

**Promoting Public Benefits  
Access Through Web-Based  
Tools and Outreach**

Final Report

December 15, 2011

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Gretchen Rowe  
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Policy Research

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## GLOSSARY OF TERMS

ACF	Administration for Children and Families
AHCCCS	Arizona Health Care Cost Containment System
ARRA	American Recovery and Reinvestment Act of 2009
ASPE	Assistant Secretary for Planning and Evaluation
ASSIST	Application for Social Services and Internet Screening Tool (Delaware)
BEN	Benefits Enrollment Network
CAASNМ	Community Action Agency of Southern New Mexico
CEO	Center for Economic Opportunity
CHCF	California HealthCare Foundation
CalWIN	California Welfare Information Network
CBO	Community Based Organization
CBPP	Center on Budget and Policy Priorities
CHIP	Children’s Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
COMPASS	Commonwealth of Pennsylvania Access to Social Services
COTS	Commercially available Off-The-Shelf software product
DES	Department of Economic Security (Arizona)
DHSS	Department of Health and Social Services (Delaware)
DMS	Division of Management Services (Delaware)
DoITT	New York City Department of Information Technology and Telecommunications
DSS	Division of Social Services (Delaware)
DTS	Department of Technology Services (Utah)
DWS	Department of Workforce Services (Utah)

EITC	Earned Income Tax Credit
eREP	electronic Resource and Eligibility Product
FQHC	Federally Qualified Health Center
HEA	Health-e-Arizona
HIT	Health Information Technology
HHS	U.S. Department of Health and Human Services
HP	Hewlett-Packard
LIHEAP	Low Income Home Energy Assistance Program
MIS	Management Information System
OASHF	Ohio Association of Second Harvest Foodbanks
OBB	Ohio Benefit Bank
PSA	Public Service Announcement
SaaS	Software as a Service
Seedco	Structured Employment Economic Development Corporation
SNAP	Supplemental Nutrition Assistance Program
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TBB	The Benefit Bank
USDA	U.S. Department of Agriculture
VISTA	Volunteers in Service to America
VITA	Volunteer Income Tax Assistance
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children



## EXECUTIVE SUMMARY

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. Increasingly, public and private sector entities are harnessing these technologies to address barriers that have inhibited access to public benefit programs. The experiences of existing web-based efforts to increase public benefits access could inform the design and development of new initiatives so that they build on successes and are better prepared to address potential challenges. Accordingly, with support from the Administration for Children and Families and the Department of Health and Human Services Center for Faith-Based and Neighborhood Partnerships, the HHS Office of the Assistant Secretary for Planning and Evaluation contracted with Mathematica Policy Research to summarize existing web-based benefits access efforts and study a subset of them in depth. This report presents Mathematica's findings. It focuses on issues related to the design and management of web-based tools, technology options and requirements, financial considerations, outputs and outcomes, and issues for sustaining, expanding, and replicating existing web-based tools.

### Study Scope and Approach

This study relies on two distinct data collection activities. The first was a national scan of web-based benefits access efforts. The results of the scan are described briefly below. The second activity, the major source of information for this report, involved case studies of a small subset of the efforts identified in the national scan. For the national scan we identified efforts using four data sources: publicly available documents, online resources, Mathematica's in-house knowledge, and a limited number of collateral contacts. In completing the scan, our investigation was confined to those efforts that met the following three criteria:

- They help individuals and families access programs for which they qualify but in which they do not participate.
- They facilitate access to at least two of 14 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.
- They use web-based technology to interface with potential program applicants. To be included, the tools had to include at least one of the following: (1) a screener (which provides information to prospective applicants about their potential eligibility for benefit programs by comparing program eligibility rules to the data users enter about their income, assets, and family composition); (2) an online application to print and deliver to a program office; or (3) an online application to submit electronically.

We identified 86 efforts through the scan and summarized them in a report (Kauff et al. 2011). Sixty-eight of the efforts are hosted on the websites of public agencies and 18 are hosted on the websites of private or quasi-governmental agencies. Three operated nationwide. All states are served by at least one other effort; some are served by up to four other distinct efforts. Typical functions for online tools include a prescreener/benefit calculator (48 efforts) and an application that can be submitted online (49 efforts); only a dozen of the efforts that include online application submission move that application data automatically into an eligibility determination system without requiring a worker to re-enter the data. Nearly all efforts promote

access to TANF, SNAP, or Medicaid; nearly two-thirds promote access to all three. Fewer than half of efforts promote access to CHIP along with at least one other benefit program (though CHIP-only tools likely exist and would be outside the scope of the scan).

We then identified efforts from the national scan for deeper examination through case studies. With input from our federal sponsors, we selected efforts that had more complex interactive features, provided access to at least three federal programs, and had demonstrated replication or expansion. We aimed for a mix of efforts across other dimensions including the involvement of public and private organizations, the maturity of the effort, whether the effort had been the focus of any prior research, and mode of access (selecting some that are self-service—that is, available to the public anytime, anywhere—and some that are assisted—that is, require community organization staff to use the tool on a client’s behalf). Table ES.1 summarizes the eight efforts ultimately included in the case studies and identifies the location in which we collected data on site (several efforts are operational in multiple states). We gathered in-depth information about each effort through observations and telephone and in-person discussions with key stakeholders.

## Findings from the Case Studies

This report, and the balance of this executive summary, documents our findings from discussions with staff, contractors, and outreach partners in eight case study sites. Findings are also summarized in an issue brief (Sama-Miller and Kauff 2011) and in a special topic paper (forthcoming). We summarize the common themes that emerged from these conversations, identify some unique approaches, and discuss some challenges that remain for sustaining and expanding these web-based tools. Because each tool operates in a unique context, lessons from the case studies may not be universally applicable to other sites.

## Design Considerations

The design and structure of web-based tools typically reflect the motivations behind them and the number and types of organizations involved in their development and implementation. Entities develop and implement web-based tools for two key reasons—first, to reach more individuals and families who are potentially eligible for benefits through the convenience and privacy that web-based tools offer, and second, to increase public program efficiency through business-process changes inspired by web-based tools. In addition, each effort involves a unique combination of stakeholders and decision makers. The level of bureaucracy within an organization or that an operating organization has to navigate and the mix of stakeholders involved in management (such as funders, software firms and other private contractors, public agencies, and nonprofit intermediaries) can influence decision-making processes. Management authority resides exclusively in public agencies in half of the case study sites and exclusively in private organizations in two. In the remaining two sites management was shared between private and public entities. Besides basic functionality and issues related to technology (discussed in the next section), administrators face design choices in the following areas:

- **Program Inclusion.** Organizations managing web-based tools tend to make calculated decisions about which programs to include in the tools. In addition to motivation and management structure, such decisions may be driven by community needs, resource availability, agency priorities and jurisdiction, and program

**Table ES.1. Locations and Key Features of Online Tools, by Case Study Site**

Effort (Case Study Location)	States Where Effort Operates <sup>a</sup>	Programs <sup>b</sup>	Screener Functions	Printable Applications Functions	Electronic Application Submission <sup>c</sup> Functions	Eligibility System Integration Functions	Agency that Developed Effort
ACCESS NYC (New York, NY)	NY	10 key 25 other	X	X	X	X	Public
Benefits CalWIN (San Francisco, CA)	CA	3 key	X	X	X	X	Public
Single Stop USA's Benefits Enrollment Network (BEN) (Las Cruces, NM)	CA, FL, NJ, NM, NY	9 key 2 other	X	X			Private
Delaware ASSIST (State of Delaware)	<b>DE<sup>d</sup></b>	4 key 2 other	X	X	X	X	Public
<i>Earn</i> Benefits (New York NY)	<b>CT, GA, KY, MA, MD, NY, OK, TN</b>	11 key 7 other	X	X			Private
One e-App (State of AZ)	<b>AZ, CA, IN, MD</b>	7 key 1 other	X	X	X	X	Private
The Benefit Bank (TBB) (State of OH)	AR, FL, <b>IN, KS, ME, MS, NC, OH, PA, SC, TX</b>	11 key 9 other	X	X	X	X	Private
UtahHelps/ myCase (State of UT)	<b>UT</b>	7 key 6 other	X	X	X	X <sup>e</sup>	Public

<sup>a</sup>Bold text indicates the effort is operational statewide; no bold text indicates that the effort is operational in part of the state. In the case study site of AZ, One-e-App is called Health-e-Arizona (HEA). In the case study site of OH, TBB is called the Ohio Benefit Bank (OBB). Although indicated as statewide in TX, TBB is in early implementation there.

<sup>b</sup>The number of programs included in the effort varies by locality; these numbers reflect programs included in the localities selected for in-person data collection.

<sup>c</sup>BEN and *Earn*Benefits are capable of allowing electronic application submission, but this feature is not currently in use in any sites.

<sup>d</sup>Delaware ASSIST was transferred, with some customization, from Pennsylvania, where contractor Deloitte originally built the system, named COMPASS, under contract to the Pennsylvania Department of Public Welfare. Similar systems, also transferred by Deloitte and operating under different names and sometimes with different functionalities, exist in Georgia, Michigan, New Hampshire, Virginia, and Wisconsin.

<sup>e</sup>At the time of our site visit, Utah was planning to enhance MyCase to enable eligibility system integration.

complexity and compatibility. While none of the 86 efforts documented in the national scan promote access to all of the 14 key federally funded benefit programs, almost three-quarters promote access to three or more, and virtually all promote access to at least one of three major programs—SNAP, TANF, and Medicaid; half promote access to all three. All of the case study efforts include SNAP, TANF and

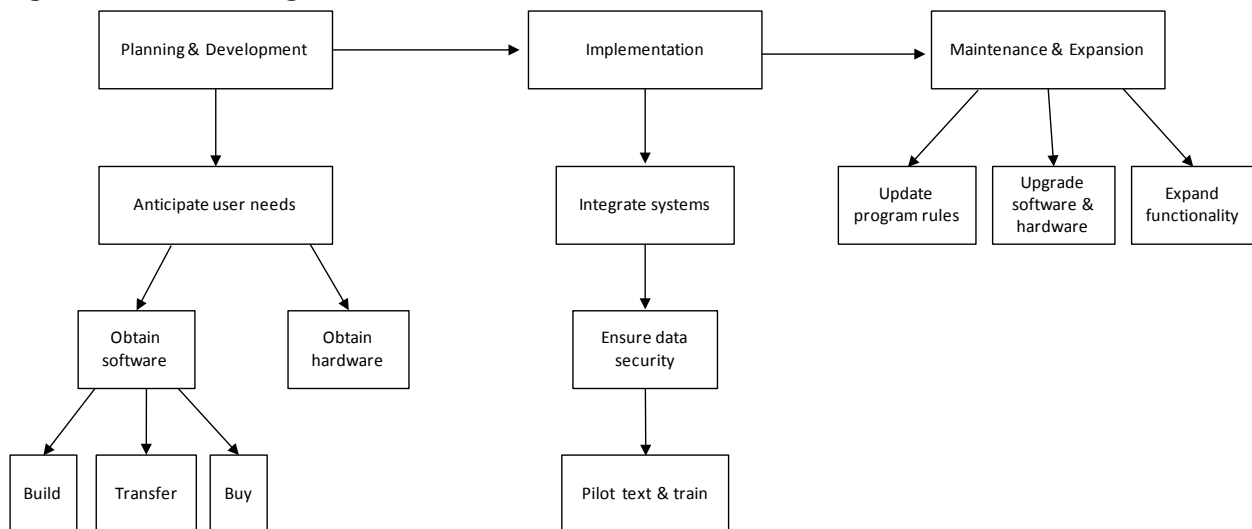
Medicaid, and most also offer access to additional medical programs, WIC, LIHEAP, and child care assistance.

- Mode of Access.** In a self-service model, anyone with an Internet connection can access the tool at any time and from any location. The advantages of this model include convenience, the potential to reach a large segment of the population, and the opportunity to eliminate the stigma of applying for benefits in person by offering clients more privacy. Not all web-based tools offer unrestricted access. In an assisted model, trained staff at public or private organizations input and retrieve information on a client’s behalf by accessing the system with a user identification number and password. An assisted model can be particularly useful for clients struggling with literacy or computer literacy as well as those who are fearful or skeptical of government programs. Some of the case study efforts were designed exclusively as self-service tools, some were designed exclusively as tools that require assistance, and some offer assistance from community organizations in addition to self-service models.
- Marketing and Outreach.** In general, all of the efforts identified through this study target their tools to low-income populations, but some also attempt to target subpopulations that have specific needs. Sites use multiple avenues to reach their target populations. Some market their tools by developing media campaigns, disseminating marketing materials, or using dedicated marketing staff. They may also target specific populations by partnering with community organizations that work with the population of interest or by doing outreach in specific communities.

### Technology Considerations

Computer software and hardware are at the heart of each web-based benefits access tool. Administrators face various choices and issues to consider in the development, implementation, and maintenance of software and hardware (Figure ES.1).

**Figure ES.1. Technological Considerations for Web-Based Tools**



A key development choice is whether to build a web-based tool from scratch or to harness existing technology. Computer code defines what will appear on the screen initially and how the display will change in response to data that users enter. This code can be developed from scratch, purchased in Commercially available Off-The-Shelf (COTS) products, or transferred from systems developed elsewhere that reside in the public domain. Which option administrators choose may be driven by several considerations, such as cost, internal staff resources, and required specifications. Some of the case study sites built their tools from scratch, some installed COTS products, some purchased subscriptions to products that reside on the vendor's hardware or systems, and one transferred a system from another state.

Implementing the technology can take a few months to many years, depending on the complexity and reach of the tool and the availability of staff and resources. Many steps are involved in implementation, including integrating web-based software with existing eligibility or other systems, ensuring data security, testing the technology, and training users.

Because program rules often change and technology is constantly evolving, administrators must also anticipate spending time and resources maintaining and upgrading web-based tools to ensure they remain functional and accurate. Regular maintenance can ensure that the tool remains operative and useful, and updates and expansions can help to reach new populations and enhance the tool's functionality. Maintenance and expansion are not trivial tasks, however. Minor changes to program rules may require simple programming, but each time a change is made, the entire tool must be adequately re-tested to guard against unanticipated consequences. More complex changes, such as adding new programs or interactive features, must be subjected to each stage in the development and implementation process: planning and designing, building, internal testing, user acceptance testing, production, and deployment. Minor changes usually can be made quickly (within a month or less); however, more complex changes may take substantial time to develop and implement.

## Financial Considerations

Development, implementation, and operational costs vary according to a tool's design, the entity developing it, and the mix of in-house and contractor staff involved. Case study sites reported design and implementation costs ranging from \$1 million to \$80 million. It is impossible to use cost estimates from the case studies, however, to provide guidance on what it might cost others to implement similar tools. Even among tools that have a similar structure and functionality, costs are not comparable across sites or particularly useful to others for budgetary planning purposes. This is because case study sites developed their web-based tools for different purposes, in different environments, and at different points in time. Despite this variation, the study identified three themes related to costs.

- **Cost Categories.** Though cost estimates from the case studies may not be useful for future planning, considering the major cost drivers across sites likely is. Major cost drivers include hardware (such as servers, network equipment, and computers), software (such as initial purchase and installation of Commercially available Off-The-Shelf (COTS) software products or licensing and customization fees for software from vendors and is available to users by subscription), systems integration services, and internal staff time.

- **Funding Sources.** Sites have covered the costs of web-based benefit access tools in a variety of ways, using three key types of funding: (1) public funding from federal, state, or local general funds or grants; (2) private funding from foundation or nonprofit grants or from private investment; and (3) licensing or user fees. All case study sites used multiple sources of funding (including public and private) to design, implement, and maintain their web-based benefits access tools. Half used a combination of public and private resources, three used exclusively public resources, and one used exclusively private resources.
- **Cost Efficiencies.** While developing and operating web-based benefits access tools can be costly, sites may also realize some cost savings from these efforts. For example, Utah and Arizona described recently reducing staff and office space, and increasing telecommuting for staff. These changes were enabled in part by the capabilities of their web-based tools.

## Outputs and Outcomes

In the context of web-based tools, outputs reflect efforts to reach people in need of benefits through online technology and represent an interim step to achieving tools' intended outcomes. For most sites, the key outcome is increased benefit receipt among needy individuals and families, though for some it is increased program efficiency. A variety of measures can help a site assess its outputs and the extent to which it is achieving its intended outcomes (see Table ES.2). The measures that are most appropriate for a particular tool depend on its unique structure and functionality.

All case study sites collect data on outcomes, though the data are not necessarily comparable across sites. Each tool serves a different geographic area, promotes access to different programs, was launched at a different time, and uses different methods to track data. Nonetheless, Table ES.3 illustrates sample data that case study sites maintain on applications submitted; all data represent estimates. Where the capability exists, there is tremendous variation in the percentage of applications that are submitted electronically, ranging from 10 percent in Delaware to 75 percent in Utah (just one example of such variation). This wide range reflects several contextual differences between the states including the number of programs to which the tool promotes access and each state's overall strategy and philosophy regarding online tools.

Benefit receipt is perhaps the best indicator of whether a web-based tool is achieving its key intended outcomes. Agencies that administer the benefit programs included in a tool, as well as the actual tool itself, can very easily track the ultimate disposition of online applications. Others that do not have direct connections to eligibility systems can only track this information by following up with clients themselves (which may result in under- or overestimates) or relying on exchanges of data with public agencies. Several of the case study sites attempt to track the disposition of applications they help clients submit, though data are not necessarily maintained in comparable ways across sites. These data are provided in Table ES.4, but may be difficult to interpret without additional (and unavailable in most sites) information about how the dispositions compare to regular applications. For instance, while the approval rate among all electronic applications submitted through Benefits CalWIN is 54 percent, the approval rate for applications submitted in other ways is 70 percent for SNAP and 66 percent for Medicaid, an interesting but yet-unexplained difference.

**Table ES.2. Examples of Output and Outcome Measures for Web-Based Benefits Access Tools**

---

## General Usage:

- Number of hits to website
- Number of hits to specific pages on website
- Time spent on website or specific pages
- Organization providing assistance (for assisted model)

## Screening:

- Number and characteristics of users who began screening
- Number and characteristics of users who completed screening
- Average number of sessions and/or average time to complete screening
- Number and characteristics of users screened eligible/ineligible, by program
- Number and characteristics of users screened eligible for multiple programs

## Applications:

- Number and characteristics of users who:
  - Downloaded a blank application, by program
  - Downloaded a pre-populated application, by program
  - Submitted an application electronically, by program
- Number and characteristics of users screened eligible, by program, who:
  - Downloaded a blank application
  - Downloaded a pre-populated application
  - Submitted an application electronically
- Number and characteristics of users screened ineligible, by program, who still:
  - Downloaded a blank application
  - Downloaded a pre-populated application
  - Submitted an application electronically

## Approvals/Awards/Benefit Receipt:

- Percentage of electronic applications submitted that were approved, in total and by program
  - Percentage of other applications submitted that were approved, in total and by program
  - Among applications approved by program, average benefit awarded
  - Among applications approved by program, total benefits awarded
  - Total benefits awarded across all programs
-

**Table ES.3. Application Data, by Case Study Site**

Web-Based Tool	Geographic Location	Year Tool Launched	Key Federal Benefit Programs Included in Tool	Period of Measure	Unit of Measure	Number
ACCESS NYC	New York City, NY	2005	10	03/2011	Applications	8,035
Benefits CalWIN	San Francisco, CA	2009	3	04/2011	Applications	650
BEN <sup>a</sup>	All Single Stop sites	2009	9	2010	Households	N/A
Delaware ASSIST	State of DE	2005	4	05/2011	Applications	758
<i>EarnBenefits</i> <sup>b</sup>	All <i>EarnBenefits</i> sites	2005	11	02/2011	Applications	4,428
HEA	State of AZ	2006	7	N/A	Applications	N/A
OBB	State of OH	2006	11	SFY 2011	Households	48,985
Utah Helps/myCase	State of UT	2007	7	03/2011	Applications	17,500

<sup>a</sup> Single Stop sites include New York City, NY; Las Cruces, Rio Rancho, Albuquerque, and Pueblo of Laguna in NM; Newark, New Jersey; Miami, FL; and Oakland, San Francisco, and Menlo Park in CA. While Single Stop was operational in some sites as early as 2003, all sites began using BEN in 2009. Data on the number of households that submitted applications is not available. However, in 2010, 18,000 Single Stop clients received at least one public benefit other than a tax credit, and 70,000 filed their taxes through the effort.

<sup>b</sup> *EarnBenefits* sites include New York City and Buffalo, NY; Louisville, KY; Tulsa, OK; Boston, MA; Memphis, TN; Atlanta and Savannah, GA; Baltimore, MD; and Connecticut. Across all *EarnBenefits* sites in February 2011, 4,428 clients expressed interest in submitting applications and were therefore provided with assistance in taking steps to complete applications, but not all 4,428 may have actually submitted applications.

**Table ES.4. Benefit Receipt Data, by Case Study Site**

	Percentage Receiving Benefits
Among those screened for any benefit	
<i>EarnBenefits</i>	48
BEN	35
Among those who screened eligible and planned to apply for benefits	
OBB: SNAP	73
OBB: Medicaid	32
Among those who submitted electronic applications for any benefit	
HEA	43
Benefits CalWIN	54

Note: Case study site visits provided data for all tools but OBB. For OBB, the source of data is: "The Economic Impact of The Ohio Benefit Bank: Technical Report," available at [http://admin.oashf.org/uploads/news/Technical\\_Report\\_040111.pdf](http://admin.oashf.org/uploads/news/Technical_Report_040111.pdf), accessed September 24, 2011. Electronic applications submitted through HEA include only those submitted through subscribers and not through the self-service use.

## Sustaining, Expanding, and Replicating Web-Based Benefits Access Efforts

The experiences of existing web-based efforts to increase public benefits program access could inform the design and development of new initiatives so that they build on successes and are better prepared to address potential challenges. Each of the case study efforts had either been replicated outside of its initial setting or had evolved and expanded (to add new programs or functionality) in its original setting over time. Thus, each case study offers insights on issues (policy, financial, technological and administrative, and other) that are crucial for consideration in expansion or replication.



- **Policy Considerations.** Case study sites identified a set of policy issues that presented challenges to their efforts. Most can be addressed only through legislative or regulatory changes at the federal or state level; sites found few interim or alternative solutions other than waivers for specific program requirements. The issues primarily reflect differences in application requirements across programs or in procedural requirements for redetermination. Specifically, policy issues that sites identified include (1) rules governing eligibility determination interviews, (2) information required for program application, (3) fingerprinting requirements by program, (4) rules surrounding verification from clients and notifications sent to clients, and (5) data storage requirements.
- **Financial Considerations.** Both public and private funding have limitations that make reliance on any one source risky. Public funding streams often support access to a single program rather than to the full array of programs that are part of an effort. Private funding is often more flexible, but availability varies with foundation priorities and economic fluctuations. Case study sites used a variety of strategies to address the limitations of various funding streams. Sites that relied on grants from large national foundations for the initial development of their efforts often looked to local communities to fund local implementation of tools, postulating that local organizations have a great stake in the success of efforts in the community. Some relied on intermediary organizations keenly familiar with the local funding environment to identify potential funders and other local supports. Licensing fees represent a potential solution to the challenges both public and private funding streams pose; however, additional resources dedicated to marketing, and a thoughtful and realistic pricing strategy, may be required to make these fees work.
- **Technological and Administrative Considerations.** Technological and administrative issues may be particularly challenging if a tool promotes access to programs administered by different public agencies, each with their own data security laws, regulations, and protocols and their own technological platforms that might not be compatible with the others'. Redesigning and integrating systems across agencies to take full advantage of web-based technologies can be resource intensive, particularly if the systems rely on older technology. Case study sites found rules engines to be particularly useful in addressing this challenge. Another potential solution is creating a software bridge from modern web-based application systems to old eligibility mainframe systems.
- **Outreach Considerations.** As web-based benefits access efforts seek to expand, it will be important to consider new ways of reaching particularly vulnerable subsets of the population they are intended to serve. Though online applications through web-based benefits access tools are on the rise, some groups may be utilizing these tools more than others. Lessons can be drawn from the experiences of case study sites that have realized some success in reaching underserved populations. For instance, to address the needs of limited English speakers, some case study sites translated their tools into multiple languages, use CBOs that serve targeted clientele, and/or used marketing to dispel myths about the relationship between citizenship status and program eligibility, or preconceptions or stigma about the concept of public assistance. One case study site uses a mobile van—equipped with satellite Internet, eight laptops, two work stations, and a generator—to reach rural populations, dislocated workers, and reentering prisoners. And, to address the need for benefits

among populations that have not needed them in the past, some case study sites have made efforts to include programs like the EITC, child care assistance, or veterans benefits, whose relevancy extends beyond what people typically think of as public assistance.

