Coordinating Human Services Programs with Health Reform Implementation

A Toolkit for State Agencies

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 and individual contributors.

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Applications

Background

Applications are the essential first step of a state's process to determine who is eligible for benefits and the amount of benefits they receive. Well-designed applications facilitate the enrollment process by enabling applicants to provide the information states need to make swift and accurate decisions.

Applications can also have a significant effect on which benefits low-income households obtain. Whether they elicit sufficient information to enable a state caseworker to screen applicants for a full package of benefits or enable applicants to indicate their desire for more help, applications set individuals on a path to obtaining one or more of the benefits for which they are eligible.

In recent years, in an attempt to simplify applications, many states created shorter, more focused applications that provide a pathway to individual programs, such as children's health coverage. This approach likely improves access to individual programs. But for the poorest families that are eligible for multiple benefit programs, this simplification has often made it harder to obtain a package of benefits — typically requiring that they complete multiple applications that solicit much of the same information. This has also resulted in states using more caseworker time to process multiple applications for the same families. Even more unfortunate, some families may miss out on benefits that could improve their well-being because they do not know they are eligible.

The Affordable Care Act's (ACA) changes in Medicaid eligibility rules will require states to revise, if not completely redesign, the applications they use to determine eligibility for health coverage. This includes health-only applications as well as multi-program applications. Changes include:

- **New requirements for health coverage application forms and processes.** The ACA requires states to use a single, streamlined application as a pathway to all health insurance affordability programs (Medicaid, CHIP, Basic Health if applicable, advance premium tax credits, and cost-sharing reductions). The goal of the single, streamlined application is to give individuals a single entry point to health coverage programs. States must also allow consumers to submit applications through the Internet, by telephone, by mail, and in person. And, states must permit the use of electronic and/or telephonic signatures as well as allow authorized representatives to help applicants with the application.

- **The development of an application that states can use for insurance affordability programs.** The U.S. Department of Health and Human Services (HHS) will be developing a single, streamlined application that states can use for Medicaid, CHIP, and premium tax credits. Alternatively, states can develop their own application that HHS must approve. To collect the information needed to complete eligibility determinations for people whose eligibility will be determined on a basis other than Modified Adjusted Gross Income, or MAGI (such as people with disabilities), states have the choice of using the HHS application, a state-developed alternative application along with a supplemental form, or a state-developed application designed specifically for this group.

The vision of enrollment and the role that the application will play in achieving that vision are even more important than the specific new application requirements. Millions of people will gain health coverage under the ACA. Rather than require these individuals to visit their local health and human services office to apply for coverage (although that may still be the most efficient option for millions, especially those applying for multiple programs), the ACA requires that the application for coverage be publicly available and largely a process that

individuals can manage on their own, without the help of a caseworker or trained assistor. This alone will necessitate a change in most states' forms.

While many states have designed very simple children's health coverage applications that many applicants fill out without assistance, many states continue to use application forms for Medicaid and other benefit programs that require some level of program knowledge or technical expertise that is often provided by an eligibility worker during an interview. Medicaid will be moving to a model where the application should be sufficient to determine eligibility and cannot require an interview. This model will require that the terms used, the flow of questions, how verification is sought, and the ease with which it is attached be navigable by the public. Of course, states must continue to assist individuals who want or need help in applying for health coverage. Nevertheless, creating an application form for health programs with relatively complex eligibility rules that the public can correctly complete on their own will likely require changes to states' applications.

As states consider the changes that they must make to their health and human services applications to connect individuals to health coverage under the ACA, they have a tremendous opportunity to create a pathway to other crucial benefits and work supports for the lowest-income individuals and families. Such an approach holds the promise of improving access for vulnerable families to benefits and programs that can help them as well as promoting more efficient use of state administrative resources. Virtually all non-seniors on Supplemental Nutrition Assistance Program (SNAP) will be eligible for Medicaid in 2014, and many households on Medicaid will be eligible for human services programs as well. In many cases, these programs seek and verify the same information from applicants. States can ill afford to duplicate staff efforts by having application processes that are disconnected from one another.

Community Organizations Will Play An Important Role Under the ACA

Community organizations and health care providers have long played an important role in helping to connect eligible individuals to Medicaid and CHIP, typically by providing informational materials about the program and/or by helping individuals to fill out applications and submit them with all required documentation to the state Medicaid agency. The ACA has given special prominence to community assistors through the creation of the Navigator program, which requires state exchanges to fund organizations to conduct outreach and provide assistance in the enrollment process for health subsidies. Including this group in your planning could be very useful.

