Promoting Public Benefits Access Through Web-Based Tools and Outreach: A National Scan of Efforts

Volume I: Background, Efforts in Brief, and Related Initiatives

Final Report

April 8, 2011

Jacqueline Kauff
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I. INTRODUCTION

Demand for public benefits is rising in response to two influences: continuing economic pressure on vulnerable families and individuals, and changes to eligibility rules for some safety net programs as a result of the Food, Conservation, and Energy Act of 2008; the American Recovery and Reinvestment Act of 2009; and the Affordable Care Act of 2010. In response to increasing demand and tightening state budgets that necessitate administrative efficiencies, public and private entities are exploring options for expediting and streamlining access to benefits. Although these efforts vary in form, reach, and intensity, information systems technology is often an essential component of a more comprehensive approach to helping Americans who are struggling to make ends meet.

As a major federal funder of public benefits, the U.S. Department of Health and Human Services (HHS) is committed to understanding the range and nature of these efforts, which can be based on web technology, systems integration, and/or electronic data matching. Accordingly, the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica Policy Research to (1) summarize existing benefits access efforts; (2) study the successes and challenges of a subset of these efforts through in-depth case studies; and (3) analyze the potential for sustaining, expanding, and replicating the most promising efforts. This report presents the results of the first step in this process.

A. Background and Study Context

1. The Policy Challenge

Federal, state, and local assistance programs provide an array of benefits to low-income families and individuals.[1] They include funds to purchase food, subsidies and vouchers for housing or child care, cash for general living expenses, and help accessing health care and prescription drugs. Needy families and individuals can qualify for multiple programs, which may be funded, regulated, and administered by different federal, state, or local agencies. For a variety of reasons, however, these benefits may not reach the people they are intended to help.

Indeed, as much as an estimated $65 billion in public benefits has not been claimed by eligible individuals and families (Waters-Boots 2010), and only about two-thirds of those eligible for the nation's key entitlement programs—Medicaid, SNAP, and SSI—actually participate (HHS 2008; Leftin 2010; GAO 2005). Eligible families may not participate for a variety of reasons, including perceived stigma associated with receiving public assistance. They may lack understanding of eligibility requirements application processes, or may decide the demands of the application and recertification process are not worth the amount of benefits they would receive. Additionally, the complicated mix of eligibility requirements can confuse potential applicants, who must deal with several agencies and provide the same information to different staff in different offices.

The extent of the burden on applicants depends on how—and how well—agencies coordinate procedures for intake, eligibility determination, and case management across programs. Their efforts have been stymied by poorly integrated technology systems, made even more complicated by the confidentiality issues associated with the cross-agency sharing of information. Data systems

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[1] For purposes of this study, we define low-income as living at or below 200 percent of the HHS poverty guideline for family size.

incompatibility, which makes data sharing across programs difficult or impossible, only adds to the burden on applicants and program staff. The resulting frustration can both discourage applicants from pursuing all benefits to which they are entitled and make it difficult for program staff to identify the full array of programs for which applicants might qualify.

2.   The Nation's Response

Since the late 1990s, policymakers and advocates for the poor have called for streamlined programs, better caseworker training, enhanced program management, and expanded public education to reduce barriers to participation (O'Brien et al. 2000; Shahin 2009; Waters Boots 2010). In response, the federal government began mounting efforts to reduce or eliminate barriers to program application and participation. For instance, the Social Security Administration and the Veteran's Administration instituted electronic application systems, and the U.S. Department of Agriculture developed an online tool that individuals and families can use to determine their potential eligibility for SNAP. A collaborative effort of 17 Federal agencies launched in 2002 what is now benefits.gov, an effort to provide citizens with easy, online access to government benefit and assistance programs. And, several agencies offered states flexibility in relaxing program eligibility policies and procedures.

Most recently, the Economic Recovery and Domestic Poverty Task Force of the President's Advisory Council on Faith-Based and Neighborhood Partnerships made the following four recommendations for a "streamlined, people-centered multiple-benefit access system based in the community" (President's Advisory Council on Faith-Based and Neighborhood Partnerships 2010):

1. Create a taskforce to streamline and consolidate eligibility and application processes

2. Expand single-site, multiple-benefit access programs

3. Invest in the development and distribution of software applications to facilitate access to multiple benefits through online applications

4. Create incentives for state and local governments to maximize program participation among low-income populations and to promote multiple-benefit access through faith- and community-based organizations

As part of the Affordable Care Act (ACA) signed into law in March 2010, DHHS—in consultation with the Health Information Technology (HIT) Policy Committee and the HIT Standards Committee—offered recommendations which "seek to encourage adoption of modern electronic systems and processes that allow a consumer to seamlessly obtain and maintain the full range of available health coverage and other human services benefits." The recommendations are guided by the notion that "the consumer will be best served by a health and human services eligibility and enrollment process that:

- Features a transparent, understandable and easy to use online process that enables consumers to make informed decisions about applying for and managing benefits;

- Accommodates the range of user capabilities, languages and access considerations;

- Offers seamless integration between private and public insurance options;

- Connects consumers not only with health coverage, but also other human services such as the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program; and

- Provides strong privacy and security protections" (DHHS 2010).

In addition to federal agency efforts, states, localities, and private organizations that serve low-income populations have mounted their own responses. These different federal, state, and community efforts intervene at different stages of the process program applicants and participants go through—from learning about and applying for benefits, to going through an eligibility determination and enrolling in programs, to taking the necessary measures to remain on benefits. In rural communities, coordinated benefits access efforts have been seen as a means to address impediments to services for rural individuals and families, such as lack of public transportation, persistent poverty, and limited access to resources. At the same time, many of these efforts have been implemented in urban settings with high concentrations of low-income populations. Some efforts depend heavily on information systems technology, and some do not. Figure 1.1 illustrates the range of these efforts, and they are discussed briefly in the paragraphs below.
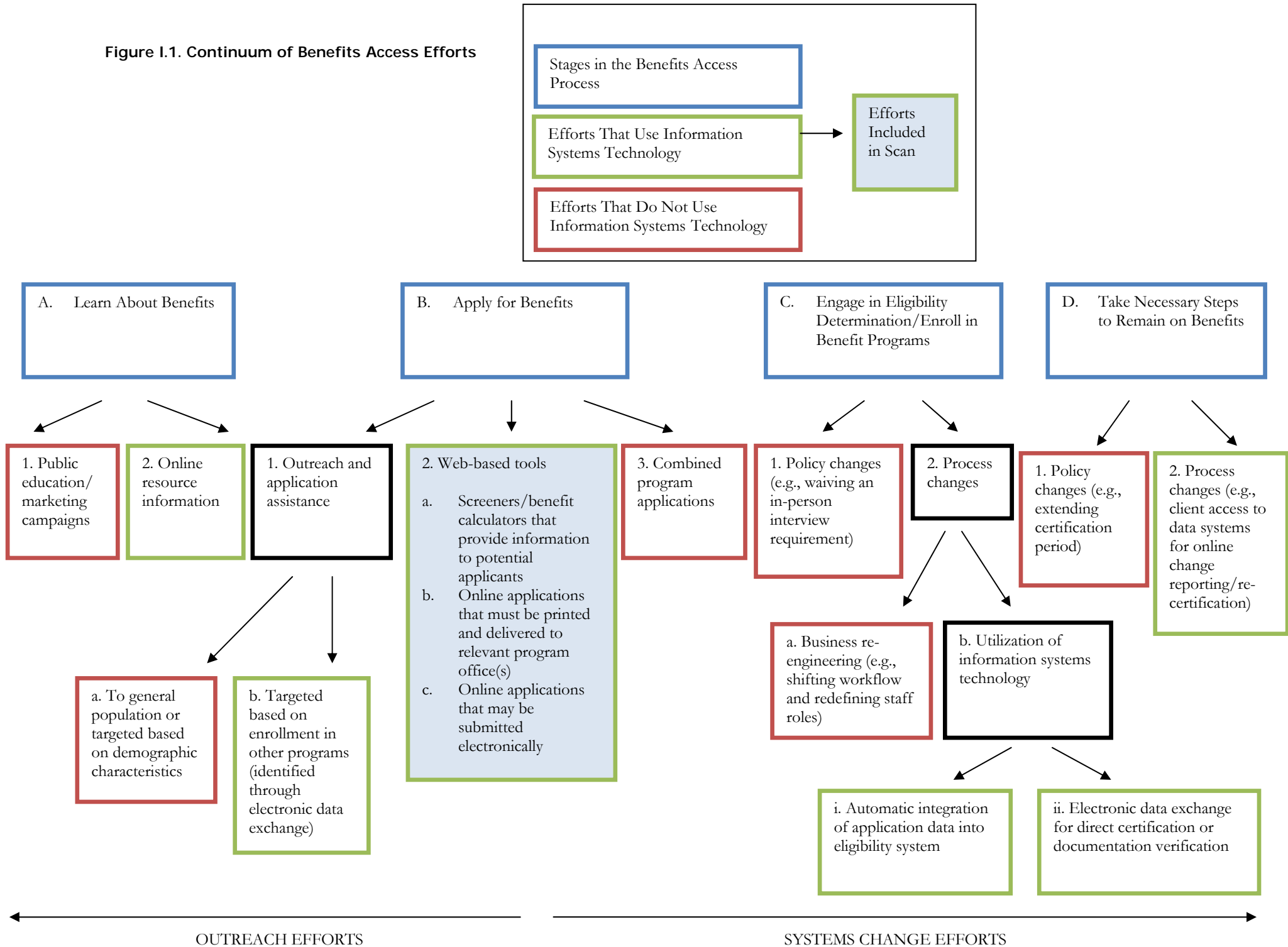
Learning about benefits. Benefits access efforts that provide information about different types of benefits are designed both to inform potential applicants about existing benefit programs and to dispel myths about the stigma—perceived or real—associated with program participation. Examples include marketing campaigns that consist of television, radio, newspaper or other printed advertisements and/or varied types of printed distribution materials such as flyers, brochures, postcards, or envelope/paycheck stuffers. Telephone hotlines providing resource and referral information also fall into this category. Many efforts at this stage also rely on the web to disseminate program descriptions, instructions on how and where to find more information and apply for benefits, and lists of other resources. Federal agencies, states, localities, and private organizations have used this type of outreach to educate potentially eligible families and individuals.