## Looking to the Future

Planning for the next generation of benefits access technologies is well underway. 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, and electronic application forms. Technologies will likely also develop in response to federal and state directives and legislative changes.

One of the biggest legislative changes states currently face is the Patient Protection and Affordable Care Act of 2010. The Affordable Care Act represents an unprecedented move to expand Medicaid coverage to include millions of additional previously ineligible Americans and to ensure high-quality customer service during the program application, eligibility determination, and renewal process. While focused on Medicaid and CHIP, the legislation explicitly encourages states to streamline access to human services programs as well as health programs. As they consider how to meet the directives of the Affordable Care Act, states have the opportunity to integrate programs in a way that better serves clients in several ways, including aligning some eligibility criteria and other program rules (especially those subject to flexibility by states alone, or with federal waivers) and enhancing and integrating Information Technology (IT) systems.

To date, little rigorous data collection has captured outcomes and impacts of web-based benefits access efforts. Indeed, a limitation of the present study is that resources were not available to collect primary data on key measures such as application submissions, approvals, and benefit receipt. Future research could explore ways of implementing small-scale experimental or other comparison group design studies to capture these effects. Such future research could be enhanced by also capturing clients' perspectives on the screening and application process—whether the tools are user-friendly and easy to navigate, whether and how they may have changed clients' perceptions and behaviors, and whether they have led to increased family stability and well-being.

## I. STUDY BACKGROUND AND APPROACH

Demand for public benefits is rising as a result of two factors: continuing economic pressure on vulnerable families and individuals, and expansions in 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 (ARRA); and the Patient Protection and 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. At the same time, 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. Yet, little is known about how efforts to increase access to benefits through web-based technology work in practice, how prolific they are, and the role they play in helping vulnerable Americans.

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 benefits access initiatives, and specifically how public and private entities have capitalized on web-based technology. Accordingly, with support from the Administration for Children and Families (ACF), and the HHS Center for Faith-Based and Neighborhood Partnerships, the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica Policy Research to (1) summarize existing web-based benefits access efforts; (2) assess 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 Mathematica's findings.

The remainder of this chapter provides background for interpreting Mathematica's findings by describing the policy context in which the study was conducted and the study methodology. Each of the next three chapters discusses alternative approaches to developing and implementing web-based benefits access tools and issues to consider with respect to design and management in Chapter 2, harnessing technology in Chapter 3, and financing in Chapter 4. Chapter 5 summarizes extant information on the outputs and outcomes of select web-based tools, and Chapter 6 identifies issues for sustaining, expanding, and replicating existing web-based tools.

### A. Policy Context

Federal, state, and local assistance programs provide an array of benefits to low-income families and individuals.<sup>1</sup> These 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.

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<sup>1</sup> In this study, we define low-income as living at or below 200 percent of the HHS poverty guideline for family size.

## 1. The Problem

For a variety of reasons, public assistance program benefits may not reach their intended target group. 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 largest entitlement programs—Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Supplemental Security Income (SSI)—actually participate (Holahan and Headen 2010; Sommers and Epstein 2010; Leftin 2010; Summer 2009; Strand et al. 2009). 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 and 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 might have to deal with several agencies and provide the same information to different staff in different offices (Summer 2009; Food Research and Action Center 2008; Kenney et al. 2009).

The extent of the burden on applicants may depend on how—and how well—agencies coordinate procedures for intake, eligibility determination, and case management across programs. But, their efforts may be stymied by poorly integrated technology systems and made even more complicated by the confidentiality issues associated with the cross-agency sharing of information. Data systems incompatibility, which makes data sharing across programs difficult or impossible, may add to the burden on applicants and program staff. 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 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 Veterans Administration instituted electronic application systems and the U.S. Department of Agriculture (USDA) developed an online tool that individuals and families can use to determine their potential eligibility for SNAP. In 2002<sup>17</sup> federal agencies collaborated to launch what is now [benefits.gov](http://benefits.gov), an effort to provide citizens with easy, online access to government benefit and assistance programs. In addition, several agencies offered states flexibility in relaxing program eligibility policies and procedures.

More recent federal efforts have focused on enhancing program coordination as a way to increase program access. HHS convened a committee of experts—the Panel on Simplifying Eligibility for Health and Human Services Programs—to develop standards for multiple programs to share knowledge and information about the people they serve and 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. It is working on issues related to electronic data matching, simplification of documentation, use of the same eligibility information for multiple purposes, capability for individuals to manage their information online, and streamlined communication between

program staff and applicants. In addition, the ACF Office of Community Services recently awarded five one-year grants to support coordination of social services and income maintenance benefits. Also, 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 (CBOs)

Legislation has also begun to focus on facilitating access to benefits. Since 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) has provided grants to support outreach activities to enroll eligible children in Medicaid or the Children's Health Insurance Program (CHIP) and to keep them enrolled for as long as they qualify. 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 part of the Affordable Care Act signed into law in March 2010, HHS—in consultation with the Health Information Technology (HIT) Policy Committee and the HIT Standards Committee—offered recommendations that "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" (HHS 2010).

In addition to federal agency efforts, states, localities, and private organizations that serve low-income populations have mounted their own responses. States have made policy changes (such as waiving in-person interview requirements for program applicants), administrative changes (such as combining program applications to reduce the time and effort required of applicants to multiple programs), and business-process changes (such as specializing public

program staff roles and/or instituting call centers to increase productivity and customer service). In addition, public and private organizations have stepped up outreach activities—through marketing and use of CBOs—to dispel myths and educate the public about benefit programs, and support them through the application process. Increasingly, public and private organizations are using the Internet to bring people into public assistance 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 program offices that are not conveniently located or open during convenient times. Many efforts offer some combination of the above.

## B. Study Methodology

This study relies on two distinct data collection activities. The first was a national scan of web-based benefits access efforts. The second activity, the major source of information for this report, involved case studies of a small subset of the efforts identified in the national scan. Many efforts are developed at a very local level, and most are constantly evolving. We confined our scan to efforts sponsoring agencies indicated were of most interest for this study. Generally speaking, these are efforts that span multiple federal benefits programs and that interface directly with the public. In completing the scan, our investigation was confined to those efforts that met the following three criteria:

- They help individuals and families access programs for which they qualify but in which they do not participate.<sup>2</sup>
- 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.<sup>3</sup> Specifically:
  - TANF
  - SNAP
  - Medicaid
  - CHIP
  - Medicare Extra Help<sup>4</sup>
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

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<sup>2</sup> This excludes efforts intended only to 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 efforts that span multiple federal benefit programs.

<sup>3</sup> 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.

<sup>4</sup> Also known as the Low-Income Subsidy (LIS), this program provides extra help to pay for monthly premiums, annual deductibles, and co-payments related to the Medicare prescription drug program.

- SSI
  - Social Security Disability Insurance (SSDI)<sup>5</sup>
  - Low Income Home Energy Assistance Program (LIHEAP)
  - Earned Income Tax Credit (EITC)<sup>6</sup>
  - School meal programs
  - Federal housing assistance programs
  - Veterans assistance pension and assistance for homeless veterans programs
  - Federal child care assistance
- They use web-based technology to interface with potential program applicants.

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. Tools that incorporate any of these technologies may be capable of storing data entered online in client accounts so that data entered during one session can be used in a later session or used for different purposes.

- **Screeners.** Screeners provide information to prospective applicants about their potential eligibility for benefit programs by comparing program eligibility rules to the data users enter about their income, assets, and family composition. Some screeners predict the level or dollar amount of benefits while others simply list the benefits for which users may be eligible. Some ask very detailed questions of users in an attempt to maximize the accuracy of the outcome, while others ask more general questions. The former typically take more time to complete, particularly when the tool screens for many different programs.
- **Online applications that must be printed and delivered to a program office(s).** Tools that include this feature enable users to download and print blank application forms to complete by hand, or to type information into application forms that they later print. Some tools that do the latter may pre-populate application forms with data entered into a screener or from a previous application. Either type, however, always requires applicants to take additional measures to deliver the applications to the relevant program offices—by mail, fax, or in person.
- **Online applications that may be submitted electronically.** Tools that include this feature allow users to complete application forms online and then convey the online forms to the public program eligibility office electronically. Again, some tools may pre-populate the forms with previously entered data, and some allow clients to electronically submit verification documents along with the application. Some also

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<sup>5</sup> 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.

<sup>6</sup> 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.

allow users to electronically sign the application forms, rendering them complete upon submission. Those that do not have an electronic signature feature require clients to mail, fax, or hand deliver a separate signature page to the local benefit office after submitting the online form. In addition, some efforts that allow electronic submission of applications are integrated with public program eligibility systems; that is, they can electronically move online application data into eligibility systems so that the data do not need to be rekeyed by public agency staff.

The remaining sections in this chapter describe the major data collection activities we conducted in the study.

## 1. Conducting the Scan

We conducted the national scan of efforts in winter 2010-2011 and produced a report summarizing the results (Kauff et al. 2011). 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 met 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 through other search procedures.
- **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 (CBPP), we reviewed the online screeners and online applications of state agencies (CBPP 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 that look at the issue from the perspective of a discrete program or set of programs. We asked 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 thought were 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.

## 2. Selecting Case Study Initiatives

Through the case studies, HHS was seeking a deeper understanding of some of the most promising web-based efforts that improve access to federal benefit programs among eligible



individuals and families. Yet very little data exist to indicate the impacts or outcomes of various efforts, because to date few studies have been conducted, even on some of the more established efforts. Therefore, to select a small subset of efforts identified in the scan that may be promising, we considered four key factors of interest to entities looking to expand or replicate these efforts. Specifically, we considered:

- **Function.** Our scan found that nearly every state has some type of online multiple benefit application that can be printed and submitted on paper. With those initiatives so widespread, and considering the low level of technology required to replicate them (simply the ability for an agency to place documents on a public-facing website), we ruled out more in-depth study of efforts that have this as their only feature. Instead, we focused on those that have more complex, interactive features—such as an online screening tool or electronic application submission—or that automatically integrate application data into the relevant eligibility systems. We were most interested in sites with more than one of these functions.
- **Multiple program access.** Efforts that connect users with more programs have some likelihood of reaching a wider audience, given that eligibility requirements and public perceptions of stigma vary across programs. Therefore, we specifically looked for efforts that included several of the 14 key federal benefit programs.
- **Demonstrated replication and expansion.** Efforts that have been expanded to new areas or populations may offer insights into the conditions required for replication. Therefore, we sought to include several efforts that had been replicated outside of their initial settings and others that have evolved and expanded in their original settings over time.
- **Involvement of public and private organizations.** Many benefits access efforts in some way involve local service providers—such as food banks, community action agencies, and faith-based organizations—as well as other private organizations. Some of these have spearheaded web-based initiatives themselves and others have been partners with public entities, providing outreach and application assistance. We aimed to include in the case studies efforts managed by both private and public organizations, and ones that involve local services providers and other private organizations as outreach partners.

Aside from these four factors, we also considered the maturity of the efforts (selecting some implemented 5 to 10 years ago and some implemented within the last 5 years), whether the efforts had been the focus of any prior research (selecting some that had and some that had not), and mode of access (selecting some that are self-service—that is, available to the public anytime, anywhere—and some that are assisted—that is, require a community organization staff to use the tool on a client’s behalf). Our approach resulted in the following eight efforts being included in the case studies. Table I.1 and the paragraphs below summarize their key features; more detailed summaries of each effort are included as Appendices A-H.

**ACCESS NYC.** ACCESS NYC is a self-service screener for 35 programs and benefits application portal for 5 programs in New York City. It was spearheaded by the Deputy Mayor for Health and Human Services and is managed by HHS-Connect, an initiative administratively located within the City’s Department of Information Technology and Telecommunications

**Table I.1. Key Features of Web-Based Benefits Access Efforts Selected for In-Depth Case Studies**

Effort	States Where Effort Operates <sup>a</sup>	Programs <sup>b</sup>	Screener Functions	Printable Applications Functions	Electronic Application Submission <sup>c</sup> Functions	Eligibility System Integration Functions	Agency that Developed Effort	Inception Date <sup>e</sup>
ACCESS NYC	NY	10 key 25 other	X	X	X	X	Public	2006
Benefits CalWIN	CA	3 key	X	X	X	X	Public	2010
BEN	CA, FL, NJ, NM, NY	9 key 2 other	X	X			Private	2005
Delaware ASSIST	DE <sup>d</sup>	4 key 2 other	X	X	X	X	Public	2005
<i>EarnBenefits</i>	<b>CT</b> , GA, KY, MA, MD, NY, OK, TN	11 key 7 other	X	X			Private	2005
One e-App	<b>AZ</b> , CA, IN, MD	7 key 1 other	X	X	X	X	Private	2001
TBB	AR, FL, <b>IN</b> , KS, ME, <b>MS</b> , <b>NC</b> , <b>OH</b> , <b>PA</b> , <b>SC</b> , <b>TX</b>	11 key 9 other	X	X	X	X	Private	2002
UtahHelps/myCase	<b>UT</b>	7 key 6 other	X	X	X	X <sup>f</sup>	Public	2007

<sup>a</sup>Bold text indicates the effort is operational statewide; no bold text indicates that the effort is operational in part of the state. Although indicated as statewide in TX, TBB is in early implementation there.

<sup>b</sup>The number of programs included in the effort varies by locality; these numbers reflect programs included in the localities selected for in-person data collection (see Table I.2).

<sup>c</sup>BEN and *EarnBenefits* are capable of electronic application submission, but this feature is not currently in use in any sites.

<sup>d</sup> Delaware ASSIST was transferred, with some customization, from Pennsylvania, where contractor Deloitte originally built the system, named COMPASS, under contract to the Pennsylvania Department of Public Welfare. Similar systems, also transferred by Deloitte and operating under different names and sometimes with different functionalities, exist in Georgia, Michigan, New Hampshire, Virginia, and Wisconsin.

<sup>e</sup>Single Stop USA purchased BEN for all Single Stop sites to use in 2009; however, several Single Stop sites and other entities were using BEN on their own prior to its acquisition by Single Stop. Seedco launched the current version of its online tool in 2009; however, *EarnBenefits* sites used a customized version of HelpWorks to screen clients online beginning in 2005.

<sup>f</sup>At the time of our site visit, Utah was planning to enhance MyCase to enable eligibility system integration.

(DoITT). HHS-Connect leads technology solutions for integration among city human service agencies.

**Benefits CalWIN.** The California Welfare Information Network (CalWIN) is the eligibility and benefit determination system for an 18-county consortium in California including San Francisco. Benefits CalWIN is an online screening and application tool for SNAP, Medicaid, and TANF that can feed application data into the system. The consortium contracted with Hewlett Packard (HP) to develop and maintain both CalWIN and Benefits CalWIN.

**Benefits Enrollment Network (BEN).** Single Stop USA is a national nonprofit organization whose mission is to help families and students move toward economic mobility by connecting them with government funds and services. It funds approximately 80 CBO and community college sites (including seasonal tax sites) in New York, New Jersey, California, Florida, and New Mexico to implement and operate its model of service, which includes four components: benefits screening and application assistance, tax preparation, legal counseling, and financial counseling. Single Stop counselors use BEN to screen clients for core federal programs (including nutrition programs such as SNAP and WIC, child care assistance, TANF, health insurance programs such as Medicaid and CHIP, and federal tax credits such as the EITC, Child Tax Credit and educational tax credits) and other programs tailored to each site. While BEN is capable of allowing electronic application submission, this feature is not currently in use in any of the sites. Instead, online applications can be pre-populated and printed for submission by the client, and counselors guide clients through the application process.

**Delaware Application for Social Services and Internet Screening Tool (ASSIST).** Delaware ASSIST was created by the Division of Social Services (DSS), housed within the Delaware Department of Health and Social Services (DHSS). DSS is responsible for administering and determining initial and ongoing eligibility for TANF, SNAP, most Medicaid programs, General Assistance, and child care assistance. ASSIST is a self-service tool that helps users determine potential eligibility and enables them to complete and electronically submit applications with electronic signatures for these programs. Online application data are automatically downloaded into the state mainframe eligibility system. ASSIST is based on Pennsylvania's online screener and application tool, The Commonwealth of Pennsylvania Access to Social Services (COMPASS).

**EarnBenefits®.** EarnBenefits was developed and is operated by the Structured Employment Economic Development Corporation (Seedco), a national nonprofit organization whose mission is to advance economic opportunity for people, businesses, and communities in need. The initiative promotes work supports through education about available benefits, facilitated access to benefits, and benefits management. Access to benefits is achieved through an assisted online screener for a variety of federal, state, and city programs in select areas in eight states. While the tool is capable of allowing electronic application submission, this feature is not currently in use in any of the sites. Instead, online applications are pre-populated and printed for submission by the client, and counselors at CBOs and other local organizations implementing *EarnBenefits* guide clients through the application process.

**One-e-App.** One-e-App is a self-service tool that allows users to screen and electronically submit applications for a range of benefit programs. Social Interest Solutions (SIS), a nonprofit organization dedicated to making public benefit enrollment easier through technology, owns and operates One-e-App and tailors and licenses it to state agencies to implement. It is currently in

use under different names in Arizona (Health-e-Arizona, or HEA), California (One-e-App), Indiana (Ind-e-App), and Maryland (Health-e-Link).

**The Benefit Bank (TBB).** TBB encompasses a screener, an application tool (for either electronic or paper submission, depending on program), and a free income tax assistance module. It can connect clients to multiple programs (depending on locality) in Arkansas, Florida, Indiana, Kansas, Maine, Mississippi, North Carolina, Ohio, Pennsylvania, South Carolina, and Texas. In each state where it exists, access to TBB is available through trained benefit counselors at CBOs and is offered in conjunction with educational outreach to raise awareness of available tax credits and benefit programs. In some states (including Ohio), the public may also access a self-service version of TBB. In each state where it exists, TBB is run through a public-private partnership. The software was developed and is maintained by Solutions for Progress, a public policy and technology company, as “a tool for connecting people with a sustainable way out of poverty.”

**Utah Helps/myCase.** The electronic Resource and Eligibility Product (eREP) is the Utah Department of Workforce Services rules-based eligibility determination system, which encompasses approximately 30 programs. The state Department of Technology Services runs eREP and the public-facing online tools that allow customers to interact with eREP data. First, Utah Helps allows customers to screen for benefits and complete and submit applications online for 13 programs (data must later be rekeyed into eREP by a worker). MyCase allows customers to receive (but not submit) information about active cases; at the time of our site visit, the state was working on a replacement tool that would enhance and improve the functionality of Utah Helps, to allow customers to update cases online, and to automatically populate eREP with online data.

### 3. Conducting Case Studies

We collected information for the case studies primarily through on-site discussions with individuals and small groups. Key contacts within each site assisted us in identifying the appropriate individuals with whom we could discuss various aspects of each benefits access system. We spoke with administrators and staff (policy, program, and information technology) of federal, state, and local government agencies; software developers; training and technical assistance providers; and administrators and staff at nonprofit or for-profit partners involved in the development, operation, or use of the initiative. Discussions were guided by protocols tailored to each unique site and respondent type. We designed the protocols to be flexible enough to inspire free-flowing conversation but structured enough to capture similar information across sites in an average of 60 to 90 minutes. Protocols focused on the design, development, implementation, operations, funding and costs, outputs and outcomes, and sustainability and replicability of the web-based benefits access efforts. No more than nine people were asked the same questions.

For web-based benefits access efforts that are operational in multiple sites, we selected one site to visit in person and supplemented the site visit data with telephone interviews in additional sites. Table I.2 identifies the sites in which we collected data. Findings presented in this report reflect implementation and operations of efforts in all of these sites at the time we collected the data in spring 2011.

**Table I.2. Data Collection Sites for In-Depth Case Studies**

Effort	In-Person Interviews	Telephone Interviews
ACCESS NYC	New York City, NY	--
Benefits CalWIN	San Francisco, CA	--
BEN	Las Cruces, NM	New York City, NY
Delaware ASSIST	State of DE	--
<i>EarnBenefits</i>	New York City, NY	Atlanta, GA; Memphis, TN
One-e-App	State of AZ <sup>a</sup>	State of CA
TBB	State of OH <sup>b</sup>	State of SC
Utah Helps/myCase	State of UT	--

<sup>a</sup> In Arizona, One-e-App is called Health-e-Arizona (HEA).

<sup>b</sup> In Ohio, TBB is called the Ohio Benefit Bank (OBB).

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## II. DESIGN CONSIDERATIONS

Many factors shape the design of a web-based benefits access tool, including the concerns that initially motivated its development and the types of organizations leading or involved in the effort. Aside from determining a tool's basic functionality—that is, whether it offers screening, printable applications, electronic application submission, and systems integration—administrators face several design choices. Prime examples include selecting the programs to which the tool will provide access, whether the tool will be designed for self-service use or require applicants to seek assistance from a program office or community organization, and how users will learn about its existence. This chapter discusses these design considerations, presenting various choices that case study sites made and the rationale behind those choices.

### A. Implications of Motivation for Design

The design and structure of web-based tools typically reflect their motivations. Entities develop and implement web-based tools for two key reasons: to increase client access to benefits and to increase program efficiency.

- **Increasing Client Access.** Many entities seek to reach more individuals and families who are potentially eligible for benefits through the convenience and privacy that web-based tools offer. Publicly available tools allow clients to find out whether they may be eligible for benefits and to submit applications from any location with an Internet connection. Clients are able to use the tools every day at any time that is convenient for their schedules, saving them the cost and time of traveling to a local office and waiting to be seen by a caseworker. In addition, the privacy of applying from home may alleviate the stigma some feel when applying for benefits. For program administrators, web-based tools may be seen as an opportunity to reach previously underserved clients or new populations; private organizations may also appreciate the opportunity to serve their existing clients in new ways.
- **Increasing Program Efficiency.** Web-based tools may offer programs several business-process efficiencies. For example, tools that help clients resolve questions about eligibility and application procedures reduce burden on program staff (and perhaps on partner organization staff) by reducing the number of calls and visits to the program office. Applications that can be submitted and signed electronically can save program staff the time they spend opening mailed-in applications and struggling to read handwriting. This can free staff to more fully serve clients who need in-person assistance. Web-based tools may also reduce physical storage space requirements. In coordination with other business-process changes, tools that automatically transfer application data to eligibility and benefit determination systems may reduce average case management time, allowing staff to manage a larger caseload, even during a hiring freeze. If business-process efficiencies are realized, they may result in more timely application processing for clients and cost savings to agencies.

Some of the tools in the case study sites were developed expressly as a way to increase access. For example, ACCESS NYC grew almost entirely out of the mayor's desire to make government more accessible to residents and to break down "communication silos." The city's public benefits administration is scattered across 15 different human services agencies. Thus,

ACCESS NYC was initially designed to provide the public with the means to (1) screen themselves for benefit eligibility, (2) access information about a range of benefits from a central source, and (3) locate relevant offices and go to those offices prepared with the necessary documentation. Similarly, Delaware ASSIST was created specifically to provide clients with an additional access point for applying for benefits.

Other case study tools were developed exclusively in response to the need to increase program efficiency. In Utah, when the state legislature considered privatizing Medicaid eligibility to save money, DWS accepted the challenge of leveraging existing technology to match the cost savings the private companies proposed to offer. Using eREP as a springboard, DWS developed Utah Helps/myCase to shift work from DWS staff to clients. The system allows clients to read notifications, check benefit balances or case status, make case changes, provide requested information, or ask questions and receive answers online. When a client makes changes online, the information is automatically updated in eREP (a system enhancement in development will also automatically transfer online application data into eREP). Allowing clients to do more of their own case management and eliminating the need for arduous rekeying processes have enabled the state to reduce the size of the eligibility workforce. The state anticipates additional cost savings from applicants and beneficiaries opting to receive electronic notices rather than paper mail through the U.S. postal system and from using the myCase online chat feature in place of phone calls to eligibility staff or the state's call center.