Many states are not yet ready to design their new application forms or to assess the forthcoming HHS model form. Forms need to take into account the new eligibility rules, business processes, and computer systems that are not yet finalized. This is an appropriate time, however, for states to assess their current forms with respect to needed changes under the ACA. In addition, states can take stock of how well their current applications perform in order to leverage additional improvements:

- How useable and effective are today's forms for all users — applicants, application assistors, and eligibility workers?
- Is there a way to gather feedback on application forms from applicants and other users (particularly outside of the child health applications)?
- Do current forms, both multi-program and single program, create a pathway for vulnerable families to enroll in the full package of work supports? How successful are they in accomplishing multi-program enrollment?
- What changes would be needed to improve them — both to make them easier to use and to help connect poor families to a full range of benefits?

Beginning with a well-informed evaluation of the effectiveness of their current applications will better prepare states to begin designing their new approach to application forms.

Goals

This module will help states set guiding principles for making changes to their applications by:

- Taking an inventory of current application practices across key health and human services benefit programs and identifying what has worked and areas that need improvement.
- Identifying changes that need to be made to prepare for the ACA.
- Identifying optional changes that would help consumers and eligibility workers.
- Identifying what questions, if any, the state would need to add to a Medicaid application to make it an application for SNAP and/or other human services programs.
- Identifying how applications will affect other implementation decisions, including eligibility processes, IT, and staffing.

Tools

To help guide your discussions and decisions about how to change your application, this module includes the following tools:

1. **Exercise 2.1:** Take an inventory of all applications currently available for health coverage and other human services.
2. **Presentation:** Review application requirements under the ACA.
3. **Exercise 2.2:** Identify improvements that can be made to current applications.
4. **Exercise 2.3:** Key Opportunities for Integration! — Identify a strategy for developing Medicaid and SNAP and/or human services applications.
5. **Wrap-Up and Next Steps:** Identify guiding principles for the application process and issues that need to be taken into account during implementation planning.

How to Complete this Module

First, you will want to think about whom to involve in a workgroup focused on applications. Involving a diverse group of experts and stakeholders will ensure that you are considering all aspects of the work. You may want to consider including the following representatives:

- Medicaid, CHIP, SNAP, and other human services policy experts
- Representatives from the state's exchange organization
- Operational managers from field offices
- Representatives of eligibility staff and/or labor unions

- Data analysts familiar with your data file
- Representatives from customer support center
- State and/or vendor IT experts
- Representatives from a consumer groups that provide application assistance

You may also want to involve an outside facilitator if resources allow. At the end of this section, we suggest additional background materials you may want to distribute to the group.

Each of the exercises involves holding one or more workgroup meetings. Questions have been provided in each exercise to guide your conversations. As you work through discussion questions, make sure to take note of key decisions, unresolved issues that need further attention, and action steps that need to be taken to move forward with planning and implementation. We estimate you will need to schedule approximately eight hours of workgroup meetings to complete this module. You may choose to schedule them in a series of shorter meetings or as one all-day session.

Additionally, the first exercise requires that key workgroup members collect background information about current application practices and questions. An appropriate amount of time should be provided for these pre-workgroup meetings so the members come to the first meeting prepared to share the information gathered.

As always, you should feel free to modify the materials and exercises provided in this module to suit your state's specific needs and circumstances. Finally, you may find that information covered during this module to be helpful in making decisions related to the development of renewal forms and related processes.

Exercise 2.1

Gain a common understanding of current application processes and identify how they can be improved

We have all experienced the pain of completing a poorly designed form. Whether it was at the Department of Motor Vehicles or the doctor's office, questions that are vague or badly presented can leave us confused and frustrated. The goal of this exercise is to draw on your state's past experience in using applications to identify recommendations for the development of new consumer-centric applications.

Gathering Background Information

A good understanding of your current application process is a prerequisite to a conversation about how to create new and improved application processes. The first step in Exercise 2.1 will be to gather information about current application practices. In advance of your first workgroup session, each program area represented in your team (e.g., child, care, SNAP, Medicaid, exchange, etc.) should designate one representative to participate in a data collection group. This group should allow an appropriate amount of lead time, which will depend on your state's ability to quickly extract data from the relevant eligibility systems.

The data collection group can use Table 1 below to gather some basic information that will help your group identify the volume of applications currently processed by each program and which modes of application consumers use most frequently (use estimates, if precise data pulls are not possible given your timeframe). If possible, provide this information related to mode of application by type of application, e.g., health only vs. multi-benefit application.

