there are often legitimate reasons to keep a case open: the proper documents may have been submitted but not yet logged-in; a single missing piece of information could quickly be verified elsewhere; an individual with a disability or literacy issue may require special assistance. States can investigate cases that are about to close and, with a minor amount of work, keep them open. Similarly, cases often close at renewal because families that have moved do not receive the renewal packet. To minimize these terminations, states can analyze their returned mail, try to establish telephone contact, or locate an updated address through a match with another state program or the Department of Motor Vehicles.

Aligning Change Reporting Rules

In addition to having their eligibility re-determined annually, participants in work support programs generally are required to keep the state informed, between eligibility reviews, about changes in household circumstances (such as in income or household composition). States' approaches to change reporting fall into three categories:

- **Immediate change reporting.** Recipients must report specified changes in income or circumstances promptly, usually within ten days. Caseworkers must adjust eligibility and benefits to account for the change. This is the most common type of reporting requirement in Medicaid, CHIP, TANF, and child care.²⁶
- **Periodic reporting.** Recipients periodically must submit a report on specified elements of eligibility, even if nothing has changed. Periodic reporting is used most often in SNAP, as discussed below, with reports generally required every six months. If the report is not received by the deadline, the case is closed. If a state receives information between reports, it may have to make a change at that time.
- **No reporting (or “continuous eligibility”).** Virtually no reports are required between eligibility reviews other than very fundamental eligibility changes, such as moving out of state or the death of a household member. Continuous eligibility is an option in Medicaid for children and, with a few exceptions, can be used for other Medicaid recipients as well as in TANF and child care.²⁷

Over the last decade, nearly all states have adopted a federal SNAP option called “simplified reporting,” which has vastly reduced requirements for workers as well as participating families. Under simplified reporting:

- Recipients must submit updated information about selected household circumstances (e.g., composition, income, change in residence) every six months through a mail-in report form or the recertification process.
- Between simplified reports (or recertifications), changes in income need only be reported if the increase takes the household above 130 percent of the poverty level. Other changes, such as loss of income or change in the number of household members, can be reported in order to document eligibility for increased SNAP benefits.

For programs other than SNAP, by the end of 2009, 22 states were using continuous eligibility to eliminate interim reporting for children enrolled in Medicaid and 30 states were using continuous eligibility in CHIP. The majority of states, however, have not simplified reporting rules in other programs such as Medicaid for parents, TANF, or child care. For these programs, most states still require *all* changes that might affect eligibility to be reported within ten days.

Because so many families in need receive benefits across these programs, the failure to be consistent can render moot the improvement made in any individual program. For example, although SNAP reporting has been streamlined, states may still require families receiving family

²⁶ Medicaid regulations require states to “have procedures designed to ensure that recipients make timely and accurate reports of any change in circumstances that may affect their eligibility.” States currently have significant flexibility to design reporting rules that meet this requirement. See 45 CFR § 435.916(b).

²⁷ HHS has not yet clarified whether under health reform states will retain the ability to provide adults with continuous eligibility in 2014 and later years.

Medicaid, TANF, or child care to report any change in their circumstances within ten days. As a result, the state has not reduced the overall reporting burden that families face. Further, SNAP rules might require that a caseworker gather verification of income changes reported to another program and then adjust the family's SNAP benefits based on the new information, despite the fact that the change did not have to be reported to SNAP in the first place.

Fortunately, federal law allows substantial flexibility when it comes to change reporting, so states have opportunities to rectify inconsistencies and cross-program conflicts. States can:

- **Reduce reporting requirements in all work support programs.** States have broad latitude to set reporting requirements in work support programs other than SNAP. As noted, in Medicaid and CHIP, they can adopt continuous eligibility for children. Using the “less restrictive methodologies” option, they can also disregard many changes for parents’ Medicaid eligibility.²⁸ In TANF and child care they have flexibility to limit instances in which change reporting is required. Most states have not thoroughly examined the options available to them for lowering the reporting burden. As a result, they receive — and must respond to — more change reports than are actually necessary.
- **Delay action on data matches.** Many states routinely run data matches for their entire caseloads to check for new information on participating families. However, this practice can actually increase error rates and administrative burdens. Depending on the data source, the match may not be current or complete enough and may require additional contact with the household; state staff may act improperly on the information.

For example, a state may run a data match of client records with out-of-date state tax data which shows that a few months ago a client’s monthly income was \$2,000. If the client demonstrated last month that his income is \$1,000 due to reduced hours, the data match may not be sufficient cause to require the client to re-verify his circumstances. It is therefore beneficial for both families and the state agency to adopt a policy of delaying action on data match information until households come up for recertification (or in SNAP, until the next simplified report is due) unless the information appears to indicate that the family is ineligible.

After 2014, this approach will have an important qualifier. When low-income families receive tax credits to help pay premiums in the exchange, it will be important to use data matches to notify families that they need to modify the level of assistance they receive. Otherwise, if a family receives excess tax credits compared to their annual income reported on tax returns, the family will need to repay some or all of the value of the extra credits received during the year.

- **In SNAP, act only on changes that would increase benefits.** Under SNAP simplified reporting, if a state learns of a change that was not required to be reported, it can choose to act only if doing so would increase the household’s SNAP benefits. There is an exception to this: if a state gets information from an original source (e.g., the Social Security Administration or the state’s Unemployment Compensation agency) it is considered “verified upon receipt” and must

²⁸ HHS has not yet issued rules on change reporting under the health reform law. It is expected that these rules in Medicaid will dovetail with the reporting rules for the subsidies that higher-income families and individuals will qualify for through state exchanges.

be acted upon. Otherwise, all change information that would *decrease* benefits can be acted on at the next recertification or report.

Unfortunately, many states have opted to act on reported changes that would increase *or decrease* benefits. States indicate that acting on changes in only one direction requires significant computer reprogramming. However, since many states are considering new computer systems, there may be an opportunity to resolve this concern. States that act only on changes that increase benefits include **Missouri, Oregon, and South Carolina**. This policy saves states time because they do not have to act on as many changes; it also modestly increases benefits for families.

Quickly Re-Establishing Eligibility After a Break

The following sequence of events is not uncommon: families fail to take all required actions in a timely manner; the state responds by denying or terminating eligibility; families subsequently come up with the required information, but must begin an application from scratch, as though they were completely unknown to the state. Given that it is much less burdensome to simply reopen an existing case than it is to start a new process, states should consider:

- Using the flexibility offered in health coverage programs to allow re-opening of recently closed cases (or denied applications.)
- Seeking waivers from the USDA to expand their ability to re-open SNAP cases that they have closed in the middle of a certification period.
- Authorizing caseworkers to reestablish eligibility based on a telephone call or data matches with authoritative sources of information if no further verification is required.
- If a new application is required, pre-populating the application with the information that is known to the state and using permanent verification in the case file to satisfy any items that have not changed.

Making Integrated Policy Changes Happen

Once new policies are on the books, state human services officials can and should take steps to ensure that the changes are effectively implemented and achieve their full benefit. Among the many possible actions they can take, the following are particularly critical:

- Publish joint policy and conduct joint trainings
- Systematically monitor implementation of new policy.

Publish Joint Policy and Conduct Joint Trainings

State policy officials often operate in separate silos even when their programs are integrated at the local level. This can create confusion all the way down the line. For example, even if eligibility workers in the local office are conducting integrated interviews and eligibility determinations, the

policy manuals they are using, as well as their training sessions for SNAP and Medicaid, may be separate. As a result, the burden of sorting out policy differences falls on the eligibility worker and the family.

This can be avoided if policy officials work together, meeting and talking regularly to ensure that the rules are as consistent as possible across programs. They can coordinate and present joint policy to local offices, whether in policy guidance directives, procedure manuals, or staff trainings. Where rules are not consistent, making the differences transparent to workers and families is important. When policy questions arise, the two programs' policy officials can sort through the federal and state regulations together and provide an integrated answer.

Systematically Monitor Implementation of New Policy

Adjusting policy directives and manuals is not always sufficient to ensure that changes happen consistently in the field. Eligibility workers may continue old policies and practices out of habit, because they do not understand the rationale behind the change, because they are overwhelmed and not keeping up with written policy changes, or because they think the policy may be reversed in the future. For example, protecting against the possibility that an asset limit may be reinstated, a caseworker may continue to collect information on a family's assets to demonstrate that it is not over the limit; while the caseworker's intention is honorable, such a practice sustains paperwork burdens that were meant to be removed. In addition to getting the word out and conducting training on the new policy, states can monitor implementation through data collection (discussed at length in Chapter 3) and during supervisory reviews.

Oklahoma has a state policy to coordinate eligibility periods across SNAP and Medicaid. To ensure this policy is being carried out, the state uses data from its eligibility system to periodically tabulate, by local office, the share of cases that have eligibility periods out of alignment. Other states have included this kind of systematic check on policy compliance in supervisory reviews. For example, a supervisor might check the cases she normally reviews to make sure eligibility workers are not asking for more documentation from families than is required.

This chapter has focused on a range of policy options states can pursue to increase families' access to critical work supports. Chapter 2 builds on these policy directions, laying out a series of specific processes and procedures that states can put in place to get the work done.

Chapter 1: Policy Resources

Multiple Programs

Online Information About Key Low-Income Benefit Programs Links to Policy Manuals, Descriptive Information, and Applications for State Food Stamp, TANF, Child Care, Medicaid, and SCHIP Programs, Center on Budget and Policy Priorities, November, 2010.

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Building an Express Lane Eligibility Initiative: A Roadmap of Key Decisions for States, by The Children's Partnership, January 2010. <http://www.childrenspartnership.org/AM/Template.cfm?Section=Reports1&Template=/CM/ContentDisplay.cfm&ContentID=14056>.

The Burden of Proof: How Much is Too Much for Health Coverage?, by the Southern Institute on Children and Families, October 2003. <http://www.coveringkidsandfamilies.org/resources/docs/2003BurdenofProof.pdf>.

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Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010-2011, by Martha Heberlein, Tricia Brooks, Jocelyn Guyer, Samantha Artiga and Jessica Stephens, The Georgetown University Center for Children and Families and the Kaiser Commission on Medicaid and the Uninsured, January 11, 2011. <http://ccf.georgetown.edu/index/holding-steady-looking-ahead>.

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CHAPTER 2: PROCEDURAL AND SYSTEMS OPTIONS

Why are procedural and systems changes important?

As discussed in the previous chapter, crafting the right program policies is critical to ensuring both that families can obtain the full package of work supports for which they are eligible and that states can maximize their efficiency in administering these programs. State policies are the framework within which work support programs operate. Yet it is equally important to improve the on-the-ground processes that families use to apply for and retain benefits, as well as the specific ways in which states employ caseworkers, technology, and other resources to manage the thousands of transactions that connect families to work supports.

States face myriad choices in designing their processes: should they offer applicants the ability to apply simultaneously for multiple programs? How can they ensure paper documents get from clients to the right caseworker in time to support a decision? What is the best way to answer families' questions about their benefits? The manner in which states accomplish all of the individual tasks — as well as weave their various systems together — defines their business delivery model. In the end, this model will determine whether a state fully supports program integration or may be inadvertently undermining it.

This chapter will review key elements of human services business delivery models that can play a significant role in supporting program integration, including: caseworker staffing strategies, business processes for major aspects of eligibility, and the use of technology tools. States have undertaken remarkable initiatives in these areas that have, in many cases, helped them manage the dual challenge of rising caseloads and shrinking administrative resources. Nevertheless, more can be done to ensure that eligible families are connected to and retain work supports.

Important note about this chapter: To be sure, none of the strategies discussed in this chapter guarantee success. How states implement these service delivery options is crucial to their success and some states have had mixed results with or difficult transitions to new service delivery models. Whether the suggested options are adequately resourced (with staff and systems support), how they are packaged together, and whether states monitor ongoing operations and can fix problems as they arise all are key components of states' ability to improve service delivery and integrate work supports. While this chapter focuses on successful models, it does describe potential shortcomings that states must address when considering these options.

States Are Rethinking How to Organize Caseworkers' Responsibilities

For decades, human services agencies around the country have used a caseworker-based approach to service delivery that proceeds through a series of familiar steps: low-wage or unemployed families needing support apply (in-person) at a local human services office; they are assessed by a social worker who collects documentation of their income and circumstances; the social worker or caseworker determines their eligibility and benefit levels for the agency's programs, enrolls them, and then provides referrals for additional, outside supports.

The vision underlying this service delivery method is that an individual caseworker connects with each family and builds an ongoing relationship through which the family can obtain the resources and supports for which it is eligible. Such seamless and comprehensive service delivery is still the gold standard for human services and, indeed, is the overarching vision for this paper. However, caseload and financial constraints may make it increasingly difficult for states to achieve this model as it was originally conceived.

Changing Environment May Require New Approaches

While some states still use the traditional casework model successfully, in recent years growing caseloads and diminishing resources have left many agencies increasingly unable to sustain such a time-intensive approach. In many parts of the country, as caseworkers' schedules have become overloaded, customer service has suffered: family interviews have been delayed, routine telephone contact has become difficult, long waits at the welfare office have become more common, paperwork has gotten lost, and workers have had increased difficulty meeting internal deadlines for data entry and case completion. These problems have been further exacerbated by caseworker layoffs and reductions in resources for training and technology.