Applying for benefits. Efforts that intervene at this stage focus on making it easier for individuals and families to submit applications for benefits. Some benefit providers have attempted to make the process easier by combining program applications (thus reducing the time and effort required of the applicant), extending office hours, or implementing call centers to enable applicants to provide information and have questions addressed more conveniently. Some providers reach out to prospective clients by distributing and accepting applications at convenient community locations. Private nonprofit and for-profit organizations conduct this type of outreach as well, and they also may help individuals and families complete applications and compile the necessary documentation. Efforts at this stage can rely on electronic data exchange or data matching to identify a target group of individuals or families who are enrolled in one or more programs but not in others for which they are likely to qualify. Public and private entities may do the matching, but public agencies must supply the data.

Public and private organizations have also used the Internet to bring people into a program or programs. For example, online screeners and benefit calculators with interactive software help people assess their eligibility for programs and estimate their benefits. In some cases, people can fill out applications online, print them, and then deliver them to the program office(s). In others, online program applications may be submitted electronically, relieving the pressure of relying on mail delivery or delivering applications to programs offices that are not conveniently located or open during convenient times. Many efforts offer some combination of the above.

Determining eligibility and enrolling in benefits. Initiatives at this stage aim to speed up the eligibility determination and enrollment process in order to reduce the potential for attrition before people are certified for benefits. Attrition tends to occur at a few critical points in the eligibility

Figure I.1. Continuum of Benefits Access Efforts

Stages in the Benefits Access Process

Efforts That Use Information Systems Technology → Efforts Included in Scan

Efforts That Do Not Use Information Systems Technology

A. Learn About Benefits

B. Apply for Benefits

C. Engage in Eligibility Determination/Enroll in Benefit Programs

D. Take Necessary Steps to Remain on Benefits

1. Public education/ marketing campaigns

2. Online resource information

1. Outreach and application assistance

2. Web-based tools

a. Screeners/benefit calculators that provide information to potential applicants
b. Online applications that must be printed and delivered to relevant program office(s)
c. Online applications that may be submitted electronically

3. Combined program applications

1. Policy changes (e.g., waiving an in-person interview requirement)

2. Process changes

1. Policy changes (e.g., extending certification period)

2. Process changes (e.g., client access to data systems for online change reporting/re-certification)

a. To general population or targeted based on demographic characteristics

b. Targeted based on enrollment in other programs (identified through electronic data exchange)

a. Business re-engineering (e.g., shifting workflow and redefining staff roles)

b. Utilization of information systems technology

i. Automatic integration of application data into eligibility system

ii. Electronic data exchange for direct certification or documentation verification

←——— OUTREACH EFFORTS ———→ ←——— SYSTEMS CHANGE EFFORTS ———→

determination process. Typical examples include failure to attend a required in-person interview or failure to provide documentation for the information on an application.

Public agencies have attempted to address this problem by changing their policies and processes. With respect to policies, for example, some agencies have waived interview requirements or replaced a required in-person interview with a required telephone interview. Process changes have taken two forms. First, agencies have shifted their workflow and redefined staff roles to maximize productivity and to reduce processing time. Some have done this through specialization of staff roles and/or the institution of call centers. Second, agencies have used technology to obtain data more quickly and to reduce the burden on applicants. For instance, one agency may exchange data with another in order to directly certify individuals and families for certain programs based on their enrollment in others. Data exchange also can be used to verify eligibility information for one set of programs based on documentation provided for others. In addition, technology in the form of systems integration can facilitate enrollment by allowing electronic application data to be automatically transferred into a program's eligibility and benefit determination system. Without this capability, program staff must re-type application data (whether submitted in hard copy or electronically) into the eligibility system, adding time and burden to the process.

Taking necessary steps to remain on benefits. In most programs, participants are certified to receive benefits for a certain period of time after they enroll. Once that period ends, they must provide documentation to the agency to prove that they are still eligible for benefits. In SNAP, for instance, the standard certification period is 6 or 12 months, and for Medicaid, it is 12 months or less. However, participants do not always take the necessary steps to recertify, either because they are not aware that they need to or because it is burdensome to acquire and submit the documentation. Access efforts at this stage are therefore designed to help individuals and families keep their benefits by reducing or simplifying the recertification requirements. Some are policy changes. For instance, agencies have extended the certification period for some programs or aligned certification periods across programs. Other efforts affect processes—for instance, enabling participants to report changes and re-certify for benefits through call centers or online. More progressive efforts involve "passive renewal," whereby agencies send recertification forms to participants and inform them that their eligibility will be automatically renewed unless they respond. Such efforts are increasingly prominent in Medicaid and CHIP.

B. Research Approach and Methodology

In this section, we describe the types of benefits access efforts we included in this scan and the methods we used to identify them. The efforts selected for in-depth study in the next phase of the project will be a subset of those included in the scan.

1. Study Scope

For a variety of reasons, it is virtually impossible to document all of the benefits access efforts now underway. Many are happening at a very local level, and most are constantly evolving. We confined our scan to efforts stakeholders indicated were of most interest for this study. Generally speaking, these entail efforts that span multiple programs and public agencies. We also were mindful of HHS' interest in assessing how the federal government can capitalize on promising efforts to sustain, replicate, and expand the use of existing web-based technologies. We therefore included efforts that meet the following three criteria:

- Their primary goal is to help individuals and families apply for programs for which they qualify but in which they do not participate.

- They facilitate access to at least two federally funded programs that target the low-income population and provide cash or the equivalent to cover some or all out-of-pocket costs for basic necessities.[2] The programs include:

    - Temporary Assistance for Needy Families (TANF)
    - The Supplemental Nutrition Assistance Program (SNAP)
    - Medicaid
    - The Children's Health Insurance Program (CHIP)
    - Medicare Extra Help[3]
    - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
    - Supplemental Security Income (SSI)
    - Social Security Disability Insurance (SSDI)[4]
    - The Low Income Home Energy Assistance Program (LIHEAP)
    - The Earned Income Tax Credit (EITC)[5]
    - School meal programs
    - Federal housing assistance programs
    - Veteran's assistance pension and assistance for homeless veterans programs
    - Federal child care assistance

- They use web-based technology to interface with potential program applicants.

The shaded boxes in Figure I.1 on page 4 illustrate the types of efforts included in, and excluded from, the scan. Included are three distinct types of web-based technologies that help people apply for at least two federally funded programs in which they do not currently participate:

1. Screeners/benefit calculators that provide information to potential applicants

2. Online applications that must be printed and delivered to relevant program office(s)

3. Online applications that may be submitted electronically

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[2] Many efforts also promote access to state- and locally funded programs. We required that the efforts included in the scan promote access to at least two federally funded programs, but they may also promote access to other state- or locally-funded programs.

[3] Also known as the Low-Income Subsidy (LIS), this program provides extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program.

[4] While SSDI is not a means-tested program, an applicant must be unable to perform substantial gainful activity due to a disabling condition in order to qualify.

[5] The EITC is technically a tax credit and not a public benefit program. However, many benefits access programs provide tax preparation services in order to help qualified individuals obtain the EITC, so it is included here.

From the customer perspective, web-based technologies that help people apply for benefits offer several advantages, and also some drawbacks. The first main advantage is that they are available at any time of the day or week from any internet connection (notably, public benefits staff who process applications only during business hours may see the volume of work this creates as a challenge). Second, they can create efficiencies for applicants by using previously-entered application data to drive logical next questions or steps in the application process. And, third, some offer case management information to the customer (such as checking the status of an application or of documents that were submitted), providing them with easy access to answers and reducing the burden on program staff to respond to a deluge of inquiries. Despite these advantages, web-based technologies also present some challenges. For example, some may require users to enter information into the application that is not required by policy or may prohibit users from going backward to adjust their responses after they reach a certain point in the application. And, some may be difficult to navigate, particularly for applicants with limited computer literacy.

Our focus on web-based technologies that help people apply for benefits excludes some important efforts that may warrant further attention and study. For instance, efforts intended to assist individuals and families in maintaining the benefits they currently receive address the problem of "churning," or cycling on and off key benefit programs. Although this is a longstanding concern, efforts to curb the problem are more or less program-specific and thus at odds with the interest in identifying multiple program efforts. Outreach without the use of web-based technology plays an important role in educating potential applicants and supporting them through their initial interface with public benefits programs. However, these efforts may not be easily replicable or scalable— factors of strong interest to the study stakeholders. For instance, marketing campaigns are typically tailored for particular audiences and time-limited, often because they exploit current events that do not hold public attention over the long term. And, mobile outreach and application assistance often are localized grassroots efforts that are customized to a particular community.[6] Finally, we do not distinctly identify efforts that facilitate eligibility determination and program enrollment. Where possible, however, we do note when integration of web-based benefit application data into program eligibility systems worked in tandem with an effort to interface with potential applicants through web-based technology.

