



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

By Dorothy Rosenbaum and Stacy Dean

February 2011

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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## INTRODUCTION

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### 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.<sup>4</sup> 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).<sup>5</sup> 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.<sup>6</sup>

### 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

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<sup>4</sup> 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.

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

<sup>6</sup> 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](http://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.<sup>7</sup> Similarly, experts estimate that housing vouchers are available for as few as 19 percent of those who are eligible for them.<sup>8</sup>

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 1<sup>9</sup> shows that more than 40 percent of children likely to be eligible for both SNAP and health coverage are not receiving both programs.<sup>10</sup>

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.

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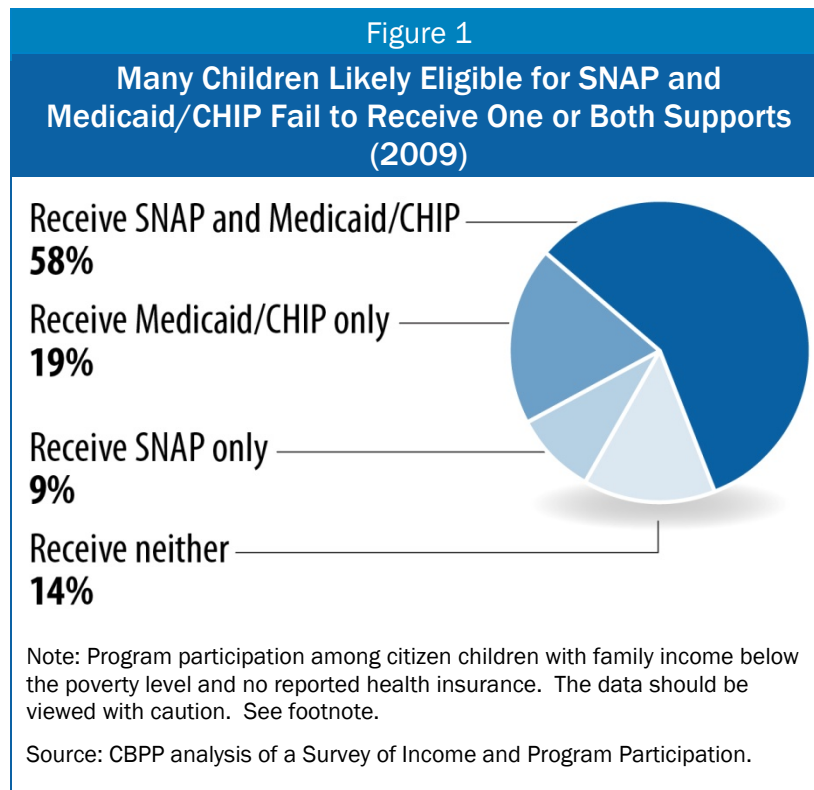
<sup>7</sup> *Child Care Eligibility and Enrollment Estimates for Fiscal Year 2005*, U. S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, June 2008, <http://aspe.hhs.gov/hsp/08/cc-eligibility/ib.htm>.

<sup>8</sup> CBPP analysis of 2009 American Housing Survey.

<sup>9</sup> 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.

<sup>10</sup> 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.<sup>11</sup> 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.<sup>12</sup>
- Between 2001 and 2008, the share of eligible people participating in SNAP rose from 54 percent to 67 percent.<sup>13</sup> 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

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<sup>11</sup> See Thomas M. Selden, Julie L. Hudson, and Jessica S. Bantlin, *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.

<sup>12</sup> 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.

<sup>13</sup> 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.<sup>14</sup>

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.<sup>15</sup> 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

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<sup>14</sup> 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>.

<sup>15</sup> 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.<sup>16</sup>

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

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<sup>16</sup> 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.<sup>17</sup>

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<sup>17</sup> 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.

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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](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](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

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### Research and Advocacy Websites

- Center on Budget and Policy Priorities:  
[www.cbpp.org](http://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

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*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](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](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](http://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>.