As a result, families seeking support end up having to take additional time off from work; they may be confused by (and therefore unable to properly comply with) the various processes and requirements; and, in the end, their receipt of benefits may be improperly calculated, delayed or even denied. Further, for families needing multiple supports, caseworkers may have less time to focus on benefits outside their own purview. In the end, the goal of supporting eligible families with a comprehensive *package* of supports may be undermined. In our current fiscal environment, problems like these will only get worse unless states consider some critical changes to their human services business model.

New Strategies for Caseworker Deployment

Realizing that caseworkers today must handle caseloads that can be five times larger than ten years ago, states across the country are experimenting with new approaches to the basic business of delivering benefits to eligible families. Many are pursuing a task-oriented approach in which individual staff focus on completing specific steps in the certification process, as opposed to one caseworker having responsibility for the whole process for specific families.

States also are seeking to “triage” cases more effectively so that less time is spent on easier cases and harder cases get the attention they need. Similarly, they are working to identify clients who can “self-serve,” or take on more responsibility for completing application and renewal tasks. They are adopting an overarching philosophy that aims to increase efficiency by removing bottlenecks and having eligibility workers “touch” each case as few times as possible. Technology (e.g., online applications, data sharing, and use of electronic case files) is an important component of some states' redesign efforts, giving them greater flexibility in their use of staff resources and physical space.

Arizona embarked on process redesign after experiencing a 60 percent increase in the number of cases in recent years because of the recession and a 30 percent *reduction* in the number of staff to

process the work. After discovering that a typical family had to make three to five in-person visits to the local office to secure benefits, the state aimed to restructure its process to take care of as much business in as few visits as possible. Thus far, it has implemented the new process in two offices and has found that for 65 percent of its customers, it can complete the application in a single visit. In other words, in these two offices the state is saving two to four future visits per customer 65 percent of the time.

Maryland has placed computer terminals in some of its human services waiting rooms. Clients who are able to complete an online application themselves (or with limited help from a roaming customer service staff person) do so and then have a quick interview with a caseworker in the computer lab. The staff person who conducts this interview does not become the applicant's permanent caseworker; the new business model seeks to facilitate express services for applicants who may not require individualized assistance. Some local offices offer this option only when waiting rooms are packed and wait times for initial applicants are very long.

Washington State has undertaken a comprehensive overhaul of its service delivery model based on a "one-and-done" philosophy, through which the state seeks to minimize multiple contacts with families and instead meet them wherever they contact the system. For example, if a family contacts a call center to determine why its SNAP case has been closed, the call center worker pulls up the file, explains what happened, and conducts the renewal interview for SNAP (and any other benefits for which the family might be eligible, such as health coverage) in that moment. The call center worker then mails the completed application to the family for signature.

Under a more traditional approach to service delivery, the call center might have reviewed the case but would likely have directed the client to a local office to complete the steps needed to reopen the case. What Washington accomplished in one phone call would have, in this instance, required multiple steps and a likely delay in benefits.

Seeing it in Action: Washington's Process Redesign Efforts

Washington's Department of Social and Health Services maintains a website that highlights the initiatives implemented to streamline their business practices. It includes information on the effort, the policy and procedural changes Washington has adopted, and lessons learned. In addition, the site includes a video on how the new application process works from a customer's perspective.

<http://www.dshs.wa.gov/ServiceReform/>

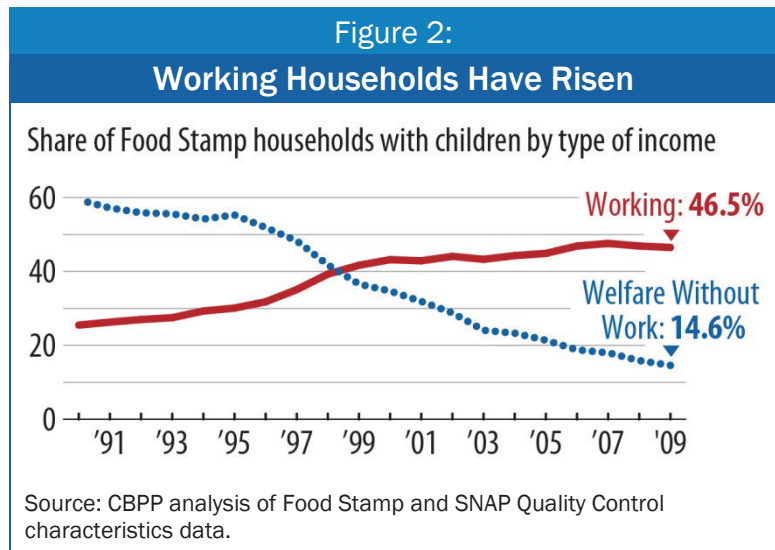
New Trends Support New Approaches

There are some important trends afoot that support states' efforts to adopt business model changes like those described above. First, over the last 15 years, the population receiving work supports has changed: more of the people using these benefits (SNAP and Medicaid in particular) are in working families, and although they may need health insurance coverage and assistance with purchasing groceries or obtaining affordable child care, they may not need intensive case management services. Figure 2 shows the share of SNAP families with children that have earnings has risen significantly over the past 20 years.²⁹

²⁹ For this figure, "working" households include any households with children that had earned income in the month the household was sampled for a SNAP Quality Control review. "Welfare without work" includes households with children that received TANF cash assistance income, but had no earnings in the month the household was sampled.

In addition, as a society, our expectations around service delivery have changed — people increasingly use “self-service” options for everything from banking to shopping to travel. Use of these methods in government is becoming more common, and employing them in the human services system is a logical next step.

As states respond to these trends with new or modified business models, they need to ensure that families that do need more personalized help navigating the process are not left behind.³⁰ Further, the changes states adopt would ideally help enroll families in the *full* package of work supports for which they are eligible. Some states have enthusiastically embraced “modernized” business models but have limited them to one program, which can ultimately undermine the efficiencies gained in individual programs, both for staff and for families.



Why is it challenging to change business models?

While redesigned business processes hold great promise for improving customer service and making state systems more efficient, it is important for states to consider some of the challenges that a business model change will likely bring. For example:

- **Duplicative processes will persist without full system coordination.** If systems changes are not coordinated across multiple programs, families will still have to navigate separate and complex processes; this would nullify the effect of any in-program changes that have been achieved.
- **“Falling through the cracks” is a significant risk.** In task-based approaches to case management, if the “hand-off” from one caseworker or unit to another does not work smoothly and efficiently, then the family may need to make numerous contacts before completing the enrollment process, and may even lose benefits altogether. Additionally, without dedicated caseworkers, families that do fall through the cracks may find it difficult to figure out whom to contact to fix the problem.
- **Accountability and overarching management are essential.** If any single task in a carefully orchestrated process is not performed adequately, the whole chain will be affected. For example, if interviewers do not collect the right information, then case processors will not have what they need to make the right eligibility decision. Ongoing training and monitoring are critical during times of change but can be labor-intensive and costly.

³⁰ Older Americans and people with disabilities may have particular issues navigating new technologies.

- **Families may struggle during the transition to a new system.** Some families that are accustomed to dealing with the same caseworker may resist a transition to more generic support from the human services agency. Others may have difficulty determining whom to contact to check their status and complete their enrollment or renewal work. Fortunately, problems like these are typically short-lived if states' overall customer service improves with the transition. Obtaining feedback from customers through surveys, focus groups, and other avenues can help inform state agencies about the experience customers are having navigating the system.
- **Volume-induced bottlenecks can still occur.** As always, adequate staffing is crucial. If volume exceeds capacity at any point in a new process, problems will ensue. For example, if a state is short on staff, families may not get a timely interview, which may result in more calls to the call center to inquire about the missed interview or the status of a case. While states might be able to temporarily redirect staff from one task (such as case processing) to conduct more interviews, such a change can create backlogs elsewhere in the process.
- **Families' access to — and facility with — technology will vary.** New service delivery models must remain responsive to families' particular skills and needs. Some of the most vulnerable families — such as those with language barriers, limited literacy, or physical or mental health issues — may always require one-on-one assistance. Some families may also need to be connected to a broader array of services based on a caseworker's more detailed assessment of their circumstances. To meet the needs of such families, states will need flexibility in their business processes. Use of technology must take the whole range of capabilities into account; if someone comes to a local office there should be a way for them to be fully served in person.

Procedural and Systems Options That States Can Pursue

States' "modernization" or "business process redesign" efforts often seek to break down the casework process into its component parts and then coordinate and streamline tasks in a logical and transparent flow of work. As noted above, under these new "task-based" models, families may no longer have an assigned caseworker. Instead, one team of caseworkers may cover application intake while another conducts interviews; a third team may process incoming verification documents while yet another staffs a call center. The overarching goal is a process that is both easy for families to navigate and more efficient for states.

There is no single, recommended model for achieving these goals. Indeed, even in states that have moved to a "task-based" approach, many elements of the caseworker model remain. For example, several states have found it beneficial for the initial eligibility interviewer to keep cases through approval or denial, since he or she is fluent in the case details. Some states use experienced eligibility workers in call centers and empower them to make all eligibility decisions, while others use call centers for information inquiries or change reports and leave decision-making to the fully trained eligibility workers. Many states maintain a traditional caseworker model for clients who participate in TANF, even if they have otherwise moved to a task model, because they prefer a more personal and intensive relationship with those clients. All states have maintained some local office presence for in-person service for SNAP and TANF, though many states have moved to centralized mail, Internet, and telephone processes for children's health coverage.

States' decisions about specific system design elements will be driven by their current service delivery model as well as by the demographic, political, labor, and budgetary landscapes they face. Given the success of a wide range of strategies around the country, this section does not recommend a single model but instead outlines four broad operational goals and then provides a menu of options that can support those goals within most delivery service models. The four goals are:

- **Creating a “one front door” environment.** Any entry point should lead families to all of the work support programs for which they may qualify.
- **Redesigning pieces or the entire process.** From lobby management to streamlined interviews, verification, and case management, states can improve customer service and help keep up with the workload through coordinated and efficient eligibility and renewal processes.
- **Improving workload management systems.** Workload infrastructure — i.e., who does what, when, and with what tools — plays a significant role in improving program access and efficiency.
- **Using technology to support these efforts.** Technology can support improved flow throughout the enrollment and renewal processes, though new technology is not an essential first step to an improved benefit delivery process.

Using New Procedures and Systems to Create a “One Front Door” Environment

Research has consistently shown that one of the primary reasons struggling families do not participate in a full package of work support programs is that they lack accurate information about their eligibility. A “one front door” system addresses this challenge. Rather than have families make guesses about their eligibility (sometimes informed, sometimes not) and then seek out a series of separate applications or figure out which boxes to check on a combined application, states can quickly identify a family’s eligibility for all programs, communicate that information, and launch all of the necessary application processes at once. A “one front door” environment like this would mean that wherever a family happens to contact the system, it would automatically be linked to the full set of work support benefits for which it is eligible.

This approach is particularly important in states that do not administer SNAP, health programs, and other work supports through the same agency. In those states, families that apply for one program may never be informed about, or effectively connected to, the broader package of work supports. At the same time, even states that co-administer SNAP, health coverage and other work supports often find they have families that are eligible for multiple programs but are enrolled only in one. This may happen because the family applied for children’s health coverage through a stand-alone process that does not screen families for other programs. Or, when families apply for one program at local offices where multiple programs are available, they may not be screened for or ask for other services.

This section reviews three ways in which states can create a “one front door” environment:

- Offering multiple, integrated access points
- Routinely screening for eligibility across programs
- Using joint or “gateway” applications.

Offering Multiple, Integrated Access Points

States serve families with a wide variety of capabilities, needs, and preferences. As a result, offering multiple access points for securing and retaining benefits across programs is important. Effective process redesign involves careful attention to how these various access points fit together.

- **In-person services.** Walking through the front door of a local human services office is still the preferred method of access for many low-income families. In particular, people with limited literacy or other special needs, those without access to a telephone or computer, or those who distrust technology may require this option. In addition, for people who are desperately in need of assistance, the ability to apply in person and receive emergency (expedited) SNAP benefits or health coverage the same day can be critical. **Idaho** and **Washington State** have redesigned their systems to focus on same-day, in-person service (detailed below), and approximately 80 to 90 percent of families that apply for benefits in a local office receive same-day service for SNAP, and often Medicaid as well.
- **Online services.** Online services enable families to simultaneously interact with multiple state agencies, 24 hours a day, at their convenience, and without having to travel to an office. While low-income families may not have a computer or Internet access at home, many individuals can use online services at work, in school, through a local community group, at the library, or in the home of a family member or neighbor. Because online services mean families take care of some of the application process themselves, state staff have less data to enter and may be able to conduct shorter interviews.

About half the states have integrated online applications for work support benefits, and many others have single-program online applications and/or are working to develop a comprehensive online package. A few states are beginning to allow families to renew benefits, report changes, check their case status, or submit verification online. At least one state (**Utah**) uses online “chat” to help families get answers to their questions. In most states, the SNAP Electronic Benefit Transfer (EBT) card vendors also have websites on which families can check their current card balance, find out when their benefits will be available, find authorized merchants, and change their PIN. Under health care reform, online communication is envisioned as the primary method of contacting the state health exchanges that will be the clearinghouses for health coverage and subsidy assistance.