Also excluded from the scan are efforts in the health insurance arena that are related to the ACA. The act requires states to "develop consumer-friendly application processes for Medicaid and CHIP, to coordinate across them to enable seamless transitions, and reduce the burdens of application and renewal by minimizing the up-front information and documentation required to establish eligibility and instead developing procedures that tap available data from other sources" (Kaiser Family Foundation 2010). To the extent that states are attempting to comply with this mandate by changing their Medicaid application and renewal process, the application and eligibility determination process in other key programs could also be affected. Although documenting states' progress in this area is beyond the scope of this study, the operational context of the efforts that *are* included in the scan is critical to consider in assessing their implementation, utility, and replicability. For this reason, we will collect information on the status of health care reform for a subset of the efforts in the scan during the in-depth case studies of those efforts.

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[6] Some notable exceptions exist, such as the SSI/SSDI Outreach, Access and Recovery Initiative (SOAR), the Annie E. Casey Foundation's National Tax Assistance for Working Families Campaign and other EITC outreach campaigns, or US Department of Agriculture food assistance program outreach campaigns. However, these larger-scale initiatives tend to focus on single- benefit rather than multiple programs.

2.   Data Collection

We collected data from four sources to identify benefits access efforts that fell within the study's scope: publicly available documents, online resources, Mathematica's in-house knowledge, and a limited number of collateral contacts. Because we focused primarily on readily accessible public sources of information, it is possible that we overlooked some efforts that meet the inclusion criteria. Nevertheless, we are confident that our search produced a representative snapshot of efforts as they existed in early 2011.

- **Publicly available documents.** We searched Nexis, journal databases, and Google to find published reports, briefs, articles, and case studies that discuss benefits access efforts. Included in this review were public documents on benefits access issues that Mathematica and ASPE had obtained that were not necessarily available using other search procedures. Documents that contained detailed information about specific efforts are identified as sources of information in the summaries of efforts presented in Volume II.

- **Online resources.** Online resources include the websites of public agencies and other relevant entities. Using information compiled by the Center on Budget and Policy Priorities, we reviewed the online screeners or benefit calculators of state agencies and online applications (Center on Budget and Policy Priorities, 2011). We also reviewed the websites of benefits access efforts identified through the other three data collection methods.

- **In-house knowledge.** Mathematica staff have examined the issue of benefits access for years, and we have several projects underway related to benefit access that look at the issue from the perspective of a discrete program or set of programs. We asked the staff for information about benefits access initiatives that may not be publicly available and about those currently in development.

- **Collateral contacts.** We solicited input through personal contacts with advocates, researchers, and industry contractors via email and brief telephone conversations. We asked these contacts to suggest efforts that they think are most relevant, given the scope of the scan, and to share details about the implementation of the efforts. We contacted stakeholders focused on benefits access and/or vulnerable populations, state agency needs, and technology solutions.

C.   Roadmap to the Report

The remainder of the report presents results from the national scan of benefits access efforts. Specifically, it includes the following:

- A summary of the efforts identified through the scan, including a series of tables that serve as quick references for readers interested in identifying all efforts that have certain key characteristics (Volume I, Chapter II). The efforts are listed by state, key benefit programs included, key technological components, target population, and provision of application assistance. Each table also gives the page number in the Volume II where more detailed information on each effort may be found.

- A description of some broader benefits access initiatives that capitalize on some of the efforts presented in Chapter II and a discussion of some initiatives now in development (Volume I, Chapter III).

- Detailed tables of efforts that are hosted on the websites of public agencies (Volume II, Section A).

- Detailed tables of efforts that are hosted on the websites of private agencies (Volume II, Section B).

II. SUMMARY OF BENEFITS ACCESS EFFORTS

Eighty-six efforts fall within the scope of this study, as described in the previous chapter. For clarity of presentation, we divided the efforts into two groups. The first group includes efforts that are hosted on the websites of public agencies. The second group includes efforts hosted on the websites of private or quasi-governmental agencies. Each category is discussed in broad terms in Sections A and B below; Section C presents some key characteristics across efforts. Individual summaries of each publicly hosted effort are presented in Section A of Volume II and of each privately hosted effort in Section B of Volume II.[7] The former are presented by state and then alphabetically by the name of the effort to the extent there is more than one effort within a state. The latter are presented alphabetically by the name of the effort.

The individual summaries in Volume II include brief descriptions of each effort along with the key characteristics of and references to additional information on each. Key characteristics include the following:

- **Key benefit programs.** Federally funded benefits programs to which the effort promotes access and which qualified the effort for the scan.

- **Other benefit programs.** Other programs to which the effort promotes access such as state- or locally funded programs or federally funded programs not specifically targeted to the low-income population.

- **Key technological components.** Describes how the effort uses web-based technology—specifically the availability of screeners/benefit calculators, online applications that must be printed and delivered to relevant program office(s), and online applications that may be submitted electronically—and systems integration to promote access. Each summary indicates all of the effort's capabilities even if the technological components vary across benefit program included in the initiative. For instance, when a summary indicates the availability of an online application that can be submitted electronically, it is not always the case (in fact, often not the case) that online applications can be submitted electronically for each of the programs listed in the summary; rather, online applications can be submitted electronically for at least one of the programs listed in the summary.[8]

- **Other key components.** Describes other important aspects of the effort that do not rely on web-based IT, including outreach and application assistance.

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[7] To compile this Section A of Volume II, we relied heavily on a recently released Center on Budget and Policy Priorities document that details the online availability of applications for multiple benefit programs in all states. (See Center on Budget and Policy Priorities. "Online Informaation about Key Low-Income Benefit Programs: Links to Policy Manuals, Descriptive Information, and Applications for state Food Stamp, TANF, Child Care, Medicaid, and SCHIP Programs." Available at [http://www.cbpp.org/cms/index.cfm?fa=view&id=1414]. Accessed March 1, 2011.) Many efforts identified in this CBPP document facilitate access to a single program rather than multiple programs simultaneously. It lists, for instance, online applications in some states for SNAP only or Medicaid only. Given the parameters of this study, we did not include those efforts in the scan.

[8] For a complete list of states that allow electronic submission of applications for three of the largest key benefit programs—SNAP, Medicaid, and CHIP—see http://www.fns.usda.gov/snap/applicant_recipients/apply.htm, accessed on March 1, 2011 (for SNAP) and Heberlein et al. 2011 (for Medicaid and CHIP).

- **Target population.** Identifies whether the effort is targeted broadly to all low-income individuals and families or to specific subsets of the low-income population—for example, seniors, individuals with disabilities, or families with children.

- **Geographic reach.** Identifies whether the effort operates nationally or within specific states or localities (counties or cities).

- **States.** States in which the effort operates, if not nationwide.

- **Locality.** Local areas in which the effort operations, if not statewide.

- **Other sources of information.** Additional websites and printed material about the effort, including background information and any available outcome data.

The summaries are not intended to promote any efforts, but to simply provide a snapshot of efforts in place. The inclusion of efforts in Volume II in no way indicates an endorsement of the efforts by HHS or Mathematica.[9]

A. Efforts on Public Agency Websites

Efforts hosted on public agency websites support the mission of the agencies that operate them and the benefit programs those agencies offer. They are often part of a larger initiative launched by a state or locality to modernize its eligibility and case management systems. When they are part of larger initiatives, they may facilitate eligibility determination and program enrollment as well as the benefit application process. These efforts may be hosted on federal, state, or local agency websites.

Efforts hosted on public agency websites operate on a variety of information systems technology (IT) platforms typically developed in one of three ways. First, public agencies may design and implement the technology completely internally, relying on their own programmers and IT staff to develop and configure the code. Second, an agency may purchase commercial off-the-shelf (COTS) products that are developed by other organizations (typically for-profit organizations) and then install and configure them internally (sometimes with the help of the vendor) to meet its unique needs. These products are often purchased via license agreements and may or may not include ongoing maintenance agreements. Third, agencies may leverage state transfer systems—technology that was developed by another state agency, often with assistance from outside organizations (typically for-profit organizations). Because these systems were developed with government funds, they are in the public domain and available to other state or local governments to install and then recode to meet their own needs. Agencies that leverage these state transfer systems often rely on a "systems integrator"—an outside organization (typically a for-profit organization) that reconfigures code and customizes the technology. Identifying the specific IT platforms on which public agency-hosted efforts operate is beyond the scope of the scan, though we include limited information in the summaries where it was readily obtainable. Our data collection approach yielded more information about the technical architecture of some efforts than others. Readers should be aware that some of the individually identified efforts in the scan are based on the same COTS products or state transfer systems, so they are similar in how they are constructed and in how they operate despite their unique names and individual summaries in Volume II.

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[9] In fact, some of the efforts included may rely on online applications that may not currently meet certain regulatory requirements as identified in two recent US Department of Agriculture Food and Nutrition Service memos (see http://www.fns.usda.gov/snap/rules/Memo/2011/121710.pdf and http://www.fns.usda.gov/snap/rules/Memo/pdfs/Tri-Agency_Guidance_Memo-021811.pdf accessed on March 1, 2011).