A single entity can be motivated both by increased client access and increased program efficiency, but the relative priority placed on one versus the other will have implications for a tool's design and implementation. The staff responsible for developing Benefits CalWIN balanced their desire to increase participation with the goal of reducing administrative costs and workloads. While Benefits CalWIN was created to increase client participation, the developers also saw it as an opportunity to reduce staff workload by creating a tool that would interact with the CalWIN eligibility system directly (allowing staff to populate the system with information from the electronic applications). Therefore, systems integration was a key component of the initial implementation of Benefits CalWIN, whereas other tools (like ACCESS NYC or OBB) developed systems integration capabilities after initial implementation as an extension of their interactive functions available to the public.

Different stakeholders may also have different motivations. In Arizona, for instance, a group of Federally Qualified Health Centers (FQHCs) wanted to learn the status and disposition of applications they helped clients submit. The state later became interested in using HEA more broadly to help clients submit applications electronically and to report changes and renew applications. These private stakeholders brought the tool to the state to serve their own needs, but the state was instrumental in fully integrating it with their eligibility system and using the tool to its full capacity. Another example is TBB, which was developed as a tool for connecting people with a sustainable way out of poverty. In each state where it exists, TBB is run through a public-private partnership. In Ohio, the Ohio Association of Second Harvest Food Banks (OASHF) works as an intermediary organization and developed partnerships with state agencies. OASHF and the public agencies worked together to develop a software bridge from TBB to the state's eligibility system in order to allow for electronic application submission and signature. While the private organizations were primarily focused on increasing access to benefits, the public agencies were primarily concerned about increasing their efficiency.



## B. Implications of Management Structure for Design

The number and types of organizations involved in tool development and implementation, how they interact, and the priorities of the organization(s) at the helm can influence decisions about design. Some tools are managed by public agencies, some by private organizations, and some are jointly managed by public and private entities. Within these broader categories, each tool has a unique combination of stakeholders and decision makers. This section provides examples of these different organizational structures and discusses how the stakeholders involved in management can influence design and decision-making processes.

### 1. Management Structures

The case study sites provide examples of the three key management structures (Table II.1). Four of the sites are publicly managed, two are privately managed, and two are managed jointly by public and private organizations.

**Table II.1. Management Structure for Case Study Tools**

	Publicly Managed	Privately Managed	Jointly Managed
ACCESS NYC	X		
Benefits CalWIN	X		
BEN		X	
Delaware ASSIST	X		
<i>EarnBenefits</i>		X	
HEA			X
OBB			X
Utah Helps/myCase	X		

**Public management.** In half of the case study sites, management authority resides exclusively in public agencies. One agency may fund and operate the tool on its own without outside input or assistance. For example, during the initial implementation of Delaware ASSIST, DSS was the lone stakeholder in supporting and funding the initiative; thus the programs initially included were all housed within DSS. In other cases, multiple public agencies might collaborate. In California, where counties administer assistance programs, Benefits CalWIN is managed by an 18-county consortium. While the consortium has a board of directors and policy board that sets the strategic and policy direction for the group, all 18 counties have input into the tool's management. As a result, the tool was designed to be very flexible, to meet each county's individual needs. ACCESS NYC is managed by a public umbrella organization that has strategic positioning in relation to participating human services agencies. It is part of New York City's HHS-Connect Initiative that developed out of the office of the Deputy Mayor for Health and Human Services and is administratively located within DoITT. HHS-Connect manages ACCESS NYC; government agencies sign a charter (similar to a memorandum of understanding) with HHS-Connect to participate in the initiative. DWS led the development of Utah Helps/myCase, with guidance and support from the Department of Human Services, Department of Health, Central Information Systems, and DTS.

**Private management.** In two of the sites, case study tools are managed solely by private organizations. Private organizations may manage the tool centrally from their national headquarters or use intermediary organizations to manage the tool on the ground. Single Stop USA is a national nonprofit organization that funds local CBOs and community colleges to serve as Single Stop sites. Single Stop USA manages its sites closely and maintains the BEN software in its national office. Seedco, the nonprofit organization that owns and manages *EarnBenefits*, uses a similar structure for managing some of the organizations implementing its tool. In some sites, Seedco provides funding to local organizations to implement and operate *EarnBenefits*, while local Seedco staff conduct all management and oversight of implementation and operations. However, for another set of sites, Seedco collaborates closely with a high-capacity local intermediary (such as a local United Way) to manage the network and raise local funds to support the initiative.

**Joint management.** Tools can also be managed jointly by public agencies and private organizations. The relationships between and responsibilities of the agencies and organizations involved in these partnerships can take many forms. For example, in Ohio, TBB is managed through a partnership between Solutions for Progress (the private nonprofit that developed the TBB software), OASHF, and a range of government entities including the Governor's office. While some of these agencies are simply involved because they administer programs that are included in the tool (such as the state's Department of Education), others are more active stakeholders that are involved in decision making and assist in making the tool work with the state eligibility system (for instance, the Department of Job and Family Services). HEA is also managed by both public and private entities. While it is currently licensed to the state of Arizona's Medicaid and CHIP agency (AHCCCS), when it first came to the state it was managed by a group of FQHCs led by El Rio Community Health Center. El Rio gave the license to the state in 2008 and AHCCCS currently manages HEA in partnership with the Department of Economic Security (DES). SIS, a nonprofit in California, owns and maintains the One-e-App tool that powers HEA.

## 2. Communication and Decision-Making Processes

The level of bureaucracy within an organization or that an operating organization has to navigate to accomplish work could impact how and how efficiently tools are developed, implemented, and operated. The mix of stakeholders involved in management can influence decision-making processes.

**Multiple stakeholders.** Having many stakeholders involved in management decisions can make consensus-building difficult, slowing progress. Eighteen different counties are involved in managing Benefits CalWIN, as well as the consortium board and HP. Staff designated to lead the effort found it difficult to manage by consensus, particularly due to the fast-paced nature of the development and implementation of the tool. At certain points, lead staff had to assess all of the opinions and make decisions based on their best information. Staff suggested that it was important to allow all of the stakeholders to be heard, but to have a small group making the final decisions. ACCESS NYC staff echoed this sentiment. Because 15 different human services agencies participate in ACCESS NYC, they found it very useful to have a single entity with influence over them all managing the decision-making process and having the ultimate say.

**Funders.** Funders are often involved in making management decisions. In the case study sites, funders exerted various levels of influence in different areas. For example, Single Stop

began by targeting the tool to organizations or CBOs (such as food pantries, one-stop centers, and jails) that serve low-income clients. As part of an effort to meet their mission of replication, scale and impact, Single Stop created a new strategic plan to focus on expanding nationally to community college sites. Funder interest and commitment to specific regions and institutions influence this process and the selection of various partner organizations. Funders can also determine what programs are or are not included in the tool. For instance, San Francisco County staff used a USDA SNAP outreach grant to develop the precursor to Benefits CalWIN; thus the tool was focused on SNAP.

**Nonprofit intermediaries.** Having a local nonprofit intermediary locally manage a tool that is maintained elsewhere can facilitate coordination and communication in several ways. First, local intermediaries can help facilitate agreements between the host of the tool and local government. For example, in Tulsa, Seedco is working with a local partner that has excellent relationships with the local government; the partner is helping to create an agreement there that will allow applications from *EarnBenefits* to be electronically submitted to state agencies. Second, a local nonprofit intermediary may have more flexibility than a state agency to accomplish tasks. In Ohio, having an intermediary involved in the management of OBB allows the tool to work across programs and organizations, despite bureaucratic hurdles. Third, it may be more fiscally sustainable to work with a local intermediary because the partner may be able to facilitate local fundraising efforts more effectively than a distant organization with no direct ties to the community. Involvement of intermediaries may also present challenges, however. Seedco reports that *EarnBenefits* tends to be most effective in achieving enrollment outcomes in sites where Seedco staff are managing it centrally. In part, this is because most of these sites have been using *EarnBenefits* longer than others and thus have more experience integrating benefits access into core operations. However, Seedco also has more control over implementation and operations in the sites its staff manages because in many instances it provides direct funding to the CBOs that are using the tool and can therefore build into contracts incentives associated with implementation processes and outputs. In sites managed locally, the intermediary secures most funding, so Seedco primarily technical assistance to local intermediaries on best practices and does not have as much leverage.

### C. Program Inclusion

By design, all 86 efforts documented in the national scan promote access to at least two of 14 key federally funded assistance programs targeted to low-income populations (see Chapter 1 for a list of the 14 programs). Table II.2 shows the number of efforts that promote access to each program. While none promote access to all of the 14 key federally funded benefit programs, almost three-quarters promote access to three or more, and virtually all promote access to at least one of three major programs—SNAP, TANF, and Medicaid; half promote access to all three. All of the case study efforts include SNAP, TANF and Medicaid, and most also offer access to additional medical programs, WIC, LIHEAP, and child care assistance (Table II.3). Programs that tend to be included less often in case study efforts and in the various benefits access efforts overall are SSI/SSDI, Medicare Extra Help, federal housing programs, and veterans assistance programs.

**Table II.2. Key Benefit Programs Included in Web-Based Benefits Access Efforts**

Key Benefit Program	Number of Efforts in National Scan Including Program
Medicaid	77
SNAP	69
TANF	59
CHIP	41
Child Care Assistance	31
LIHEAP	27
WIC	22
EITC	16
School Meals	14
SSI/SSDI	12
Housing Assistance	11
VA Programs	6
Medicare Extra Help	6
Total Number of Efforts	86

**Table II.3. Key Benefit Programs Included in Case Study Efforts**

Key Benefit Program	ACCESS NYC	Benefits CalWIN	BEN	Delaware ASSIST	<i>EarnBenefits</i>	HEA	OBB	Utah Helps/ myCase
Medicaid	X	X	X	X	X	X	X	X
SNAP	X	X	X	X	X	X	X	X
TANF	X	X	X	X	X	X	X	X
CHIP	X		X		X	X	X	
Child Care Assistance	X		X	X	X		X	X
LIHEAP	X		X		X	X	X	X
WIC	X		X		X	X	X	X
EITC	X		X		X	X	X	
School Meals	X				X		X	X
SSI/SSDI					X		X	
Housing Assistance	X		X		X			
VA Programs	X							
Medicare Extra Help							X	

Some efforts evolve over time, starting with just one or two programs and incorporating additional programs as needed, while other efforts build the capacity for many programs before the first launch. For instance, ACCESS NYC was first launched with just TANF, SNAP, and health programs, but over time expanded to include 35 programs. A much newer effort, Benefits CalWIN, started with just two programs—Medicaid and SNAP—but has added two additional programs in the past year alone. In contrast, BEN and *EarnBenefits* were initially built to assist with multiple programs and are tailored to each site’s specific needs.

Organizations managing web-based tools tend to make calculated decisions about which programs to include in the tools. Several factors influence these decisions, including the needs of the community, availability of resources, priorities or jurisdiction of the lead agency, and program complexity and compatibility.

**Community needs.** Organizations often develop tools to better serve the community and to better target benefits to those most in need. For example, ACCESS NYC’s screening tool was initially focused on “the big three” benefits—TANF, SNAP, and health programs—which reach the largest populations. Over time, programs were added, sometimes at the request of a government agency but primarily according to program administrators’ perceptions of need and demand for programs. Many were also added to broaden the site’s relevancy beyond the low-income population. Examples include child care subsidies, tax benefits, and veterans benefits. Now, ACCESS NYC staff will typically add programs only if 80 percent of the program’s eligibility questions are the same as for the other programs already included in the tool, to avoid burdening users (and the system) with an abundance of questions.

**Resource availability.** Resource availability can also drive how efforts are developed. Some efforts are financed with funds from state set-asides, private grants, or federal agency grants. Often those funding streams place requirements on how the funds can be spent which, in turn, may limit the programs that can be developed and included in the tool. When San Francisco County developed Benefits San Francisco (the basis for Benefits CalWIN), it received a grant from the USDA to enhance its SNAP program. Because the grant was tied to SNAP, the county planned to include only SNAP, but soon realized the information needed for SNAP was similar to what was needed for Medicaid determination. Thus, the tool included that program with little extra effort (later when the 18-county consortium obtained funding to develop Benefits CalWIN, HP added TANF). Seedco helps many local agencies implementing *EarnBenefits* to obtain funding; however, the funding is often tied to a specific grant, such as a CHIPRA outreach grant. In these cases, local agencies align the programs they use to the requirements of the grant or to the programs that interest the funder.

**Agency priorities and jurisdiction.** The priorities of the organization leading the effort, or the programs the lead agency administers, can also determine which programs are included in a tool. Often, the specific focus of an organization determines what types of programs they identify as most appropriate for their clients, and therefore as highest priorities for including in a tool they develop. In Arizona, El Rio Community Health Center initially developed HEA to be a web-based tool available solely at clinics to assist customers with applications for medical benefits. A few years later, in coordination with the state agency, they expanded the tool to include TANF and SNAP applications, and then turned over the tool to the state to expand further and to make publicly available. Similarly, in Ohio, OASHF (the private sector lead organization) was concerned about food insecurity, so SNAP was among the first programs added to the tool. The state agency that administers SNAP also administers TANF and Medicaid,

so those programs were added. Additional programs have been added over the years to serve other client needs and additional populations. Although Pennsylvania's COMPASS tool on which ASSIST was based included many programs, DSS in Delaware was responsible for administering only a subset of those, so ASSIST included just TANF, SNAP, Medicaid, General Assistance, and child care assistance. DSS is planning an expansion project that will involve a broader group of partners including the Delaware Food Bank, Department of Education, and Division of State Service Centers, and will enhance the tool to include food banks, school meal programs, and LIHEAP.

**Program complexity and compatibility.** Tools built to accommodate programs with complex rules may be able to include programs with simpler rules for little extra effort. Or, to deliver a tool more quickly, administrators may begin with programs that have simpler rules and then add programs with more complex rules. Utah added one program at a time to eREP and its online systems, starting with the programs with the simplest rules and progressing to programs with more complicated rules (first TANF and child care, then SNAP and other financial programs, and finally Medicaid and CHIP).

#### D. Mode of Access

Web-based benefits access tools are not necessarily available to anyone with Internet access. While some are indeed self-service tools intended for public use, others are only accessible with assistance from staff at a public or private service organization.

**Self-service model.** In a self-service model, anyone with an Internet connection can access the tool at any time and from any location. The advantages of this model include convenience, the potential to reach a large segment of the population, and the opportunity to eliminate the stigma of applying for benefits in person by offering clients more privacy. The disadvantages include lack of Internet access and/or low literacy or computer skills among many vulnerable individuals and families. To enhance access, some local public assistance office staff may help clients use self-service tools from a kiosk or computer station in the office lobby. In addition, CBO staff may be trained to help clients use these tools and guide them through the application process from their offices.

ACCESS NYC and Benefits CalWIN are examples of self-service models. As noted above, ACCESS NYC grew out of the mayor's desire to make government more accessible to residents. The goal was to create a centralized repository of information on public benefit programs as quickly as possible. In response, the city developed a simple self-service screener that could also provide residents with information to help them effectively navigate on their own the complex process of accessing multiple assistance programs throughout the city. Benefits CalWIN was also developed to enable clients to easily access benefits. Staff spent a great deal of time designing the tool to be very user-friendly. They wanted the public interface to be self-explanatory and to require no training. To accomplish this, they made significant changes to the wording of the program application questions in the online version. They also use pop-up screens throughout the online application process that encourage clients to complete the application.

Although HEA and OBB began as tools that were only accessible with assistance from staff at a public or private service organization, both are now publicly accessible. The entities managing them, however, continue to coordinate with local organizations to train counselors who can help clients use the tools. In Arizona, a network of subscriber organizations assist

HEA's clients with the online tool and can help follow up on the case with the caseworker. And, while OBB is available online, clients also can visit organizations in the region—such as churches and food pantries—where trained counselors help them with applications and provide additional information about the range of programs available to the client and the requirements of each program.

**Assisted model.** Not all web-based tools offer unrestricted access. In an assisted model, trained staff at public or private organizations input and retrieve information on a client's behalf. Staff must have a user identification number and password to access the system, often provided only after they complete a training course on the tool. Administrators of such tools reported that assistance with navigation, interpreting questions, and entering data can be essential, so they enlist the help of trained counselors (some of whom are volunteers). Partnerships between assisting organizations and public agencies may be formalized in writing, and public agencies may offer assisting organizations support and oversight—including ongoing training and technical assistance. Performance measures that carry incentives and consequences can help assisting organizations make the most of the tool (see Chapter V for information on measures case study sites used). Although this model may address low literacy and lack of Internet access, it limits the use of a tool to applicants who are, or are willing to become, engaged with an assisting organization.

Generally, the assisted models are used at various CBOs and organizations that already serve low-income clients. The tool is another way to address the needs of their clientele. Single Stop and Seedco both operate assisted models. Single Stop finances and manages sites around the country that provide dedicated counselors to connect low-income clients with a range of benefit programs and services. These locations include CBOs and community colleges. Clients meet with counselors to discuss their needs and the counselor screens the client for benefits using BEN. Additional supports like tax preparation, legal counseling, and financial counseling may also be provided to clients, if needed. Seedco works with CBOs and one-stop workforce centers, as well as other organizations around the country to screen clients for benefits using *EarnBenefits*. Seedco developed *EarnBenefits* for service providers to use as one component of a broader array of employment retention strategies.

## E. Marketing and Outreach

A web-based tool can only promote benefit access if the intended target population knows about it. Sites may reach their target populations by marketing their tools generally by developing media campaigns, disseminating marketing materials, or using dedicated marketing staff. They may also target specific populations by partnering with community organizations that work with the population of interest or by doing outreach in specific communities.

### 1. General Marketing

Marketing not only informs the public of the features of the tools available, but may also address barriers to access, such as confusion over the application processes and language barriers. If marketing is effective, applications will increase—which will also increase staff workload. If either the system or the staff are unprepared for the volume, it could defeat the purpose of marketing. When Benefits San Francisco (the precursor to Benefits CalWIN) first launched, county staff struggled to balance marketing the tool to reach more clients against recognizing how increased volume would strain staff. In the end, the need to not overwhelm their

limited staff took precedence and they did not invest in mass marketing. Still, over half the case study sites did market their tools through media campaigns, dissemination of materials, or dedicated staff.

- **Media campaigns.** Several case study sites developed media campaigns to increase awareness of their tools. DSS staff in Delaware used public service announcements (PSAs) to convey the message that ASSIST is “easy, quick, and free.” Similarly, OBB’s marketing approach included a wide-scale media campaign with PSAs on cable access TV and radio, billboards, and newspaper ads.
- **Marketing material.** The Single Stop national office provides outreach assistance and materials to each site to help them publicize their services. Each site has access to posters and a flyer template. The site manual also includes an outreach section that provides ideas for how to reach their target population. For example, at community colleges, the manual suggests contacting the academic affairs office to get permission to go into classrooms to inform students about the site on campus. OBB staff disseminate information through business cards, posters, and pencils that include an 800 number and their website address for more information (in addition to their media campaign described above).
- **Marketing teams.** ACCESS NYC hired a five-person team to inform the public about the online resource. Staff conducted trainings and presentations on ACCESS NYC for city and CBO staff and worked with city agencies and CBOs generally to encourage them to place the ACCESS NYC logo on their own websites. In addition, staff conducted train-the-trainer sessions at each workforce center in the city so that center staff could pass on knowledge of ACCESS NYC to other staff in their own and partner organizations. In Ohio, OASHF hired five regional coordinators to recruit organizations to become OBB sites in their regions. Many types of organizations serve as OBB sites including churches, food pantries, and even prisons and prisoner reentry facilities.

## 2. Targeted Outreach

In general, all of the efforts identified through this study target low-income populations, but some also attempt to target subpopulations with specific needs. In some cases, targeting specific subgroups is part of a strategic plan. For instance, Single Stop’s strategic plan now focuses on expanding into community colleges, aiming to provide benefits and supports to students who are struggling to stay in school. This involves opening sites in community college networks and identifying new locations through their partnership with the Association of Community College Trustees. In other sites, efforts to target specific subpopulations are less formal. Targeting is often accomplished through partnering with local organizations that serve a specific population or by conducting outreach within specific communities.

- **Local partners.** *EarnBenefits* targets a variety of special populations because of the types of organizations that have become *EarnBenefits* sites. For instance, in New York City, *EarnBenefits* operates at several CBOs and at one of two workforce centers Seedco manages (Seedco is hoping to bring *EarnBenefits* to the second one soon). The workforce centers are co-located with the Department of Labor so serve a large number of dislocated workers and others collecting unemployment insurance who are not typically part of the low-income community. *EarnBenefits* is being used



in child care settings in Tulsa and Atlanta, and in Memphis it is being used in child welfare agencies, community health care facilities, and other social service programs. Seedco is also learning more from its own operations and implementation partners about populations in need and emerging populations, and is developing customized outreach materials in response. For example, based on its experience in providing workforce services to veterans, it is exploring adding veterans benefits to *EarnBenefits* and customizing the delivery of these services. In Arizona, approximately 75 organizations have subscribed to assist clients with HEA. Most are medical providers, but some offer more comprehensive services to the tribal and Hispanic communities.

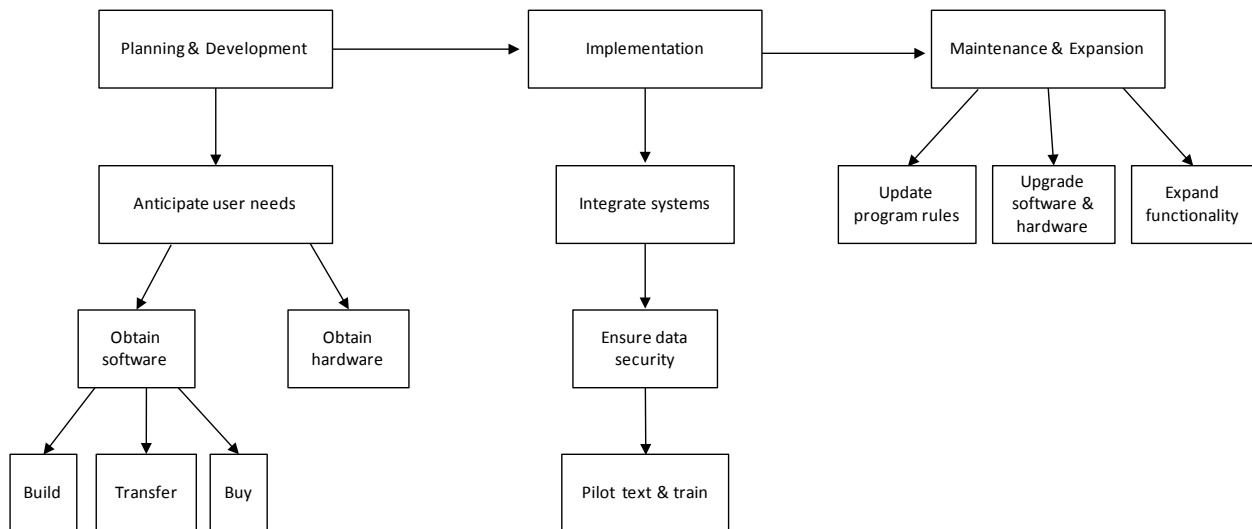
- **Community outreach.** OASHF, the nonprofit intermediary that manages OBB outreach, uses a van that is equipped as a mobile office staffed by trained OBB counselors to target vulnerable populations that may not be able to travel to a local office or partner organization. Groups this van has served includes residents in rural communities, prisoners who will soon be released, and people in areas affected by plant closings. The van travels to various locations providing application assistance and enrolling clients in programs. OASHF also uses the van when there is a natural disaster to get benefits to clients quickly. In Arizona, DES staff worked with a network of churches to reach out to the Latino community to let them know about the Spanish version of HEA.

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### III. TECHNOLOGY CONSIDERATIONS

Computer software and hardware are at the heart of each web-based benefits access tool. Administrators face various choices and issues to consider in the development, implementation, and maintenance of software and hardware. A key development choice is whether to build a web-based tool from scratch or to harness existing technology. In the implementation stage, important issues are how to integrate web-based software with existing eligibility or other systems, how to ensure data security, when and how to test the technology, and how to train users in the new technology. Because program rules often change and technology is constantly evolving, administrators must also anticipate spending time and resources maintaining and upgrading web-based tools to ensure they remain functional and accurate. This chapter describes issues to consider throughout the technological life cycle of a web-based tool, illustrated in Figure III.1.