Many states have set up self-service computer kiosks in their local offices and have engaged community partners that work with low-income families so that people without ready access to computers can take advantage of online services.

- **Telephone services.** The telephone remains a highly efficient mechanism for enrollment and renewal, and many states have increased their use of this method accordingly. Benefit recipients

in New York reported that “the one improvement they wanted in the recertification process over all others” was to be able to renew their benefits over the telephone.³¹

In SNAP, where an interview is required at application and every 12 months thereafter, many states do this work by telephone. In health programs, where a signature is not required to renew benefits, some states (such as **Louisiana**) gather all renewal information by telephone. **Wisconsin** uses telephonic signatures for health care benefits and SNAP.

- **Call centers.** Many states have established cross-program call centers so families can inquire about benefits or the status of their case, report changes in their income or circumstances or, in some cases, go through a full eligibility interview. For families, call centers facilitate forward movement on a case because an individual caseworker need not be available to answer a question or take an action. For eligibility workers who are meeting with families or processing cases, call centers can dramatically reduce work interruptions. Call centers can be small, within a given office, or centralized over a large service area. Call center technology is available to monitor workloads and improve efficiency, and even if implemented on a small scale can reap significant benefits for states and families.
- **Mail/fax.** In lieu of in-person appearances, most states allow families to mail or fax in information related to their initial applications and renewals. Fully mailed applications (where no telephone or in-person contact is required) are most common for families that apply only for Medicaid or CHIP. The mail is also a useful tool in the other direction: approval or denial notices sent to families can include information about other programs the family may wish to apply for and what steps are needed to do so.
- **Email and text messages.** States are exploring offering e-mail and cell phone text messages to enhance communications with families. While with the consent of the individual this strategy can be helpful for some people (in particular for issuing reminders), it is unlikely to substitute for other types of notices or communication in the near term.

Providing these various access points for families creates a highly responsive, customer-oriented service environment. Ensuring that the access points work for *multiple* programs helps establish a flexible, “one door” environment. The more avenues that families have to obtain all of the supports for which they are eligible, the more successful they will likely be. Further, working to establish multiple access points for just one program would be highly inefficient for states.

Routinely Screening for Eligibility Across Programs

As noted, the great majority of low-income families that receive any single work support benefit are likely to be eligible for others as well. Moreover, evidence suggests that families that obtain a full package of benefits do better over the long haul, with better academic outcomes for their children

³¹ Michael Perry, *Reducing Enrollee Churning in Medicaid, Child Health Plus, and Family Health Plus from Eight Focus Groups with Recently Disenrolled Individuals*, New York State Health Foundation, Lake Research Partners, February 2009.

and greater success in employment.³² Consequently, routinely screening families for eligibility across support programs has both logic and value. When screening processes are coordinated, agencies reap significant efficiencies as well.

- **Cross-screening during application and renewal.** Whether using a paper or online application, states can institute an automatic screening process (for both initial and renewal applications) that assesses for cross-program eligibility and collects any additional information that will be needed. A state's computer system can be set up to automatically flag for the worker (in the case of a paper application) or the applicant (in the case of an online application) that a family is likely eligible for additional benefits, the additional time and information that will be required from the family to apply for such benefits, and the expected amount of benefits.
- **Periodic screens of the full caseload.** States can periodically (e.g., quarterly) run a match between caseloads in different benefit programs to find individuals who are only in one program but whose income appears to be below the eligibility cut-off for others. Targeted outreach efforts would then inform families of their likely eligibility and tell them how to apply. **New York City** has used this approach in both directions, boosting its children's health enrollment by identifying potentially eligible families who are receiving SNAP, and vice versa.
- **Online, self-service screening.** Many states have developed online tools that families can use to assess their eligibility for multiple programs. In **Pennsylvania**, for example, a family can assess its eligibility for ten programs simultaneously: Health Care Coverage (CHIP, AdultBasic Health, and Medical Assistance), SelectPlan for Women (a family planning/health care program for women), SNAP, Free or Reduced Priced School Meals, Cash Assistance, Child Care, LIHEAP, Home and Community Based Services, EITC and the Child Tax Credit.

Online screening tools collect basic information about household members and their income and then examine it with regard to the state's criteria for various programs. The screeners are available from any computer at any time and, even if the state cannot offer an opportunity to apply for every program at the end of the screening process, the software can provide useful information about multiple programs. States that prefer screeners targeted to a single program, e.g., children's health coverage, could include a link to a more comprehensive screener.

As states consider incorporating online, self-service screening into their application and renewal processes, some key issues include:

- ✓ *How detailed to make the queries.* Eligibility screening devices vary in complexity. States generally strive to create as short a process as possible while maintaining the ability to fully screen for a range of benefits. Screening processes that provide families with the *amount* of benefits for which they may qualify may improve the likelihood that families follow through and apply, so including sufficient queries to produce a range of likely benefit levels may be beneficial.

³² Gregory Mills, Olivia Golden, and Jessica Compton, *The Role of Work Support Benefits in Helping Low-Income Families Make Ends Meet and Earn More at Work: Rationale for a Demonstration and Evaluation*, February 2011, Urban Institute, www.urban.org/worksupport.

- ✓ *Whether to include the application itself.* In some online application systems, after the eligibility cross-check that produces a list of benefits for which a family may qualify, an additional screen provides a chance to actually apply for those benefits — or at least to add information that will further confirm eligibility. **Wisconsin's** benefit screener allows users to directly apply for SNAP and health coverage at the end of the screening and also gives information about how to apply for the other programs like TANF, school meals, and energy assistance.
- ✓ *Whether to pre-populate applications.* For screeners that move from the eligibility review directly into online applications, states have an option to pre-populate the online application forms. In **Delaware** and **West Virginia** the information from the screener is used this way. Cross-program screeners can automatically sort the information into different applications and send it to different agencies.
- **Partnering with community-based organizations.** By using a state's online screener — or any of a number of nationally available screening tools — community-based organizations and advocates can assist families with cross-screening for benefit eligibility. This approach can be especially useful for people (such as recent immigrants) who may require intensive application assistance from a trusted source. This strategy will be most useful and efficient if the data that local organizations gather can be imported directly into the state's eligibility system without further intervention or re-entry by agency staff. To help ensure that outcome, these organizations must have sufficient training in the online tools and the requisite technology.
- **Eligibility worker or front desk screening.** In the absence of automatic cross-program screening through online or other computer-based systems, eligibility workers, front desk intake workers, and telephone call center workers can be trained to use a script or protocol with standardized screening questions to help families determine their eligibility for a range of programs.

In some **Kentucky** local offices, the front desk staff who greet people coming to the office use an assessment to quickly determine what's going on in the applicant's life that brought him or her to the human services office and enable them to suggest a wide range of benefits that are available at that office and elsewhere. Given workloads at local offices around the country, this type of screening happens less frequently than it could, and often requires deliberate reinforcement.

In states that administer SNAP separately from health coverage, SNAP offices are a perfect location to help eligible children enroll in health care. Since health coverage eligibility limits are higher than SNAP limits, virtually every child receiving SNAP will be eligible for health coverage. Even if the state already has a policy to provide the children's health application to families applying for SNAP, it can significantly reinforce this policy by training staff to fill out the applications and by reviewing each week how many new SNAP applications are accompanied by a children's health application.

Using Joint or “Gateway” Applications

Once screening has identified a family as eligible for multiple programs, minimizing the number of applications it then needs to complete is an important goal. There are a number of ways states can do this.

- **Develop joint applications.** The most direct way to minimize effort for families and agencies is to use a single application for as many programs as possible. Forty-six states have multi-program applications (often called “generic” or “combined” applications) that include TANF, SNAP, and health coverage. Unfortunately, these applications often do not include child care because it often is administered by a different agency.

States can structure their applications to enable families to apply for many programs without having to lengthen the application for all applicants. In the case of online applications, additional questions needed for other programs can be asked in screens that are shown only to people who are applying for those programs. The applications can then be forwarded to different agencies if the programs are not administered together.

- **Take advantage of Express Lane Eligibility (ELE).** As discussed in the previous chapter, ELE is an option through which Medicaid and CHIP agencies use a finding (such as family income) from another state agency to determine whether a child satisfies one or more of their eligibility factors. States can use ELE to initiate new applications or to facilitate renewal. ELE is especially helpful if states administer SNAP and Medicaid separately, but it can also work to enroll children who participate in SNAP but do not have health coverage (or have fallen off Medicaid coverage). **Oregon** uses the option in this way. In another example of express lane-type simplification, some states consider all SNAP participants automatically eligible for home energy assistance (LIHEAP).
- **Use one application as a gateway to others.** Short of a joint application (or automatically importing information from one program application into another), states can use single-program applications to begin the application process for other programs. In **Rhode Island**, when a family applies for LIHEAP through the local Community Action Program (CAP) agency, the CAP worker asks if the family also needs food assistance. If the answer is yes, then the CAP worker can click a button that will pre-populate an online SNAP application using information already entered on the LIHEAP application. At a minimum, a state’s single-program application can include check boxes indicating interest in additional applications, and workers can then follow-up.

Redesign Pieces or the Entire Process

States that are successfully managing rising caseloads with limited resources have found that simply demanding that their staff work harder and faster within existing systems is not the answer. Instead, they have increased their productivity by aggressively and systematically tackling inefficient processes: they have created new systems that reduce the time it takes for a case to flow through the application process from beginning to end, and they have found multiple ways to secure cross-program enrollment and renewal that yield significant efficiencies in service delivery.

The key to developing more efficient application, enrollment, and renewal processes is to shine a bright light on what's currently in place, find the duplications and the bottlenecks, strip away policies and procedures that are neither required by federal law nor adding value, and then continually reassess the results and make refinements. This endeavor requires an openness to the possibility that many aspects of the state's current process reflect state choices rather than federal rules, as well as the flexibility to re-imagine how the work could be done differently. And, because states' processes may have many redundant steps across programs, these efforts also can illuminate opportunities for improved efficiencies through coordination.

Some states have achieved impressive improvements in customer service through process redesigns. For example, in **Washington State, Idaho, New Mexico, and Utah**, about four out of five applicant families are receiving benefits on the same day they apply.³³ These states also are seeing their rates of case closure at renewal dropping, which means that fewer families are “churning” off the caseload and having to reapply for benefits.

Process Mapping

In order to launch well-planned redesign efforts, several states have found that creating “process maps” of their eligibility systems is a highly useful first step. These maps can help identify trouble spots, such as duplicative steps, problematic hand-offs, and bottlenecks. They can also help states envision new, more efficient ways of doing business. States that have undertaken process mapping offer these tips:

- **Use a team approach.** Bringing together policy staff, eligibility supervisors, and front-line staff from across various programs and functions will yield the most comprehensive results. Often managers and supervisors are unaware of procedural steps that have been added at the local level in response to processes that have proved cumbersome.

For example, in an effort to improve the way it handled verifications, one state instituted electronic case files that would keep a family's materials together in one place and make them accessible across agencies. All verification that was dropped off at the local office was mailed to a centralized document imaging location, which then created the e-files and alerted local office workers to the updated information. While the two-day turnaround on this process was not a problem most of the time, families risked losing their benefits if submitted documents were still being imaged at the end of the month. To prevent this, eligibility workers began intercepting verification items before they went to the imaging office and took action on cases without the verification being officially logged into the system. Once central office staff became aware of this caseworker-created work-around and the workflow disruption it was causing, the state was in a position to create a better process.

- **Consider the family's perspective.** Constructing process maps from the perspective of a family seeking a range of work supports can expose extra steps in the process that might not be apparent from a state worker's perspective. For example, what does a family have to do for routine case maintenance and renewals if its children's health coverage is handled by a centralized health unit while the parents' Medicaid and SNAP are managed by the local human

³³ In New Mexico 60 percent of in-person applications are processed the same day and another 10 to 20 percent are processed the following day, so 80 percent of applicants receive benefits within 24 hours.

services office? Some states have started process mapping by interviewing clients in the waiting room about why they are there and what their experiences have been.

- **Question everything.** Part of the mapping process is determining whether all the steps are truly required. Each step should be questioned, and those that remain should either be federally mandated or explicitly affirmed by senior policy staff. States that go through such a questioning process routinely find that they have codified unnecessary procedures, which may respond to an outdated error finding or an embarrassing fraud case, may be one local office's way of dealing with a particular staff issue, or may reflect a lack of understanding of permitted flexibility across the array of work supports.
- **Prioritize which areas to redesign or improve.** After mapping, states should look closely at the *share* of applications that go through the various steps in the process — particularly those steps that lead to pended or denied cases. For example, a state likely will have a branch on its map for cases pended (and ultimately denied) because of missing documentation. If this is a large share of cases, then determining whether the state can decrease documentation requirements should become a top priority.
- **Set targets for the redesign.** Some states establish work performance targets that they monitor daily and then use their redesign efforts to make sure they can meet these targets. For example, **New Mexico** strives for families to be seen and have their issues resolved within 30 minutes so they do not need to make return trips. The state has moved to a task model and redesigned the workflow in its local offices to meet this goal.