B.   Efforts on Private Agency Websites

Efforts hosted on the websites of private or quasi-governmental agencies are generally "advocacy-driven" since they are developed and marketed by entities whose missions tend to focus on meeting the needs of low- or moderate-income individuals and families. Some are targeted to different subsets of the low-income population based on demographic characteristics, and others are more broadly targeted. Some use an assisted model (where trained staff at community organizations uses the web-based technology on behalf of clients) and others offer a self-service model (where the public may use the technology directly). Unlike some publicly hosted efforts, most are not connected to or integrated with agencies' eligibility systems. As a result, they typically cannot facilitate the eligibility determination and enrollment process.

These efforts may be implemented nationwide, in a specific community, or in multiple communities where they are potentially marketed under different names. The latter are branded and deployed the same way regardless of where they are implemented, so we discuss multiple implementations in a single summary of the effort. For instance, The Benefit Bank, a web-based service that simplifies and centralizes the process through which low- and moderate-income individuals and families apply for selected state and federal benefits, operates either statewide or in certain communities in 12 states. Various community organizations—such as faith-based, job-training, healthcare or social service agencies—provide potential program applicants access to The Benefit Bank. But because of differences both in the community organizations that host The Benefit Bank and in the benefit programs available across communities, differences may exist in the implementation of the effort across communities. However, for purposes of the scan, we considered The Benefit Bank to be a single effort. Similarly, other privately hosted efforts that operate in multiple states or communities are considered to be a single effort. If any of these efforts are selected for the case studies that follow the scan, differences in how they are administered across communities will be thoroughly documented.

C.   Benefits Access Efforts by Key Characteristics

With rare exception, no two efforts promote access to the same package of benefit programs using the same technological components targeted toward the same population.[10] Volume II presents individual summaries and unique aspects of each effort identified through the scan. This section summarizes some key characteristics across efforts.

Key benefit programs (Table II.1)

- No effort promotes access to all of the 13 key federally funded benefit programs that were the focus of this scan, but almost three-quarters (62) of the 86 efforts promote access to three or more programs, and nearly one-quarter (19 efforts) promote access to at least half (i.e., seven or more) of the programs.

- Most efforts promote access to at least one of three keystone programs: SNAP, TANF, and Medicaid. Specifically, nearly 90 percent (77 efforts) promote access to Medicaid,

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[10]   Throughout this section, we refer to the number or percent of the 86 efforts that have given characteristics. Some efforts serve multiple states (and all serve multiple benefit programs), and in some states multiple efforts are active, so readers should be cautious to not interpret the percentage of efforts that have a specific feature to mean the percentage of states or programs that have that feature.

four out of five (69 efforts) to SNAP, and more than two-thirds (59 efforts) to TANF; 53 of the 86 efforts in the scan (61 percent) promote access to all three.

- Of the efforts that promote access to only two programs, the majority (74 percent) promote access to Medicaid and CHIP. However, despite the increased focus on child health coverage in recent years, less than half of the efforts (41) promote access to CHIP.

- Programs with the least coverage include SSI/SSDI, Medicare Extra Help, federal housing programs, and veteran assistance programs.

Table II.1. Benefits Access Efforts by Key Benefits Program

Effort	Vol. II Page	Key Benefit Programs												
		TANF	SNAP	Medicaid	CHIP	Medicare Extra Help	WIC	SSI/ SSDI	LIHEAP	EITC	School Meals	Housing Assistance	VA Programs	Child Care Assistance
2-1-1 Navigator	67	X	X	X		X	X	X		X	X			
ABC	68	X	X	X			X				X			
ACCESS FL	15	X	X	X										
ACCESS NYC	43	X	X	X	X		X		X	X	X	X		X
Access AR	6	X	X	X	X						X			X
Access NE	37	X	X	X	X				X					X
AK application for services	4	X	X	X										X
All Kids and Family Care Online Application (IL)	20			X	X									
Application for MS Health Benefits	34			X	X									
Benefits.Gov	1	X	X	X	X		X	X	X	X	X	X	X	X
Benefits CalWIN	7		X	X										
Benefits Checkup	69		X			X		X	X			X	X	
Benefits Plus	70	X	X	X				X	X			X	X	X
Bridge to Benefits	71		X	X	X		X		X	X	X			X
C4yourself	8	X	X	X										
Chipmedicaid.org (TX)	56			X	X									
COMPASS GA	17	X	X	X			X		X			X		X
COMPASS (PA)	51	X	X	X	X				X	X	X			X
Cover Kids (TN)	55			X	X									
CT online benefits application	11	X	X	X										
DC IMA Combined Application for Benefits	14	X	X	X										
DE ASSIST	13	X	X	X										X
Disability Benefits 101	72		X	X				X	X	X		X		X
Earn Benefits	73	X	X	X	X		X	X	X	X	X	X		X
ePASS (NC)	46	X	X											
FAMIS (VA)	61			X	X									
Health-e-App (CA)	9			X	X									
Healthlink (WY)	66			X	X									
HealthNet On-line (MO)	35			X	X									
Healthy Kids (FL)	16			X	X									
Healthy Kids (OR)	50			X	X									
Healthy MT Kids	36			X	X									
HelpEngen	75	X	X	X	X	X	X	X	X	X				
HelpWorks	77	X	X		X									X
Husky Health (CT)	12			X	X									
IA DHS online application	24	X	X	X	X									X
ID DHW Application for Assistance	19	X	X	X										X
IL Web Benefits	21	X	X	X										
IN DFR	22	X	X	X										
InRoads (WV)	64	X	X	X	X				X					

Table II.1 *(continued)*

Effort	Vol. II Page	TANF	SNAP	Medicaid	CHIP	Medicare Extra Help	WIC	SSI/ SSDI	LIHEAP	EITC	School Meals	Housing Assistance	VA Programs	Child Care Assistance
Insure AL	3			X	X									
KY multiple benefit application	26	X	X	X	X									
LA DSS multiple benefit application	27	X	X											X
MassResources.org	78	X	X	X	X	X	X	X	X	X	X	X	X	
ME DHHS online application	28		X	X										
MI Bridges/MARS/ Helping Hand	32	X	X	X			X		X					
MN combined application form	33	X	X	X										
MS DHS online printable application	34	X	X											
MT DPHHS Application	37	X	X	X										
myBenefits (NY)	45	X	X	X			X		X	X	X			
myBenefits (VT)	60	X	X	X					X					
NH EASY	40	X	X	X										X
NH Healthy Kids	39			X	X									
NJ FamilyCare	41			X	X									
NJ OneApp	41	X	X	X										
NM HSD online printable application	42	X	X	X										
NV DWSS Application for Assistance	38	X	X	X										
OASYS ND	47	X	X	X	X									X
OH Online Benefit Application	48	X	X	X										
OK Request for Benefits and Services	49	X	X	X										
One-e-App	80	X	X	X	X		X		X	X				
OR Application for Services	50	X	X	X										X
OregonHelps	83	X	X	X	X	X	X	X	X	X	X	X		X
OTBET	82		X		X				X					X
ParentHelp123	85	X	X	X	X		X							
PEAK (CO)	10	X	X	X	X									
QualCheck (IN)	23	X	X	X										
Real Choices HI	86	X	X	X										
RI DHS eligibility self screener	52		X	X										
SAIL (MD)	29	X	X	X	X				X					X
SC DSS Multiple Program Application	53	X	X											
SD CHIP/Medical Assistance Application	54			X	X									
SD Economic Assistance Application	54	X	X	X										
Seamless Compassion	87		X	X	X			X	X					

Table II.1 *(continued)*

Effort	Vol. II Page	Key Benefit Programs												
		TANF	SNAP	Medicaid	CHIP	Medicare Extra Help	WIC	SSI/ SSDI	LIHEAP	EITC	School Meals	Housing Assistance	VA Programs	Child Care Assistance
Single Stop USA	88		X	X	X		X		X	X		X		X
SRS Online (KS)	25	X	X											X
SSA BEST	2							X					X	
TN Potential Eligibility Screening and Online Application	55	X	X	X										
The Benefit Bank	90	X	X	X	X	X	X	X	X	X	X			X
UT Helps/eREP	58	X	X	X			X		X		X			X
VA DSS Eligibility Screener	62	X	X	X	X		X		X					X
Virtual Gateway	30		X	X	X		X			X	X			X
WA Connection	63	X	X	X			X		X	X		X	X	X
WI ACCESS	65	X	X	X			X							X
Yes NM	43	X	X	X			X		X					X
Your TX Benefits	57	X	X	X										
Total Efforts with this Benefit Program		59	69	77	41	6	22	12	27	16	14	11	6	31
Percent of Efforts with this Benefit Program		69	80	90	48	7	26	14	31	19	16	13	7	36

Geographic reach (Table II.2)

- Among the privately hosted efforts, seven are available only in a single state and the rest are available to some degree in multiple states.

- Aside from the two efforts hosted on federal agency websites (Benefits.gov and SSA BEST), only one effort is currently implemented on a national scale—the National Council on Aging's (NCOA's) BenefitsCheckUp screening tool targeted to seniors. In addition to these three nationally-available efforts, all states have some other effort in place to facilitate access to multiple benefit programs using web-based technology (see Volume II, Section A).