**Figure III.1. Technological Considerations for Web-Based Tools**



#### A. Planning and Development

The technology behind web-based benefits access tools will define the user experience. This section discusses how the needs of different users may influence choices about technology and various options for obtaining the requisite software and hardware.

##### 1. Anticipate User Needs

Web-based benefits access tools could have up to three types of users: potential program applicants, outreach staff at CBOs or other private organizations, and public program eligibility staff. Each has different needs and expectations and brings a range of prior experience using web-based technology, along with a varied understanding of program eligibility rules and policies. In developing software, then, administrators often face the challenge of trying to address the needs of several audiences with a single tool.

**Potential program applicants.** Individuals or households seeking benefits may have little or no familiarity with the specific policies governing eligibility, and will likely be low-volume users who access the tool only occasionally. They may have the following needs:

- Text written at an accessible reading level (for example, ACCESS NYC strives for a third-grade reading level, and Benefits CalWIN and HEA use a sixth-grade reading level)
- Text available in multiple languages
- Uncluttered screen with graphical displays or easy point-and-click options
- Ability to complete screenings or applications during multiple sessions
- Dynamic functioning that skips unnecessary questions based on answers to previous questions
- Basic explanation of policy rules and verification expectations
- Ability to submit documentation, including signatures, electronically
- Retention of information for future use, similar to an online shopping experience

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***Addressing the Needs of Potential Program Applicants: Utah Helps/myCase***

*Utah focuses on making its online tools easy to use so that applicants and beneficiaries can become responsible for their own case management. The online application tells users what documents to have ready before they start and approximately how long it will take them to complete the application. It begins with a few questions that ask what programs they are applying for and some basic questions about income, assets, and household composition to help the tool decide which questions are relevant to the user. The text is at a fifth-grade level, and at any time, users can click an icon on the screen to get help through an online chat or call a hotline for assistance.*

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**CBO staff.** Staff at organizations that assist clients with applications may have some basic knowledge of program rules from their own experiences or from special training offered by tool administrators. These staff will likely use the tool with some frequency, depending on the volume and characteristics of their clientele, and will therefore develop some familiarity with its layout and functioning. While they may be able to handle a greater complexity and volume of information on the screen, CBO staff may still have the following needs:

- Text boxes providing program and policy information to enhance their own and clients' understanding
- Ability to identify and pull data from previous screenings or applications
- Options to skip questions and return to them in the course of a meeting or several meetings
- Permission to track the status of the applications of clients they assist

- Ability to see electronic versions of notices clients receive about their application status
- Ability to submit documentation electronically
- Ability to contact program staff (via the tool itself or a hotline to support it)

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**Addressing the Needs of CBO Staff: EarnBenefits**

*When staff log into EarnBenefits (with a user identification number and password), they can search the system's database to determine whether anyone from any organization has worked with the client in EarnBenefits before. If so, staff can bring up the old information to confirm or update. If not, staff create a new client record to proceed through the screener. All questions in the screener but ethnicity are directly related to program eligibility determination processes. Wherever possible, pull-down fields facilitate data entry and reduce common errors. Additional questions appear on the screen based on responses to previous ones so that the screen is not cluttered with superfluous questions. Throughout the screener, pop-up tips are available to assist staff in helping clients understand what is being asked of them. In addition, an icon at the bottom of each screen enables users to email questions to help desk staff. At the end of the screener, the system provides printable take-away forms for each benefit in which the client is interested that describe the benefit program in more detail as well as the application process and next steps the client must take to actually apply. The system also contains a list of providers that administer relevant benefit programs by ZIP code so that staff can direct clients to the appropriate program offices. EarnBenefits maintains a log of all inputs throughout the screening process; staff use this information to advocate for clients who EarnBenefits screened as eligible, but who were denied benefits after application, comparing the information and eligibility calculations in EarnBenefits with the information used in the public agency's eligibility calculations.*

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**Eligibility staff.** When a web-based application tool is capable of automatically pushing online application data into eligibility systems, public agency staff will have daily interaction with the tool and will need to become intimately familiar with its structure and functioning. Program staff may have the following needs:

- Options to import some, all, or none of the client-entered fields from the online application into the eligibility system
- More information on a single screen to enable users to scan through a case with fewer mouse clicks
- Ability to communicate with clients electronically to facilitate rapid benefit determination
- If relevant, the ability to download attached verification documents

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**Addressing the Needs of Eligibility Staff: Benefits CalWIN**

*CalWIN eligibility staff have the option of importing application data into the eligibility system; it is not an automatic process. Application data submitted online through Benefits CalWIN go into a "holding tank" to be reviewed by a caseworker before going into the eligibility and benefit determination system. During the client interview (or application intake, for programs that do not require an interview) a floating window containing application information appears alongside the case record. As workers ask questions, they can electronically import (with a click of a button) the application information. Workers may choose to import each data item they encounter, some portions, or none at all (with workers reentering everything), at their discretion. This flexibility allows workers, not systems, to make choices about what data to keep and is particularly useful when application data do not look valid (for instance, illogical birthdates or income amounts).*

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## 2. Obtain Software

The basis for each web-based benefits access tool is computer code that defines what will appear on the screen initially and how the display will change in response to data that users enter. This code can be developed from scratch, purchased in Commercially available Off-The-Shelf (COTS) products, or transferred from systems developed elsewhere that reside in the public domain. Which option administrators choose—to build, buy, or transfer—may be driven by several considerations, such as cost, internal staff resources, and required specifications. Table III.1 presents the choices that administrators of the case study tools made.

**Table III.1. Methods for Obtaining Software in Case Study Sites**

	Build	Buy Product	Buy Service	Transfer
ACCESS NYC		X		
Benefits CalWIN	X			
BEN		X		
Delaware ASSIST				X
<i>EarnBenefits</i>	X			
HEA			X	
OBB			X	
Utah Helps/myCase		X		

### a. Build

An agency or organization may rely on its own staff or contracted experts to write all necessary code. The main advantage to this approach is that the tool’s layout and functions can be developed specifically with agency, partner organization, or applicant needs in mind. Two case study sites elected to build their own tools from scratch.

In California, a consortium of 18 counties built Benefits CalWIN by contracting the software development work out to HP, with which it had a long-standing relationship.<sup>7</sup> The tool expanded the scope of earlier custom-built software, Benefits San Francisco, created by the county with help from two private firms, Nets to Ladders and NWN Corporation. The consortium required many of the features of Benefits San Francisco, but needed its own tool to be more flexible (for example, allowing counties to enable or disable certain features or allowing a range of back-end procedures) to account for the variation among the 18 counties’ business processes, urbanicity, advocate and CBO participation, unions, county boards, and program management. The consortium researched a variety of COTS products but ultimately decided it preferred the high level of customization they would get by creating their own software.

<sup>7</sup> HP has maintained the consortium’s eligibility systems for the past 20 years.

Seedco custom-built the *EarnBenefits* software after it had purchased and outgrew a COTS product. In 2003, Seedco purchased the *HelpWorks* software and spent two years customizing it to screen clients for benefit programs relevant to New York City.<sup>8</sup> However, Seedco's needs to expand and improve the software's functionality quickly exceeded *HelpWorks*' capacity, so Seedco began considering other COTS products it could purchase. Deterred by the cost of most products at the time (which included licenses and initial installation as well as customization and maintenance), Seedco opted to build a new tool with technical support from a private technology consultant.

## b. Buy

COTS products are typically developed by businesses to include certain core functions, and later tailored by the vendor, the purchaser, or a third party to operate in a specific setting. COTS products are often purchased via license agreements. Two common COTS options are software products and software as a service (SaaS). The former are applications that reside on the purchaser's hardware in much the same way as word processing software resides on a home computer. The latter are applications that reside on the vendor's hardware or systems and are available to users by subscription, in much the same way as people log in to tax-preparation software that is not installed on their computers. The main advantage to purchasing a COTS product is that the code does not need to be developed from scratch, just reconfigured and customized to meet the purchaser's needs.

Three case study sites elected to use installed software products. In New York City, DoITT purchased a COTS product from *Cúram Software* to develop *ACCESS NYC*.<sup>9</sup> The city opted for a COTS product for two reasons. First, it did not have the internal staff resources to custom build a tool. Second, at the time (2005), the state of New York planned to use *Cúram* products to develop a new management information system (MIS) and the city saw an opportunity for efficiencies and economies of scale (however, plans were delayed and only now is the state moving forward with the new MIS). Utah also used *Cúram* COTS products to develop the initial installation of *eREP* and *Utah Helps*, though during later stages of development employed independent contractors and internal staff to add programs and functionality, including *myCase*. *Single Stop USA* purchased a different COTS product in a strategic move to advance its mission of providing benefits access services nationwide by having a benefits access tool that could be used in all *Single Stop* locations. From the day it became a national organization working toward national replication of the model, *Single Stop USA* knew it would be helpful for all sites to use the same tool. When software firm *Nets to Ladders* went out of business in 2009, *Single Stop USA* purchased the exclusive rights to use, develop, and distribute its proprietary benefits access software, *BEN*. Prior to the purchase, *Single Stop* sites used a variety of different tools to screen clients for benefits and track data—some already used *BEN* through licensing agreements with *Nets to Ladders* and some used other tools.

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<sup>8</sup> *HelpWorks*, developed by Peter Martin Associates (PMA), was purchased by Affiliated Computer Services (ACS) in 2003 and then by Lagan in 2006. For more information, see Kauff et al. (2011).

<sup>9</sup> *Cúram Software* is a private company that provides social enterprise management software solutions and COTS applications for social enterprises globally, including health and human services, workforce services, and social security organizations.

SaaS was the method of choice for two other case study sites. HEA is a customized version of One-e-App, originally developed in California by Deloitte. One-e-App is now owned by the California HealthCare Foundation and managed by the nonprofit firm SIS. SIS licenses the tool to states or localities and provides customization and integration services. Users log in to a web-based system to access the tool, which SIS hosts using cloud computing technology. FQHCs in Arizona approached SIS after learning about One-e-App and purchased a license, working with SIS to customize the tool for use in Arizona. The state then took over the license in an effort to make the tool's services more broadly available. OBB is also a customized version of a more widely available SaaS tool, TBB, which operates in ten other states. Software developer Solutions for Progress customizes the tool for each subscribing state or locality and works with subscribers on an ongoing basis to make changes as programs evolve or sites add new programs or functionality. Customization can include building interfaces with old legacy mainframe systems and require extensive consultation with and cooperation from the state.

### **c. Transfer**

A third option is transferring code that was developed by another public agency with government funds and therefore is available to the public at no cost. Transfer systems must be reconfigured to meet the needs of the new agency; internal staff or contractors, particularly those familiar with the system being transferred, can assist with the reconfiguration. The main advantage of a public transfer is that agencies may gain efficiency by leveraging existing technology and resources.

Delaware ASSIST is a transfer of a system built originally for Pennsylvania by Deloitte. Called COMPASS in Pennsylvania, this system has been transferred to Delaware, Georgia, and Virginia (and Michigan has an online application tool transfer underway).<sup>10</sup> COMPASS was developed with funding from the Pennsylvania Department of Public Welfare and the Pennsylvania Insurance Department and is therefore in the public domain. While there is no cost for other states to use the COMPASS code as the basis for their own tools, states must make the code compatible with their existing systems (as discussed in Section B below); the tool is a graphical user interface that must be linked to an existing eligibility system in order to function. At the time Deloitte was helping Pennsylvania develop and implement COMPASS, the company was also working closely with Delaware to update the state's mainframe eligibility system. Building on this existing relationship and their observations of Deloitte's work in Pennsylvania, Delaware contracted with Deloitte to perform the required systems integration for the transfer of COMPASS.

Though Utah's online systems were developed using installed software products, portions of them reside in the public domain. A rules-based eligibility engine, a screener, an online application, and additional modules that enhance the experience of eligibility staff were developed using Cúram software as a base. Each module was customized as the system was developed to meet the specific needs of Utah's customers. When the basic structure of the system was in place, the state took over maintenance and further development. The portions of the system that were developed by Utah with public dollars are in the public domain and may be transferred to other states.

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<sup>10</sup> Deloitte has also transferred eligibility determination systems to other states that do not have a self-service online application component.



### 3. Obtain Hardware

Along with software, web-based benefits access tools often have hardware requirements—such as servers, network equipment, or computers for staff or client use—that may extend beyond an agency’s current stock. Hardware requirements vary according to the tool’s volume of use. Tools intended to reach large audiences or that have large data storage requirements may require a large amount of bandwidth and high-capacity servers, as well as sophisticated back-up and disaster recovery systems.

Agencies that use SaaS software products have fewer hardware requirements than do agencies that use other types of software. In this model, contractors provide and maintain the hardware and take any necessary steps to back up programs and data. For example, the software companies SIS and Solutions for Progress run HEA and OBB, respectively, using their own servers and networks. The agencies that subscribe to the software do not need any hardware and the agencies that assist clients in using the tool need only personal computers and Internet connections because they log in to the system remotely.

## B. Implementation

Implementing an online tool can take a few months to many years, depending on the complexity and reach of the tool and the availability of staff and resources. For instance, Seedco custom built and launched the *EarnBenefits* software—which can screen clients for benefits and pre-populate (though not electronically submit) benefit program applications—in six months. Utah offers much more comprehensive functionality and has taken an incremental approach to developing its online systems over 10 years. Planning began in 2001 and functions were implemented in stages. Utah Helps (the online screening and application portal) was launched in 2007; eREP (the state’s rules-based eligibility determination system to which all online systems are linked) was phased in by program between October 2009 and June 2010; the first iteration of myCase (which enabled clients to read notifications and check their case status online) launched in October 2010; the second iteration of myCase (which allows clients to make many case changes online and provides an electronic chat function) launched in May 2011; and the next iteration of myCase (which will incorporate and improve all current features of Utah Helps and myCase and link data from those systems directly to the state’s electronic eligibility system) was planned, at the time of our site visit, for launch in late 2011.

Many steps are involved in implementing an online benefits access tool. These include integrating the software with existing systems, ensuring data security, testing and piloting the tool, and training users.

### 1. Integrate Systems

Once the basic software is obtained or developed, additional programming is required to integrate it into existing systems and make it operational. For custom-built tools, this may happen as the software is being developed. For transfer systems and COTS products, systems integration is a distinct phase in the implementation process. Transfer systems and COTS products cannot function as stand-alone tools, but must be linked to existing software and databases. Before new software is installed, program administrators or hired system integration specialists typically undertake a gap analysis to understand what will be required to align the new tool with existing systems, plan for such integration, and set basic requirements for end

users (such as how advanced their browser must be and whether it accepts Flash, an application for viewing content). Some of this analysis may occur before the purchase of a COTS product or selection of a transfer system.

While not necessary for implementing tools that enable electronic application submission, some agencies have taken additional measures to integrate data from these tools with program eligibility systems. This type of integration does not affect the client-facing functionality of the tool, but reduces burden on eligibility workers by moving data electronically from an online application form into the eligibility system so that workers perform less data entry. Developing this feature can be resource intensive, particularly if the systems rely on older technology such as COBOL or Fortran rather than a newer and more flexible object-oriented database. The alternative, however, requires caseworkers to manually enter some or all of the information from a hard-copy application or a digital image; this may be particularly burdensome if the online tool results in more applications being submitted when staff resources are already strained.

Agencies have taken different approaches to integrating online application systems with eligibility systems. Some have built a seamless connection between the online application system and the eligibility system. Deloitte worked with state agencies to develop this model for Delaware ASSIST, based on prior experience implementing a similar approach for COMPASS in Pennsylvania. Others, especially in cases when the online tool and eligibility system are operated by different entities, developed intermediate systems rather than direct links between online application and eligibility systems. In Ohio, the state human services agency (which maintains the eligibility system) collaborated with a nonprofit association of food banks (which is the nonprofit intermediary for the tool) and Solutions for Progress (which developed TBB) to create a software bridge called the Eligibility Gateway that would enable online application data to flow into the state eligibility system. For clients who are new to the eligibility system, data are transferred seamlessly. For clients who already have a record in the eligibility system, workers manually enter new or updated information and identify and confirm any discrepancies between the old record and new application with the applicant. A similar process occurred in New York City for School Meal Program application data. Accenture, the systems integrator for ACCESS NYC, created an intermediate system to reconfigure data from the online application portal into a format compatible with the Department of Education's eligibility system and then move it into that system. This process mimics the process for moving data from a paper application that is electronically scanned into the Department's eligibility system.

## **2. Ensure Data Security**

The digital nature of client data that are involved with online tools raises security concerns. Information that pre-populates forms and moves seamlessly from an application into an eligibility system, as well as client data that are stored for later use through electronic accounts, must be guarded against specific or mass interception by unauthorized parties.

Planning for data security needs in advance of implementation is useful in gaining support from stakeholders and avoiding legal challenges. In Delaware, all state-based electronic initiatives, including ASSIST, are required to submit a detailed security plan to the Security Review Committee within the Department of Technology and Information, an office established by the governor. For ASSIST, this document describes how DSS plans to protect the identity of those who apply online, including how the information will be encrypted and how firewalls will be implemented and maintained to protect the integrity of the system. In New York City,

agencies that cooperate with DoITT to transfer application data from ACCESS NYC into their eligibility systems must sign a charter (akin to a memorandum of understanding) that governs, among other things, how data are to be securely transferred and who will have access to the information under what circumstances. When ACCESS NYC was merely a screening tool, there was less need for higher-level security measures. Concerns over data ownership have hindered other city and state agencies in New York from taking advantage of the electronic application submission capability ACCESS NYC can now offer.

### **3. Test and Pilot**

Tools typically go through several levels of testing before deployment. Internal testing relies on IT or policy staff attempting to “break” the system by entering fictitious data. User acceptance testing relies on end users interacting with the system in the way they would in the course of their regular activity. Users may be clients, staff at CBOs who provide application assistance, or front-line public agency staff. Through these processes, developers may identify and correct problems with how the tool functions. For example, in Delaware, 20 eligibility staff tested ASSIST by entering information from ongoing cases before the online tool was launched, to help identify glitches. Testing may also identify ways to improve the tool’s capacity or usability. When expanding its assisted-only tool to a self-service tool, Arizona conducted a study to observe how clients interacted with HEA and where in the process they were requesting assistance from CBO staff, so that the tool could be modified to smooth those trouble spots.

Piloting the tool with some programs or in some locations offers administrators the opportunity to observe how it works in a real environment (less controlled than what they observe during usability testing) and adjust elements of the tool before it is deployed more widely. The benefits access tools in the case study initiatives were deployed incrementally in a variety of ways. Some (Benefits CalWIN, Delaware ASSIST, *EarnBenefits*, and BEN) were made available only in select locations before they were distributed to other communities. Others (ACCESS NYC, Utah Helps/myCase) were launched with only a small set of programs before others were added. Still others were launched as an assisted model and were later made available more widely (OBB, HEA).

### **4. Train Users**

Each of the three types of users discussed in Section A above will need some degree of instruction on how to use the tool. “Help” features on various screens can provide instructional information to potential program applicants. Program eligibility staff can be trained in large or small group sessions, through online sessions, and with user manuals. These methods can be useful for training CBO or other private organization staff who may help clients use the tool.

Training may need to be more intensive and is generally mandatory for CBO or other private organization staff when they are using the tool on a client’s behalf (that is, in an assisted model). Staff from HEA subscribing organizations, for example, receive training through an e-learning course that reviews the tool’s purpose and functioning. Administrators found this online training better satisfied the training needs of a growing network of subscribers than the former paper-based training. For OBB, each counselor participates in 6 to 10 hours of training (those who will assist with tax preparation train longer) and are invited to annual conferences with other OBB counselors to learn about developments and share their experiences. Seedco provides a training course to all potential users and has developed user guides, refresher webinars, and advanced

trainings. The initial training often incorporates pre- and post-assessments to gauge participants' knowledge of *EarnBenefits* and benefit program eligibility rules. Advanced trainings focus on the soft skills of asking clients sensitive questions and using *EarnBenefits* to advocate for clients, as well as provide greater detail on specific benefits. The administrators of each of these tools employ dedicated staff who provide upfront and ongoing training and technical assistance to users. In an assisted model, administrators often aim to ensure that only trained users access the interactive aspects of the system. For example, HEA, *EarnBenefits*, BEN, and OBB provide all trained CBO and program staff with an identification number and password and then require that this information be entered to access the tool.

## C. Maintenance and Expansion

Once an online tool has been launched, the technology requires ongoing attention. Regular maintenance can ensure that the tool remains operative and useful. Updates and expansions can help to reach new populations and enhance the tool's functionality. Maintenance and expansion are not trivial tasks, however. Minor changes to program rules may require simple programming, but each time a change is made, the entire tool must be adequately re-tested to guard against unanticipated consequences. More complex changes, such as adding new programs or interactive features, must be subjected to each stage in the development and implementation process: planning and designing, building, internal testing, user acceptance testing, production, and deployment. Minor changes can usually be made quickly (within a month or less); however, more complex changes may take substantial time to develop and implement.

### 1. Update Program Rules

Many program eligibility parameters change annually (for instance, parameters that are indexed to the Federal Poverty Level) and program policies change with new legislation, regulations, or program guidance. Regularly reviewing and updating how the tool aligns with these changes will assure that the tool remains functional and applies the latest policies and eligibility rules when providing screening or application results. A range of staff may be involved in this process, including business analysts, program managers, software developers, and database administrators. For instance, although Deloitte was the systems integrator that helped transfer Pennsylvania's COMPASS system to create Delaware ASSIST, programmers from the Division of Management Services (DMS) within DSS maintain the system by making minor ongoing programming changes in response to policy changes or a programming need. DSS' Information Systems Unit has been a pivotal resource in maintaining ASSIST. Information Systems Unit administrators and staff, roughly 16 people across all programs and systems, act as liaisons between the DSS program administrators and computer programmers for the development and maintenance of a variety of different management information systems and electronic tools. Typically former field workers, staff in this unit understand how policies should be defined within the ASSIST system. They know how to ask the right questions to help the program office be more specific in providing information to the programmers. They also help the programmers correctly interpret what different policy changes mean. Having this communication resource has reportedly improved the speed and accuracy of programming changes.

Public agencies are important partners in maintaining web-based tools that private entities maintain. Ideally, public agencies provide timely information on policy changes with which the rules engines behind web-based tools must align. Single Stop USA, for instance, learns about changes that need to be made through direct contact with government agencies, local Single Stop

site coordinators, local advocacy groups, and through their own ongoing research efforts to regularly track proposed or upcoming changes in federal, state, and local benefit eligibility policies. In Ohio, the state Department of Job and Family Services agency worked closely with TBB's software developer, Solutions for Progress, to develop the software bridge described in section C.1 of this chapter.

Each new release of a tool requires it to temporarily go offline. Sites often try to avoid disruptions to users. *EarnBenefits*, which uses an assisted model, implements updates over weekends when most users are not open for business, and puts out an alert to the user network that the system will be down. In addition, staff make only critical updates to the system during tax season because many organizations using the tool are Volunteer Income Tax Assistance (VITA) program sites and interruptions to service when client flow is heaviest and needs are great would be counterproductive.

## **2. Maintain and Upgrade Software and Hardware**

The technologies that support these tools are as dynamic and changing as the policy context in which they operate. All tools will need software and hardware upgrades as they expand or as technologies that support them are improved. For instance, Seedco had to move its *EarnBenefits* servers off-site to facilitate greater speed for the growing network of system users. It is useful for administrators to anticipate and budget for ongoing upgrades to keep the tool current.

Staff performing regular maintenance and upgrades may be either internal staff or contractors. For three case study efforts (ASSIST in Delaware, eREP in Utah, and ACCESS NYC) contractors initially performed tool maintenance; public agency staff eventually took over ongoing maintenance. For SaaS tools, ongoing maintenance by the software developers is included in the software subscription.