Appendix 1 presents an illustrative process map. The Maximizing Enrollment Project described in Box 1 has made numerous resources available to help states diagnose the strengths and weaknesses of state processes for enrolling children in health coverage, including a self-assessment toolkit. See <http://www.maxenroll.org/page/self-assessment-toolkit>.

Another strategy some states have undertaken as they embark on process redesign is to survey their clients to learn, for example, why they have come to the human services offices, whether their questions were answered, and how they would prefer to communicate with the agency.

Improving Steps in the Process

As states begin to map their application, enrollment, and renewal processes, they will likely find that myriad improvements can be made. The section below outlines a number of specific innovations that have been proven particularly effective at these key junctures in the typical enrollment process:

- Initial contact
- Eligibility interview
- Document verification
- Inquiries and changes
- Use of forms, online materials and correspondence
- Renewal.

- **Improving the initial contact (“lobby management”).** Many states have reconceived and restructured their lobbies so that this often-central space, in which many families make their initial contact with an agency, is substantially more functional and efficient.
 - ✓ *Position knowledgeable greeters in the lobby.* Dedicated staff in the lobby can help people figure out where to go and trouble-shoot questions. When issues can be reliably resolved at the front desk, caseworkers do not have to interrupt their work to come out and talk to families. This approach also can move clients out of the office waiting room more quickly, minimizing crowding and wait times. Some states use fully trained intake workers for this critical function.
 - ✓ *Set aside private interview space.* Interview space in (or close to) the lobby saves time spent walking applicants back and forth to a caseworker’s office. It is important, however, that the interview space be structured to protect client privacy and comfort; requiring visitors to the office to stand would be problematic, for example. Space that permits other people to overhear the conversation would be out of compliance with SNAP rules.
 - ✓ *Create separate windows for different functions.* Some states have found that separate windows for different work functions — for example, interviewing, verification drop-off, or EBT or Medicaid card pick-up — helps keep work flowing more smoothly in the lobby.
 - ✓ *Equip the lobby with computers and telephones.* If the lobby provides access to computers and telephones, families encountering the system for the first time or waiting to be seen can enter a queue for various functions, access the state’s online application or other online services, conduct their telephone interviews, or contact the state’s call center.
 - ✓ *Make a copier and scanner available.* Since copies of personal documents are almost always required by the state, it is reasonable to make these resources readily available to families.
- **Streamlining eligibility interviews.** Perhaps the most labor-intensive step in enrollment processes — and one of the biggest potential bottlenecks — is the eligibility worker’s interview with the applicant family. SNAP requires an interview at initial application and at least once annually; for Medicaid, most states do not require an interview for children’s coverage but many do for parental coverage. States have taken numerous steps to streamline the time spent on interviews.
 - ✓ *Same-day interviews.* In traditional casework practice, staff took applications from families, scheduled a follow-up interview (sometimes two weeks or more in the future), and then spent considerable time rescheduling, as families frequently missed their appointments. States have found that an excellent way to avoid this significant inefficiency is to conduct interviews when the family files its application. Depending on the extent of state documentation requirements and what paperwork the applicant has brought to the office, the case may also be approved or denied that same day.

States using the same-day interview, such as **New Mexico and Idaho**, report that about 80 percent of families applying in person leave the same day with their EBT and/or Medicaid

cards. Under the new approach, the average time to process a case in these states has fallen from about 30 days to under a week.

Same-day interviews also eliminate the need for a separate screening for expedited SNAP benefits. SNAP rules require that households with very limited resources receive benefits within seven days. To comply, many states screen for this expedited benefit eligibility on the day of the application so they can then schedule an interview sooner if needed. With same-day interviewing, the application, separate screen and follow-up interview all take place in one day.

For health coverage, even though interviews often are not *required*, for families that qualify for both SNAP and Medicaid it is efficient for states to adopt the same-day interview approach and process the Medicaid case (for all members) along with the SNAP case. In states that use same-day interviews, families still can apply for health insurance by mail or online, but they may receive their Medicaid cards faster if they apply in person for both SNAP and Medicaid.

- ✓ *Phone interviews.* Virtually every state now offers families the option to conduct an interview over the phone rather than in person. This approach has shortened interview times (phone interviews tend to be more transactional and efficient by nature) and allowed for more interviews per day. Caseworkers don't spend time escorting clients to and from the lobby.

Moving to phone interviews does not require an elaborate call center or new technology. Interviews can be managed out of local offices as long as there is a process for scheduling the calls and headsets for caseworkers. Some offices over-schedule calls, assuming that a percentage of clients will not be reachable. States that decide not to default to telephone interviews may still wish to gather data on how frequently and effectively local offices use this technique in order to both improve and increase its use.

A few states have experimented with "skype" interviews, where community partners provide the technology that allows families and eligibility workers to engage in a "face-to-face" interview without needing to travel to the local office.

- ✓ *"Batter-up" telephone interviews.* Like in-person interviews, pre-arranged telephone interviews often end up being repeatedly rescheduled. In a "batter-up" system, the applicant calls the office at his or her convenience, within a set timeframe, and a team of workers is available to process these calls as they come in. In addition, a system that allows the client to initiate the call provides greater flexibility to families that do not have a fixed address, such as homeless families, or those whose cell phone minutes have run out for a particular cell number.
- ✓ *Triaging and sorting interviews.* Work support applications and renewals vary in their complexity, and interview lengths can therefore differ accordingly. Families with self-employment income, limited English proficiency, a need for a TANF work assessment, or complex custody or other household arrangements will need more time than those whose are applying for renewal and whose family composition and income sources are unchanged. Quickly assessing cases and assigning them to specialized teams of workers based on

complexity is far more efficient than having all cases flow through the same, lengthy set of interview questions.

- **Speeding-up verification.** One of the most common causes of delays in enrollment and renewal processing is lack of eligibility verification. Filing pending cases, looking them up when verifications do arrive, and finishing case processing require extra steps and time for caseworkers. By dropping unnecessary verification demands, states can eliminate many of those steps and create meaningful efficiencies.

As discussed in detail in the previous chapter, there are a wide range of policy options available for addressing this. States can reduce documentation requirements (see pages 27-30), facilitate cross-program sharing of verification (see pages 30-31), and train workers to be more flexible with respect to certain types of verification, including (with the family's consent) obtaining data from third parties (see pages 28 and 31-32).

Each of these policy changes will enable corresponding simplifications in agency practices and may mean a case does not need to be “touched” extra times. Some states have also established special units for collecting and processing documents for verification.

- **Managing inquiries and changes.** Between their eligibility reviews, families often have questions about the status of their case or need to report changes in their circumstances. Because responding to unscheduled inquiries can distract eligibility staff trying to work through other cases, many states have sought to separate these functions. There are a number of ways this can be accomplished.
 - ✓ *Online self-service tools.* As described above, several states use online self-service tools to manage as many types of inquiries and case change reports as possible. In **Florida**, for example, families can see if their verification has been received, what their SNAP benefit level is, or when their next renewal is due. In addition, they can report changes in their household income or other circumstances online and can print out a temporary Medicaid card if they lose theirs or it has not yet arrived when they need to go to a doctor's appointment.
 - ✓ *Call centers.* Also described above, call centers are a useful strategy for meeting families' myriad needs and reducing work interruptions. Call center staff can explain documentation requirements and notices or letters from the agency, act on reported changes, and help families understand actions that are required in order for a case to be processed. They can also be trained to check with families about cross-program eligibility and enrollment.
 - ✓ *Online chat.* A few states have implemented or are exploring online “chat” as a way to answer families' questions. In addition to the state's call center, **Utah** has two teams of about 15 staff each who field questions from customers via on-line chat. A combination of call centers and online chat can significantly reduce caseworker interruptions.
- **Improving forms, online materials, and correspondence.** Written communication with families can cause confusion if notices have not been updated to reflect recent policy changes, are duplicative of other correspondence, or require an advanced reading level. Such confusion makes it difficult for families to comply with program rules and, as a result, creates additional work and

inefficiencies for the state. As a component of process redesign, states may wish to consider a thorough review of all forms, online materials, and correspondence to ensure they are as user-friendly as possible.

A comprehensive review and redesign of notices can benefit from a working group that includes state agency staff, legal services organizations, other client advocacy groups, and caseworkers. Caseworkers, in fact, can be a particularly excellent resource for this task given their intimate knowledge of families. **New Mexico** caseworkers redesigned a joint SNAP-Medicaid renewal notice and tested various versions of it with families waiting in a local human services office.

- **Strengthening renewal processes to reduce “churning.”** One of the single most effective process changes a state can make is to avoid unnecessary case closures at renewal. When eligible families lose benefits, they are very likely to contact the human services agency to reinstate their eligibility, and re-enrolling families is substantially more time consuming for state agencies than renewing existing cases. Further, even a temporary loss of benefits can be extremely challenging for struggling families.

Consider the impact of re-enrollment on the workload in a state with 120,000 households receiving both SNAP and Medicaid. Across these two programs, the state will re-review eligibility for an average of 10,000 households per month. It is not uncommon for a state to close a third of these cases for procedural reasons (even though the family remains eligible for benefits) and for half or more of these families to reapply. As a result of this churning, the state’s intake of “new” applicants will be about 1,500 to 2,000 cases a month higher than it needs to be. Taking steps to increase the share of eligible families who retain benefits at renewal can result in fewer applications and less work for local offices.

There are a number of procedural steps states are taking to improve renewal rates, including coordinating renewals across programs, allowing telephone renewals, placing reminder calls to families that have not submitted forms, targeting cases that are set to close, and pursuing returned mail. Each of these is discussed in detail in earlier sections of this paper.

Illinois uses an automated telephone system to conduct eligibility renewals for some SNAP households. Families are mailed a renewal notice along with a pre-populated interview worksheet that lists the questions they will be asked as well as the information about the family that is currently in the state database. The family calls a number before a certain date and uses an automated process to report any changes and complete the renewal. The data the family enters by telephone is forwarded to an eligibility worker who can follow up if necessary. In most instances, minimal staff time is necessary for the renewal. For families that also receive Medicaid, the process serves as the family’s Medicaid renewal as well.

Important note about this option: In instances where services are completely automated (either online or telephone), the loss of personal contact between families and state staff likely presents trade-offs. For some families, completely self-service approaches may facilitate access. But there is the risk that some families will miss out on benefits. A conversation (in person or on the telephone) between clients and caseworkers can help families get information about other benefits they may need or get answers to questions that might enable them to participate. For example, an applicant who has lost her recent pay stubs may not know that the state could

call the employer to verify her income. If she thinks providing paystubs is the only way to get benefits, she may end up forgoing help for herself and her children. Other applicants may forgo higher benefits because the automated system is not able to press for details on a family's circumstances. Unfortunately, there are no data available to help states weigh these tradeoffs.

Using New Procedures and Systems to Improve Workload Management Systems

The single most important ingredient in a successfully redesigned process is the efficient deployment of human resources — put simply, having an adequate number of staff who are appropriately trained and have the tools they need to be successful. As discussed at the beginning of this chapter, human service delivery has traditionally followed a caseworker model, in which an individual staff member is assigned to a family and goes through all of the procedural steps with that family. Facing financial and workload pressures, many states are shifting away from this approach and pursuing one that is more task-oriented and can allow for targeting of expertise in some areas and a focus on pure volume management in others.

In fact, many states are finding that a task-oriented system makes it easier to manage the inevitable peaks and troughs in the workload by shifting staffing to reduce bottlenecks as they occur. For example, an office manager may move staff from processing cases to intake on a given day if the wait in the office exceeds acceptable standards. This kind of flexibility is particularly helpful at the beginning of the month when benefits are posted to accounts, or in the few days prior to renewal deadlines. Similarly, call center shifts can be tailored to match the days and times when call volume is highest.

When seeking efficiencies in staff and workload management, as well as an increase in cross-program enrollment among eligible families, there are a number of specific restructuring options states may want to consider, including:

- Establishing universal caseloads
- Identifying workers as generic or specialized
- Centralizing offices
- Enhancing training and monitoring.
- **Establishing universal caseloads.** Perhaps the most significant workload change states are making in their quest for greater efficiencies is a move to “universal” or shared caseloads, sometimes known as “case banking.” Rather than each eligibility worker carrying his or her own caseload, cases are shared among a team of workers, a local office, or an entire county or state. Individual cases may be assigned to a worker for a specific period of time or to complete a particular task (e.g., making a change in status or processing a renewal application). Or, caseworkers may handle cases on a rotating basis, taking whatever actions are necessary when they get the case and then writing a brief narrative in the case record to ensure accountability as the case moves on to someone else. Electronic case files with scanned documents, discussed in more detail on page 62, make it easier for staff to share cases.

An added benefit of this approach is that it requires greater standardization of procedures (within offices and even across the state), which ultimately increases efficiency and can facilitate cross-program integration. When pools of staff share tasks and work on different parts of the

enrollment process, standards of practice are particularly critical. Staff who pick up a case in progress will need to quickly recognize what has been done so they can take the proper next steps. Also critical are clear tracking and accountability mechanisms, so that cases do not fall through the cracks.

