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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ACA Single, Streamlined Application
No wrong door:
- Key to the vision of providing a “no wrong door,” states must have a single, streamlined application that provides access to all insurance affordability programs, including Medicaid, CHIP, premium tax credits and cost-sharing subsidies and Basic Health (if applicable).
- Applicants will not have to know what they qualify for and what to apply for. Rather, they can fill out one application and regardless of where they submit it, the correct determination should be made without requiring additional forms to be completed.

Modes for submitting applications and supporting documentation:
- States must allow for the single, streamlined application to be filed online, in person, over the phone, by mail and other commonly used electronic formats (including fax).
- Consumers must also be able to provide documentation needed for eligibility through each of these formats and states must accept electronic and telephonic signatures.

Applications must adhere to long-standing civil rights requirements including:
- Applications must be provided in a manner that is accessible to persons with limited English proficiency (at no cost to the consumer).
- Application must provide auxiliary aids and services at no cost to the consumer in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
Applications must provide a pathway to benefits to eligible individuals who are in mixed citizenship/immigration status households. Protections include not asking non-applicants to disclose their citizenship/immigration status.

There are also limitations on request of social security numbers including not requiring them of non-applicants, and providing appropriate notices when making optional requests.

The applications should be written in plain language that is easy to understand.
Setting the Bar

- HHS will create a model application for Insurance Affordability Programs
- States can develop and use alternative applications that are:
  - No more burdensome than the HHS model
  - Approved by HHS
  - Able to provide access to other human service benefits

HHS application:
- HHS will develop a model application that states can opt to use.

State alternative applications:
- States can develop alternative applications, but they must not be more burdensome than the HHS developed application and must be approved by HHS initially and anytime substantive changes are made.
- States can develop an alternative application that also provides a pathway to other human service benefit programs but they must also be approved by HHS and they can’t replace the single, streamlined application that is only for insurance affordability programs.
Applications for Non-MAGI Groups

• Supplemental forms can be used along with HHS model or state developed alternative.
• An application designed for non-MAGI groups can also be used.
• All applications and supplemental forms must:
  – Minimize burden on applicant
  – Be submitted to HHS

To collect information needed to complete eligibility determinations for those who are eligible for Medicaid on a basis other than MAGI, states have two options:
• They can use the HHS or state developed single, streamlined application along with supplemental forms, or
• They can use a form designed specifically for non-MAGI groups.
• In both cases, the application or supplemental forms must minimize the burden on consumers; and
• They must be submitted to HHS but the state does not have to get HHS approval for using these forms (however, the forms must be available for review by the public).
## Appendix 2.2: Requirements for Key Application Components in SNAP and Medicaid

<table>
<thead>
<tr>
<th>Application Filing Method</th>
<th>SNAP</th>
<th>Current Medicaid</th>
<th>Future Medicaid Using MAGI Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paper application is required. States have the option to allow for applications to be submitted online or by phone.</td>
<td>Paper application is required. States have the option to use other filing formats, including online and telephone. Many states have opted to provide online applications and some also allow telephone applications.</td>
<td>Applicants must be allowed to file online, in person, or by mail or telephone</td>
</tr>
</tbody>
</table>

### Signature
- A responsible household member or authorized representative must sign the application under penalty of perjury, with notice of this provided. Electronic signatures and telephonic signatures (at state option) are acceptable.  
- The application filer or authorized representative must sign the application under penalty of perjury. In guidance, the Centers for Medicare and Medicaid Services has reassured states that electronic signatures are acceptable. Exception: No signature is required under Express Lane Eligibility.  
- The application filer or authorized representative must sign the application under penalty of perjury (tax payers receiving Advance Premium Tax Credits must make an attestation that they are aware of key rule associated with the credit). Electronic signatures and telephonic signatures must be accepted.

### General
- If a state has a multi-program application, applicants must be able to apply for SNAP by answering only the SNAP questions.  
- States must allow applicants to initiate the application and set a filing date by just providing name, address and signature.  
- States must screen for expedited eligibility on or near the front page of the application (once a form becomes a SNAP application).  
- States must offer an application pathway for pregnant women, infants, and children outside of the TANF application.  
- States have the flexibility to provide applications for specific categories of eligibility, a Medicaid-only application, or multi-benefit applications that clearly identify Medicaid-only sections.  
- States must use either the single, streamlined application developed by HHS or an alternative single, streamlined application developed by the state and approved by HHS.  
- Alternative applications must be no more burdensome than the application developed by HHS.

### Interview
- An interview is required at application and no less than every 12 or 24 months thereafter (depending on the type of household) but can be conducted over the telephone.  
- States have the option to require interviews. Only one state requires a face-to-face interview for children’s Medicaid, and seven states require it for parents.  
- States cannot require face-to-face interviews and must have processes in place to provide assistance during interviews if needed.

### Accessibility under Civil Rights Laws
- Civil rights laws apply to applications. Ensuring access for individuals with limited English proficiency, disabilities, and those who live with household members who are reluctant to provide information about their citizenship status or Social Security numbers remains an important legal requirement for state applications and application processes.
We have included a list of items that are commonly requested in benefit applications and identified whether or not the information is required to be collected during the application process. This is not a legal analysis of each required date element for each program. Instead, it is meant to illustrate how much information is common to both programs.