Table 1. Current Application Volume and Mode

	Medicaid	CHIP	SNAP	Child Care Subsidies	TANF	Other
Average number of initial applications per month (over 12 months if possible)						
Share of applications by mode of application (online, paper, phone)	Mail:_____% Online:_____% Phone:_____% In-person:__%	Mail:_____ % Online:_____% Phone:_____% In-person:__%	Mail:_____% Online:____ % Phone:____ % In-person:_ %	Mail:_____% Online:_____% Phone:_____% In-person:__%	Mail:_____% Online:____% Phone:____ % In-person:__%	Mail:_____% Online:_____% Phone:_____% In-person:__%

Key workgroup members should also be assigned to reach out to their counterparts to collect information about experiences with current applications using the set of questions below. This can be gathered in a number of ways. For example, managers, eligibility workers and customer service representatives from each program area can gather information during staff meetings or they can hold small group meetings with a subset of eligibility workers, supervisors, and/or customer support representatives. Consumer groups can capture the information from other community groups during regularly planned stakeholder meetings or by distributing an

electronic survey to outreach and/or other organizations that provide application assistance. Workgroup members should be given adequate time to capture information using the following questions and should come prepared to share their findings during the first workgroup session. When gathering information, workgroup members may want to consider asking the questions separately for paper and online applications.

2.1A Questions on the Effectiveness of Current Applications

Key Questions 1: *Which questions are consistently not answered? Which questions are consistently answered incorrectly? What questions most often require caseworker explanations? Are these questions required to determine eligibility?*

Notes:

Key Questions 2: *Which questions do consumers or application assisters often not understand, ask questions about, or complain about?*

Notes:

Key Questions 3: *If your program regularly has staff review information provided on applications when consumers complete an interview, consider the situation where most applications will not be reviewed in this way. How would questions need to be changed to ensure they are clearly soliciting the correct information?*

Notes:

Key Questions 4: *Does the application form follow the order of information required by the eligibility system? Is this an issue?*

Notes:

Key Questions 5: *How are consumers currently informed about verification requirements? Do applicants accurately follow directions about providing additional verification? (This can be for applications, renewals, or reported changes). Which aspects of verification present the most trouble?*

Notes:

Key Questions 6: *How do applications currently provide key consumer protections and notify them of their responsibilities? Do applicants appear to understand their rights and responsibilities? Do applicants ever express concern about the communication on applications?*

Notes:

Key Questions 7: *How are consumers currently informed about what happens once an application is submitted? Do they know: if they will they be contacted if the state needs additional information or how long it will take to find out if they are eligible for benefits?*

Will they have to take additional steps like identifying a health care provider? What has worked best or not worked well in conveying this type of information?

Notes:

Key Questions 8: *What has your experience been with the length of applications? Are shorter applications better? Why or why not? Are longer applications that provide more information better? Why or why not?*

Notes:

Key Questions 9: *If your program has an online application, what kinds of functionality (if any) have proven to be useful? Why?*

If your program does not have an online application, what kinds of functionality do you think would be helpful? (Think about your own experiences in shopping, banking, and working online to think about what would be important functionality to include. Information about online application functionality can be found in Online Applications for Medicaid and/or CHIP: An Overview of Current Capabilities and Opportunities for Improvement)

Notes:

Conducting Workgroup Meeting

After you complete the information-gathering portions of this exercise, you should schedule a workgroup meeting. This meeting will be a chance to reflect on the information collected about past experience. The questions below will help guide your discussion and make decisions about how to proceed with modifying and creating applications that are more consumer-centric while meeting eligibility workers' needs. We estimate it will take a total of approximately three hours to discuss all of the questions.

2.1B Discussion Questions on How to Improve Applications

Key Questions 10: *Which applications appear to be used most, and why? What can be learned from the most-used applications? Are there any applications the state wants to stop using or applications that can be consolidated or improved?*

Discussion:

Key Decisions:

Key Questions 11: *Are there data elements that you are currently collecting that are not used to make a determination? If so, can they be removed from the application? For programs that require an interview, are there data elements that can be collected during that process instead of the application? Which data elements (if any) fall into one of these categories?*

Discussion:

Key Decisions:

Key Questions 12: *Which application questions have been troublesome? How can they be improved in the new applications? How can we get input on new questions (e.g., focus groups, in-depth interviews, meetings with stakeholders, etc.)?*

Discussion:

Key Decisions:

Presentation

Review application requirements under the ACA

The goal of the presentation is to clarify the ACA requirements related to applications. The presentation will share current application requirements and future requirements under the ACA. This presentation is intended to kick off the workgroup meeting for Exercise 2.2. It can also be used as background information for decision makers who are considering changes to your application. An outline of the presentation is below, and the full PowerPoint presentation can be found in Appendix 2.1.