- States in which the largest number of distinct publicly and privately hosted efforts operate include CT, CA, NJ, and NY, followed by FL, IN, MA, MD, NM, and TN.

- Seventeen states have only a single publicly hosted effort (aside from the two nationwide tools) currently available to low-income residents. In some of these states (such as Utah), however, the one publicly hosted effort is extremely comprehensive, streamlining procedures at each stage of the application and enrollment process for both applicants and public agency staff. In these states, low-income individuals and families may have greater access to program benefits than individuals and families in states with more efforts that are less comprehensive.

Table II.2. Privately Hosted Benefits Access Efforts by State

Effort	Vol. II Page	States*																								
		AL	AK	AR	AZ	CA	CO	CT	DE	DC	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO
2-1-1 Navigator	67							S																		
ABC	68							S																		
Benefits Checkup	69	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Benefits Plus	70																									
Bridge to Benefits	71																								S	
Disability Benefits 101	72					S																		S	S	
Earn Benefits	73							S				S							P		S	P				
HelpEngen	75							P		P						P					P			S	P	
HelpWorks	77																									
MassResources.org	78																				S					
One-e-App	80				S	P												S				P*				
OTBET	82																									
OregonHelps	83				S													P								P
ParentHelp123	85																									
Real Choices Hawaii	86												S													
Seamless Compassion	87						S																			
Single Stop USA	88					P					P															
The Benefit Bank	90			S							S							S	S					S		

*S=Operates statewide; P=Operates in part of the state. One-e-App is in the process of being implemented statewide in Maryland, but is currently available in Howard County only.

Note: In addition to these privately hosted efforts, each state has at least one publicly hosted effort. Arizona, through the Department of Economic Security, adopted One-e-App as its benefits access effort and calls it Health-e-Arizona; there is no other publicly hosted effort in the state. Hawaii, through the Department of Human Services, adopted Real Choices Hawaii as its benefits access effort; there is no other publicly hosted effort in Hawaii.

Table II.2 *(continued)*

Effort	Vol. II Page	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
																								States*			
2-1-1 Navigator	67																										
ABC	68																										
Benefits Checkup	69	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Benefits Plus	70										S																
Bridge to Benefits	71																	S									
Disability Benefits 10	72							S																			
Earn Benefits	73										P		S						P								
HelpEngen	75																		P								
HelpWorks	77						S							P													
MassResources.org	78								S																		
One-e-App	80																										
OTBET	82																	S									
OregonHelps	83							S						S													
ParentHelp123	85																							S			
Real Choices Hawaii	86																										
Seamless Compassion	87																										
Single Stop USA	88							P	P		P																
The Benefit Bank	90	S		S								S					S	S									

*S=Operates statewide; P=Operates in part of the state. One-e-App is in the process of being implemented statewide in Maryland, but is currently available in Howard County only.

Note: In addition to these privately hosted efforts, each state has at least one publicly hosted effort. Arizona, through the Department of Economic Security, adopted One-e-App as its benefits access effort and calls it Health-e-Arizona; there is no other publicly hosted effort in the state. Hawaii, through the Department of Human Services, adopted Real Choices Hawaii as its benefits access effort; there is no other publicly hosted effort in Hawaii.

Key technological components (Table II.3)

- The overwhelming majority of efforts offer users an opportunity to interact online through a screener or application they can submit electronically. A benefits screener/calculator is a key component in more than half (48) of the efforts.

- Similarly, just over half (48 efforts) allow electronic submission of benefit program applications.[11]

- More than one-third (29 of the 86 efforts) combine screening capability with electronic submission of online applications, providing a more complete customer service experience.

- Nine of the 86 efforts combine screening capability with electronic submission of online applications and integration of application and eligibility systems data, ultimately providing the most value to the applicant and public agencies.

- While most efforts do have at least one interactive technology, several also offer more limited components. Specifically, more than one-third (31) of the efforts provide an application online that can be printed and submitted in paper form, but in one fifth (18) of the efforts the sole technological component is the ability to print an application from a website (without the ability to screen for potential eligibility or submit an application electronically).

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[11] Note that electronic submission is not yet possible in some states and for some programs.

Table II.3. Benefits Access Efforts by Key Technological Components

Effort	Vol. II Page	Web-Based Technology			
		Screeners/Benefit Calculators	Applications That Are Printed and Submitted on Paper	Applications That Can Be Sent Electronically	Online Application System Data Integrated with Eligibility System
2-1-1 Navigator	67	X			
ABC	68	X			
ACCESS FL	15	X		X	X
ACCESS NYC	43	X	X	X	X
Access AR	6	X		X	
Access NE	37	X		X	
AK application for services	4		X		
All Kids and Family Care Online Application (IL)	20			X	
Application for MS Health Benefits	34		X		
Benefits.Gov	1	X			
Benefits CalWIN	7	X		X	X
Benefits Checkup	69	X			
Benefits Plus	70	X	X		
Bridge to Benefits	71	X			
C4yourself	8			X	X
Chipmedicaid.org (TX)	56	X		X	
COMPASS GA	17	X		X	X
COMPASS (PA)	51	X		X	X
Cover Kids	55			X	
CT online benefits application	11		X		
DC IMA Combined Application for Benefits	14		X		
DE ASSIST	13	X		X	
Disability Benefits 101	72	X			
Earn Benefits	73	X	X		
ePASS (NC)	46	X			
FAMIS (VA)	61		X	X	
Health-e-App (CA)	9	X	X	X	
Healthlink (WY)	66	X		X	
HealthNet On-line (MO)	35			X	
Healthy Kids (FL)	16			X	
Healthy Kids (OR)	50			X	
Healthy MT Kids	36			X	
HelpEngen	75	X	X	X	
HelpWorks	77	X	X	X	
Husky Health (CT)	12		X		
IA DHS online application	24	X		X	
ID DHW Application for Assistance	19		X		
IL Web Benefits	21			X	
IN DFR	22	X		X	X
InRoads (WV)	64	X		X	X
Insure AL	3			X	
KY multiple benefit application	26		X		

Table II.3 *(continued)*

Effort	Vol. II Page	Web-Based Technology			
		Screeners/Benefit Calculators	Applications That Are Printed and Submitted on Paper	Applications That Can Be Sent Electronically	Online Application System Data Integrated with Eligibility System
LA DSS multiple benefit application	27			X	X
MassResources.org	78	X			
ME DHHS online application	28		X		
MI Bridges/MARS/Michigan Helping Hand	32	X		X	
MN combined application form	33		X		
MS DHS online printable application	34		X		
MT DPHHS Application	37		X		
myBenefits (NY)	45	X	X	X	
myBenefits (VT)	60			X	
NH EASY	40	X		X	
NH Healthy Kids	39		X		
NJ FamilyCare	41		X		
NJ OneApp	41		X	X	
NM HSD online printable application	42		X		
NV DWSS Application for Assistance	38		X		
OASYS ND	47			X	
OH Online Benefit Application	48			X	
OK Request for Benefits and Services	49		X		
One-e-App	80	X		X	
OR Application for Services	50		X		
OregonHelps!	83	X			
OTBET	82	X			
ParentHelp123	85			X	
PEAK (CO)	10	X			
QualCheck (IN)	23	X			
Real Choices HI	86	X	X		
RI DHS eligibility self screener	52	X			
SAIL (MD)	29	X		X	
SC DSS Multiple Program Application	53			X	
SD CHIP/Medical Assistance Application	54		X		
SD Economic Assistance Application	54		X	X	
Seamless Compassion	87	X	X		X
Single Stop USA	88			X	
SRS Online (KS)	25	X		X	X
SSA BEST (Benefit Eligibility Screening Tool)	2	X			
TN Potential Eligibility Screening and Online Application	55	X		X	
The Benefit Bank	90	X	X	X	
UT Helps/eREP	58	X		X	X
VA DSS Eligibility Screener	62	X			

Table II.3 *(continued)*

Effort	Vol. II Page	Web-Based Technology			
		Screeners/Benefit Calculators	Applications That Are Printed and Submitted on Paper	Applications That Can Be Sent Electronically	Online Application System Data Integrated with Eligibility System
Virtual Gateway	30	X		X	
WA Connection	63	X		X	
WI ACCESS	65	X		X	
Yes NM	43	X			
Your TX Benefits	57	X		X	
Total Efforts with this Technology		48	31	48	12
Percent of Efforts with this Technology		56	36	56	14

Target population and provision of application assistance (Table II.4)

Unless otherwise indicated by their own marketing materials, we assumed that all efforts were targeted broadly to low-income individuals and families. From publicly available sources, it was not always possible to identify efforts to reach subsets of the eligible population (as this targeting to subsets is often determined by the setting in which an effort operates). For example, the Ohio Association of Second Harvest Food Banks, which operates The Benefit Bank in Ohio, has trained probation and parole officers as counselors for their effort, but that level of detail is not available on the effort's website or in other readily accessible public documents. There were two types of exceptions, however, to the broadly-targeted efforts that were the norm among efforts we identified:

- First, 15 of the identified efforts promote access solely to CHIP and Medicaid for children, and we characterized these as being targeted to families with children.[12]

- Second, three efforts—BenefitsCheckup, Disability Benefits 101, and RealChoices Hawaii—targeted seniors and/or individuals with disabilities.