It is important to note that not all questions asked on applications are required to be answered by applicants, for example programs must request information about race/ethnicity but they can’t require applicants to answer that question. States frequently ask for information that can help their process such as applicants’ telephone numbers and e-mail addresses even though providing that information is not required to determine eligibility. Additionally, not all information that is required to be collected during the application process must be collected on the application. For example, SNAP applicants can submit an application and protect the date of the application by only providing a name, address and signature. The remaining data can be collected at another point in the application process such as the interview. States frequently leave more obscure questions or follow up inquiries for the interview rather than include every aspect of SNAP eligibility on the application form.

Your state can add to the items in the table if there are other questions that you ask on your applications that are not listed here (it’s important to consider why those questions are asked and if they are needed). Use the table below to identify and discuss your findings:

<table>
<thead>
<tr>
<th>Items Commonly requested on applications*</th>
<th>For whom is the item requested?</th>
<th>Currently required or necessary to determine coverage category for Medicaid</th>
<th>Required for or necessary to determine benefit levels or special status under SNAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Names of all household members applying for benefits</td>
<td>Applicant Only</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Date of Birth</td>
<td>Applicant Only</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Place of birth</td>
<td>Applicant Only</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4. Gender</td>
<td>Applicant Only</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5. Race / Ethnicity</td>
<td>Applicant Only</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. US citizenship</td>
<td>Applicant Only</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. SSN</td>
<td>Applicant Only</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Preferred managed care plan</td>
<td>Applicant Only</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>9. Other Health Insurance</td>
<td>Applicant Only</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Names of other household members</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Relationships of all household members (including those not</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Items Commonly requested on applications*</td>
<td>For whom is the item requested?</td>
<td>Currently required or necessary to determine coverage category for Medicaid</td>
<td>Required for or necessary to determine benefit levels or special status under SNAP</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>applying for benefits)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Pregnant</td>
<td>Household</td>
<td>Yes</td>
<td>Yes – only for certain Able-Bodied Adults Without Dependents</td>
</tr>
<tr>
<td>13. Income</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Self-Employment status</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Student status</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Medical expenses</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Other expenses (such as child care and housing costs)</td>
<td>Household</td>
<td>State option</td>
<td>Yes</td>
</tr>
<tr>
<td>18. Assets</td>
<td>Household</td>
<td>State option</td>
<td>State option</td>
</tr>
<tr>
<td>19. Name of primary applicant</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>20. Address</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21. Phone Number</td>
<td>Household</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>22. Email address</td>
<td>Household</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>23. Preferred method to be contacted</td>
<td>Household</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>24. Authorized representative</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>25. Disability status</td>
<td>Individual</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>26. Migrant or seasonal farm worker</td>
<td>Household</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>27. Pays child support</td>
<td>Household</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*This listing does not include every element of eligibility in Medicaid or SNAP.*
Appendix 2.4 Federal SNAP Application Requirements

SNAP and Medicaid share many similar applications requirements. Some are meant to protect consumers by informing them how information will be used, shared and verified. Other requirements ensure that applications do not discriminate and are accessible to those with disabilities or limited English proficiency. Both programs also require that applications be signed under penalty of perjury and allow for authorized representatives.

There are a few application requirements that are specific to SNAP, such as including questions early in the application that screen individuals to see if they are eligible to receive expedited benefits and the right to file an incomplete application with as little as a name, address, and signature. States wishing to create an application for health and SNAP will need to decide how to adapt applications to meet these requirements.

Expedited Service Screen

Destitute households are eligible for “expedited service” (which means they will receive their benefits within seven days) if they have less than $150 in monthly income and less than $100 in cash on hand and other liquid resources, if their combined monthly income and liquid resources exceed their shelter expenses, or if they are migrant or seasonal farmworkers with less than $100 in resources.

SNAP rules require a description of SNAP expedited service provisions on or near the front of the application and a process that ensures the screening occurs promptly. For example: The Georgia application asks the following questions:

_Do I Qualify to Get Food Stamps Faster?_

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker?  q Yes q No
2. How much money will you and all household members get this month?  $______
3. How much money do you and all household members have in cash or in the bank?  $______
4. How much do you and all household members pay for rent or mortgage?  $______
5. How much do you and all household members pay for electric, water, gas, etc.?  $______
Ability to File an Incomplete Application

SNAP rules require the application notify the household that it may immediately file an incomplete application to establish a filing date, as long as it contains the applicants name, address, and signature. This helps to ensure that eligible households do not lose out on benefits since they are paid back to the date of application. These items must be on or near the first page of the application and the application process must allow for processing an incomplete application. The requirement applies throughout the application. Households must be able to file an incomplete application at any time. Missing information can be collected during the household’s interview.

The requirement protects the filing date and ensures the household is able to answer truthfully if he or she does not understand the question.

Other SNAP Requirements

- Notice that benefits are provided from the date of application.
- List of specific items household must provide documentation of. (This does not have to be on the application form, but be provided to applicants.)
- Description of the civil and criminal provisions and penalties for violations of SNAP rules.
- For multi-program applications language that makes clear that the applicant only has to answer questions that are relevant for the program(s) he or she is seeking.