- Consumers must be able to file applications by mail, in person, by telephone, online, and through other commonly used electronic formats.
- HHS will develop a single, streamlined application for states to use.
- States can develop an alternative application that is no more burdensome and receives HHS approval.
- States can use multi-benefit applications.
- For eligibility determinations not based on Modified Adjusted Gross Income (MAGI), states can use the HHS application, a state alternative application along with a supplemental form, or develop an application specifically for non-MAGI based Medicaid determinations.
- Information on applications must be provided in simple to understand, plain language and longstanding civil rights requirements pertaining to language access, accessibility for people with disabilities, and allowing non-applicants not to provide sensitive information remain.
- These requirements take effect January 1, 2014.

Exercise 2.2

Identify changes that need to be made to current applications to prepare for the ACA.

A workgroup meeting should be scheduled for Exercise 2.2. This meeting will start with a brief presentation on ACA requirements related to applications. The workgroup will then discuss the questions below and make decisions about how to proceed with preparing applications to meet the ACA application requirements. We estimate it will take a total of approximately two hours to discuss all of the questions.

2.2 Preparing for Applications for ACA Implementation Discussion Questions

Key Questions 13: *Are there required modes for Medicaid applications (in person, telephone, online, mail) that are currently not provided? Do other programs currently use any of the missing modes and if so, can that technology be leveraged for Medicaid? What application modes need to be created?*

Key Discussion Points:

Key Questions 14: *Does the state currently accept electronic and telephonic signatures? If not, what is needed to institute them?*

Key Discussion Points:

Key Questions 15: *What improvements will be needed to address accessibility and civil rights issues? In how many languages is the application available? Is the application accessible for people with disabilities (best answered by focus groups of people with different impairments)? Are non-applicants required to provide Social Security number and citizenship information?*

Key Discussion Points:

Key Questions 16: *Will the state use the HHS-developed application for all modes or develop alternative applications?*

Key Discussion Points:

Key Questions 17: *If applicable, how will alternative applications be designed to meet the requirement to request only the information needed for eligibility determinations? For example, the online application can use logic-based questions that allow earlier questions to inform which subsequent questions are asked. How can this be accomplished on paper applications? Will phone and in-person applications use the online application question sequencing?*

Key Discussion Points:

Exercise 2.3

Key opportunity! Design an online multi-benefit application.

All states are required to allow consumers to file applications for Medicaid and other health subsidies online. Online applications can be designed to be dynamic — allowing for information provided by the consumer to determine which questions are later asked. For example, if an applicant indicated that he was male, the online application can be programmed to exclude any future questions related to pregnancy for that individual. The online applications can be designed to offer a pathway to SNAP and other benefit programs by allowing consumers to select which programs they would like to receive at the start of the application. Consumers then only need to be asked questions that are relevant to the benefits that they select. In this case applications can be programmed to screen in for other programs using the information provided, letting the application filer know if he/she appears eligible for other programs and giving him/her an opportunity to apply for those programs and answer any additional questions needed. In paper applications, questions can be sequenced, marked, or provided in sections so that consumers can easily choose to complete only the questions for programs for which they wish to apply.

Some state health agencies and advocates have been concerned that providing multi-benefit applications in lieu of health-only applications is too cumbersome for families and application assistors to navigate. This can be true if the state chooses to ask many questions that are not absolutely necessary at the time of application or if the questions are difficult to understand. The table in Appendix 2.3 lists data elements commonly requested for Medicaid and SNAP. This illustrates that the majority of data elements requested for one program are also needed for the other. Some data elements states currently request are not required for either program under federal rules and can be removed from applications altogether. Some information specific to SNAP can be collected during the interview process for SNAP. For example, a paper application may ask about student status but the interview can probe about specific student eligibility parameters. A similar exercise of identifying data elements from other programs such as child care subsidies and TANF are likely to yield similar results. To begin thinking through how to create unified applications across benefit programs that are less burdensome, your workgroup can use the discussion questions below.

Holding on To Vital Pathway to Benefits

Over 40 states currently accept Medicaid applications at human services offices. Typically, households that apply for health benefits there are also applying for other human services programs such as SNAP or child care. Those applications can maintain a path to health coverage no matter what the eligibility process for health coverage ultimately looks like.

