



**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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February 2011

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## CHAPTER 2: PROCEDURAL AND SYSTEMS OPTIONS

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### 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.

### **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.<sup>29</sup>

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<sup>29</sup> 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.

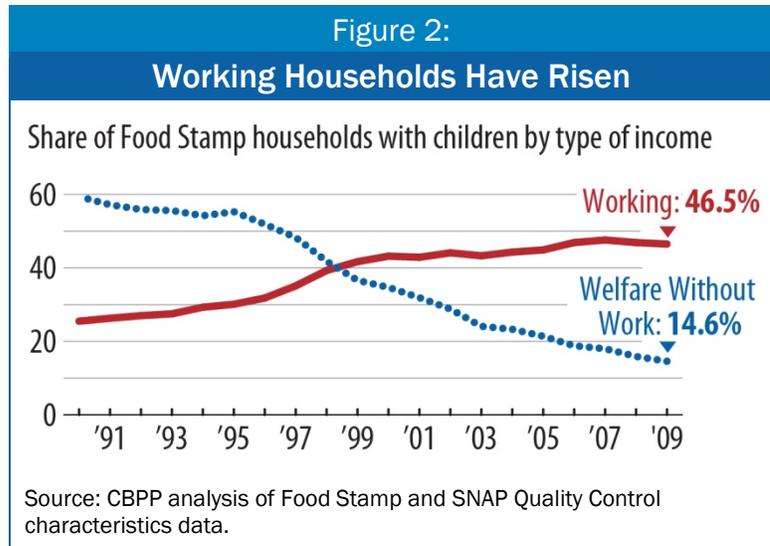
### **Seeing it in Action: Washington's Process Redesign Efforts**

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/>

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.<sup>30</sup> 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.

<sup>30</sup> 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.<sup>31</sup>

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

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<sup>31</sup> 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.<sup>32</sup> 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.

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<sup>32</sup> 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](http://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 re-assess 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.<sup>33</sup> 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

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<sup>33</sup> 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.<sup>34</sup>

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<sup>34</sup> 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.<sup>35</sup> 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.<sup>36</sup>*

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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### Multi-Program

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<sup>35</sup> See OMB circular A-87, *Cost Principles for State, Local and Indian Tribal Governments*, [http://www.whitehouse.gov/omb/circulars\\_a087\\_2004](http://www.whitehouse.gov/omb/circulars_a087_2004).

<sup>36</sup> 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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*The Supporting Families Story: The Movement Toward Quality Improvement: Supporting Families After Welfare Reform*, by the Southern Institute on Children and Families, November 2003.  
<http://www.thesoutherninstitute.org/docs/publications/Supporting%20Families%20Story%2011-2003.pdf>

*Using Online Tools to Improve Access to Assistance Programs: Effective Design and Outreach to Help People Get Work Supports via the Web*, Workforce Central and Milwaukee Area Workforce Funding Alliance, Summer 2010. <http://www.cfswc.org/page10005246.cfm>.

### **Medicaid/CHIP-focused Redesign**

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<http://www.thesoutherninstitute.org/docs/publications/CKF%20Promising%20Practices%204-07.pdf>.

*Diagnosing What Works for State Medicaid and CHIP Programs*, by Maximizing Enrollment, March 1, 2010. <http://www.maxenroll.org/resource/diagnosing-what-works-state-medicaid-and-chip-programs>

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*Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Retaining Eligible Children*, By Victoria Wachino and Alice M. Weiss, the Maximizing Enrollment for Kids Program, National Academy for State Health Policy, February 2009.  
[http://www.nashp.org/sites/default/files/Max\\_Enroll\\_Report\\_FINAL.pdf](http://www.nashp.org/sites/default/files/Max_Enroll_Report_FINAL.pdf).

*The Maze: The Barriers that Keep Colorado's Eligible Children and Families Out of Medicaid and CHP+ and Recommendations to Create a Direct Path to Enrollment*, Colorado Covering Kids and Families, April 2009. [http://www.cchn.org/ckf/pdf/CKF\\_Report\\_The\\_Maze\\_April\\_2009.pdf](http://www.cchn.org/ckf/pdf/CKF_Report_The_Maze_April_2009.pdf).

*Medicaid and CHIP Retention: A Key Strategy to Reducing the Uninsured*, by the Southern Institute on Children and Families, March 2009.  
<http://www.thesoutherninstitute.org/docs/publications/MedicaidCHIPRetention.pdf>.

*Medicaid; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities*, Proposed Rule, 75 Federal Register 68583, November 8, 2010.

<http://edocket.access.gpo.gov/2010/pdf/2010-27971.pdf>.

*Transforming State Government Services Through Process Improvement: A Case Study of Louisiana* (2010), by Vicki Grant, IBM Center for the Business of Government, 2010.

<http://www.maxenroll.org/files/maxenroll/resources/Transforming%20State%20Government%20Services%20Through%20Process%20Improvement%20-%20A%20Case%20Study%20of%20Louisiana.pdf> .

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*Supplemental Nutrition Assistance Program Workload Management Matrix*, U.S. Department of Agriculture, Food and Nutrition Service, July 1, 2010.

<http://www.fns.usda.gov/snap/government/pdf/matrix.pdf>.

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

[http://www.cfpa.net/2011CalFreshForum/T\\_Penn\\_WashingtonState\\_TransGov\\_Forum2011.pdf](http://www.cfpa.net/2011CalFreshForum/T_Penn_WashingtonState_TransGov_Forum2011.pdf).

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