## **3. Expand Functionality**

Expanding upon a tool's initial functions can allow it to reach a wider audience. Expansions can come in different forms. HEA expanded by shifting from an assisted-only tool to a self-service tool available to the general public. OBB expanded by increasing the number of programs it supported from 12 in 2006 to more than 20 by 2008. ACCESS NYC expanded by enhancing the functionality of the tool from a simple screener to one that enables electronic application submission and integration with eligibility systems for a small number of programs.

Each type of expansion requires substantial investment; incorporating more features up front during the initial development of a tool is likely more cost-efficient than adding them later. At the time of our site visit, we learned that Delaware was planning to implement the enhancements adopted by Pennsylvania's COMPASS. These changes will allow customers to view portions of their electronic case file—such as their contact information, program enrollment, pending payments, and redetermination dates—and to submit eligibility redeterminations online. In hindsight, DSS administrators reported they wished they had purchased higher-end software initially that enabled them to perform the functions they are gaining with the current system upgrade. At the time, however, the state did not have the financial resources to pay for a higher-end product, so they opted for software that provided the basic functionality they sought, and planned to upgrade later.

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## IV. FINANCIAL CONSIDERATIONS

The availability of financial resources can be a major determinant of the sophistication of web-based benefits access tools. Costs vary according to a tool's design, the entity developing it, and the mix of in-house and contractor staff involved. Indeed, case study sites developed their web-based tools for different purposes, in different environments, and at different points in time, making it difficult to systematically compare costs across tools. Therefore, instead of providing rough and inconsistent estimates of costs by site, this chapter provides information on the types of costs that are associated with the development and maintenance of web-based tools, potential sources of funding, and opportunities for cost savings.

### A. Design and Implementation Costs

Design and implementation costs can vary substantially depending on a tool's structure and capabilities. Developing a simple screener will likely cost less than developing a tool that enables electronic application submission and is linked with benefit program eligibility systems. Tools that offer access to a larger number of programs will likely cost more to develop than tools that offer access to fewer programs. Tools developed by a state to create greater efficiencies in state government might not have the same goals, and in turn, costs, as tools developed by a nongovernmental entity. In addition, the type of software used affects costs: the purchase of a COTS product can require significant capital up front in addition to resources for customization and integration, while public transfers require only the latter.

Case study sites reported design and implementation costs ranging from \$1 million to \$80 million. It is impossible to use cost estimates from the case studies, however, to provide guidance on what it might cost others to implement similar tools. Cost estimates across sites, even among those that have a similar structure and functionality, are not comparable or particularly useful to others for budgetary planning purposes for three reasons.

- **Differences in context.** Costs are driven in large part by the contexts in which tools are developed. For instance, COTS products are constantly evolving, offering more capabilities and requiring less customization over time. Both ACCESS NYC and Utah Helps/myCase were developed using Cúram COTS products, but unlike Utah Helps/myCase, ACCESS NYC was developed before Cúram products had interactive functions for public users; therefore, the city's systems integrator spent substantial resources developing that capability. If an entity were to purchase the same COTS product today, it would come with public-facing capability so costs of systems integration might be lower.
- **Differences in approach.** Some case study sites include costs in their estimates that other case study sites exclude. For instance, both OBB and Benefits CalWIN link online application data to the state eligibility determination systems, but their costs are not comparable. Ohio developed this capability by separately funding the creation of a software bridge from TBB to its eligibility systems and these costs are not included in estimates for the development of TBB or its customization and installation in Ohio. In California, this capability was developed up front; it is included in estimates of the development and implementation of Benefits CalWIN and cannot easily be separated out.

- **Differences in precision.** Some sites have tracked costs more rigorously than others. For instance, both BEN and EarnBenefits are operated by national nonprofit organizations that are just beginning to estimate the cost of implementing these screening tools in new sites in anticipation of developing strategies to license them. Variability in implementation strategies across sites has made it difficult for these organizations to estimate and disaggregate implementation costs to date.

Though cost estimates from the case studies may not be useful for future planning, considering the major cost drivers across sites likely is. Major design and implementation cost drivers include hardware, software, systems integration services, and internal staff time.

**Hardware.** Sites will incur costs for meeting hardware requirements that exceed current capacity. Examples include servers, network equipment, and computers.

**Software product licenses.** Costs may include initial purchase and installation of COTS products or licensing fees for SaaS tools. Purchased products may require additional expenditures to adapt the tool, while licensing fees often include the cost of customization. For instance, states pay Solutions for Progress a one-time fee to customize TBB and develop the capacity for application data to flow from TBB to state eligibility systems, and for the license to use the tool. While the fee is set according to the number and nature of benefit programs included, it is usually somewhere between \$1 million and \$1.5 million. The license for and initial customization of One-e-App in Arizona cost approximately \$500,000.

**Systems integration services.** Public entities may also incur costs to integrate public transfer systems, COTS products, or SaaS tools with existing public program systems. Delaware ASSIST (a public transfer system), HEA and OBB (SaaS tools), and Utah Helps/myCase and ACCESS NYC (COTS products) all required systems integration services. Because these services are typically provided by a large conglomerate, they are often expensive.

**Internal staff time.** Internal staff are required for development and implementation, even when tools are purchased or transferred and systems integration is contracted out. Internal IT staff will undoubtedly play a role in collaborating with software and integration contractors or working with internal programmers or consultants who develop code from scratch. Policy and program staff play an important role in providing information to contractors and programmers about eligibility and other program rules, and program administrators and other management staff may provide general oversight and serve in an advisory capacity during the design and implementation process.

## B. Operational Costs

Sites incur ongoing operational costs even after product launch. Similar to development and implementation costs, operational costs can be categorized into those associated with hardware, software, and internal staff time, but the nature of the costs is somewhat different during this phase.

**Hardware.** Hardware costs include the maintenance, upgrade, or addition of equipment as tools expand. For instance, when Arizona launched a self-service version of HEA to supplement the existing assisted model, the number of users skyrocketed, boosting the need for bandwidth, server space, and telecommunications lines. Similarly, as the EarnBenefits user network grew,



Seedco had to secure off-site servers that could better keep pace with the online traffic than their original in-house servers could.

**Software.** Software costs include ongoing licensing fees and funds paid to contractors to maintain the rules-based systems behind or expand the functionality of web-based COTS products or SaaS tools. For instance, states pay a one-time fee to Solutions for Progress each time a new benefit program is added to the state's TBB tool; the amount of the fee depends on the nature of the particular program being added. States must also pay annual fees to Solutions for Progress for the regular maintenance TBB requires (for example, making software updates as program policies and computer systems change so that transactions remain seamless for customers). This fee typically ranges between \$600,000 and \$1 million per year.

**Internal staff resources.** Internal staff resources are generally used during the operational stage for four purposes: (1) general oversight and management, (2) marketing and outreach (to the public, community partners, and new sites), (3) tool maintenance, and (4) training.

In some instances, an additional ongoing cost category during the operational phase is funding that a tool's administrative agency provides to sites to facilitate implementation in local communities. In some sites, these costs are substantial. For instance, in many instances Seedco provides funding to the CBOs and other organizations it contracts with to implement EarnBenefits as compensation for the time their staff devote to the effort. Similarly, Single Stop USA provides funding for CBOs and community colleges to hire a full-time Single Stop coordinator. For others, costs are minimal. For example, the intermediary that administers OBB in Ohio makes small grants to community organizations to purchase equipment (such as computers or mobile printers) to enable them to offer OBB services to their clients. And the state agency that administers HEA provides small grants to nonmedical nonprofit organizations to cover the \$50–\$100 they typically pay in user fees for the web-based tool each month.

### C. Funding Sources

Sites have covered the costs of web-based benefit access tools in a variety of ways, using three key types of funding:

- **Public funding.** Public funding comes in three forms: (1) federal program administrative funds (for instance, TANF or Medicaid funds), (2) federal grants (for instance, SNAP or CHIPRA outreach grants or ARRA funds), and (3) state or local general funds.
- **Private funding.** For the case study sites, private funding typically entailed foundation or nonprofit sector grants. Nongovernmental entities also made investments in the development and implementation of their own web-based tools. For instance, Solutions for Progress, a private technology and public policy firm, developed TBB with its own resources.
- **Licensing/user fees.** While sites may pay licensing fees to gain access to COTS products or SaaS tools, they may also in turn charge user fees to CBOs or other entities to use the tool in their work with clients. For instance, SIS charges the Arizona state Medicaid agency a licensing fee for use of the One-e-App technology and that agency in turn charges user fees to organizations that use the customized version (HEA) to assist clients with screening and online program applications.

Sites also have used creative approaches to supplement their primary funding. Several sites rely on AmeriCorps, Volunteers in Service to America (VISTA), or VITA volunteers as trainers, outreach workers, or benefits counselors. This approach maximizes staff resources while minimizing labor costs.

All case study sites used a combination of sources to design, implement, and maintain their web-based benefits access tools. Half used a combination of public and private resources, three used exclusively public resources, and one used exclusively private resources. Only one site, HEA, relied on user fees, and it did so in conjunction with public and private sources of funding. Table IV.1 illustrates the general sources of funding across the eight case study sites; the paragraphs below provide more detail by site.

**Table IV.1. Sources of Funding by Case Study Site**

Effort	Federal Program Administration Funds (Public)	State Funds (Public)	Local Funds (Public)	Federal Grants (Public)	Private Funds	User Fees
ACCESS NYC			√		√	
Benefits CalWIN			√	√		
BEN <sup>a</sup>					√	
Delaware ASSIST	√	√				
EarnBenefits	√	√	√	√	√	
HEA <sup>b</sup>		√		√	√	√
OBB <sup>a</sup>	√	√		√	√	
Utah Helps/myCase	√	√		√		

Note: For tools that operate in multiple locations, these funding sources may only apply to the case study location.

<sup>a</sup> Both BEN and OBB began through the private efforts of a software firm, but their dissemination and replication depend on funding from other sources.

<sup>b</sup> Foundation funding supported original development of One-e-App, while federal and state dollars supported replication of the tool in Arizona.

**ACCESS NYC.** ACCESS NYC was developed with capital dollars raised through bonds the city sells. Maintenance of the tool is supported by fees paid by city health and human services agencies whose programs are represented in ACCESS NYC. Between 2007 and 2009, a grant from the Center for Economic Opportunity (CEO), a city entity created in 2006 to implement innovative ways to reduce poverty in New York City, supported a marketing and outreach campaign.

**Benefits CalWIN.** Benefits San Francisco, the precursor to Benefits CalWIN, was primarily funded by a \$1 million USDA SNAP outreach grant, supplemented with county funds for the parts of the tool that were not related to SNAP. The county spent approximately 75 percent of all funds on development (including a self-service center and a call center) and 25 percent on outreach and marketing. Using ARRA funds administratively funneled through the state together

with county funds, the 18-county CalWIN consortium hired HP to develop Benefits CalWIN as a spin-off from Benefits San Francisco. The ARRA funds were available for one year only.

**BEN.** Single Stop was launched in New York with a grant from the Robin Hood Foundation. Funding from Atlantic Philanthropies and others supported its expansion into four other states. Single Stop has also received funding from the Corporation for National and Community Service's Social Innovation Fund through New Profit, Inc. (a national venture philanthropy fund) as well as smaller grants from regional and family foundations and corporations. Currently, Single Stop is primarily funded through philanthropic grants from Robin Hood (for the NYC sites) and Tipping Point Community and the Mimi and Peter Haas Fund (for the CA sites).

**Delaware ASSIST.** ASSIST was funded through a combination of federal and state program dollars—specifically TANF, General Assistance, SNAP, Medicaid, and the Delaware Healthy Children Program—all administered by DHSS. An expansion in development will add programs outside the jurisdiction to ASSIST. However, the Division of State Service Centers (which administers LIHEAP), the Department of Education (which administers the School Lunch Program), and Food Bank of Delaware (whose services will also be included in the expansion) do not have funds to allocate to the project. As a result, DHHS is funding the expansion, but reportedly expecting reimbursement from the other agencies when they have funds available.

**EarnBenefits.** Seedco has leveraged public and private dollars to implement and operate *EarnBenefits*. It initially received significant funding from the Ford Foundation, the Annie E. Casey Foundation, and the Mott Foundation to support product research and development, and from the United Way of New York City to implement the product in partnering CBOs in New York. While some funding from these groups continues to support *EarnBenefits*, a recent multi-year grant from the Kresge Foundation is a key source of current funding among other smaller foundation grants. In New York City, Seedco also relies on public funds through its SNAP Outreach and VITA program contracts, a CHIPRA outreach grant, a facilitated enrollment contract with the New York State Department of Health, and funding from Single Stop USA to operate the Single Stop model using *EarnBenefits* (instead of Single Stop's online tool, BEN), at one of its workforce centers. Some implementation partners receive grants from community organizations or local foundations to support *EarnBenefits* counselors and others leverage AmeriCorps volunteers, who provide benefits access service during their terms of service.

**HEA.** With funding from a federal Health Resources and Services Administration (HRSA) grant, a group of FQHCs purchased a license from SIS to use its One-e-App tool, and services from Deloitte to adapt it for Medicaid applications only in Arizona. (One-e-App itself was developed with funding from the California HealthCare Foundation—CHCF.) The result, HEA, was initially available only as an assisted model through FQHCs. The state DES, which determines eligibility for TANF, SNAP, and Medicaid as part of the state's combined application, then used a USDA grant to expand the tool to include TANF and SNAP. In addition, the state agency that has overall administrative authority for Medicaid and CHIP secured state funding to develop much of self-service version of the tool from a pool of money originally appropriated for a new state eligibility system (\$25 million). Monthly user fees imposed on organizations that continue to offer the assisted model as well as contributions from AHCCCS and DES budgets support maintenance and enhancement of HEA. The monthly fee is based on the type and size of the organization. For example, large urban hospitals pay \$1,500 per month,

large rural hospitals pay approximately \$750 per month, and small hospitals or FQHCs pay \$400 per month. Other nonmedical nonprofits typically pay \$50–100 each month (according to the number of user accounts at the organization). In total, the state passes through to SIS \$16,700 in user fees each month.

**OBB.** Private technology and public policy firm Solutions for Progress developed TBB with its own funding and maintains the tool with resources it receives through licensing fees. The National Council of Churches paid Solutions for Progress to customize TBB for Ohio. Ongoing administration for OBB is supported by a variety of grants from government entities but also from foundations and nonprofit organizations. In addition, VISTA volunteers train the benefits counselors at each OBB site. Recently, TANF block grant and USDA SNAP outreach grant funds supported the development of a software bridge from OBB to the state's eligibility system.

**Utah Helps/myCase.** Initial funding to develop eREP and the web-based benefits access tools attached to it came from a TANF grant totaling approximately \$20–30 million. In total, approximately one-fifth of the funding for this effort came from the state of Utah, with the balance from federal funding streams including TANF, SNAP, Medicaid, refugee assistance, and child care assistance.

#### **D. Cost Efficiency**

While developing and operating web-based benefits access tools can be costly, sites may also realize some cost savings from these efforts. In Utah, for example, although state funds were expended to build eREP and its associated public-facing web-based tools, efficiencies from the system have enabled the state to reduce its eligibility staff workforce and the number of eligibility offices across the state, saving DWS an estimated \$6 million in a single year. DWS is working toward an additional \$9.4 million in savings by June 2012, which they anticipate achieving through technology improvements that should enable them to achieve their goal of further reducing the eligibility workforce (by attrition rather than layoffs).

HEA was implemented alongside other changes in DES intended to improve cost efficiency. These included closing some local offices, increasing telecommuting, updating the operating system, and implementing a new office visitor intake system to speed benefit determination for applicants (indeed, some in-person applicants now receive benefits on the day they apply). To date, however, DES, which determines eligibility for HEA applications, has not seen much improvement in its productivity specifically due to HEA. Originally, eligibility workers had to print all HEA applications and then scan them into OnBase, the DES document imaging system, for storage. System improvements recently enabled HEA to automatically create an image of the application in OnBase, eliminating this extra step for workers. Through these types of changes and others, DES hopes to make gradual improvements in productivity over time.

## V. OUTPUTS AND OUTCOMES

Collecting and analyzing data on outputs and outcomes can provide insight into how well a benefits access tool is working and how it can be improved. In the context of web-based tools, outputs reflect efforts to reach people in need of benefits through online technology and represent an interim step to achieving tools' intended outcomes. For most sites, the key outcome is increased benefit receipt among needy individuals and families, though for some it is increased program efficiency. A variety of measures can help a site assess the extent to which it is achieving its intended outcomes. This chapter provides examples of different methods for tracking outcome data and ways in which the data are used. It also provides some statistics from the case study sites. These statistics are descriptive only and should not be used to assess the impacts of any efforts, because data on what would have occurred in the absence of the effort do not exist. The statistics are also not comparable across sites because the structure, scope, and context of each effort vary considerably. In addition, in some sites other initiatives may have been implemented at the same time as the web-based tool, making it difficult to disentangle outcomes that may be attributable to several factors.

### A. Methods for Tracking Outputs and Outcomes

All of the case study sites track some type of data on outputs and outcomes and do so for various reasons and in various ways. This section describes the roles that data tracking can play and the methods that case study sites use.

#### 1. Why Sites Track Outputs and Outcomes

Tracking data on outputs and outcomes can serve multiple purposes. Some organizations use the data for internal purposes only and some share it more broadly, for instance with policy makers or potential funders. Doing the latter requires that the data be assembled in an accessible format that is easy to understand for people not intimately familiar with a tool and its associated technical terms.

**Identify areas for improvement.** Some sites use the data they track to identify ways to improve or expand their tools. Based on the results, they may find that clients are not using certain features because they are not user-friendly, or that they have a need for additional features. In addition, sometimes workers using the tool will identify issues with the way the tool processes applications that need improvement. For instance, OASHF (the intermediary organization in Ohio that administers OBB) commissioned a study of the tool. They used the results to better understand client needs and determined that they needed to increase efficiency for clients by adding electronic submission of documents and document imaging. They also determined that they should create a self-service option to allow more individuals to access the tool from anywhere, anytime. In Utah, the legislature is closely monitoring the outcomes of DWS' efforts to reduce the eligibility staff workforce through the use of online tools. Analyses may suggest which aspects of the online tools seem to be most useful so that they can be further promoted and others can be enhanced.

**Identify and then target underserved populations.** Output and outcome data can also help organizations determine if they are reaching their intended target population. Although most organizations target low-income families generally, some try to reach specific subpopulations,

such as families in rural areas who may have difficulty getting to an office, or working poor who cannot get to an office during business hours. Data tracking can help organizations identify their users. For instance, San Francisco County closely monitors data from Benefits CalWIN to determine who is using the tool and whether usage is different among special populations. They have discovered that one-third of web applications are submitted after business hours and a greater proportion of the web applications than traditional applications are from women (53 percent compared to 43 percent for SNAP, and 72 percent compared to 55 percent for Medicaid). They also found that, overall, the majority of web applications are submitted by English speakers (83 percent), but that the percentage of English speakers who submitted web applications from CBO locations was much lower (54 percent), suggesting that CBOs may be effectively reaching a traditionally underserved population (non-English speakers). OBB stakeholders discovered from the impact study described above that the tool was not fully addressing the needs of veterans and dislocated workers. In response, they added unemployment insurance and veterans benefits to OBB to better serve these populations.

**Attract new funding.** Data on outputs and outcomes can be useful in providing the evidence policymakers and program administrators often look for when making decisions about where to invest their resources. Single Stop USA and Seedco both use some of the data they collect in reports to funders and policy makers. These reports are used to determine, in part, which direction the efforts should take in the future.

**Monitor performance of contractors or grant recipients.** Some of the organizations that provide funding to intermediaries that serve clients create tracking systems for performance monitoring. Generally, these partners are encouraged or required to serve a certain number of clients and facilitate a specified level of application approvals. To create incentives to reach targets, funding may be contingent on these measures. For example, Seedco is developing new performance measures to use in their contracts with CBOs and other organizations implementing *EarnBenefits*—such as requiring that CBOs help a certain percentage of clients apply for multiple benefits. Seedco staff use the *EarnBenefits* database to provide monthly reports to each local Seedco office to monitor partner performance. Seedco can use the results to identify areas for technical assistance to improve partners' performance. Alternatively, Seedco has the option to discontinue funding to any contract partner that is not meeting the performance requirements. Single Stop USA uses data to monitor individual sites in a similar manner.

## 2. What Measures Sites Track

A host of measures can be used to assess a tool's outputs and outcomes; which measures are relevant and useful depend on the tools' unique structure and functionality. For instance, tools that do not require the creation of user accounts will be unable to store, or perhaps even ask users for, demographic information to determine who is using the tool. Table V.1 lists many types of measures that may be tracked by various efforts. None of the case study sites track all of these outcomes, but most of the efforts track many of them. Section B provides site-specific data for a limited set of these measures.

**Table V.1. Examples of Output and Outcome Measures for Web-Based Benefits Access Tools**

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## General Usage:

- Number of hits to website
- Number of hits to specific pages on website
- Time spent on website or specific pages
- Organization providing assistance (for assisted model)

## Screening:

- Number and characteristics of users who began screening
- Number and characteristics of users who completed screening
- Average number of sessions and/or average time to complete screening
- Number and characteristics of users screened eligible/ineligible, by program
- Number and characteristics of users screened eligible for multiple programs

## Applications:

- Number and characteristics of users who:
  - Downloaded a blank application, by program
  - Downloaded a pre-populated application, by program
  - Submitted an application electronically, by program
- Number and characteristics of users screened eligible, by program, who:
  - Downloaded a blank application
  - Downloaded a pre-populated application
  - Submitted an application electronically
- Number and characteristics of users screened ineligible, by program, who still:
  - Downloaded a blank application
  - Downloaded a pre-populated application
  - Submitted an application electronically

## Approvals/Awards/Benefit Receipt:

- Percentage of electronic applications submitted that were approved, in total and by program
  - Percentage of other applications submitted that were approved, in total and by program
  - Among applications approved by program, average benefit awarded
  - Among applications approved by program, total benefits awarded
  - Total benefits awarded across all programs
- 

**3. How Sites Track Outcomes**

Outputs are often much easier to track than outcomes. Outputs stem directly from users' interactions with a tool, while outcomes (that is, benefit receipt) may be several steps removed and subject to external influences. For instance, tools that provide screening capability only can readily track the screening process and results, but cannot determine whether users then took steps to file applications. Tools that offer electronic application submission but are not integrated

with program eligibility systems can readily track application submissions, but are not immediately privy to the results of the eligibility determination process. Thus, while most sites track outputs readily available through the technology itself, some supplement with other methods to examine outcomes. The various ways that case study sites track outputs and outcomes are described below.

**Built-in tracking database.** Some sites build a tracking database into the tool as part of its development. For instance, all data that are entered into BEN or *EarnBenefits* are housed in the Single Stop USA or Seedco centralized databases, respectively. These include demographic information for each client receiving assistance, use of the screener and its results, and efforts to submit applications (such as the number of blank and pre-populated applications printed or the number of clients that indicated interest or sought assistance in submitting an application). Utah uses the eRep system to track various types of outputs and outcomes for Utah Helps/myCase.