Promoting access to public benefits in a concerted way requires more than simply making program applications available online. To address many of the barriers to access—such as stigma, confusion over eligibility requirements and application processes, and perceived and actual burden—efforts may need to support low-income individuals and families through the application and enrollment process, providing counseling and education along the way.

- In 18 of the identified efforts, the use of community organizations to provide this type of support to program applicants is an explicit component of the effort. We were unable to locate comparable information across these efforts about the extent to which staff at community organizations receive training on the application process or available web-based technologies. Community organizations may play a formal or informal role in other efforts as well, but their involvement was not readily identifiable elsewhere.

- In five of the efforts, staff at community organizations use the web-based technology on behalf of clients; the public may not use the technology directly. In each of these efforts, it is clear that staff at community organizations receive specialized training on the technology and the overall effort.

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[12] To assess which efforts promoted access to Medicaid for children only, we relied on an earlier summary by the Center for Budget and Policy Priorities: "Online Information about Key Low-Income Benefit Programs: Links to Policy Manuals, Descriptive Information, and Applications for state Food Stamp, TANF, Child Care, Medicaid, and SCHIP Programs." Available at [http://www.cbpp.org/cms/index.cfm?fa=view&id=1414]. Accessed March 1, 2011.)

Table II.4. Benefits Access Efforts by Target Population and Provision of Application Assistance

Effort	Vol. II Page	Target Population				Provision of Application Assistance	
		All Low-Income	Families with Children	Individuals with Disabilities	Seniors	Assistance Available	Assistance Required
2-1-1 Navigator	67	X					
ABC	68	X					
ACCESS FL	15	X				X	
ACCESS NYC	43	X				X	
Access AR	6	X					
Access NE	37	X					
AK application for services	4	X					
All Kids and Family Care Online Application (IL)	20		X				
Application for MS Health Benefits	34		X				
Benefits.Gov	1	X					
Benefits CalWIN	7	X					
Benefits Checkup	69				X		
Benefits Plus	70	X					X
Bridge to Benefits	71	X				X	
C4yourself	8	X					
Chipmedicaid.org (TX)	56		X			X	
COMPASS GA	17	X					
COMPASS (PA)	51	X				X	
Cover Kids	55		X				
CT online benefits application	11	X					
DC IMA Combined Application for Benefits	14	X					
DE ASSIST	13	X					
Disability Benefits 101	72			X			
Earn Benefits	73	X					X
ePASS (NC)	46	X					
FAMIS (VA)	61		X				
Health-e-App (CA)	9		X			X	
Healthlink (WY)	66		X				
HealthNet On-line (MO)	35		X				
Healthy Kids (FL)	16		X				
Healthy Kids (OR)	50		X				
Healthy MT Kids	36		X				
HelpEngen	75	X					X
HelpWorks	77	X					X
Husky Health (CT)	12		X				
IA DHS online application	24	X					
ID DHW Application for Assistance	19	X					
IL Web Benefits	21	X					
IN DFR	22	X					
InRoads (WV)	64	X				X	
Insure AL	3	X					
KY multiple benefit application	26	X					
LA DSS multiple benefit application	27	X					
MassResources.org	78	X					

Table II.4 *(continued)*

Effort	Vol. II Page	Target Population				Provision of Application Assistance	
		All Low-Income	Families with Children	Individuals with Disabilities	Seniors	Assistance Available	Assistance Required
ME DHHS online application	28	X					
MI Bridges/MARS/Michigan Helping Hand	32	X				X	
MN combined application form	33	X					
MS DHS online printable application	34	X					
MT DPHHS Application	37	X					
myBenefits (NY)	45	X					
myBenefits (VT)	60	X					
NH EASY	40	X				X	
NH Healthy Kids	39		X				
NJ FamilyCare	41		X				
NJ OneApp	41	X					
NM HSD online printable application	42	X					
NV DWSS Application for Assistance	38	X					
OASYS ND	47	X					
OH Online Benefit Application	48	X					
OK Request for Benefits and Services	49	X					
One-e-App	80	X				X	
OR Application for Services	50	X					
OregonHelps!	83	X					
OTBET	82	X					
ParentHelp123	85	X				X	
PEAK (CO)	10	X					
QualCheck (IN)	23	X					
Real Choices HI	86			X	X		
RI DHS eligibility self screener	52	X					
SAIL (MD)	29	X					
SC DSS Multiple Program Application	53	X					
SD CHIP/Medical Assistance Application	54		X				
SD Economic Assistance Application	54	X					
Seamless Compassion	87	X					
Single Stop USA	88	X					X
SRS Online (KS)	25	X					
SSA BEST (Benefit Eligibility Screening Tool)	2	X					
TN Potential Eligibility Screening and Online Application	55	X					
The Benefit Bank	90	X				X	
UT Helps/eREP	58	X					
VA DSS Eligibility Screener	62	X					
Virtual Gateway	30	X				X	
WA Connection	63	X					
WI ACCESS	65	X					
Yes NM	43	X					
Your TX Benefits	57	X					
Total Efforts Targeting this Population		68	15	2	2	13	5
Percent of Efforts Targeting this Population		79	17	2	2	15	6

III. BROADER INITIATIVES INCORPORATING BENEFITS ACCESS EFFORTS IDENTIFIED IN THIS STUDY

The benefits access arena remains dynamic. New efforts are launched regularly, and existing ones incorporated into broader initiatives to alleviate poverty. In these broader initiatives, the use of web-based technology to increase benefits access is one component of a multi-pronged approach that may also include policy and procedural changes, other outreach strategies, and employment and financial management assistance. This chapter describes some of these broader initiatives as well as initiatives in development that have the potential to expand the portfolio of technological tools that can bring public benefits to those who need them the most. The chapter concludes with considerations about the future of benefits access initiatives.

A. Current Initiatives

As noted in Chapter I, efforts that entail web-based technology are often essential components of a more comprehensive initiative to expand access to benefits. We identified several broad initiatives that incorporate one or more of the efforts included in the scan.

Benefits Enrollment Centers. This community-based initiative has been in operation since March 2009 with grant funding from the Administration on Aging. Sponsored by the National Center for Benefits Outreach and Enrollment (the Center) within the NCOA, it uses a personalized, technology-based assistance model to promote access to benefit programs for seniors and younger adults with disabilities in 10 areas around the country. The Center established and supports local Benefits Enrollment Centers (BECs), which are tasked with helping these individuals find and apply for all the benefits programs for which they are eligible. According to a recent report on the initiative's first year of operations (National Center for Benefits Outreach and Enrollment 2010), the programs include:

- Medicare Extra Help (or Low-Income Subsidy, LIS)
- The Medicare Savings Programs (MSP)[13]
- Medicaid
- SNAP
- State Pharmacy Assistance Programs (SPAPs, where applicable)
- LIHEAP

They may also include SSI, state property tax relief, and pharmaceutical manufacturer-sponsored patient assistance programs, among others. To conduct screenings and assist clients in submitting applications for multiple benefit programs, BECs use web-based decision tools. The Center encourages BECs to use BenefitsCheckUp, in particular, as appropriate in their work. Launched in 2001, NCOA's BenefitsCheckUp is a free, comprehensive online benefits screening tool that contains over 2,000 federal, state, local, and private benefits programs.

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[13] MSPs are state programs for people with limited income and resources that pay some or all of Medicare's premiums and may pay Medicare deductibles and coinsurance.

"Community mapping" is also essential to the BECs' person-centered approach to outreach and enrollment. It involves identifying the right community partners to engage in the outreach and enrollment process and working with them to determine which outreach and enrollment strategies will be the best fit for a given community. Community mapping is also central to a BEC's ability to build service capacity and achieve a seamless referral process for clients from one community partner to the next. It is expected that both expanded capacity and coordination between partners could provide the foundation for sustaining this benefit access initiative once the grant has ended.

Centers for Working Families. Operating in more than 20 cities and regions across the country, Centers for Working Families (CWF) is designed to help low-income families increase their earnings and income, reduce their financial transaction costs, and build wealth for themselves and their communities. While conceptualized and initially funded by the Annie E. Casey Foundation, CWF has garnered additional financial support from other national and local foundations as well as public agencies, businesses, and other sources. As described in a recent report on how three of the sites are implementing the approach (Centers for Working Families 2010):

"The CWF approach revolves around intentionally offering clients a set of focused services in three overlapping areas:

- Employment – including assistance with job readiness, job placement, occupational skills training, education and career advancement.

- Benefits and work supports – helping clients gain access to public benefits [through use of online screeners], tax credits, financial aid and other benefits to improve their financial security.

- Financial services – workshops, classes, one-on-one counseling and access to well-priced financial products and services to help clients improve their household finances and build assets."

Organizations implementing the model use a variety of technologies such as EarnBenefits, HelpEngen, SingleStop, and The Benefit Bank to connect clients to additional sources of income.

The Supporting Work Project. Launched by the Ford Foundation in 2007, The Supporting Work Project is managed by the Families and Work Institute. Designed to form partnerships between employers, community-based programs, and public leaders, the project's ultimate objective is to help low- to moderate-wage employees succeed at work and at home. To meet this objective, the project seeks to increase the number of eligible employees who use publicly and privately funded work supports. According to a description of the initiative on the Families and Work Institute website (www.familiesandworkinstitute.org 2011), the nine local and two national project grantees work with employer partners to help program participants secure a range of benefits and services, including:

- **"Government-funded means-tested work supports** such as Food Stamps [SNAP], Medicaid, State Children's Health Insurance Program, and child care subsidies. These benefits largely target the lowest-income families.