2.3 Discussion Questions on Developing a Unified Online Application

Key Questions 18: *HHS will release data elements that will be used for determining eligibility for insurance affordability programs. If those have been released in time for your workgroup session, your group can determine if there are data elements that are currently collected by the state that do not have to be collected for Medicaid in 2014. Why are these questions asked? What are the consequences of dropping these questions from the application?*

Key Discussion Points:

Key Decisions:

Key Questions 19: *What benefit programs make sense to include in a multi-benefit application that is built off of the Medicaid application?*

Key Discussion Points:

Key Decisions:

Key Questions 20: *What additional questions would need to be added for those programs? Or could applicants be screened for these other services during the interview?*

Key Discussion Points:

Decisions:

Key Questions 21: *How can the combined health and SNAP application ensure that key SNAP consumer protections are reflected in the application design i.e. expedited screen, right to apply with name, address and signature, etc.? (See appendix 2.4.)*

Key Discussion Points:

Key Decisions:

Wrap-Up and Next Steps

Identify guiding principles for the application process and application issues that need to be taken into account during implementation planning

The goal of this section is for your workgroup to reflect on discussions and decisions made during Exercises 2.1-2.3 to develop guiding principles for the overall approach to applications and identify considerations for other implementation decisions including eligibility processes, IT considerations, and staffing.

2.4 Discussion Questions on Developing an Overall Approach to Applications

Key Questions 22: *What has worked best in applications and should be retained? What can be improved?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 23: *What guiding principles should we use in developing questions to ensure that they are easy to understand and answer?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 24: *What key functionalities such as "my account," logic-based questioning, etc., do we want to have in our online applications?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 25: *What will the strategy be for getting consumer input in the development of applications?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 26: *Will we have multi-benefit applications? If so, which programs will be included, and what are design considerations?*

Key Decisions:

Decisions Pending:

Next Steps:

Resources

Regulations and Guidance

Medicaid Eligibility Final Rule 42 CFR Parts 431, 433, 435, and 457 "Medicaid Program: Eligibility Changes Under the Affordable Care Act of 2010," U.S. Department of Health and Human Services, March 16, 2012, http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/html/2012-6560.htm.

Exchange Eligibility Final Rule 45 CFR Parts 155, 156, and 157 "Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers," U.S. Department of Health and Human Services, March 27, 2012, http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf.

Policy Papers on Creating Streamlined, User-Friendly Applications

Addressing Barriers to Online Applications: Can Public Enrollment Stations Increase Access to Health Coverage? by Julie Silas and Christina Tetreault, Consumers Union, November 2011, http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2011/Public_Enrollment_Stations.pdf.

Health-e-App Public Access: A New Online Path to Children's Health Care Coverage in California: An Overview of the First Year, by Leslie Foster, Mathematica Policy Research, Inc., March 2012, http://www.mathematica-mpr.com/publications/pdfs/health/health_e_app_ib1.pdf.

Improving the Delivery of Key Work Supports: Policy & Practice Opportunities at a Critical Moment, by Dottie Rosenbaum and Stacy Dean, Center on Budget and Policy Priorities, February 24, 2011, http://www.cbpp.org/cms/index.cfm?fa=view&id=3408.

Online Applications for Medicaid and/or CHIP: An Overview of Current Capabilities and Opportunities for Improvement, by Shelby Gonzales and Samantha Artiga, Kaiser Commission on Medicaid and the Uninsured, June 2011, http://www.cbpp.org/files/6-27-11health.pdf.

Online Services for Key Low-Income Benefit Programs: What States Provide Online with Respect to SNAP, TANF, Child Care Assistance, Medicaid, CHIP, and General Assistance, Center on Budget and Policy Priorities, March 6, 2012, http://www.cbpp.org/cms/index.cfm?fa=view&id=1414.

Streamlining and Coordinating Benefit Programs' Application Procedures, By Sharon Parrott, Donna Cohen Ross, and Liz Schott, Center on Budget and Policy Priorities, June 22, 2005, http://www.cbpp.org/files/6-22-05prosim.pdf.

Other Resources

User Experience 2014 Wireframes

Slides: *Building Blocks: The ABCs of Designing Enrollment Materials People Can Read*, by Joan Winchester, Nichole Donnelly, Eva Anderson, and Mercedes Blanco, Maximus Center for Health Literacy, December 13, 2011, http://www.enrollamerica.org/best-practices-institute/webinar-archives/building-blocks-the-abcs-of-designing-enrollment-materials-people-can-read.

Communicating in Plain Language, by Nicole Donnelly, Penny Lane, and Joan Winchester at the Maximus Center for Health Literacy, February 2012, http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/Communicating_with_Plain_Language.pdf.