**Existing software packages.** Many software packages on the market can be added to web-based benefits access tools to track outputs and outcomes. Typically, sites must purchase a license to use these packages, but they then can access periodic updates and added features that the site does not have to develop itself. Several of the case study sites use some type of existing software package to track outcomes. Staff in San Francisco County first used Google Analytics, a product that enables organizations to track website traffic data, with Benefits San Francisco to track the number of users and the specific web pages they visited to better target the tool.<sup>11</sup> Later, when HP designed Benefits CalWIN, HP provided the BusinessObjectives Web Intelligence program to the 18 counties in the consortium. This program “offers a powerful, intuitive interface that enables business analysts and nontechnical information consumers to ask spontaneous and iterative business questions about their data. With simple drag-and-drop techniques, users can access data sources and create interactive reports to answer business questions”.<sup>12</sup> ACCESS NYC uses Webtrends, a service similar to Google Analytics that provides usage trend reports including counts of visitors to the site, the types of information users are looking up on the site, and the most popular benefit applications.<sup>13</sup> Also, the Community Action Agency of Southern New Mexico (CAASNМ), which operated a Single Stop site from 2008-2010, supplemented the database provided by Single Stop USA with Efforts to Outcomes in order to track additional case management data. Efforts to Outcomes is a nonprofit software solution designed to help organizations measure the incremental progress of their participants, understand the effectiveness of their programs, and meet the daily case management needs of direct service staff.<sup>14</sup>

**Program agency or client followup.** Because tools like *EarnBenefits* and BEN aren’t currently linked to eligibility determination systems, there is no way for sites to know automatically whether submitted applications were approved. Some sites have established

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<sup>11</sup> For information on this tool, see <http://www.google.com/analytics/>

<sup>12</sup> More information on analytics tools is available at: <http://www.sap.com/solutions/sapbusinessobjects/large/business-intelligence/reporting-analysis/web-intelligence/index.epx>

<sup>13</sup> Specific aspects of Webtrends’ services are available on their website: <http://webtrends.com/>

<sup>14</sup> The Efforts to Outcomes software is described in more detail at: <http://www.socialsolutions.com/eto-impact-non-profit-software.aspx>



agreements with public agencies for data sharing. For example, Seedco has developed data sharing agreements with public agencies in some locations whereby Seedco provides a list to the agency of *EarnBenefits* clients who have applied for benefits and the agency returns information to Seedco about which of those clients were approved for benefits (and for how much). If such an arrangement does not exist, staff at *EarnBenefits* sites follow up directly with clients. Staff at Single Stop sites follow up with each client to determine the outcome of their applications and the amount of the benefit they received. Like Seedco, some Single Stop sites also receive direct, confidential benefit confirmation data from government agencies.

**Commissioned studies.** To obtain more comprehensive information on outcomes, some sites have commissioned organizations unaffiliated with the tool to collect and analyze data. OASHF, for instance, commissioned several studies involving a three-phase longitudinal telephone survey conducted over a six-month period with clients who accessed OBB services. The studies were designed to determine the effectiveness of OBB in helping individuals and families access work supports, estimate approval rates for these supports, and assess the short-term economic and social impact these supports have on the state and on Ohio residents.<sup>15</sup> Some of the findings on the benefits OBB participants have received are presented below in Section B. The studies found that in 2010 alone, these benefits created hundreds of Ohio jobs, generating more than \$32.6 million in wages and \$5.5 million in state and local taxes, and that 50 percent of surveyed clients said they were “unlikely” or “very unlikely” to have applied for benefits without OBB’s assistance.

## B. Key Outputs and Outcomes Across Sites

While hits to web-based benefits access tools and screening indicators may be useful measures of clients’ potential interest in benefits, application submission and benefit receipt may be more acute measures of program access. This section summarizes what case study sites shared with us about the data they maintain on application submission and benefit receipt. Each of the case study sites also tracks other outputs and outcomes that address the tool’s specific structure and intentions. These data are presented in the case study summaries in Appendices A–H.

### 1. Application Submission

All of the case study sites maintain data on the number of applications submitted through their web-based tools, though the estimates are not necessarily comparable across sites. Each tool serves a different geographic area, promotes access to different programs, was launched at a different time, and uses different methods to track data. Tools that serve an entire state or a large urban area are likely to have a higher number of applications submitted than those that serve smaller regions. Tools that promote access to more programs are likely to have a higher number of applications than those that promote access to fewer programs, though the manner in which applications are counted may affect the estimates (for instance, some sites may count a combined application for Medicaid, TANF, and SNAP as a single application while others may count it as three separate applications). Tools that have been in existence for a relatively longer period of time have had more opportunity for the service to be marketed, which may result in a higher number of applications than with tools that are relatively newer. Tools that do not enable

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<sup>15</sup> See “The Economic Impact of the Ohio Benefit Bank” and “A Study on the Impact of The Ohio Benefit Bank” reports, available at [<http://www.oashf.org/programs/programs.php?id=1>].

electronic application submission may not have complete and reliable data on the number of applications clients submitted. Nonetheless, Table V.2 illustrates sample data that case study sites maintain on applications submitted. We present monthly data and data on number of applications submitted when available; otherwise, we present annual data and data on number of households that submitted applications (because households may submit multiple applications, the number of applications in these sites is likely higher). All data represent estimates.

**Table V.2. Application Data, by Case Study Site**

Web-Based Tool	Geographic Location	Year Tool Launched	Key Federal Benefit Programs Included in Tool	Period of Measure	Unit of Measure	Number
ACCESS NYC	New York City, NY	2005	10	03/2011	Applications	8,035
Benefits CalWIN	San Francisco, CA	2009	3	04/2011	Applications	650
BEN <sup>a</sup>	All Single Stop sites	2009	9	2010	Households	N/A
Delaware ASSIST	State of DE	2005	4	05/2011	Applications	758
<i>EarnBenefits</i> <sup>b</sup>	All <i>EarnBenefits</i> sites	2005	11	02/2011	Applications	4,428
HEA	State of AZ	2006	7	N/A	Applications	N/A
OBB	State of OH	2006	11	SFY 2011	Households	48,985
Utah Helps/myCase	State of UT	2007	7	03/2011	Applications	17,500

<sup>a</sup> Single Stop sites include New York City, NY; Las Cruces, Rio Rancho, Albuquerque, and Pueblo of Laguna in NM; Newark, New Jersey; Miami, FL; and Oakland, San Francisco, and Menlo Park in CA. While Single Stop was operational in some sites as early as 2003, all sites began using BEN in 2009. Data on the number of households that submitted applications is not available. However, in 2010, 18,000 Single Stop clients received at least one public benefit other than a tax credit, and 70,000 filed their taxes through the effort.

<sup>b</sup> *EarnBenefits* sites include New York City and Buffalo, NY; Louisville, KY; Tulsa, OK; Boston, MA; Memphis, TN; Atlanta and Savannah, GA; Baltimore, MD; and Connecticut. Across all *EarnBenefits* sites in February 2011, 4,428 clients expressed interest in submitting applications and were therefore provided with assistance in taking steps to complete applications, but not all 4,428 may have actually submitted applications.

Where the capability exists, there is tremendous variation in the percentage of all applications that are electronically submitted through web-based tools. It ranges from 10 percent in Delaware to 75 percent in Utah. This wide difference reflects several contextual differences between the states, including the number of programs to which the tool promotes access and each state's overall strategy and philosophy regarding online tools. In Delaware, for instance, ASSIST was developed to be just another access point to supplement more traditional means of applying for benefits, while in Utah, the state has an explicit goal to have clients do as much as possible online—from initial applications to their own case management.

The raw number or percentage of all applications submitted through a web-based tool, however, is not necessarily a good indicator of the extent to which a tool is helping to increase program access. Without additional data, it is impossible to know whether those who submitted program applications through the web-based initiative would have submitted them in the absence of the initiative through other means (that is, whether the web-based initiative is only changing how people apply, is causing more people to apply, or both). To better understand how much the effort itself contributes to application submission, additional data collection and analysis are necessary. Ideally, the data would be derived from an experimental analysis in which a web-based tool is accessible to some individuals and families in a community, chosen at random, but not others. This type of experiment, however, would be extremely difficult to operationalize. An

alternative might be to derive the requisite data from a survey of applicants to determine whether they would have applied through other means if the tool were not available. The intermediary organization that administers OBB in Ohio commissioned such a survey and found that half of the respondents indicated they would have been unlikely or very unlikely to apply for benefits without OBB. Another approach might be to analyze the share of applications submitted through the web-based initiative over time compared to the share submitted through other channels over time in conjunction with changes in the overall caseload size over time.

Some of the sites track application data over time to better approximate the role of web-based tools in increasing program access, but still lack the contextual data necessary to measure impacts. For example, the number of SNAP applications submitted electronically through ACCESS NYC increased from 15 in August 2010 when electronic submission capability was launched to 2,090 in March 2011. But without data on total application volume, it is not possible to tell whether these reflect additional applications explicitly because of ACCESS NYC or applications that ACCESS NYC users would have submitted anyway. In Delaware, the percentage of all DSS applications submitted through ASSIST increased from 2 percent in 2005 to 10 percent in 2011. On their own, these types of statistics are more appropriate for assessing the extent to which individuals and families are making use of the online tool, rather than the extent to which the tool is connecting greater numbers of them with benefits.

## **2. Benefit Receipt**

Benefit receipt is the best indicator of whether a web-based tool is achieving its key intended outcome. Agencies that administer the benefit programs included in a tool, as well as the actual tool itself, can very easily track the ultimate disposition of online applications. Others that do not have direct connections to eligibility systems—like *EarnBenefits* and *BEN*—can only track this information by following up with clients themselves (which may result in under- or overestimates) or relying on exchanges of data with public agencies. Several of the sites attempt to track the disposition of applications they help clients submit, though data are not necessarily maintained in comparable ways across sites; these data are provided in Table V.3. Notably, these outcomes are difficult to interpret without additional (and unavailable in most sites) information about how the dispositions compare to regular applications. For instance, while the approval rate among all electronic applications submitted through Benefits CalWIN is 54 percent, the approval rate for applications submitted in other ways is 70 percent for SNAP and 66 percent for Medicaid, an interesting but yet-unexplained difference.

Efforts that are administered by nongovernmental entities that typically rely on foundation and other grants for financial support tend to be more focused on outcome data regarding benefit receipt than others, as the data provide a means to promote the tool and secure future funding. They tend to track not only the number of individuals or families that received benefits, but also the value of those benefits. Some dollar estimates include only the value of public program benefits, while others include a valuation of other services received. For instance, Seedco reported that between January and February 2011 *EarnBenefits* connected 4,512 households to a total of 8,352 program benefits (on average, each household received benefits from about two programs) valued at approximately \$13,766,129, and since start-up, *EarnBenefits* has connected 80,480 households to 114,183 program benefits valued at \$146,006,792. Single Stop USA reported that in 2009 its sites helped nearly 120,000 families access \$300 million in benefits and services; \$116 million was in tax assistance, close to \$110 million was in financial or legal counseling services, and the remainder was in program benefits, primarily health insurance. In 2010, Single Stop assisted families to access more than \$412 million. OASHF indicated that as of June 2011, OBB had assisted 245,000 Ohioans access tax credits and work support programs with the potential value of more than \$500 million. A commissioned study of OBB estimated the value of OBB to clients for specific benefits.<sup>16</sup> Results suggest that the value of benefits provided through OBB in 2009 and 2010, respectively, were \$27,703,864 and \$41,197,801 in SNAP, \$15,599,655 and \$15,400,649 in Medicaid, and \$7,145,367 and \$13,874,155 in tax credits.

**Table V.3. Benefit Receipt Data, by Case Study Site**

	Percentage Receiving Benefits
Among those screened for any benefit	
<i>EarnBenefits</i>	48
BEN	35
Among those who screened eligible and planned to apply for benefits	
OBB: SNAP	73
OBB: Medicaid	32
Among those who submitted electronic applications for any benefit	
HEA	43
Benefits CalWIN	54

Note: Case study site visits provided data for all tools but OBB. For OBB, the source of data is: “The Economic Impact of The Ohio Benefit Bank: Technical Report,” available at [http://admin.oashf.org/uploads/news/Technical\\_Report\\_040111.pdf](http://admin.oashf.org/uploads/news/Technical_Report_040111.pdf), accessed September 24, 2011. Electronic applications submitted through HEA include only those submitted through subscribers and not through the self-service use.

<sup>16</sup> See “The Economic Impact of the Ohio Benefit Bank” and “A Study on the Impact of The Ohio Benefit Bank” reports, available at <http://www.oashf.org>.

## **VI. SUSTAINING, EXPANDING, AND REPLICATING WEB-BASED BENEFITS ACCESS EFFORTS**

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. Increasingly, public and private sector entities are harnessing these technologies to address barriers that have inhibited access to public benefit programs. Federal initiatives like the Partnership Fund are enabling public entities to pilot service delivery innovations that increase administrative efficiency while reducing barriers to access. Similarly, nongovernmental initiatives, such as the Work Support Strategies: Streamlining Access, Strengthening Families grants—supported by The Ford Foundation in partnership with the Urban Institute and the Center for Budget and Policy Priorities—are encouraging states to use technology to implement streamlined and integrated approaches to delivering work supports to low-income families. By design, Partnership Fund and Work Support Strategies initiatives will be evaluated, and successful ones can serve as models for other states and local agencies. In addition, evaluation results could be used to inform future administrative or legislative changes.

The experiences of existing web-based efforts to increase public benefits program access could inform the design and development of new initiatives so that they build on successes and are better prepared to address potential challenges. Each of the case study efforts had either been replicated outside of its initial setting or had evolved and expanded (to add new programs or functionality) in its original setting over time. Efforts replicated in different settings include TBB, *EarnBenefits*, BEN, and One-e-App; Delaware ASSIST was a replication of COMPASS in Pennsylvania. Efforts that evolved and expanded over time in their original settings include ACCESS NYC, Utah Helps/myCase, and Benefits CalWIN. Thus, each case study offers insights on issues for consideration in expansion or replication. This chapter describes some considerations—policy, financial, technological and administrative, and other—for administrators planning new initiatives. These considerations also have implications for whether and how the case study sites might sustain, expand, or replicate their own efforts.

### **A. Policy Considerations**

Case study sites identified a set of policy issues that presented challenges to their efforts. Most can be addressed only through legislative or regulatory changes at the federal or state level and, unfortunately, sites found few interim or alternative solutions. The issues primarily reflect differences in application requirements across programs or in procedural requirements for redetermination.

**Eligibility determination interviews.** For some programs, applicants are required to appear in a program office for an in-person interview with an eligibility worker. Such requirements defeat, at least in part, the purpose of web-based application tools—to increase convenience and privacy as well as reduce costs to applicants (in time and travel to program offices) in the application process. The only solution sites had found to this challenge was to seek a waiver from Food and Nutrition Service (FNS) to enable the SNAP eligibility interview to be conducted by telephone rather than face-to-face, and to exercise their authority to eliminate face-to-face interviews for Medicaid and CHIP.<sup>17</sup> As of November 2010, 47 states had a waiver of the face-to-face interview for SNAP, 49 states had eliminated a face-to-face interview for children in Medicaid or CHIP, and 44 states had eliminated the face-to-face interview for parents in Medicaid (Heberlein et al. 2011; USDA 2010).

**Application information.** The minimum amount of information required in an application varies by program. For SNAP, for instance, eligibility workers must accept any application that includes a name, address, date, and signature. Online applications that require more than this for SNAP are not in compliance with regulations. In one of the case study sites (Arizona), DES is in the process of making major system changes to adhere to SNAP application regulations (particularly in light of recent guidance from FNS about minimum information requirements for accepting applications). While a single common online benefit application (such as one for SNAP, TANF, and Medicaid) has the potential for being useful, it might require an applicant to provide much more information than is necessary to apply for just that one program. This suggests there is a fundamental need to determine what information is common to each program and what is critical for each program. It is difficult for agencies to agree, however, to include on a common application something that is critical to another program but not to their own. There are also differences in legal requirements for wording on each program application. The extensive descriptions and legalese that may need to be included on common benefit applications to satisfy the requirements of each program may be at odds with making applications more accessible (by reducing redundancy and length and using text at a third- to sixth-grade reading level).

**Fingerprinting.** While not a widespread practice, some public programs fingerprint applicants in an effort to deter fraud and ensure program integrity. New York City, for instance, has a local law that requires SNAP applicants to be fingerprinted in person at a public assistance office, a job center, or one of many Automated Finger Imaging System offices throughout the city. Governor Spitzer outlawed the practice in New York State, but New York City is operating under a waiver requested by Mayor Bloomberg. Thus, while New York has a SNAP waiver that enables applicants to participate in a telephone interview in place of an in-person interview, the fingerprinting law requiring an in-person appearance counteracts the benefits of the waiver for online applications.

**Notifications and documentation.** Though federal law does not require Medicaid and CHIP applicants to present paper copies of pay stubs and other documents (such as records of child support payments) to verify their incomes, most states do require this. As of January 2011, only 12 states verified income for children in Medicaid or CHIP during initial eligibility

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<sup>17</sup> Historically, face-to-face interviews were never required for Medicaid or CHIP and states did not have to obtain approval of changes to interview requirements until ARRA maintenance of effort requirements were implemented.

determination through administrative data matching rather than paper documentation, and seven did so for parents in Medicaid (Heberlein et al. 2011). Other programs also require paper verification of income and, for SNAP, household expenses. The documents required for SNAP and other programs may be different from those required for Medicaid and CHIP, and states that conduct administrative verification for Medicaid and CHIP may not do so for other programs. In addition, different programs require different notifications to be sent to program applicants at different times. One potential solution to this issue may be the Express Lane Eligibility (ELE) option CHIPRA afforded to states. ELE allows states to use income and other eligibility findings (except citizenship and immigration status) from another assistance program as evidence of eligibility for Medicaid and CHIP. Among the six states that currently have approved ELE initiatives, three are using SNAP data, two are using data from their state revenue agencies, and one is working with the free and reduced-price school lunch program (Heberlein et al. 2011).

**Eligibility certification periods.** Most public benefit programs will certify applicants as eligible for a specified period of time, after which they must renew their eligibility status. In an effort to increase access to benefits among new applicants and current participants, some programs now afford states the option of extending traditional eligibility certification periods (typically, six months). States have made different choices, however, across different programs. For example, even though similar certification options exist in SNAP, Medicaid, and CHIP, eligibility periods for these programs vary within states. As of November 2010, 23 states had opted for a continuous 12-month eligibility period for children for Medicaid and 28 states had done so for CHIP. Some states apply the 12-month continuous eligibility rule only to certain subpopulations. For instance, in Indiana children under age three and in Florida children under age five receive 12 months of continuous eligibility; other children receive six months of continuous eligibility (Heberlein et al, 2011). Under SNAP's simplified reporting option, as of January 2011, nine states had six-month certification periods, eight had 12-month periods, and 32 had varied certification periods depending on household characteristics (USDA 2010). In addition, many had 12- or 24-month certification periods for households in which all members are elderly or disabled with no earned income, and 18 states had Combined Application Project waivers enabling them to streamline the SNAP application process for certain individuals who apply for SSI, and to extend SNAP certification periods for up to three years. In many states, however, SNAP and Medicaid/CHIP certification periods are not aligned. For example, five of the states that have a six-month certification period in SNAP have a 12-month continuous certification period for Medicaid and/or CHIP, and five of the states that have a 12-month certification for SNAP do not have the same for Medicaid or CHIP.

**Data storage.** Some benefit programs may have requirements about the storage of application data that are not consistent with rules for other programs. ACCESS NYC staff reported, for instance, that school meal program regulations require that application data be purged within 14 days of benefit determination. Historically, renewals were always submitted on paper and had to be keyed into the eligibility system, so there was no need to store old data. But for ease and efficiency of electronic renewals, it is important for systems to maintain those data. Regulations for data storage were written at a time when electronic application submission had not been conceptualized. ACCESS NYC staff reported struggling with this issue and suggested that policy makers need to rethink regulations to reflect today's electronic world.

## B. Financial Considerations

Another key challenge to sustainability, replication, and expansion of existing web-based efforts and the development of new ones is funding. As described in Chapter IV, various sources of public and private funding can support web-based benefits access efforts. Both public and private funding, however, have limitations that make reliance on any one source risky. Indeed, all case study sites had to pool resources from multiple sources to cover their costs. Public funding streams are often siloed, supporting access to a single program rather than to the full array of programs that are included as part of an effort. Examples include CHIPRA or SNAP outreach grants, or federal program operational funds. Private funding is often more flexible, but availability varies with foundation priorities and economic fluctuations. An economic downturn is exactly when funding for web-based benefits access tools is needed most, but it is also a time when private foundations or other funders often make less available.

Case study sites used a variety of strategies to address the limitations of various funding streams. All sites used a combination of sources to fund their efforts; half specifically blended public and private sources. Sites that relied on grants from large national foundations for the initial development of their efforts often looked to local communities to fund local implementation of web-based benefits access tools, postulating that local organizations have a great stake in the success of efforts in the community. Some relied on intermediary organizations keenly familiar with the local funding environment to identify potential funders and other local supports. One site that relied exclusively on public sources found a creative work-around to the challenge of siloed funding. The principal source of funding available for the development and implementation of Benefits CalWIN was a federal ARRA grant through SNAP. Because Benefits CalWIN addresses multiple programs (Medicaid, TANF, and SNAP), but the grant was intended to support SNAP activities only, the county consortium administering the tool was unable to receive the grant directly. Instead, the state of California received the grant on the consortium's behalf and used it to replace SNAP administrative dollars in the state general funds, which freed up general funds dollars for Benefits CalWIN. The unrestricted general funds were able to support access to multiple programs without incident.

Licensing fees represent a potential solution to the challenges both public and private funding streams pose; however, additional resources dedicated to marketing, and a thoughtful and realistic pricing strategy, may be required to make these fees work. If successful, though, they can propel a tool to become self-sustaining. During data collection for the case studies, two of the eight case study sites were in the process of planning for their tools (and associated training and technical assistance) to become licensed products, specifically because of the challenges they had experienced with the public and private funding sources on which they had been relying. In one example, Seedco has been thinking more strategically about its business model as support from foundations decreases over time. Seedco has worked with Accenture to develop a business plan for sustaining the national initiative, and with a pricing consultant to determine costing for potentially licensing *EarnBenefits*. Seedco may develop a base cost for the initial product license, while costs associated with customization and implementation will vary based on the existing infrastructure and technology in the state or locality (for instance, whether online portals currently exist), the model employed (for instance, centralized management by Seedco or management by a local intermediary), and the network of CBOs involved. Its growth efforts will also leverage emerging opportunities in the field including health care reform.



## C. Technological and Administrative Considerations

Technological and administrative issues may be particularly challenging if a tool promotes access to programs administered by different public agencies, each with their own data security laws, regulations, and protocols and their own technological platforms that might not be compatible with the others’.

**Old technology.** Redesigning and integrating systems across agencies to take full advantage of web-based technologies can be resource intensive, particularly if the systems rely on older technology such as Java, COBOL, or Fortran. Case study sites have found rules engines to be particularly useful in addressing this challenge. A rules engine is software that stores eligibility criteria and benefit determination calculation parameters for multiple programs in a central location. Thus, updates to the software can be made once in response to policy changes that affect eligibility and benefit determination, rather than in multiple places using different types of code across different application systems. Utah’s eREP is a rules-based eligibility system for over 30 programs. It was developed in response to a gap analysis the state conducted of its 20-year-old legacy system, which indicated that the system was meeting only 52 percent of all state eligibility-related business needs and state and federal regulations. The goal of the rules-based system was to achieve effective and efficient integrated service delivery by “taking the guesswork, as well as the time-intensive labor, out of understanding the intricacies of so many programs—for both the caseworker and the customer.”<sup>18</sup> Another potential solution is the creation of a software bridge from modern web-based application systems to old eligibility mainframe systems. Ohio’s Eligibility Gateway allows electronic data from OBB to flow seamlessly into the state’s 30-year-old eligibility mainframe system.

**Data security.** In today’s world, where new threats to cyber security occur regularly and identity fraud and other misuses of personally identifying data are rampant, public agencies are particularly sensitive about data confidentiality and ownership. ACCESS NYC staff reported that one of their biggest challenges has been obtaining interagency agreements and developing interagency relationships to help facilitate online applications, because of concerns about jurisdiction of the data. As a potential solution, administrators of ACCESS NYC have developed charters (akin to memoranda of understanding) that participating agencies must sign that govern how data will be transferred between agencies and who will have access to data under what circumstances. In Delaware, all state-based electronic initiatives, including ASSIST, are required to submit a detailed security plan to the Security Review Committee within the Department of Technology Information, an office established by the governor. For ASSIST, this document describes how DSS plans to protect the identity of those who apply online, including how the information will be encrypted and how firewalls will be implemented and maintained to protect the integrity of the system.