Universal caseloads also allow states to serve families regardless where they live in the state. Historically, states have served families with a dedicated local office that is near their home address. Transferring cases among local offices when families apply at the “wrong” office or move to a different office’s jurisdiction has been a major burden on local offices and families.

- **Identifying workers as generic or specialized.** As states consider how best to manage their workloads, a number of questions will likely arise, for example: should workers always perform the same task or rotate through different tasks on a daily or weekly basis? Should call center employees be trained in the same manner as other eligibility workers or is it a different job altogether? How should the state make the best use of clerical staff in the eligibility process?

Some states will determine that eligibility workers should be knowledgeable about multiple programs so they can process eligibility for a range of benefits. These are sometimes known as “generic” workers. Although the up-front training commitment tends to be more intensive with generic workers, in the long run this workforce model can give states significant flexibility in deploying staff. By contrast, some states will determine that staff should maintain areas of specialization.

Sometimes a hybrid approach works best. For example, even in the context of a generic worker model, it generally makes sense to dedicate some specialized workers to certain types of cases. Some states retain separate units for TANF cases because they require work-readiness assessments and other special job- or child care-related services. States may also find benefit in maintaining specially trained staff to work with the elderly or disabled, with those needing long-term care, or on cases with language barriers.

- **Centralizing offices.** Traditionally, human services programs were delivered through numerous local offices situated in counties, cities, and communities across a state. Each local office typically was responsible for a specific geographic area. A family’s paper case file was housed in its local office and all functions that were needed to process and maintain eligibility were carried out in that local office.

In recent years, states have moved to supplement (and sometimes substitute) local offices with centralized offices that perform certain functions and may not be a place that families actually visit in person. For example, call centers, which can provide services across great distances, are often more efficiently managed from a centralized location. **Florida** has three call centers to serve the entire state. Some states have centralized document imaging centers, which receive all mail and create electronic case files that are then made available to all caseworkers. Similarly, many states have centralized units for processing mail-in applications for children’s health coverage.

Some states have situated their centralized units in areas of the state with high unemployment and fewer job opportunities. This helps spur job growth and results in less staff turnover.

Finally, some states are experimenting with telecommuting as a way to save on overhead and take full advantage of a broader, statewide labor force.

While centralized units can offer efficiencies because the technology, staff, and supervisors for a given function can be co-located, appropriate systems must be in place to monitor hand-offs across functions. When cases are transferred between offices there is always a risk they will fall through the cracks. For example, if a piece of verification comes into a centralized scanning office the worker must be notified so he or she can act on it within the proper timeframe.

As discussed elsewhere, if a state has a centralized unit that processes applications for only one program there is a risk that families will not get access to all the benefits for which they may qualify. **Illinois**, which has a centralized unit for processing Medicaid-only applications, has attempted to address this risk. If a family applies to that unit for health coverage and is determined to have income below 133 percent of the poverty line, the unit determines health coverage eligibility and transfers the case to the Department of Human Services (DHS) for ongoing case maintenance. If the household subsequently applies for other DHS services, such as SNAP or TANF, the agency already has an open Medicaid case and can coordinate ongoing service delivery among the three programs.

- **Enhancing training and monitoring.** Changes in workforce assignments will necessitate additional training and ongoing monitoring to ensure that new systems are being implemented consistently and producing the desired outcomes. Not only do changes in accountability create the risk that a case will fall through the cracks, as noted above, but policy and procedural changes conceived of and implemented at the state level may not trickle down — eligibility workers may continue their former practices out of habit or because they have not been adequately trained on the new processes. To address implementation problems like these, states have taken a number of useful steps:
 - ✓ *Using online training and manuals.* Online trainings can be particularly effective in conveying a standardized message and can be directly connected to the state's eligibility systems and policy manuals, helping workers experience first-hand how new systems work. Online policy manuals ensure that policy changes are immediately accessible to all workers across the state; they also are less expensive than printing and mailing paper manuals. Twenty-two have publically available online manuals. (See, CBPP, *Online Services for Key Low-income Benefit Programs: What States Provide Online with Respect to SNAP, TANF, Child Care, Medicaid, and CHIP*, 2011. <http://www.cbpp.org/cms/index.cfm?fa=view&id=1414>.)
 - ✓ *Providing policy leadership training for front-line supervisors and mid-level managers.* Business process changes require new expertise not only from line workers, but also from their supervisors and managers. For example, a supervisor whose credibility within the agency comes from deep knowledge of a single program may now be asked to help workers become flexible across programs. A manager who in the past managed a team of supervisors with their own caseloads now may have to learn to shift workers across functions. Much research about effective change in the public and private sectors emphasizes the critical role that staff at these levels play, so states should consider carefully how to support their successful transition to new roles.

- ✓ *Developing a “go to” policy team.* A formalized team of policy experts can answer questions when workers and supervisors are unsure of program rules or hit unanticipated snags in a new process. The information provided by the team can be shared broadly across the state.
- ✓ *Using data to monitor implementation.* States can effectively monitor the implementation of their process redesigns by, for example, periodically tabulating the share of cases that meet a certain threshold or goal. Chapter 3 explores the use of data in detail.

Using Technology to Support Process and Systems Changes

Moving away from traditional, paper-bound eligibility business models by strategically applying available technologies can yield significant efficiencies for states as well as for families seeking the full package of work support benefits. Specifically, use of technology can help achieve the goals outlined in this chapter: establishing a “one door” environment, redesigning processes, and rethinking staff and workload management. There are a number of specific technological improvements states may wish to consider.

- **Electronic case files.** Electronic files give staff at multiple locations easy access to case information and documentation. They provide a permanent record and reduce the problem of lost or misplaced paperwork. Electronic case files are most useful when the information is indexed in an easy-to-use format so that staff can find what they are looking for quickly. Some states make use of barcodes on state-generated forms — such as renewal applications or six-month reports — to be identified with a family’s case when they are scanned, avoiding the need for manual indexing. This can speed up the document imaging process and facilitates attaching the documents to the correct index within the case file. Many states that have moved to electronic case files have chosen to centralize their mail processing unit in one or a few locations, which reportedly increases quality and timeliness and decreases the cost of equipment and staffing for scanning and indexing.
- **Integrated eligibility systems.** A number of states are replacing their decades-old mainframe eligibility systems with new computer systems that have the capacity to simplify caseworkers’ tasks. These new “rules-based” systems have policies programmed in so that workers do not need to know all the eligibility details for all social service programs. As a result, caseworkers can focus on conducting good interviews and gathering critical information rather than on remembering all of the program details. Further, using web-services architecture allows states to share information more easily and to run client eligibility data through different program rules — including future health insurance exchanges — to determine eligibility for multiple programs simultaneously.

Some states that cannot do a wholesale replacement of their old mainframe eligibility systems have added new “front end” enhancements that make it easier for users to work with the original mainframe. This might happen through an online application that feeds data into the mainframe or a more user-friendly portal for eligibility workers to obtain and update case information. Many states with very old systems have also adopted more modern word processing software for the client correspondences that the eligibility system generates. These basic upgrades can enable caseworkers to spend less time on clerical functions and more time addressing clients comprehensive needs.

- **Administrative verification.** Electronic eligibility verification via a wide range of available databases (such as Motor Vehicles, State Vital Statistics, Social Security Administration, Child Support, Unemployment Insurance, state tax records, consumer credit checks, and other commercial databases) reduces delays and directly facilitates cross-program enrollment efforts. As noted in Chapter 1, consolidated search systems (sometimes called “gopher systems”) can quickly find all available matches and present a single report, saving eligibility workers from having to independently query each data source, which may involve separate links, user names, and passwords for each data match. **Washington State** uses a system called “Spider”; Utah’s is known as “eFind.”
- **Workload management tools.** To manage heavy workloads more effectively, many states are using technology to assign tasks, track when it is completed or overdue, and produce regular reports for managers. Such workload management tools are critical for ensuring that customer service standards (such as timeliness) are being met, that the process is flowing as designed, and families are not falling through the cracks.

The most effective workload management systems are tied to electronic case files. When a client contacts an agency — e.g., through a piece of mail, like a paper application, or through a phone call or other means — any worker can set a task in the workload management system to respond to the client contact. The tasks that must then be pursued can be assigned to a specific worker or a pool of common tasks may be assigned to a specialized unit. Managers can then keep tabs on the volume and timeliness of tasks being completed at the state, county, unit, or worker level. This real-time information can help supervisors quickly redistribute work to improve efficiency; over time, trends in the data can help inform more permanent changes in the workforce.

- **Online, self-service tools for families.** As described earlier in this chapter, online tools can help families accomplish a wide range of tasks themselves, including screening to determine their eligibility and benefit level, applying for benefits, checking case status, providing verification, reporting changes, communicating with customer service, and renewing eligibility. While not all clients make use of these tools, if more are encouraged (and helped) to do so, it can ease caseworkers’ workloads. Workers at **Florida’s** call center are encouraged to remind every caller of the website and how to establish a user name and password.

Consumer testing with online tools — whether the users are clients or state staff — is critically important to their success. When **Wisconsin** set out to design its first online application for SNAP, it engaged a consultant to conduct focus groups with clients. One of the principal findings was that the state had underestimated how much time clients would be willing to spend on an online application. Similarly, the state found that families did not understand program jargon like “deductions” or “unearned income.” Wisconsin revised much of the language in the application as a result. **Idaho**, which is working with advocates to test its website, has devised client scenarios and asked test users to try to navigate the system with the needs of those particular clients in mind.

When undertaking consumer testing, states should make special efforts to solicit input from non-English speakers, individuals with low literacy, and individuals with disabilities.

- **Toll-free customer support call centers.** Call centers can provide a wide range of services, from answering basic eligibility questions to providing support for online services (like resetting passwords and helping people navigate the application) to processing changes and conducting interviews. Some states use their call centers to set tasks for an eligibility worker to follow up, while other states aim to have call-center staff resolve all issues themselves. Call centers are generally well-used. In fact, many states with new call centers are surprised at the high volume of calls they receive. This likely reflects clients' desire to transact basic business over the phone, as well as the unmet need for phone services in the state prior to the call center.
- **Interactive Voice Response Systems (IVRs).** The general public is increasingly familiar with IVR automatic telephone systems, which are utilized for customer service in everything from health insurance to banking to travel. State human services agencies can use them to sort incoming calls based on the type of transaction and send them to the right units. These systems can also help ensure that callers who need assistance in a language other than English are routed to a caseworker who can speak their language. And, they can provide 24-hour access to basic case information like case status or account balances. Some states, like **Washington State**, link their electronic document management system with an IVR so families can call and confirm that the agency has received their mail.

Technology is Not a Pre-Condition for Process Change

States should also consider two important points about using technology to support process and systems changes. First, expensive technology is not a precondition for more efficient delivery of work support benefits or better coordination across programs. There are many low-tech ways to achieve the same goals. For example, without significant new computer systems, **New Mexico** has redesigned local office operations on a task-based model and is providing same-day service. While the state is working on developing electronic case files, online services, and other technological enhancements, it has been able to achieve important improvements using paper case files and spreadsheets, together with its old mainframe computer and telephone systems.

In fact, from an efficiency standpoint it is critical to have the right policies and processes in place *before* making major technological investments. A state that simply automates existing inefficiencies will face extra costs down the road when systems have to be retrofitted for improved processes. **Idaho**, which recently implemented a new integrated eligibility system, credits its planning approach — which put business process improvement before technology redesign — as the key to success.

Second, in preparation for the implementation of the Affordable Care Act, HHS intends to provide states with an enhanced federal Medicaid match (90 percent) to support the design, development, testing, and implementation of new or enhanced eligibility systems, and an ongoing 75 percent match once such systems are operational.³⁴

³⁴ See proposed rule, “Medicaid; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities,” 75 Federal Register 68583, November 8, 2010, <http://edocket.access.gpo.gov/2010/pdf/2010-27971.pdf>.

As with all administrative expenses, when systems involve multiple programs the costs would have to be allocated to the various programs based on federal cost-allocation rules.³⁵ Some states have found, however, that the basic technological infrastructure (e.g., rules engines, client correspondence mechanisms, interfaces with other systems) for an integrated system can be designed and built for one program (such as Medicaid), reimbursed by that program, and then supplemented with additional “modules” for other programs (and reimbursed separately by those programs).

The new federal funding, and the fact that the health reform law *requires* states to develop a system to take health coverage applications through the health care exchange and coordinate with Medicaid and CHIP, creates an excellent opportunity to consider more broadly how to integrate work support programs and their corresponding enrollment systems. HHS’s recent grant announcement for the establishment of the exchanges sets forth program integration as one of the eleven core principles for the exchange:

*As required by Section 1413 of the Affordable Care Act, the Exchange will need to work closely with Medicaid, CHIP, and other Health and Human Services Programs in order to ensure seamless eligibility verification and enrollment processes. To reach this goal, the Exchange and the State Medicaid agency will need to closely partner on systems development and operational procedures. States are encouraged to consider how the Exchange system can be integrated with other health and human services systems in the State since the eligibility function the Exchange will perform has significant similarities to eligibility determinations in other programs. States are encouraged to consider steps necessary to achieve interoperability with other specific health and human services programs for purposes of coordinating eligibility determinations, referrals, verification, or other functions.*³⁶

Even if a state cannot procure an entirely new system right away, it may want to take steps to ensure that the exchange can be connected to other programs in the future.