- **Free tax preparation and tax credits** such as the Earned Income Tax Credit, Child Tax Credit, and the Dependent Care Tax Credit. Free tax preparation and these tax credits are generally available to families earning more moderate incomes.

- **Benefits and services provided by other public and private entities in communities** such as food banks, low-cost prescriptions, tuition assistance, and financial products adapted to their needs. Many of these programs have the advantage of having no income ceiling for participation.

- **Employer-sponsored benefits** including health care, retirement, resource and referral, etc.

- **Financial counseling and financial literacy training** that helps families avoid predatory financial systems and use the income they have earned in ways that are more likely to improve their economic stability and security."

Grantees and employers use a variety of technologies to identify those who are eligible for means-tested and other benefits, and to support them through the application process. Examples include Help Engen, EarnBenefits, and ArizonaSelfHelp.org (a version of OregonHelps).

Work Advancement and Support Center Demonstration. The purpose of the Work Advancement and Support Center (WASC) Demonstration, developed by MDRC, is to help low-wage workers increase their incomes. In addition to employment stabilization and advancement services, the demonstration "provides easier access to a range of financial work supports for which workers may be eligible, such as child care subsidies, food stamps, and the Earned Income Tax Credit" (Miller et al. 2009). Demonstration sites are located in Dayton, Ohio; part of San Diego County, California; Bridgeport, Connecticut; and Fort Worth, Texas. The sites aim to offer clients intensive career and advancement coaching and increased access to financial work supports through, among other strategies, partnerships with employers. These work supports include SNAP, public health insurance, child care subsidies, and the EITC and other tax credits. One of the tools program staff use in their efforts is the Work Advancement Calculator, which is based in part on OregonHelps. The calculator not only estimates eligibility and benefits, but also quantifies the changes in income that would result from specific advancement moves, taking into consideration the loss of work supports and the increase in taxes. While the calculator was intended to be a tool first and foremost to support advancement decisions, WASC career coaches more often used it as a tool to facilitate and support clients through the benefits application process.

Cycle I and Tribal CHIPRA Outreach and Enrollment Grants. The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 together with the ACA provided a total of $140 million for grants to support outreach activities and enrollment of children who are eligible for Medicaid or CHIP and to keep them enrolled for as long as they qualify. In September 2009, CMS awarded $40 million to 68 grantees across 42 states, and in April 2010, CMS awarded $10 million to 41 tribal organizations in 19 states. Several grantees are utilizing web-based efforts identified in this scan, along with other outreach efforts, as a key strategy for reducing application and enrollment barriers. For instance, the Pima Community Access Program in Arizona is using Health-e-Arizona; Community Health Care, Inc. in Connecticut is using HelpEngen; Inter-Faith Ministries Wichita Inc. in Kansas is using the Kansas Benefit Bank; and several grantees are using their state's publicly hosted efforts such as inRoads in West Virginia, ACCESS in Wisconsin, and FAMIS in Virginia. Other grantees are developing their own technologies. For instance, the Maryland Department of Health and Mental Hygiene is using its grant in part to "expand new technology-based eligibility and enrollment systems for the use of an online application tool which will provide real time decisions for Medicaid and CHIP applications" and the Oklahoma Health Care Authority is using its grant to pilot an online enrollment and eligibility program titled No Wrong Door, which allows the user to complete an application online and then determines eligibility

(Centers for Medicare and Medicaid Services 2011). CMS recently announced the availability of an additional $40 million in outreach and enrollment grant funding, as described in more detail in section IIB below.

Connecting Kids to Coverage. One year after enactment of CHIPRA, DHHS Secretary Kathleen Sebelius "issued the *Connecting Kids to Coverage* Challenge, calling upon leaders at all levels of government and the private sector to find and enroll the nearly five million uninsured children eligible for Medicaid and CHIP and keep them covered for as long as they qualify" (2010 CHIPRA Annual Report: Connecting Kids to Coverage). In response, states have launched unprecedented efforts to insure low-income children and families including eligibility expansions, simplified enrollment and renewal procedures, outreach, and use of technology to promote access. According to the 2010 CHIPRA Annual Report, with respect to the latter, "Nearly two-thirds of states (32) have an on-line application that can be submitted electronically; 29 states allow electronic signatures on those applications. Six states have received approval to enroll children through the "Express Lane Eligibility" (ELE) option created by CHIPRA. Thirty-three states are utilizing the CHIPRA data matching process provided by the Social Security Administration to confirm U.S. citizenship for children."[14]

Maximizing Enrollment. As described on its website, "Maximizing Enrollment is a $15 million initiative of the Robert Wood Johnson Foundation (RWJF) launched in June 2008 and directed by the National Academy for State Health Policy (NASHP). The four-year program will help states improve their systems, policies, and procedures by providing them with an in-depth assessment of the strengths and weaknesses of their current Medicaid and CHIP enrollment and retention systems, and assisting them with implementation strategies to cover more eligible but unenrolled children and to measure their progress. The program aims to increase enrollment and retention of eligible children into Medicaid and CHIP programs and to establish and promote best practices among states in this area" (http://www.maxenroll.org/page/about). The eight states awarded grants—AL, IL, LA, MA, NY, UT, VA, and WI—have taken varied approaches to increasing enrollment including simplifying enrollment and renewal procedures and using technology to overcome administrative barriers. As an example of the latter, IL has begun a multi-stage technology upgrade project designed to "transform access and customer services for families seeking public benefits" (http://www.maxenroll.org/grantees/illinois). The IL Healthcare and Human Services Framework Project is a collaborative effort across seven IL state agencies to develop an integrated, effective and efficient system that will increase access to services, while streamlining and standardizing processes across programs. The project will re-design and streamline application, eligibility, casework and provider management processes and provide additional benefits access points (for instance, through a web portal, call centers, and community one-stop centers).

B. Initiatives in Development

In addition to those described above, several other initiatives designed to promote benefits access are underway. As these fledgling initiatives unfold, they are likely to give rise to tools and

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[14] Express Lane Eligibility authorizes Medicaid and CHIP agencies to "…identify, enroll, and recertify children by relying on eligibility findings from other programs, such as Head Start or Food Stamps, rather than having to re-analyze eligibility under their own rules… CHIPRA specifically lists 12 public agencies to consider as Express Lane agencies, including those for Temporary Assistance for Needy Families (TANF), Food Stamps, Head Start, WIC, child care assistance, and free and reduced-price school lunch. However, this list is not meant to be exhaustive and states may identify additional agencies and programs that could prove useful in helping to enroll eligible but uninsured children" (The Children's Partnership and Kaiser Commission on Medicaid and the Uninsured 2009).

technologies that may be added to the national scan. This section describes some particularly relevant developing initiatives that interested stakeholders may want to monitor.

Social Services and Income Maintenance Benefits Enrollment Coordination Grants. The Office of Community Services in the Administration for Children and Families/HHS recently awarded five one-year grants to support social services and income maintenance benefits enrollment coordination. According to the grant announcement, the grant program will support efforts to develop and implement evidence-based, innovative programming in the area of benefits enrollment outreach and assistance.[15] The program will also identify benefits enrollment and coordination models that could be strengthened, adapted, and assessed for community impact and results. Grantees will carry out three core functions: (1) use existing community access points to coordinate the benefits enrollment process for under-served residents; (2) combine technology and expert analysis to accurately assess individual and family eligibility for multiple benefits and services; and (3) provide mechanisms for sustaining collaboration between community nonprofit organizations and government agencies for benefits determination and eligibility. The grantees include:

- Amador-Tuolomne Community Resources, Inc., in Jackson, CA

- Legal Assistance Foundation of Metropolitan Chicago in Chicago, IL

- Maine Community Action Association in Augusta, ME

- 2-1-1 Tampa Bay Cares, Inc., in Clearwater, FL

- PathWays PA, Inc., in Holmes, PA

HHS Panel on Simplifying Eligibility for Health and Human Services Programs. HHS has convened a committee of experts to develop standards for multiple programs to share knowledge and information about the people they serve to facilitate cross-program enrollment. The group is charged with developing interoperable and secure standards and protocols that facilitate enrollment of individuals in federal and state health and human services programs, and is working on electronic matching, simplification of documentation, reuse of eligibility information, capability for individuals to manage their information on-line, and communication with individuals.

The Partnership Fund for Program Integrity Innovation. The 2010 Consolidated Appropriations Act (P.L. 111-117) created the Partnership Fund for Program Integrity Innovation (the Partnership Fund) to identify ways to improve service delivery, payment accuracy, and administrative efficiency in federal assistance programs while reducing barriers to access. As noted above, many federal assistance programs are either partly or fully administered by state and local governments in which program officials responsible for service delivery often work independently of those responsible for program oversight and payment accuracy. Similarly, these programs often operate independently of each other even though they serve similar low-income populations. The Partnership Fund will allow federal, state, and local agencies to pilot innovative program integrity improvements in a controlled environment. Pilot projects are being proposed and funded on a rolling basis. Funded projects will be evaluated, and successful ones will serve as models for other states and local agencies. In addition, evaluation results could be used to inform future administrative or legislative changes. The Partnership Fund seeks the public's ideas for pilot projects

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[15] Available at [http://www.grants.gov/search/search.do?mode=VIEW&oppId=55132]. Accessed March 1, 2011.

through the Collaborative Forum (http://collaborativeforumonline.com), where proposals can be posted and discussed.