## D. Outreach Considerations

As web-based benefits access efforts seek to expand, it will be important to consider new ways of reaching particularly vulnerable subsets of the population they are intended to serve. Though online applications through web-based benefits access tools are on the rise, some groups

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<sup>18</sup> State of Utah eREP Project Transforms Social Service Delivery. Available at [[http://www.curamssoftware.com/sites/default/files/doc\\_files/USENCS-UTAH.pdf](http://www.curamssoftware.com/sites/default/files/doc_files/USENCS-UTAH.pdf)], accessed September 25, 2011.

may be utilizing these tools more than others. Lessons can be drawn from the experiences of case study sites that have realized some success in reaching underserved populations. For instance, to address the needs of limited English speakers, some case study sites translated their tools into multiple languages, used CBOs that serve targeted clientele, and/or used marketing to dispel myths about the relationship between citizenship status and program eligibility, or preconceptions or stigma about the concept of public assistance. One case study site (OBB) uses a van—equipped with satellite Internet, eight laptops, two work stations, and a generator—to reach rural populations, dislocated workers, reentering prisoners, and the families of new prisoners who might be unlikely to have their own Internet connections or be willing and able to travel to a location that does. And, to address the need for benefits among populations that have not needed them in the past, some case study sites have made efforts to include programs like the EITC, child care assistance, or veterans benefits, whose relevancy extends beyond what people typically think of as public assistance.

## VII. LOOKING TO THE FUTURE

As technologies advance at ground-breaking speed, it is difficult to imagine what the future holds for web-based benefits access tools. 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 benefits access efforts using smart phones 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](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 that will look at the characteristics of women who used text4baby, assess their experience with the initiative, and determine whether it 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.

Use of smart phones to promote benefits access is one way that public and private entities may proactively advance the benefits access arena. Given the current policy and economic environment, however, it is likely that most advancements will result from reactions to federal and state directives and legislative changes. In early November, for instance, legislation (H.R. 3339) was introduced in Congress to standardize the electronic content and format of data used in the administration of key human services programs including TANF, child care, child support, foster care and adoption, SSI and unemployment insurance. One example of what the legislation may require is automating benefit program application forms by pre-populating them with reliable and verified data from other systems.

One of the biggest legislative changes states are grappling with currently is the Affordable Care Act. This piece of legislation presents states with both challenges and opportunities to expand on promising benefits access efforts and to develop new ones. The remainder of this report highlights the ways in which states can seize these opportunities and possible next steps for the research community.

### A. Implications of the Affordable Care Act

The Affordable Care Act represents an unprecedented move to expand Medicaid coverage to include millions of previously ineligible Americans and to ensure high-quality customer service during the program application, eligibility determination, and renewal process. While focused on Medicaid and CHIP, the legislation explicitly encourages states to streamline access to human services programs as well as health programs. As they consider how to meet the directives of the

Affordable Care Act, states have the opportunity to integrate programs in ways that better serve clients.

**Streamline application processes.** The Affordable Care Act asks 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). At the same time states seek solutions for Medicaid and CHIP, they could identify ways to reduce the burden of traditional application and renewal processes on clients in other programs.

**Align eligibility criteria and other program rules.** To comply with the Affordable Care Act, states will have to ensure that their Medicaid and CHIP eligibility rules conform to the legislation and ultimately the final regulations. States could take this opportunity to align the eligibility rules of other key programs to Medicaid and CHIP. For instance, states may consider eliminating questions currently asked for eligibility determination in other programs that are not asked for Medicaid and CHIP, and instead determine eligibility for those programs based on the Medicaid and CHIP rules.

**Enhance and integrate IT systems.** Most states will also have to at least update and enhance—and perhaps even entirely revamp—their IT systems to meet the Affordable Care Act requirement that eligibility for all insurance affordability programs be determined by a coordinated eligibility and enrollment system. States could seize the opportunity to integrate human services programs into these systems. Substantial funding is available to states to update their IT systems, but to qualify, the Affordable Care Act (Section 1561) expects that the systems will allow for:

- Electronic federal and state data matching
- Submission of electronic documentation
- Reuse of stored eligibility information and documentation
- Capability for individuals to apply, recertify, and manage their eligibility information online
- Ability to expand the enrollment system to integrate new programs, rules, and functionalities
- Electronic notification of eligibility, recertification, and other communication with clients
- Other functionalities necessary to provide eligibles with a streamlined enrollment process

The extent to which states take advantage of the opportunities the Affordable Care Act presents to expand innovations beyond health to human services programs may be driven by resources (both financial and time) and political will. Existing context within a state may also drive the choices that administrators make—for instance, whether health and human services programs currently share IT systems, and the history of administrative collaboration. Private

entities that have developed web-based benefits access tools can play a critical role in helping states to shape their approaches.

## **B. Next Steps**

To date, there has been little rigorous data collection on outcomes and impacts of web-based benefits access efforts. In fact, a limitation of the present study is that we did not have the resources to collect primary data on key outcome measures such as application submissions, approvals, and benefit receipt. It would be useful for the next phase of research into web-based benefits access technologies to explore ways of implementing small-scale experimental studies or other comparison group design studies. Another limitation of this study was that we were unable to collect data directly from clients themselves. It will be important in future research to consider not only outcomes measures available through IT systems, but also clients' perspectives on the screening and application process—whether the tools are user friendly and easy to navigate, whether and how they may have changed clients' perceptions and behaviors, and whether they have led to increased family stability and well-being.

As implementation of new web-based benefits access technologies unfolds, it will be essential to monitor the implications of innovations not only on benefits access but also on the related issues of privacy, data security, administrative costs and efficiency, and program accuracy. In many public agencies, however, web-based tools are just one component of a larger initiative to streamline access that may include restructuring of business processes, policy changes, and technological enhancements (such as document imaging, call centers, and/or updated eligibility determination systems). In private organizations, the tools are often part of a larger strategy to increase access to benefits, which may also include outreach along with financial and employment counseling. Particularly in these cases, teasing out the specific effects that web-based tools have on benefits access and other program issues may be a formidable challenge.

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**APPENDIX A**  
**ACCESS NYC**

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## OVERVIEW

ACCESS NYC is the city of New York’s public online screener for 35 programs, and benefit application portal for five programs. The tool launched in October 2006 and is part of New York City’s HHS-Connect initiative developed out of the office of the Deputy Mayor for Health and Human Services. It is available to the public for self-service use in seven languages. The screener consists of two levels. Users complete an initial screen that provides general information about the kinds of programs that might be available for their households. They then have the option to provide more detailed information that will help determine their potential eligibility for specific programs. Each level of screening asks a limited number of questions (rather than the full set of questions public agencies use to determine program eligibility) so that clients do not become frustrated with the length and abandon the screening process. At any time, users may submit online applications for school meals, SNAP, Medicaid recertifications, and the Senior Citizen and Disability Rent Increase Exemption (SCRIE and DRIE).

## DESIGN

**Motivation.** ACCESS NYC grew out of Mayor Michael R. Bloomberg’s effort to make government more accessible to residents and to break down “communication silos.” The city’s public benefits administration is scattered across 15 different human services agencies. Thus, the initial aim of ACCESS NYC was to provide users the means to (1) screen themselves for benefits, (2) access information about a range of benefits from a central source, and (3) locate relevant offices and arrive at those offices prepared with necessary documentation. Although the portal was initially developed as a screening and information tool, plans always existed to later develop electronic application capabilities. ACCESS NYC was not intended to change human service agency processes, but rather to operate independently of the agencies and provide information to users to help them navigate preexisting processes. The common wisdom was that changing agency processes was a much bigger challenge (particularly because, when the effort began, there was no one “boss” of all agencies involved and therefore no easy way to provide directives to the agencies; this is now the role of the deputy mayor) and that the more immediate need was to provide the public with centralized information.

**Management structure.** ACCESS NYC is managed by a public umbrella organization that is positioned advantageously with respect to participating human services agencies. It is part of New York City’s HHS-Connect initiative that developed out of the office of the Deputy Mayor for Health and Human Services and is administratively located within the Department of Information Technology and Telecommunications (DoITT). HHS-Connect manages ACCESS NYC; government agencies sign a charter (similar to a memorandum of understanding) with HHS-Connect to participate in the initiative.

**Program inclusion.** When it first launched, ACCESS NYC was designed to screen users for “the big three” programs—TANF, SNAP, and health insurance programs (including Medicaid and CHIP)—which, with all health programs included, amounted to seven distinct programs. Over time, programs were added, sometimes at the request of a government agency but primarily according to perceived need and demand for the program. Some were also added to broaden the site’s relevancy beyond the low-income population. Examples of these include child care subsidies, tax benefits, and veterans benefits. Each new deployment of the tool included four to eight new programs until reaching the spring 2011 total of 35. Each agency whose programs were included assigned a liaison to work with the city’s systems integrator on specifying

program rules for the tool. To avoid burdening users (and the system) with an abundance of questions, a program typically is added only if 80 percent of the eligibility questions for it are the same as for the other programs already included.

**Mode of access.** ACCESS NYC is intended to be navigated, unassisted, by potential benefit applicants. ACCESS NYC staff provide training to CBO staff on the tool and encourage them to incorporate it into their practice to help clients screen for benefits and apply online when possible. No formal agreements exist between ACCESS NYC and the CBOs, however, nor does ACCESS NYC provide any followup or oversight of their activities.

**Marketing and outreach.** In 2007, Center for Economic Opportunity (CEO), a city entity created in 2006 to implement innovative ways to reduce poverty in New York City, provided a grant to ACCESS NYC for an outreach campaign. ACCESS NYC developed marketing materials and hired a five-person training and outreach team to inform the public about this online resource. The campaign placed posters in three low-income communities in the Bronx, Brooklyn, and Queens, as well as in subway cars and platforms and in other strategic locations. The team also conducted presentations about ACCESS NYC at various public agencies and CBOs to encourage them to promote the tool. Funding for the marketing campaign expired in 2009 but ACCESS NYC continues to conduct presentations.

## TECHNOLOGY

**Development.** ACCESS NYC was developed using a Cúram Commercially available Off-The-Shelf (COTS) product. The city selected Cúram because of limited staff resources to develop their own tool and for compatibility with the state, in anticipation that the state would be redesigning its welfare management systems using Cúram products (though thus far that has not happened). At that time, however, Cúram did not have a product that provided interactive features for public use. The city hired Accenture to develop this capability and otherwise customize the product to meet the city's needs. Accenture worked with the city from 2005 through 2010 as the systems integrator for ACCESS NYC. During the peak design and implementation phase of the product, Accenture employed approximately 15 to 20 staff dedicated to the effort. They were supported by 8 to 10 DoITT staff who each contributed a portion of their time to the project. Accenture trained the DoITT team in the technology and in system maintenance.

**Implementation.** ACCESS NYC was first piloted in May 2006 at two specific locations (a job center and a housing authority) and went live in September 2006. For the initial deployment and each subsequent deployment to add new programs, electronic submission functionality (see Program Inclusion section), or program rules engine updates, Accenture used a multistage process: (1) designing, (2) building, (3) internal testing, (4) user acceptance testing, (5) production, and (6) rollout. The system maintains strong data security and encryption. When the site was originally developed there was less of a need for high levels of security since the intention was not to store data. However, as the system has developed it has become necessary to store data to pass on to partnering agencies for benefit applications, requiring the system to use higher security levels and data encryption.

**Maintenance and expansion.** ACCESS NYC began as a screener and expanded into an online application portal for five programs. School meals was the first program that offered electronic application submission through the system. ACCESS NYC focused first on school

meals because the program had a large target population; development was relatively easy, given that applications happen only yearly; and there was a financial benefit to the city for simply submitting applications, regardless of the outcomes. To implement electronic applications, Accenture created an intermediate system to reconfigure data from the online application portal into a format compatible with the Department of Education's (DOE's) eligibility system and then move them into that system. Accenture worked closely with the DOE to identify schools, data fields, and other needs for the tool. Application data submitted through ACCESS NYC go through the same process as application data submitted to the DOE on paper and scanned (data go into an interim DOE system that determines eligibility and then into a system that processes benefits).

After school meals, electronic submission functionality was added for Medicaid recertifications, SCRIE and DRIE, and SNAP (full rollout was complete in late 2010), because those were identified as the programs for which there was the greatest need. For these programs, Accenture developed the back-end system responsible for interfacing with the government agency systems. This required greater buy-in from the government agencies; they had to agree to process applications electronically received from ACCESS NYC and to share data systems. Agencies must sign a charter (akin to a memorandum of understanding) with HHS-Connect to participate in the initiative. The charter governs, among other things, how data will be securely transferred and who will have access to the information under what circumstances. For each of these four programs, ACCESS NYC collects client information and passes these data directly into partnering agency data systems to avoid rekeying. Applications that are submitted online are marked with an ACCESS NYC flag so that partnering agencies can identify them, though the flags are not necessarily tracked by the agencies' eligibility systems.

In 2010, Accenture's role on the project was officially passed on to the DoITT team, which is now responsible for maintenance, upgrades, and new developments to the system. Maintenance is an intensive process involving program managers, developers, and database administrators. HHS-Connect remains the business owner of the application and provides DoITT with requests and direction for changes to the website. Furthermore, each change to the text of the user interface must be translated into seven languages as required by New York City's local law 73. Given that the DoITT team is small and there is no additional money to hire consultants, the city is focused on maintenance of the site and there is little room for additional enhancements.

## FINANCING

**Costs.** Key costs associated with developing and operating ACCESS NYC include (1) purchase of the Cúram product, (2) contracts with Accenture; (3) training and marketing, (4) DoITT time, and (5) HHS-Connect staff time for management and oversight. Because ACCESS NYC was developed at a time when Cúram's products did not have public-facing capabilities (so the city had to pay to develop this framework) and development occurred in conjunction with other efforts, the cost was substantial (between \$10 and 20 million). Staff believe that if other entities were to develop this type of tool today, they would incur substantially lower costs.

**Funding.** Funding for development of ACCESS NYC came from capital dollars raised through city bonds. While initial expenditures were not subject to much scrutiny (when the economy was strong and funds were plentiful), the city now engages in a rigorous cost-benefit (net present value) analysis before investing in adding new programs or functionality to the tool.

Maintenance of the tool is supported by fees paid by city health and human services agencies whose programs are represented in ACCESS NYC. Between 2007 and 2009, a CEO grant supported a marketing and outreach campaign.

## OUTPUTS AND OUTCOMES

HHS-Connect staff monitor outputs from the ACCESS NYC using Webtrends, a service that provides usage trend reports such as counts of how many visitors use the site and the types of information users are accessing on the site. Table A.1 provides usage data from the launch of ACCESS NYC in September 2006 through March 19, 2011.

**Table A.1. ACCESS NYC Usage Data: 9/13/2006–3/19/2011**

	Number of Visits
To the ACCESS NYC home page	1,281,872
To the Step 1 screening results page	302,889
To the Step 2 screening results page	164,466
To the Users Accounts home page	150,385
To the Applications and Recertifications home page	132,941

Source: ACCESS NYC, 2011

Note: User accounts enable the system to store user data; over this time period, 142,233 were created.

Most visits were to English language pages; for example, 97 percent of the 302,889 visits to the Step 1 screening results page were to the English language page. Between September 13, 2006, and March 19, 2011, visits to the ACCESS NYC website resulted in 201,381 program application forms downloaded. Of these, 16 percent were pre-populated with data entered into ACCESS NYC and 84 percent were blank forms. Table A.2 breaks out the pre-populated applications by program.

**Table A.2. Pre-populated Applications Created in ACCESS NYC: 9/13/2006–3/19/2011**

	Number of Applications
SNAP	12,653
Healthy NY	2,548
Public Health Insurance	3,970
Disability Rent Increase Exemption (DRIE)	727
Child Care	3,252
Senior Citizen Rent Increase Exemption (SCRIE)	673
Exemption and Abatement Application for Owners	746
Out of School Time (OST)	1,276
Universal Pre-kindergarten (UPK)	323
WIC Medical Referral Form for Infants and Children	847
WIC Medical Referral Form for Pregnant/Breastfeeding/Postpartum	369
Senior Employment Services (SES)	365
NYCHA Resident Employment Services (RES)	289
Workforce1	2,649
Nurse Family Partnership for first-time pregnant women	178
Home Energy Assistance Program (HEAP)	1,576
Total	32,441

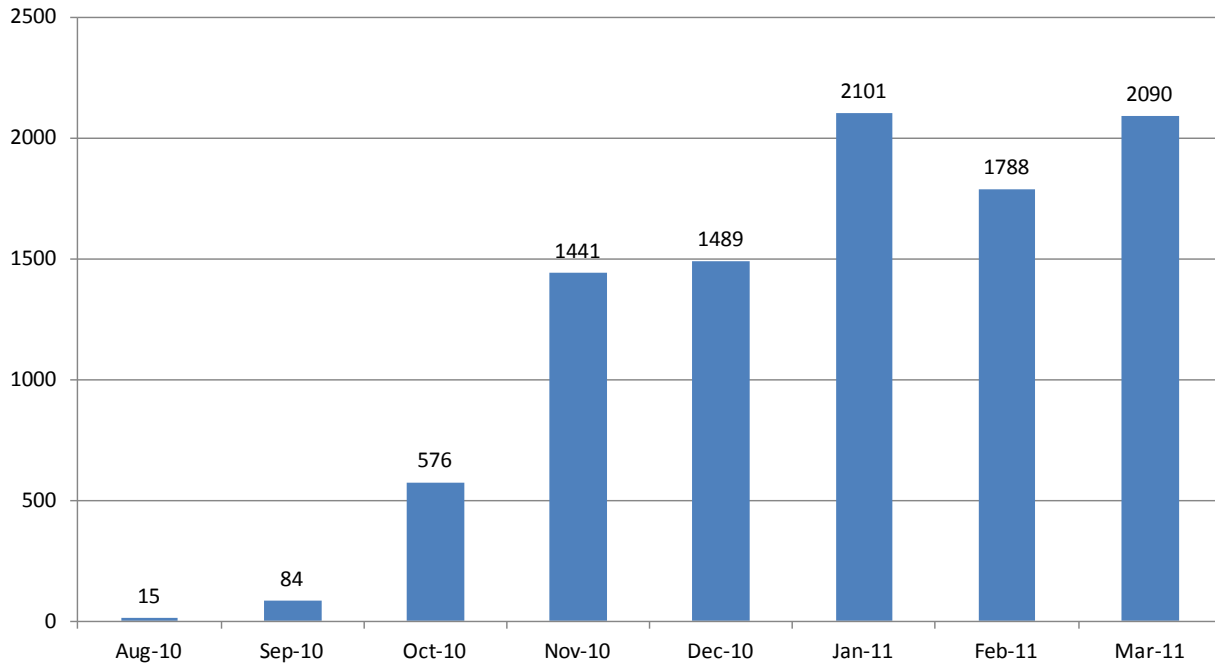
Source: ACCESS NYC, 2011



For programs that allow for electronic application submission, the system is able to count application submission as well as creation. Staff produce daily and monthly reports of these data. For instance, in the month of March 2011, 8,035 applications were submitted electronically through ACCESS NYC. There were 2,107 SNAP applications, 5,863 Medicaid recertification forms, and 65 SCRIE/DRIE applications submitted. ACCESS NYC is unable at this time to track application approval and denial rates.

Since the rollout of electronic application submission through ACCESS NYC, there has been an increase in the volume of electronic SNAP application submissions, but it is too early to tell whether these are new applications or applications that would have been submitted on paper and are now being submitted online. Figure A.1 presents trends in noncash SNAP applications from ACCESS NYC—that is, applications solely for SNAP and not for cash assistance in conjunction.

**Figure A.1. Noncash Assistance SNAP Applications from ACCESS NYC**



Some city agencies see potential for an increase in fraudulent activity for some programs (such as SNAP) with electronic application submission, because it is easier for people to submit multiple applications for the same benefit by making only slight changes to their application information—such as submitting a different spelling of their name—whereas it was harder to do this when they had to come into an office to apply. Whether an increase in fraud will occur remains to be seen.

**ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION**

Buy-in and support from government agencies are critical to the success of a system like ACCESS NYC, but garnering them has been challenging. Development of intra-agency relationships that help facilitate online applications and marketing of the site has been a struggle, though ACCESS NYC outreach staff continue to make progress. Agencies are primarily concerned about data ownership. ACCESS NYC staff have also struggled to obtain timely information about policy and program rule changes from the agencies, though their diligence has

enabled the tool to stay up to date. As a potential solution, administrators of ACCESS NYC have developed charters (akin to memoranda of understanding) that participating agencies must sign, which govern how data will be transferred between agencies, who will have access to data under what circumstances, and the responsibilities of each entity. Still, ACCESS NYC staff continually struggle with these issues.

As in other locales, differences across benefit application requirements have made further streamlining of program access difficult. Staff at the Human Resources Administration (HRA), which administers TANF, SNAP, and Medicaid, believe that a single common benefit application is useful but requires applicants to provide a much larger amount of information than they would if they were applying for one program only. The length is also excessive, since each program has its own requirements for legal wording within the application. Staff pointed out that regulations were not written with the notion that applications would ever be submitted electronically and suggested that policymakers need to rethink regulations to reflect today's e-world. For instance, staff mentioned that school meal program regulations require that data be purged after 14 days because recertifications were always submitted on paper and had to be keyed in, so in the past there was no need to store old data. But for ease and efficiency of electronic recertifications, it is important for systems to maintain those data.

The city would like to expand usage of ACCESS NYC, but its efforts are limited by three factors. First, additional training and marketing would facilitate increased usage of ACCESS NYC, but funding for such activities has not been available since the initial support provided by the CEO. In absence of funding, city staff have tried to encourage partnering agencies and New York City's 311 service to promote the site. Second, barriers exist for individuals who do not have computer access or who have limited literacy or computer literacy. In addition to encouraging CBOs to assist this population, ACCESS NYC has also used graphics in place of text where possible and has aimed for a third-grade reading level, although it is often not possible to translate the language associated with benefit program policies, rules, and application processes to this level. Third, because of the city's fingerprinting requirement, SNAP applicants using the online system still must physically appear at an office (an HRA office, job center, or Automated Finger Imaging System office) to complete the application process. In addition, although NY has a SNAP waiver that enables applicants to participate in a telephone interview in place of an in-person interview in instances of hardship, most applicants still physically visit an office to submit required documentation since, according to program staff, they are reluctant to send their documents through the mail.<sup>19</sup>

Staff involved with ACCESS NYC suggest that the key ingredients required to successfully replicate ACCESS NYC in a new location are:

- Stakeholder involvement and cross-agency collaboration.
- One agency at the helm that has influence over all participating agencies (NYC has a unique umbrella organizational structure in HHS-Connect and the Deputy Mayor's office).
- Respect for agencies' jurisdiction over their own data.

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<sup>19</sup> CBOs that use the city's Paperless Office System (POS) are able to scan and submit documentation to HRA electronically and therefore address this issue, but applicants are still required to appear in person for fingerprinting.

## **APPENDIX B**

### **Benefits CalWIN**

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## OVERVIEW

Benefits CalWIN is an online tool that enables screening, online application submission, and online program recertifications for SNAP, Medicaid, and TANF<sup>20</sup> in a consortium of 18 counties in California. The Benefits CalWIN website is publicly available through <https://www.benefitscalwin.org> or through the state and county websites, and offers language options in English, Spanish, and Chinese. The tool and its name are linked to CalWIN, the consortium's eligibility determination, benefit calculation, enrollment, and case management system. Users may create an account that saves screening data and provides access to all other features on the site, including the benefit application. Information from the screener does not pre-populate the application, and there is no requirement to screen before applying. Users may choose the programs for which they want to apply; the final page of the application requires an electronic signature and lists the required verification documents to upload or send to the office. Scanned images may be attached to the application. After submission, clients receive a printable final summary with a tracking number that they can use as a reference if they call to track the progress of their application. As of April 2011, clients may also recertify and submit quarterly reports online for SNAP through Benefits CalWIN.

After a Benefits CalWIN application is submitted by a client, it is placed into a “holding tank,” where staff register the application. If the information appears valid, it is put into a queue for a caseworker to conduct an interview with the client, if one is needed (and to determine whether expedited processing is needed for SNAP). As the worker moves from screen to screen in CalWIN during the interview (or during application intake, for programs that do not require an interview), the corresponding information for the application appears in another window called Floating View. As the client confirms the information, the worker has the option to electronically import the information from the Floating View window into the CalWIN system with the click of a button or can choose to type the information in manually.

## DESIGN

**Motivation.** California has one of the lowest SNAP participation rates in the country; only about 50 percent of eligible households participate. In 2007, in an effort to increase participation, San Francisco County applied for and received a \$1 million grant from USDA to develop a publicly available web-based application tool called Benefits San Francisco. Shortly after it was launched, the CalWIN consortium expressed interest in adopting and expanding the tool to the entire consortium. Like San Francisco, the consortium wanted to increase client participation and the number of channels available to apply for benefits. However, they also saw an opportunity to reduce staff workload by creating a tool that would interact with the CalWIN system directly (allowing staff to pre-populate the system with information from electronically submitted applications).