Following directly on questions of how best to use technology in system improvements, Chapter 3 explores the ways in which states can make optimal use of the data these systems generate.

Chapter 2: Procedural and Systems Resources

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³⁵ See OMB circular A-87, *Cost Principles for State, Local and Indian Tribal Governments*, http://www.whitehouse.gov/omb/circulars_a87_2004.

³⁶ U.S. Department of Health and Human Services Office of Consumer Information and Insurance Oversight, *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges*, p. 45, February 11, 2011. <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=12241>.

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CHAPTER 3: USING DATA

Why is using data important?

The preceding two chapters have outlined policies and procedures that states can adopt to streamline operations, increase their efficiency, and give families greater access to the full package of work support benefits for which they are eligible. But how do states know whether their current systems are working well? How do they know which changes might be most important to adopt and where to start? How can they assess the changes they do make? This chapter explores how states can use the data they already have, or could arrange to have, to answer critical questions like these.

Currently, most states primarily measure their performance using data required by the federal government, such as the number of participants in various benefit programs and the accuracy and timeliness of payments. While these data are important for program management and accountability, this chapter seeks to help states answer a more nuanced question: *Is our state's system as efficient and effective as possible?* By exploring this question, states can understand where and how their service delivery system is efficient or burdensome, whether families are falling through the cracks and why, which solutions to these concerns are the most appropriate, and which aspects of its workload management are effective.

The information embedded in state systems can be a powerful tool in answering these questions — in diagnosing operational problems, designing improvements, and conducting ongoing monitoring. Because state agencies that provide work support benefits collect, enter, and sort countless pieces of data about families' circumstances and program participation — as well as about their own work — they have a wealth of information with which to begin.

For example, knowing whether procedural denials at renewal result more often from returned mail or from missing documentation would enable a state to develop a targeted solution to improving benefit retention. Knowing how many days it takes to provide the package of work support benefits to new applicants and those renewing their benefits can call attention to customer service and operational issues. Similarly, knowing whether certain types of families (such as non-English speakers or families with young children) are having particular difficulty navigating the system can help states target their process redesign and outreach efforts. Furthermore, data from the county, local office, and even individual worker level can reveal quite a bit about performance and workload management.

Why is it challenging to collect and use data?

While all states comply with federally required data collection and reporting, many do not go beyond what is mandated and gather and make full use of a wider range of program data. There are a number of reasons for this:

- **Systems are outdated.** Many states have very old data management and eligibility systems, from which it can be extremely difficult to extract information in usable formats.

- **Available data may not tell the whole story.** While state systems typically have a wealth of available data, states may not be able to analyze information with respect to how well systems are serving certain subgroups or geographic areas.
- **Staff capacity is limited.** Most states have limited in-house staff capacity for programming and data analysis. Asking a contractor to create or amend management data can be costly.
- **Cross-program efforts are a difficult stretch.** As noted in earlier chapters, policymakers, agency directors, and local office managers tend to operate most comfortably within the context of their own programs. Even if they are inclined to pursue cross-program data analyses, the existing data systems may not be compatible.
- **There's too much going on.** The goal of collecting and analyzing data to inform strategic thinking about service delivery processes can get lost in a manager's daily efforts to process the growing number of applications for benefits.

Data Utilization Options That States Can Pursue

State efforts across the country show that despite these challenges, the information that agencies process on a daily basis can significantly enhance their delivery of work support benefits.

This chapter discusses how states can use data from their eligibility systems and other sources to create an important feedback loop that will show how well they connect families to the full range of work support benefits and inform ongoing improvements. A data-based feedback loop has three main components:

- Measuring overall performance in connecting families to all the state's work support benefits
- Diagnosing strengths and weaknesses in the process
- Making targeted changes to workload management strategies.

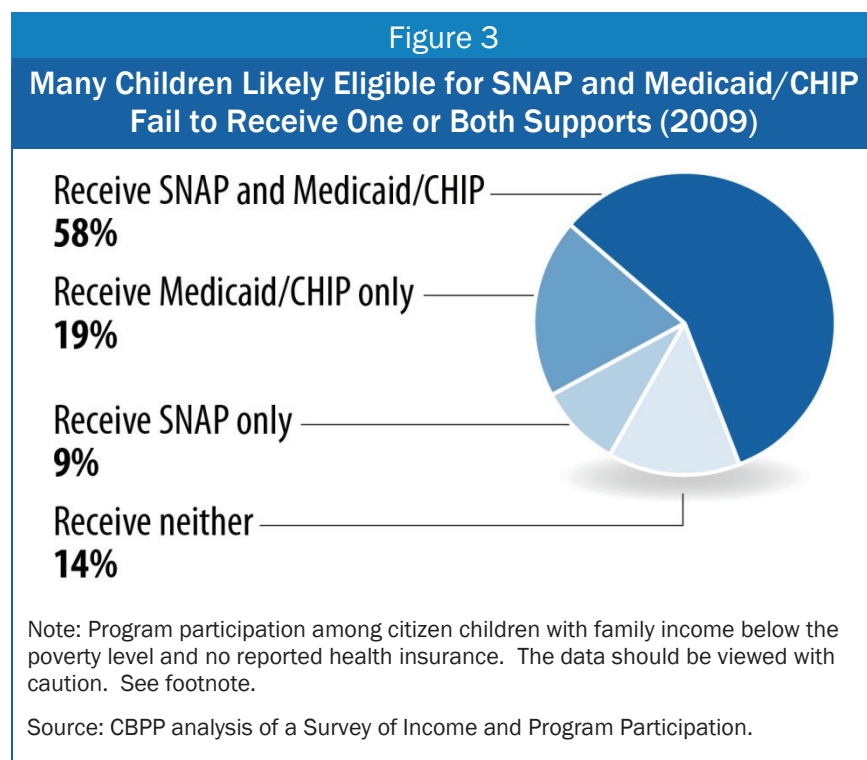
Each of these components is detailed below. Table 3, at the end of the chapter, provides a comprehensive list of useful performance measures — both of overall performance and procedural effectiveness — and the possible data sources for each. Many states do not have systems in place to capture all of these data, but as they redesign their eligibility policies and systems, states may want to build in the capacity to gather it in the future.

Using Data to Measure Overall Performance in Connecting Families to Work Supports

The underlying premise of this paper is that families can reap significant benefits from a full package of work supports, yet too often they do not receive all those for which they are eligible. Data from national surveys confirm this problem. Figure 3, below, is based on national survey data on U.S. citizen children in families whose annual income is at or below poverty and who do not report having health insurance coverage.³⁷ Virtually all such children should be eligible for Medicaid

³⁷ The data for this analysis are from the Census Bureau's Survey of Income and Program Participation (SIPP) for calendar year 2009. We limited the analysis to U.S. citizen children with incomes below the federal poverty level because

and SNAP. While most do in fact receive both SNAP and Medicaid, 19 percent receive health coverage but not SNAP, 9 percent receive SNAP but not Medicaid/CHIP, and 14 percent receive *neither* Medicaid/CHIP nor SNAP.³⁸



While such national survey data are generally not reliable for state-level estimates, states have rich administrative data at their disposal to do similar analyses in order to assess their success in reaching eligible families across multiple programs. For example, eligibility system reports can reveal the number of families and individuals participating in a given program or combination of programs. If programs are in the same eligibility system, this is easier; if not, a separate match may be required.³⁹

these individuals are very likely to be eligible for both Medicaid and SNAP. The data should be interpreted with caution, as the SIPP significantly undercounts participation in Medicaid and SNAP. In 2009 the number of children reported in the SIPP as receiving SNAP is only about 75 percent of the number of children thought to have actually received SNAP based on SNAP administrative data. Similarly, the SIPP does not include about a third to 40 percent of the children who receive health coverage through Medicaid or CHIP.

³⁸ A recent Urban Institute study based on a different national survey (The American Community Survey) found that in 2008 about 15 percent of children without health insurance coverage but eligible for Medicaid or CHIP were in households that received SNAP. This difference demonstrates that while there appear to be significant numbers of families that do not receive all the benefits for which they qualify, national survey data have significant limitations which may make it difficult to obtain accurate, precise figures. See Genevieve M. Kenney, Victoria Lynch, Allison Cook and Samantha Phong, *Who And Where Are The Children Yet To Enroll In Medicaid And The Children's Health Insurance Program?* Health Affairs, October 2010, vol. 29, no. 10 1920-1929.

³⁹ Administrative data can tell states about how many and what types of families *participate* in the work support programs. To find estimates of the number and types of families that are *eligible* states may need to turn to national data sets — such as the Current Population Survey and the American Community Survey — though these data may not be reliable at the state level, especially for subsets of the population.

Unfortunately, states typically do not avail themselves of the data in this way, tending instead to collect monthly participation counts separately for SNAP, Medicaid, CHIP, TANF, and child care. As a result, despite significant overlap in eligible populations, states rarely know how many eligible participants receive the full range of benefits. Nor do most states know what *types* of families are missing out on benefits for which they qualify. A detailed analysis of program overlap could expose interesting issues that states may want to address. For example:

- A state may have a problem connecting families in certain geographic pockets to all benefits.
- Specific subsets of the population, for example low-wage working families, may be more likely to get health coverage for their children but not be signed up for SNAP if the state has a separate child-only health application process.
- The state may have especially low participation rates among non-English speakers.

Data on the overlap (or lack of overlap) in program participation can promote deeper analyses and inform specific solutions that can be tracked over time; it creates a solid basis for policy-making. For example, before implementing an Express Lane Eligibility (ELE) process through which SNAP information would be used to renew Medicaid, **Alabama** (which administers Medicaid and SNAP in separate agencies) conducted a match to determine the overlap in participation among children in the two programs. The state found that two-thirds of SNAP children were also enrolled in Medicaid. The analysis confirmed the premise that using SNAP findings for Medicaid renewals would save time; it also suggested that a substantial number of children participate in SNAP but not health insurance and that such children could be newly reached through ELE.

The extent of a state's program overlap can bolster arguments for implementing specific policies like Express Lane Eligibility, administrative renewal, or better coordinated eligibility periods. The potential payoff from changes like these — both for families and state employees — can be quantified. Further, tracking the overlap over time can help states assess the long-term impact of their decisions and identify mid-course corrections.

If states do not have the capacity to do this type of analysis in-house, one option is to make the data available to researchers at a university or another organization, who could conduct the analysis externally but under the state's supervision. In-house or in collaboration with outside researchers, states also could conduct longer-term research to examine the effects of program participation in family stability, wages, and other measures of well-being for children and families, as well as the impact on the overall economy.

Finally, research on state-level participation rates among eligible families in Medicaid and SNAP suggests that while some states do well in reaching such families in both Medicaid and SNAP, others perform well in one program but less well in the other. For example, **South Carolina's** participation rates in Medicaid and CHIP for eligible children are statistically below the national average, but its SNAP participation rates are above average. Conversely, **Maryland's** participation rates for children's health programs are better than average, but its SNAP participation rates are lower than average. See Appendix 2.

Using Data to Diagnose Strengths and Weaknesses in Enrollment Processes

By using enrollment data to dig beneath the surface of a state's overall performance in connecting families to benefits, a state can diagnose ways in which a system is inefficient for staff and learn where families may be having the most trouble navigating the process.

Consider a state that has a target of serving 90 percent of eligible families in work support benefits but is only serving 75 percent. While some of those not participating may simply not know they are eligible, it is likely that a significant number have been connected to benefits but have fallen off for some procedural reason. These families are “low-hanging fruit”: they have demonstrated that they are able to enroll in benefit programs, and some of their data may still even be in the system. By getting a handle on why they are not participating, states can take targeted steps to fix the problem.

At the most basic level, states can look at new entries into benefit programs each month compared to closings. This basic analysis can help a state see in very broad terms how many families are entering and how many are dropping off.

More sophisticated analyses can provide more information. There are many junctures in the enrollment process at which data analysis can be particularly useful. Figure 4 shows a typical process flow.

At each step there is a risk that families may fail to successfully navigate the system. Identifying the points at which this happens most frequently will help states craft effective solutions. It can also be helpful to look at the frequent trouble spots for specific subgroups of the population, such as families living in certain geographic areas or with barriers such as limited English proficiency or lack of access to computers or telephones. If states are undertaking process mapping, this type of data analysis can be crucial for identifying bottlenecks and prioritizing possible changes to their processes. While data for the entire state is preferable, data from a random set of cases that flow through the system for one or several set of offices could also be extremely informative.

This section looks at three different strategies for using data that can be particularly helpful in assessing where families may be having trouble navigating the system: data on procedural closings, churning, and client contacts.