Work Support Strategies: Streamlining Access, Strengthening Families Grants. The Ford Foundation, in partnership with the Urban Institute and the Center for Budget and Policy Priorities, recently solicited proposals from states for grants to improve the delivery of work supports to low-income families. This new program, known as the Work Support Strategies: Streamlining Access, Strengthening Families grants, will provide up to eight states with an opportunity to design, test, and implement streamlined, integrated, and technologically innovative approaches to delivering key work-support benefits to low-income families, including health care coverage, nutrition benefits, and child care subsidies. For states and clients alike, the grants program is expected to reduce the burden associated with eligibility determination, enrollment, and retention. The nine states selected in early 2011 to receive grants:

- Colorado

- Idaho

- Illinois

- Kentucky

- North Carolina

- New Mexico

- Oregon

- Rhode Island

- South Carolina

Cycle II CHIPRA Outreach and Enrollment Grants. In February 2011, CMS announced the availability of an additional $40 million in CHIPRA outreach and enrollment grant funding (see section III.A above) to states, local governments, community-based and nonprofit organizations, tribes and others. Grants will be awarded in the summer of 2011. The grant solicitation requires that proposals identify one of five focus areas for the prospective project. One of the areas is the use of technology to facilitate enrollment and renewal. Grantees who designate this focus area may receive up to $2.5 million to be spent over the course of 24 months. According to the initial grant announcement, efforts may include:

- "Creating on-line applications, augmenting existing applications (for example, adding electronic signature capability, a renewal module, and/or personal account management functions), or extending the reach of on-line applications through community-based organizations. Grant funds used to create or develop new on-line enrollment and renewal tools, or enhance existing tools, must be able to demonstrate that the enrollment or renewal processes have been simplified and streamlined as a result;

- Simplifying the renewal process by implementing administrative renewal, including implementing the use of pre-populated renewal forms;

- Creating or enhancing systems for verification of data provided by families (with the goal of minimizing the amount of documentation a family must submit at application and at

renewal), including the ability to scan documents and conduct data matching with other program databases."[16]

C. The Future of Benefits Access

The explosion of web-based technologies in recent years has been reinventing the way government delivers services and connects with potential benefit program applicants and participants. The purpose of this scan was to produce a compendium of efforts—both publicly and privately sponsored and hosted—that use web-based technology to interface with low-income individuals and families to increase their access to public assistance benefits for which they may be eligible. It was not intended to promote particular efforts, since no attempt was made to assess their relative success. In fact, to date, very little research has been conducted on the impact these technologies have had on benefits access. Collecting extant data on outcomes (along with the contexts in which the efforts operate and their potential for sustainability, replicability, and expansion) will be a key objective of forthcoming in-depth case studies of a subset of efforts identified through this national scan. Beyond the efforts of this study, there is a need to conduct more primary collection of impact data through rigorous evaluation of select efforts.

Despite the dearth of hard evidence on effective approaches, planning for the next generation of benefits access technologies is well underway through efforts like the Partnership Fund. In addition to concepts proposed through the Partnership Fund's Collaborative Forum, the next generation of efforts might include applications for smart phones that provide benefit program information, screeners, calculators, and electronic application forms. The seeds for such efforts have already been planted through initiatives such as text4baby, a free mobile information service designed to promote maternal and child health. Text4baby is an educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB). Women who register for the service receive free Short Message Service (SMS) text messages each week with information they need to take care of themselves and their babies prenatally and through the first year of life. According to promotional materials (see http://www.text4baby.org/index.html), "Mobile phones have potential to play a significant role in health care by delivering information directly to those who need it most…and can be particularly helpful in reaching underserved populations. While not everyone has access to the Internet, 90% of Americans have a mobile phone." Mathematica is conducting an evaluation of the initiative that will look at the characteristics of women who used text4baby, assess their experience with the initiative, and determine whether text4baby is associated with timely access to prenatal care and healthy behaviors. The results could have implications for mobile information services designed to increase access to varied public benefit programs.

What may define the future of benefits access initiatives most prominently is the manner in which states implement the electronic enrollment and data exchange provisions of the ACA. While primarily intended to bolster participation in health insurance programs, DHHS guidance is clear about its intention to encourage seamless integration of all health and human services programs, particularly SNAP and TANF, over time.

This effort to catalog existing benefits access efforts highlights an evolving convergence of federal, state, and private efforts to use technology to reduce the administrative burden and cost of public benefit programs as well as support low-income individuals and families in times of need. The

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[16]   Available   at   [http://www.insurekidsnow.gov/professionals/reports/chipra/2010_grant_solicitation.pdf]. Accessed March 1, 2011.

scan captures these efforts as they are at one point in time, but they will likely continue to evolve and expand. As implementation unfolds, it will be essential to monitor the implications of program innovations not only on benefits access but also on the related issues of privacy, data security, administrative costs and efficiency, and program accuracy.

REFERENCES

2010 CHIPRA Annual Report: connecting Kids to Coverage. Available at [http://www.insurekidsnow.gov/professionals/reports/chipra/2010_annual.pdf]. Accessed March 1, 2011.

Burman, L., and D. Kobes. "EITC Reaches More Eligible Families Than TANF, Food Stamps. *Tax Notes*. Washington, DC: Tax Policy Center, 2003.

Center on Budget and Policy Priorities. "Online Informaation about Key Low-Income Benefit Programs: Links to Policy Manuals, Descriptive Information, and Applications for state Food Stamp, TANF, Child Care, Medicaid, and SCHIP Programs." Available at [http://www.cbpp.org/cms/index.cfm?fa=view&id=1414]. Accessed March 1, 2011.

Centers for Medicare and Medicaid Services. "FY 2010 CHIPRA Outreach Grantees Summaries." Available at [http://www.cms.gov/CHIPRA/Downloads/Grantees.pdf]. Accessed March 1, 2011).

Centers for Working Families. "An Integrated Approach to Fostering Family Economic Success: How Three Model Sites Are Implementing the Center for Working Families Approach." Baltimore, MD: The Annie E. Casey Foundation, 2010.

Department of Health and Human Services. "Patient Protection and Affordable Care Act Section 1561 Recommendations: Toward a More Efficient, Consumer-Mediated and Transparent Health and Human Services Enrollment Process," 2010. Available at [http://healthit.hhs.gov/pdf/electronic-eligibility/aca-1561-recommendations-final2.pdf]. Accessed on February 22, 2011.

Families and Work Institute. "Supporting Work Project: About the Project." Available at [http://familiesandwork.org/site/work/projects/supportingwork/about.html]. Accessed on March 1, 2011.

Government Accountability Office (GAO). "Means Tested Programs: Information on Program Access Can Be an Important Management Tool." GAO‐05 321. Washington, DC, 2005.

Heberlein, Martha, Tricia Brooks, Jocelyn Guyer, Samantha Artiga and Jessica Stephens. "Holding Steady, looking Ahead: Annual Findings of a 50-State Survey of eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010-2011." Kaiser Commission on Medicaid and the Uninsured. January 2011. Available on the Kaiser Family Foundation's website at [http://www.kff.org/medicaid/upload/8130.pdf].

Kaiser Family Foundation. "Explaining Health Reform Eligibility and Enrollment Processes for Medicaid, CHIP, and Subsidies in the Exchanges." Publication #8090. Menlo Park, CA, August 2010. Available on the Kaiser Family Foundation's website at [www.kff.org].

Leftin, Joshua. "Trends in Supplemental Nutrition Assistance Program Participation Rates: 2001 to 2008." Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 2010.

Miller, Cynthia, Betsy L. Tessler and Mark Van Dok. "Strategies to Help Low-Wage Workers Advance: Implementation and Early Impacts from the Work Advancement and Support Center (WASC) Demonstration." MDRC, June 2009.

National Center for Benefits Outreach and Enrollment. "Person-Centered Benefits Access: Lessons Learned from the Benefits Enrollment Centers' First Year." Washington, DC: National Council on Aging, 2010.

O'Brien, Doug, Kimberly Prendergast, Eleanor Thompson, Marcus Fruchter, and Halley Torres Aldeen. "The Red Tape Divide: State-by-State Review of Food Stamp Applications." America's Second Harvest, 2000.

President's Advisory Council on Faith-Based and Neighborhood Partnerships. "A New Era of Partnerships: Report of Recommendations to the President." March 2010.

Shahin, Jessica. "Improving Access to SNAP Through Broad-Based Categorical Eligibility." Food and Nutrition Service Memorandum. September 30, 2009.

The Children's Partnership and Kaiser Commission on Medicaid and the Uninsured. "Express Lane Eligibility Efforts: Lessons Learned from Early State Cross-Program Enrollment Initiatives." Washington, D.C.: Kaiser Family Foundation, August 2009. Available at [http://www.kff.org/medicaid/upload/7956.pdf].

U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation. "Indicators of Welfare Dependence. Annual Report to Congress, 2008." Accessed August 17, 2009, at http://aspe.hhs.gov/hsp/indicators08/report.pdf.

Waters Boots, S. "Improving Access to Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need. Ford Foundation, Open Society Institute, & Annie E. Casey Foundation, 2010.

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