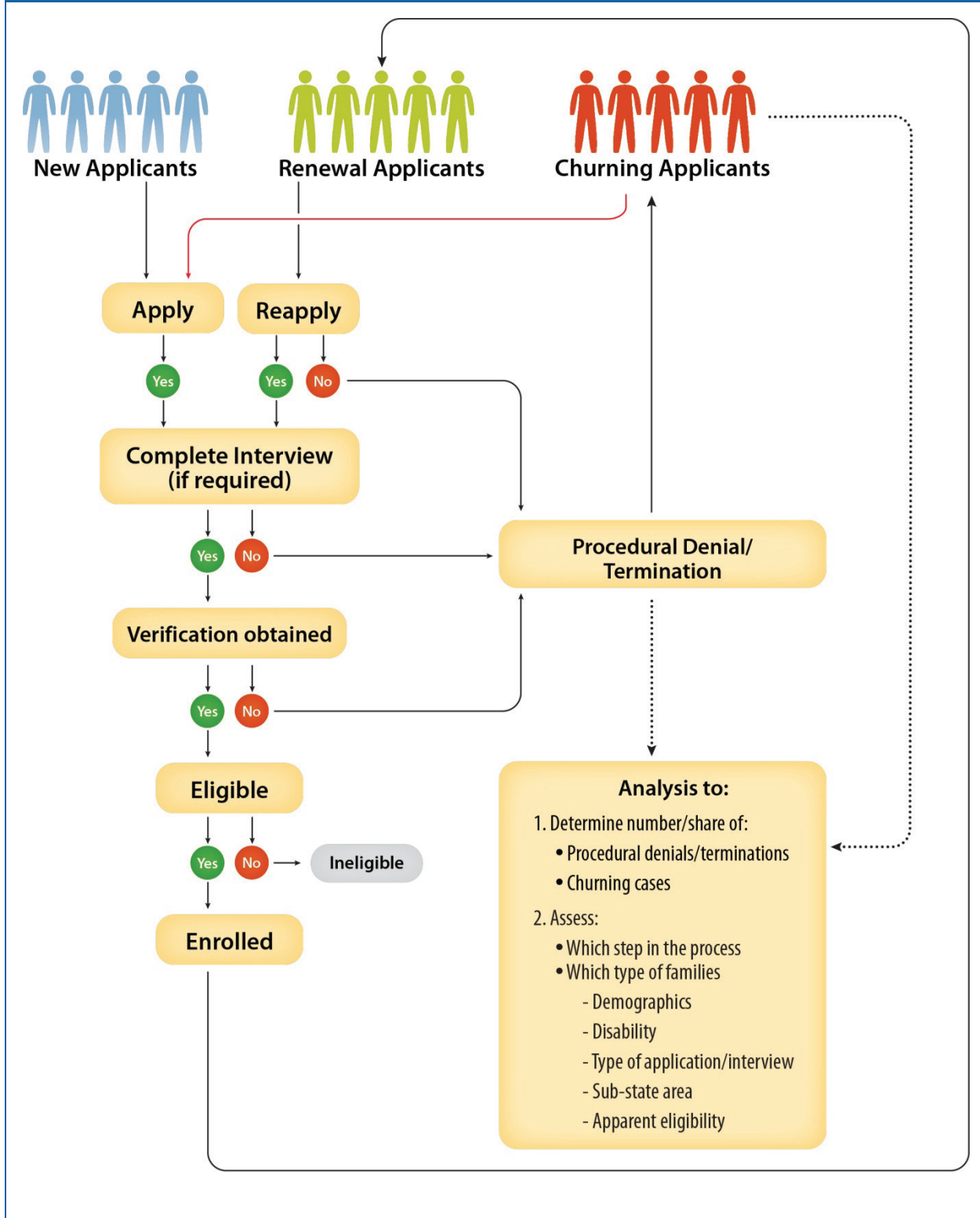
Data Analysis on Procedural Closings

As discussed in Chapter 2, a state that reduces the number of procedural case closures among families that remain eligible for benefits will not only increase participation levels but also reduce administrative burdens on families and staff. Consequently, it is in states' interest to closely examine data on procedural closings — for the overall population as well as for subgroups — and use that information to determine necessary changes to policies, procedures, and workload management.

In general, state eligibility systems prompt caseworkers to indicate a reason for denial or termination before closing a case. One of the more commonly cited reasons is that the family is found to be “over program income limits” or ineligible under another substantive criterion. Yet in many states, a large share of case closures are due to a “failure to comply with procedural requirements” such as filing a renewal application, completing an interview, or providing required

Figure 4

Can Families Navigate the System?



verification. An analysis of the frequency of (as well as the reasons behind) this type of closure can point to specific solutions, such as reducing documentation requirements (see pages 27-32 and 57) or streamlining interview or renewal procedures (see pages 26-27 and 55-57). Following are some lenses through which data on procedural closings can be assessed.

- **Timing of the closure.** In the context of a process redesign (see pages 42-46 and 52-59), states may want to look at data on the timing of procedural closings. Are cases most often closed for failure to file the reapplication form (step 1 in the process), failure to participate in an interview (step 2), or failure to follow through with verification (step 3)? Also, how many people reapply within a few months?
- **Apparent eligibility.** States can analyze the extent to which families whose cases have been denied or closed for various procedural reasons appear to be otherwise eligible based on the information known to the agency. For example, if a family's application indicates that its income exceeds program limits, then that family's failure to complete the process is not a serious concern. But if a large share of cases that are denied or closed for procedural reasons appear to be eligible based on their applications that would raise a red flag. If failure to provide verification is a common procedural closing reason, the state may want to examine which items of verification are most often missing and seek ways to limit the burden of documentation. Similarly, if a large number of otherwise-eligible families are denied for failing to complete an interview, the state may wish to redesign its interview process to ensure that families can complete an interview at a time that is convenient for them.
- **Casework method.** States may wish to compare data on procedural closings for cases that have used online tools, telephone interviews, or in-person reviews to assess the relative success of these forms of communication.
- **Demographics.** By examining procedural closings for different demographic groups (e.g., families with language barriers, working families, families that include seniors or members with disabilities, or families in a particular region of the state), states can quickly uncover specific areas for improvement.

Two further notes: In order to have confidence in these analyses, states will have to be sure that eligibility workers are accurately and consistently coding their case closures. Ongoing training, supervision, and monitoring of this aspect of the casework process will be key.

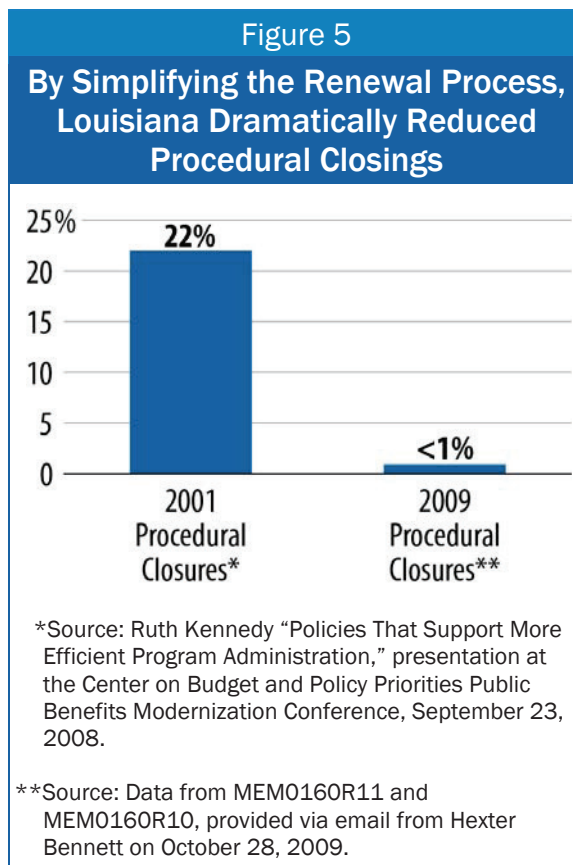
In addition, it is important to remember that most states have automated systems that can execute procedural closings without a staff person having to take action, for example, if a family fails to return forms or if required verification is not received and entered into the system by a specific deadline. Such automatic case closures should be included in the analysis. They often are largely invisible to eligibility staff but contribute significantly to churning, discussed below.

Data Analysis on Churning

Another important way to assess the efficacy of enrollment and renewal processes is to look at the extent of “churning,” in which eligible families have their cases closed and later reapply for benefits.

Churning is a significant time-waster for states and families, with all of the attendant financial implications for both parties. Consequently, it is important for states to know what share of “new” applications actually consists of reapplications or, conversely, what share of families whose cases are closed end up reapplying for benefits within 60 or 90 days?

Quantifying the frequency of churning can highlight for states the potential administrative savings from a more efficient process. A state that reduces churning significantly will see its number of new applications — and the associated work on these applications — go down. For example, in 2001, **Louisiana’s** CHIP and Medicaid programs found that 22 percent of their cases up for renewal were being closed for procedural reasons. In response, the state took a number of specific steps to simplify the renewal process, including using administrative renewals, increasing telephone follow-ups, and allowing off-cycle renewals. Four years later, closure rates at renewal were down to 8 percent; by 2008, they were down to only 1 percent. It is safe to conclude that Louisiana had been wasting staff time on unnecessary closures and re-applications for about a fifth of its caseload. (See Figure 5.)



Similarly, in 2007 **New Mexico** launched a health coverage retention project that involved a centralized renewal process and simplified forms and procedures for Medicaid-only cases. (New Mexico administers SNAP and Medicaid jointly for families that participate in both benefits.) After a year of statewide implementation, about 80 percent of such families were retaining benefits at renewal, compared to about 45 percent under the old system.⁴⁰ Many of the families that lost benefits under the old system at the time of their eligibility review were reapplying in the succeeding months.

Data Analysis on Client Contact Mechanisms

By maintaining and assessing data on the number and nature of client contacts with the state agency, states can diagnose short-term and/or ongoing weaknesses in their eligibility processes. For example, if a high percentage of walk-ins are existing clients rather than new applicants, it might suggest there are flaws in workers’ appointment-making strategies or, at a minimum, the need for more intensive lobby-based staffing and service-delivery (see page 55). Similarly, high call center volume might indicate problems in processing benefits or client confusion regarding a notice or other requirement.

⁴⁰ *Medicaid and CHIP Retention: A Key Strategy to Reducing the Uninsured*, Southern Institute on Children and Families, March 2009.

In **South Carolina**, a county office conducted an informal client survey in its office lobby during a particularly busy time and found that most people were seeking proof of SNAP benefits so they could establish eligibility for energy assistance. The office manager is now working with the county's energy assistance office to develop a more streamlined approach for data sharing and coordinated enrollment.

The technology to accomplish this level of data-gathering need not be cutting-edge. Using spreadsheets, a **Florida** call center that answers calls from health care providers (typically related to patient eligibility and billing issues) periodically asks each call center worker to track the reasons for call center contacts. This allows them to assess whether steps could be taken in the process to eliminate the need for the calls.

Using Data to Make Targeted Changes to Workload Management Strategies

Workload management data from a range of sources can prove extremely useful to states in assessing day-to-day efforts of individual workers, teams, and offices, as well as the larger policies and procedures that guide their work.

Analysis of workload data (i.e., the volume, types, and outcomes of client contacts) can help states shift work around to better handle the ebbs and flows of various tasks. States may look at this data monthly, weekly, daily or, for some metrics, numerous times within a single day. In addition to helping state and regional human services officials set broad policy and procedures, these data elements can help frontline managers manage day-to-day operations. Some states are finding “dashboard reports” (regular compilations of specific measures that are available electronically) to be a useful tool for staying on top of the data. Examples of operational data that states may find helpful include:

- How many documents (applications, renewals, verifications, change reports) are in the queue waiting to be processed at a point in time?
- How often are cases pending or decisions otherwise delayed, and for what reasons? How often are cases processed the same day as the application?
- How long do families wait for an interview? And how long do interviews take, on average?
- What is the typical number of days between application and approval or denial?
- Do clients have their questions resolved during an initial contact with the agency, or are subsequent contacts required?
- What are the average wait times for the call center and how often are people unable to get through?
- How long does it typically take applicants to complete an online application? For applications that are abandoned before being finished, at what points in the online process do people drop off?
- Are processing times or payment accuracy results any different if an application is filed online or in person?

As with the other data analyses discussed in this chapter, breaking these items down for different demographic groups, such as working families, people with disabilities, seniors, and non-English speakers, can provide a more nuanced picture of how a state's processes are working for different types of families.

Making Good Use of Data-Based Feedback Loops

It is unlikely that any one solution, no matter how well-steeped in data, will provide a comprehensive fix to ineffective and inefficient processes. States will need to adopt a continuous process in which they make changes, assess how things are going, and then make further refinements over time.

For example, a state's initial analysis of case closures might find that a large percentage of outgoing renewal letters are being returned unopened by the post office. In response, caseworkers could be instructed to regularly search current address databases and then update case files. However, if the problem persists, the state may need to look more closely at the times of the month or year that mail gets returned, or the predominant zip codes affected. With persistence, they should be able to find the data that will help them better meet the needs of the families they are serving and save time for their staff.

The following table provides an extensive list of useful performance measures — of overall performance and procedural effectiveness — and the possible data sources for each. As noted above, many states do not have systems in place to capture all of these data, but as they redesign their eligibility policies and systems, they may want to build in the capacity to gather it in the future.

Client Surveys, Interviews, and Focus Groups

To understand the process from the family's perspective and to tease out the reasons that families are, or are not, successfully negotiating the process, direct client feedback is critical. Client surveys, interviews, and focus groups all offer strategies for gaining feedback. Other strategies that states have used to get the family perspective include "secret shopper" techniques, where a researcher tests the client experience at different offices. Community partners, such as organizations that provide application assistance or legal services, also can shed light on the experiences of the families they serve.

Table 3

Available Data Sources and Critical Performance Measures In Work Support Programs

Data Sources	Critical Performance Measures
Eligibility System Reports	<ul style="list-style-type: none"> • Number of families and individuals participating • Overlap in participation among programs (if programs are in the same eligibility system; if not, may require a separate match) • Case dispositions (approvals/denials, reasons for case closure, churning)
Electronic Document Management Systems (paperless case files that use document imaging)	<ul style="list-style-type: none"> • How many documents (applications, verifications) are coming in? • How many are pending? • What actions are taken on these documents?
Client Tracking Systems (records of client contact and movement in the enrollment process)	<ul style="list-style-type: none"> • Time spent on interviews • Number of times case is “touched” • Number of changes reported/actions taken • Number of contacts and contact resolution • Number of contacts related to “churning”
Call Center Reports	<ul style="list-style-type: none"> • Volume of calls • Wait time/busy signal • Abandoned calls • Call duration / number of calls per agent per hour • Customer service surveys • Number of contacts and contact resolution • List of issues customers commonly have
Online Services Reports	<ul style="list-style-type: none"> • Time to complete online application • Volume of online activity (calculate share of total applications) • Application completion rates • Number of abandonments and abandonment points • Page hits
Program Integrity Systems (e.g., Quality Control in SNAP; Payment Error Rate Measurement in Medicaid)	<ul style="list-style-type: none"> • Payment error rates • Rate of improper denial • Efficacy of verification policies
National Data Sets (e.g., Current Population Survey, American Community Survey)	<ul style="list-style-type: none"> • Participation rates among eligible families • Program overlap
Quality Assurance Staff &/or Supervisors	<ul style="list-style-type: none"> • Accuracy in implementation of policies (e.g., following verification requirement rules)
Special Data Analysis or Research (in-house or collaborations with universities or other entities)	<ul style="list-style-type: none"> • Client satisfaction, experience • Any or all aspects of service delivery

Chapter 3: Data Resources

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<http://www.chapinhall.org/research/ongoing/understanding-social-program-take-among-low-income-families-developing-data-child-c>

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<http://content.healthaffairs.org/content/29/10/1920.abstract>

CONCLUSION

To better serve the tens of millions of Americans who need their help and meet taxpayers' expectation of effective government services, numerous states have improved their delivery of work supports by adopting policy simplifications and streamlined business processes. These measures, particularly with respect to SNAP and Medicaid, can serve as a model to other states.

Never has it been more critical for states to engage in this work. As a result of the economic downturn, millions more Americans are turning to public benefits that can boost their monthly earnings. Also, in 2014 the health care reform law will expand Medicaid coverage to approximately 16 million additional people — many of whom will be eligible for programs such as SNAP and child care as well. And, at the same time, shrinking state budgets are forcing states to do more with less.

To be sure, no individual proposal or set of options catalogued in this report is a prescription for success. States will also need strong leadership, adequate investment in agency operations, involvement of agency workforce in proposed changes, and ongoing monitoring to ensure that efforts to improve delivery of work supports are successful. And, states would benefit from data-driven assessments both of what specific aspects of their policies and operations produce the biggest access barriers for families and of whether their interventions produced the desired results.

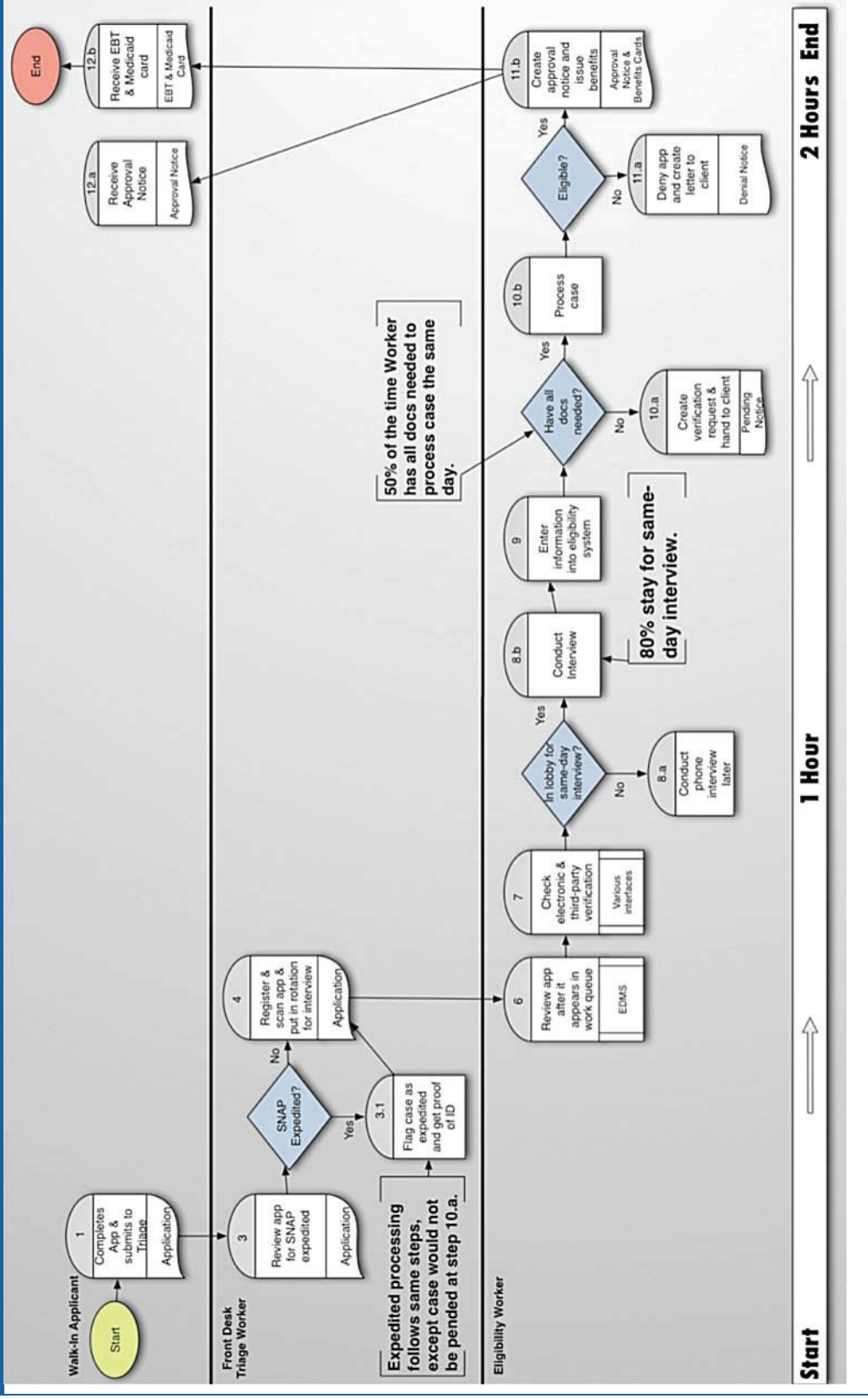
Even with the many challenges facing states, this is an exciting time in the health and human services world. States have begun to transform decades-old delivery systems with an eye toward improving customer service, building effective systems, and making better use of available technology. As more states undertake these efforts, we can expect to see even more innovation.

APPENDIX 1: PROCESS MAPS

On the next page is a hypothetical process map to help readers visualize how process mapping might help states to improve their processes. The example shows the steps a state that had moved to same-day interviews might use to process a joint SNAP and Medicaid application for a family that walked in to a local human services office to apply for benefits. Such a state might also have other process maps that, for example, present the eligibility process for families that apply online or families that wish to apply for only health coverage, or that show how calls to a call center are handled.

States report that the final process map itself is only a small part of the usefulness of a mapping exercise. While the map can be inserted into policy materials to document a standardized process, as discussed in Chapter 3, much of the benefit of the exercise is in the “process” of gathering key staff and fleshing out policies and procedures with an eye to eliminating unnecessary steps and improving efficiency.

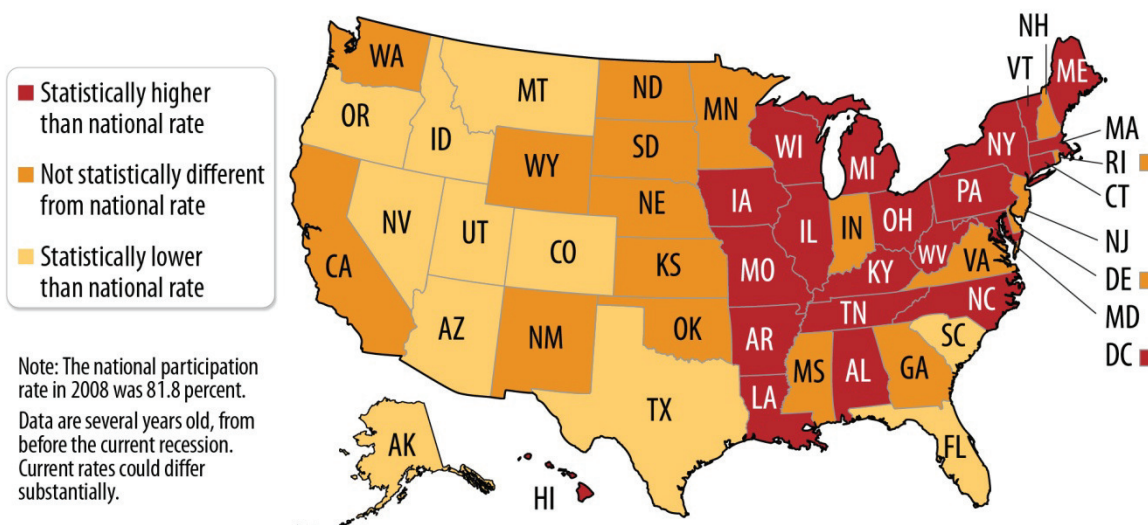
Hypothetical Process Map



APPENDIX 2: ESTIMATED STATE PARTICIPATION RATES

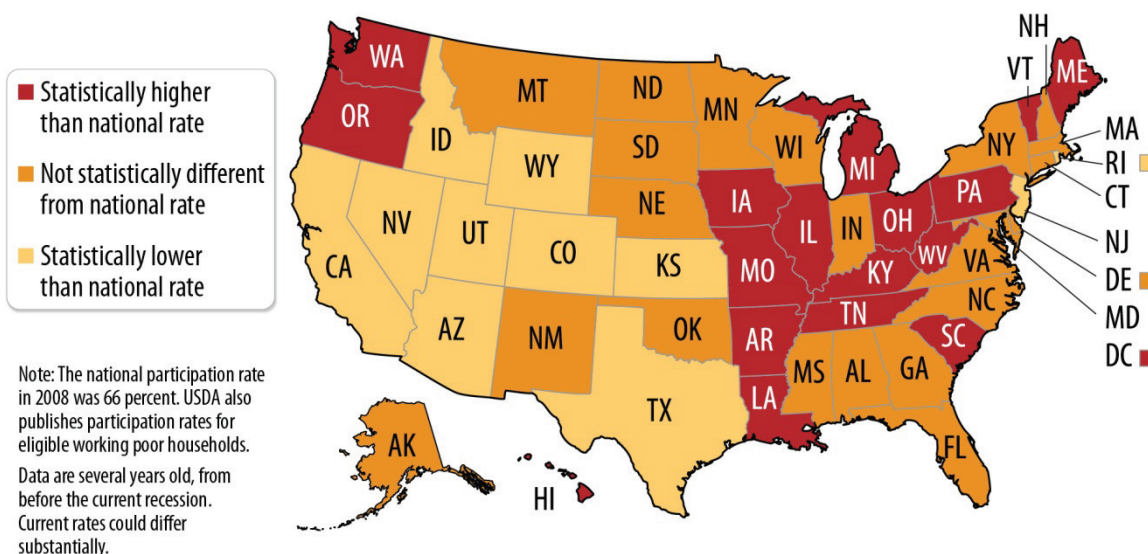
Estimated State Participation Rates

Estimated Medicaid/CHIP Participation Rates Among Eligible Children in 2008



Source: Published and copyrighted by Project HOPE/Health Affairs. Genevieve M. Kenney, Victoria Lynch, Allison Cook and Samantha Phong, *Who And Where Are The Children Yet To Enroll In Medicaid And The Children's Health Insurance Program?*, Health Affairs. October 2010, vol. 29 no. 10 1920-1929. Archived and available at www.healthaffairs.org

Estimated SNAP Participation Rates Among Eligible Individuals in 2008



Source: Karen E. Cunningham and Laura A. Castner, *Reaching Those In Need: State Supplemental Nutrition Assistance Program Participation Rates in 2008*, Mathematica Policy Research, December 2010.