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<sup>20</sup> Screening and online application functionalities are available for SNAP, Medicaid, and TANF. Online recertification and quarterly reporting are only available for SNAP at this time. The CalWIN consortium is planning to implement online redetermination and periodic reporting for TANF and Medicaid by first quarter 2012.

**Management structure.** California’s welfare system is county administered. Historically, the 58 counties have worked together to share practices and systems. In 1996, the state formalized these collaborations and required counties with similar needs to form consortia. The counties formed three consortia—Leader (Los Angeles County), C-IV (39 counties), and the Welfare Client Database Systems (WCDS, 18 counties). WCDS includes San Francisco County and is the largest network in California, serving about 39 percent of the welfare caseload (3.5 million individuals). Each consortium is responsible for developing and maintaining a benefit eligibility system. The WCDS consortium contracted with Hewlett Packard (HP) to develop CalWIN, which has been operational since January 2005, and later Benefits CalWIN.<sup>21</sup> The consortium has a board of directors and a policy board as well as many planning and policy committees that interpret the regulations, determine required changes within programs, and set the strategic and policy direction for the group. All 18 counties are represented on these committees and have input into the management of Benefits CalWIN.

**Program inclusion.** San Francisco County staff used a USDA SNAP outreach grant to develop Benefits San Francisco. Because the grant was tied to SNAP, the tool was intended to include SNAP only; however, the county realized the information needed for SNAP was similar to what was needed for Medicaid determination, so included that program with little extra effort. When the CalWIN consortium obtained funding to develop a new tool, it adapted and then expanded Benefits San Francisco to include TANF. With encouragement from state staff, the consortium also added Disaster SNAP benefits to the site, though the application feature is disabled unless a county activates it based on a federal determination of a disaster area.

**Mode of access.** Benefits CalWIN was designed to be a self-service tool to enable clients to easily access benefits. Input from the community helped shape Benefits CalWIN and its precursor, Benefits San Francisco. County and contractor staff wanted the tool’s public interface to be self-explanatory and require no training. To meet this objective, they made significant changes to the wording of the online application questions (without corresponding changes to the paper version) to make them simple and user-friendly at a sixth-grade reading level. They also added “encouragement” throughout the screens—for example, “Nice Job <NAME>, only a few more questions to go!”—and built in skip patterns to help clients avoid questions that do not apply to their households. In addition, they contracted with 10 geographically and culturally diverse CBOs to participate in the development and use of the tool. CBO staff participated in focus groups and also hosted focus groups with potential SNAP clients. Input from both groups influenced the language and navigation on the website.

County office or CBO staff may assist clients in completing and submitting applications through Benefits CalWIN. Some county offices have self-service centers where clients can use public computers to complete online applications. Caseworkers may help clients complete applications and may conduct intake interviews immediately; traditionally, clients who come into an office will be scheduled for interviews at a later date. San Francisco County uses CBOs in the community to increase use of Benefits CalWIN. The county works with more than 45 CBOs and contracts with 10 organizations to provide clients with assistance using the online application tool, and also helps them schedule interviews with the county office to be conducted using Skype, a free video chat service, and a webcam linked to a computer. CBO staff can also help

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<sup>21</sup> HP has maintained the consortium’s eligibility system for the past 20 years.

with translation. Skype was particularly important when a face-to-face interview was required for application. Because California now has a waiver that allows interviews to be completed by phone, webcam interviews are not emphasized.

**Marketing and outreach.** When Benefits San Francisco first launched, county staff struggled to balance marketing the tool to reach more clients with recognizing how increased volume would strain staff. In the end, the need to not overwhelm their limited staff took precedence and they did not invest in mass marketing. The county faced the same struggle with Benefits CalWIN. When the tool was first launched, San Francisco’s mayor conducted a press conference (later posted on YouTube), highlighting the tool by going to a local CBOs office and applying for benefits in front of the cameras. The county subsequently saw a huge bump in applications, after which the county decided to refrain from additional marketing and outreach. Each county in the consortium decided how to market their tool; some do more outreach than San Francisco County.

## TECHNOLOGY

**Development.** During the planning stages for Benefits San Francisco, the county evaluated many existing online tools and software products, including tools in Florida, Pennsylvania, Texas, and Wisconsin (another county-administered state) as well as BEN and One-e-App. The county decided that none could be customized to the degree it needed, so it planned to custom-build Benefits San Francisco. San Francisco County worked with systems developers Nets to Ladders and later NWN Corporation to develop the tool. It included an eligibility screener and an application for SNAP and Medicaid. Clients could sign the application electronically and scan in and attach verification documents. However, county staff then had to print out and manually enter the information into CalWIN. The county did a “soft launch” of the tool in June 2009, with a full launch including some marketing in July. In January 2010, the county added online submission of SNAP quarterly reporting and recertification forms that could be filled out and submitted online.

In 2009, the CalWIN consortium received funding from a grant through the American Recovery and Reinvestment Act (ARRA) to develop a tool. The consortium researched a variety of COTS products but ultimately decided it preferred the high level of customization they would get by creating their own software. It contracted with HP to use Benefits San Francisco as the basis for the new tool. The consortium required many of the features of Benefits San Francisco, but needed its tool to be more flexible (for example, allowing counties to enable or disable certain features or allowing a range of back-end procedures) to account for the considerable variation among the 18 counties in their business processes, urbanicity, advocate and CBO participation, unions, county boards, and program management. The ARRA funds were only available for a one-year period, so development occurred rapidly. In November 2010, when the tool interface was integrated into the CalWIN system so that online applications could pre-populate the system, San Francisco County switched from using Benefits San Francisco to Benefits CalWIN.

**Implementation.** In anticipation of Benefits San Francisco’s implementation, county staff redesigned case flow processes to incorporate web applications. The county created cross-program and cross-functional teams, shifting from a caseworker model to a task-based model for processing applications. This new model proved scalable to handle the recession-driven caseload increase as many new applicants used Benefits San Francisco to apply. The new system was piloted with a group of workers before expanding to the entire program staff.<sup>22</sup> All county staff in the SNAP, Medicaid, and records management offices had classroom training, as did targeted staff in IT and TANF offices.

**Maintenance and expansion.** So that Benefits CalWIN could be released to the consortium quickly, the initial interface included only a SNAP and Medicaid screener and an application that could be submitted electronically with an e-signature; the consortium added other programs and features later. HP staff maintain the tool for the consortium and have a dedicated team working closely with CalWIN staff on location to operate and upgrade the tool.

## FINANCING

**Costs.** San Francisco received a \$1 million grant from USDA to launch Benefits San Francisco, and leveraged other available funds. The county spent approximately 75 percent on development (including its self-service center and call center) and 25 percent on outreach (including partnerships with CBOs and marketing). Benefits CalWIN, which built on and expanded Benefits San Francisco, cost about \$5.6 million. In addition to development, the estimate also includes three years’ worth of ongoing operations, maintenance, and support. Any additional portals or developments will be funded separately. Table B.1 provides a breakdown of the initiative’s costs. Some counties have incurred additional costs related to outreach with CBOs, but not all counties in the consortium have relationships with CBOs.

**Table B.1. Benefits CalWIN Costs**

Cost	Amount
Hardware/Hosting	\$1,037,251
Documentation/Coding	\$3,822,282
Test/Release Support	\$508,374
Data Collection	\$323,400
Total	\$5,691,307

Source: Benefits CalWIN, 2011

**Funding.** Benefits CalWIN was funded primarily by an ARRA grant through SNAP, supplemented with county funds. Because Benefits CalWIN addresses multiple programs (Medicaid, TANF, and SNAP), but the grant was intended to support SNAP activities only, the county consortium administering the tool was unable to receive the grant directly. Instead, the state of California received the grant on the consortium’s behalf and used it to supplant SNAP

<sup>22</sup> The county also created a call center for clients to use for questions about their cases, easing the burden on caseworkers to answer questions about benefits and provide case-specific information.



administrative dollars in the state general funds, which freed up general funds dollars for Benefits CalWIN. The unrestricted general funds were able to support access to multiple programs.

## OUTPUTS AND OUTCOMES

Staff in San Francisco County first used Google Analytics with Benefits San Francisco to track the number of users and the specific web pages they visited, in order to better target the tool. Later, when HP created Benefits CalWIN, HP provided the BusinessObjectives Web Intelligence program to the 18 counties in the consortium. This program provides counties with self-service access to data and reporting. Counties can also download the data and manipulate them using other programs.

San Francisco County collects and monitors Benefits CalWIN data closely. In April 2011, 650 applications were submitted through Benefits CalWIN. About 20 percent of SNAP cases and 5 percent of Medicaid cases are submitted online. These percentages have steadily grown over the last year and a half.<sup>23</sup> About 23 percent of applications are submitted with verification documents attached. Approximately one-third of web applications are submitted after business hours and a greater proportion of the web applications are from women (53 percent in SNAP and 72 percent in Medicaid), compared to traditional applications (43 percent in SNAP and 55 percent in Medicaid). Overall, more English speakers (83 percent) use the web application, but among the applications submitted from CBO locations, the percentage of English speakers is lower (54 percent).

The number of web applications is steadily increasing over time; however, the approval rate is lower (54 percent for SNAP and Medicaid) than for traditional applications (70 percent for SNAP, 66 percent for Medicaid).<sup>24</sup> For expedited services, the web approval rate (25 percent) is half that of the traditional expedited approval rate (51 percent). Use of recertification applications has not steadily increased like other features have. County staff believe that these numbers will not rise until they can develop an electronic notification system (to remind the client of an upcoming recertification requirement), instead of the existing mail process. Use of recertification applications is much higher in some counties than in others, perhaps due to marketing of the tool.

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

The CalWIN consortium has plans for expansion of Benefits CalWIN. They would like to create a new “My Benefits” portal where clients can securely access case information and electronic notices, which could be viewed through the portal. They are planning to provide Benefits CalWIN in Russian, Vietnamese, and Farsi in 2011. In addition, at the time of our site visit they were working with the state’s health care agency to verify information for federal reimbursement of Medicaid benefits. They also anticipate that the CalWIN system could interact

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<sup>23</sup> The county has purposely held back on marketing and outreach in an effort to not overwhelm its limited staff with an increased volume of applications.

<sup>24</sup> The declining approval rate as applications rise may indicate that a broader range of applicants, including many ineligible applicants, access the system online (rather than indicating a problem with other approval timeliness or procedures).

with a state exchange for supporting access to health insurance coverage as required under the Affordable Care Act.

A challenge for development and expansion is working around policies and regulations that were written before technology was a major consideration. Staff felt that regulations are often written for paper applications and have yet to catch up with the new technology and ways of accessing the system. The consortium needed state legislative approval to implement electronic signatures and they have had issues complying with FNS policies on minimum required information for application submissions and expedited application deadlines when an application is submitted outside office hours. In spring 2011, staff were working to obtain approval for electronic notifications.

County and HP staff suggest that the key ingredients required to successfully replicate Benefits CalWIN in a new location are:

- Having a small group of key decision makers, with input at various times from larger groups of stakeholders; CalWIN consortium staff found it difficult to manage by consensus, particularly due to the fast-paced nature of the development and implementation.
- Integrating online application tools with the existing benefits systems as soon as possible; this is the key to staff efficiency and capacity-building.
- Taking an incremental and purposeful approach to modernization rather than a wholesale replacement every decade or so; the system the consortium has developed continues to evolve and is flexible enough to accommodate changes to programs and business models in the future.

**APPENDIX C**

**SINGLE STOP USA: BENEFITS ENROLLMENT NETWORK**

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## OVERVIEW

Single Stop USA is a national nonprofit organization based in New York whose mission is to help families and students move toward economic mobility by connecting them with government funds and services. The organization funds local sites to implement its service model, which includes four components: tax preparation, legal counseling, financial counseling, and screening and application assistance for public benefits. For the screening and application assistance, Single Stop counselors use an online tool called the Benefits Enrollment Network (BEN) to help determine clients' eligibility for a range of federal, state, and local benefits and tax credits. BEN can use data entered for the screening to pre-populate benefit applications that clients can submit on their own. While BEN is capable of allowing electronic application submission, this feature was not available in any operational sites at the time of our site visit. BEN data do not feed into any federal or state agency portal, so data must be re-entered into other online application tools if clients want to apply online for benefits. In addition to the services they provide, Single Stop counselors refer clients to other local CBOs that could be of use based on the clients' specific circumstances. These vary by site, based on the availability of services in the area. Single Stop USA operates sites in New York, California, New Jersey, New Mexico, and Florida.

## DESIGN

**Motivation.** Single Stop is designed to connect low-income individuals and families with government funds and services. It aims to provide more holistic services to clients in locations they already visit for assistance. Single Stop began in New York City. When Single Stop USA's planning committee devised Single Stop's national replication strategy, they realized that the organization could best advance its mission of providing benefits access services nationwide by having a benefits access tool that could be used in all Single Stop locations and that they could build out for any state where Single Stop might provide services. BEN served this purpose. Initially Single Stop sought to replicate the model in different localities through organizations or CBOs that serve low-income clients, like food pantries, one-stop centers, and jails. Funder interest and commitment to specific regions influenced the selection of partners to some extent. As part of an effort to meet their mission of replication, scale, and impact, Single Stop created a new strategic plan to focus on expanding nationally to community college sites. By establishing sites at community colleges, Single Stop hopes to link students who are struggling to stay in school to public benefits and supports so they can graduate and reap the rewards of higher education.

**Management structure.** Single Stop USA is an expansion of Single Stop NY, a program launched by the Robin Hood Foundation in 2003. Robin Hood funded approximately 50 of its partner organizations in New York City to become Single Stop and free tax preparation sites, including a jail, One Stop Career Centers, food pantries, and other CBOs. Funder interest and commitment to specific regions had some influence on the selection of CBO partners. In 2007, Single Stop USA, a standalone nonprofit, grew out of Robin Hood's initiative, with funding from The Atlantic Philanthropies and others to work toward national replication of the Single Stop model. It now operates approximately 80 CBO and community college sites (including seasonal tax sites) nationally. Single Stop USA manages its sites closely and maintains the BEN software in its national office.

**Program inclusion.** In each site, BEN includes core federal programs including nutrition programs such as SNAP and WIC, child care assistance, TANF, health insurance programs (including Medicaid and CHIP), and federal tax credits (including the Earned Income Tax Credit, or [EITC,], Child Tax Credit, and educational tax credits). However, Single Stop USA tailors BEN to each site. The number and types of programs included in the tool vary at each site, with some tools including only the core programs and others including more than 40 different programs.

**Mode of access.** Single Stop USA maintains the BEN software in its national office. Only staff within the Single Stop network of sites may use the software with their ID number and password; it is not publicly available on the web. It takes approximately 5 to 15 minutes to complete BEN's initial pre-screening, depending on the client's circumstances. Counselors can select a specific benefit or multiple benefits, depending on the client's needs and interests when they begin the screener. Once the counselor enters basic information about the client into the screener, BEN lists the benefits for which the client may be eligible. Counselors then complete a more in-depth, second level of screening to further refine the list of benefits that a client may be eligible to receive. Counselors work with clients to populate applications for programs in which they are interested, or help clients fill out online applications through existing state portals. Once complete, counselors print the application PDFs along with a list of documents clients need to take to their local human services agency for verification purposes. After clients leave the Single Stop site, counselors attempt to follow up with them in order to track the outcomes of their applications. Clients are also able to contact their counselors for help throughout the process, as needed.

**Marketing and outreach.** Single Stop USA employs a comprehensive diligence process and works closely with the Association of Community College Trustees to identify new community college partners. The association provides strategic advice and counsel to Single Stop as it works to identify strong visionary leaders and institutions in need. Final decisions with respect to site selection are made by Single Stop alone, with an eye toward long-term sustainable institutionalization at scale. As with the CBO sites, however, funder interest and commitment to specific regions or institutions has had some influence over this process. Once new sites are in place, Single Stop encourages the local site coordinator to increase the visibility of their services. The coordinator at the Community Action Agency of Southern New Mexico (CAASN), for example, works to develop these relationships by conducting presentations about Single Stop to local agencies and organizations that may be interested in working with Single Stop. The national office also provides some outreach assistance and materials to the sites to help them publicize their services. Each site has access to posters and a flyer template. The site manual also includes an outreach section that provides sites with ideas for how to reach their target population. For example, at the community colleges, the manual suggests contacting academic affairs offices to get permission to go into classrooms to inform students about the site on campus.

## TECHNOLOGY

**Development.** Nets to Ladders, a benefits software company, developed BEN from scratch and licensed it to organizations working with low-income populations. It developed BEN to quickly screen clients for eligibility, conduct basic case management, assist clients to complete applications, and track outcomes. The software also had the ability to link to a state's eligibility determination system with some coordination and programming. Nets to Ladders provided

consulting, training, field support, technical user support, and software administration to users. Initially, Single Stop sites used a variety of tools to screen clients for benefits and to track data. Some of them used BEN through licensing agreements with Nets to Ladders and some used other tools.

From the day that it became a national organization, Single Stop was on the lookout for an appropriate benefits enrollment tool to purchase; it ultimately ended up buying BEN from Nets to Ladders in 2009. Single Stop's ownership of BEN gives it the exclusive right to use, revise, further develop, and distribute BEN wherever it chooses. Since acquiring BEN, Single Stop USA has greatly enhanced BEN's case management and reporting capabilities across all of its sites, in addition to building out its capacity to streamline intake processes during tax season.

**Implementation.** Single Stop rolled out BEN to different sites at different times. California sites were already using it when Single Stop USA purchased the software. Single Stop USA made it available to the New York sites in January 2010 and to other sites afterwards.

Single Stop maintains community-based sites, while its national expansion strategy is focused on opening new sites at community colleges. When a potential new site is identified, Single Stop USA typically begins by brokering a relationship with the chancellor of that community college system. Single Stop's national staff assess the system's level of interest in becoming a site, capacity for running it, leadership potential, and the level of need on campus. They also assess whether other organizations in the area provide similar services, the local political environment, and what local and state benefits are available. A similar process was conducted when establishing CBO sites.

Once a new site is confirmed, Single Stop USA enters into a contract with the school that states that, with funding from Single Stop USA, they will hire at least one full-time coordinator to run the program (ideally, Single Stop would like to have at least two dedicated staff members at each site).<sup>25</sup> Single Stop then contracts directly with a financial counselor, a legal provider, and a tax assistance provider in the area in order to bring those services to the campus. Coordinators are immediately encouraged to develop relationships with other organizations on the ground, including the local human services agencies.

Single Stop USA provides in-person and virtual trainings for new sites that include information about the organization's mission and model, including training on the impact of accessing multiple benefits in a coordinated way, with additional training on each of the model's core components. Counselors also receive training on how to use the BEN software. Single Stop also offers ongoing online trainings and a support desk that sites can call for assistance. Some sites seek out additional training opportunities in their local communities. For example, CAASNМ staff attended trainings at their local human services agency to learn more about the benefits programs available.

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<sup>25</sup> While Single Stop's current priority is to fund community college networks to become Single Stop sites, it continues to serve most of the CBOs that were already part of the network. For example, most of the New York sites are CBOs. Specifically in New Mexico, CAASNМ, which was the focus of the site visit for this study, served as an official Single Stop site from 2008 through 2010, and continues to use BEN to provide application assistance to its clients.

**Maintenance and expansion.** BEN can be changed and updated quickly (within a month or less depending on the level of priority) with a small amount of programming. Single Stop USA learns about changes that need to be made to program rules through direct contact with government agencies, local site coordinators, and local advocacy groups, and through their own ongoing efforts to regularly track proposed or upcoming changes in federal, state, and local benefit eligibility policies. In addition to occasional changes made throughout the year due to state or federal policy changes, the technology team makes official updates to the system at least once a year; these include a comprehensive review of each state's benefit criteria changes, as well as scheduled updates to account for cost-of-living adjustments and the annual updates to the federal poverty guidelines. A customization process allows sites to request that additional benefits be added to BEN. Sites can make a case for adding the benefit; Single Stop decides whether or not to do so based on the policy environment and IT staff availability.

## FINANCING

**Costs.** While Single Stop USA does not have estimates for how much it costs to implement Single Stop in a new site (at the time of our visit, staff were working to estimate these costs), once a site is operational, the cost to support the effort is approximately \$300,000 per year per site. This amount covers BEN maintenance, site oversight and management, on-site Single Stop staff, legal counseling services, financial counseling services, and tax preparation services.

**Funding.** Single Stop USA is primarily funded through philanthropic grants from Robin Hood Foundation (for the New York City sites), Tipping Point Community and the Mimi and Peter Haas Fund (for the California sites) and others. It has also received funding from the Corporation for National and Community Service's Social Innovation Fund through New Profit, Inc. (a national venture philanthropy fund) and other federal grants, as well as smaller grants from regional and family foundations and corporations. Single Stop USA provides grants to official Single Stop sites implementing the model, and asks CBO and community colleges to contribute a range of supports, including work-study students, space, and computers, and printers.

## OUTPUTS AND OUTCOMES

All data entered into the BEN system are housed in Single Stop USA's database. Along with demographic information, Single Stop collects data on whether a client was screened, sought application assistance, received a benefit, received help from financial or legal service providers, received tax preparation assistance, and received tax credits. Benefits receipt is primarily tracked through self-reporting during follow-up visits or phone calls between the counselors and their clients. Some sites also receive direct, confidential benefit confirmation data from government agencies. Some sites use other tools or databases in addition to BEN to track additional demographic characteristics or outcome data. For example, CAASNMM uses case management software called Efforts to Outcomes (ETO). Each client they serve has a case number in BEN and a case number in ETO and information about the client is stored in both places.

In 2009, Single Stop sites as a whole helped nearly 120,000 families access \$300 million in benefits and services; \$116 million was in tax assistance, close to \$110 million was in financial or legal counseling services, and the remainder was in program benefits, primarily health insurance. In 2010, Single Stop sites as a whole served over 120,000 families and helped them access more than \$412 million in benefits and services. Over 16,000 of these families received



legal counseling, over 4,000 received financial counseling, and over 70,000 received tax preparation assistance. Among clients who are screened for benefits and with whom Single Stop counselors are able to follow up, approximately 35 percent applied and were approved for at least one benefit. CAASNМ provides an example of outcomes from one individual site. Between September 2009 and September 2010, CAASNМ screened 1,062 clients and helped them access over \$3.5 million in benefits and services. Over 200 clients received legal counseling, over 100 received financial counseling, and the site completed almost 10,000 state and federal tax returns.

Single Stop USA uses the outcome data it collects to monitor individual sites. If they observe that a site is not doing well in a particular area, they will provide assistance to that site. They also use the data in reports to funders and policymakers, and to plan future technology enhancements. When we conducted our site visit, staff reported that Single Stop was working with its community college sites to develop a system that will allow them to track how many of the students they serve re-enroll in school the following semester. To date, they have anecdotal evidence that students who receive benefits through Single Stop are staying in school longer than they may have otherwise and preliminary third-party analysis showing the same.

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

Although the Single Stop model was developed in New York City, it is flexible enough to work in many different types of communities with some creative thinking. For example, Single Stop has met some unexpected challenges because smaller or more rural communities often have only one legal or financial service provider. Single Stop has devised creative solutions, such as hiring a consultant to manage the tax program at many California sites and using volunteers from Charles Schwab as financial counselors, in addition to contracting with a CBO to work with the volunteer program.

In the future, Single Stop USA would like to expand the use of BEN and the Single Stop model. To do this, the organization plans to work toward licensing BEN along with its training and technical assistance for non-Single Stop organizations to use. Single Stop USA also hopes to empower its sites to be part of the funding process and to provide more technical assistance, training, and technology to a larger group of sites.

Under its expansion plan, Single Stop USA aims to implement its model in one to three new community college systems per year for the next few years. The goal is to go into multiple campuses under one community college system at a time; there is less interest in establishing sites at individual community colleges.

Staff involved with Single Stop suggest that the key ingredients required to successfully replicate Single Stop and BEN in a new location are:

- Assessing the local community in order to ensure a good fit for the model and increase the site's probability of success; staff at Single Stop USA and at CAASNМ both stressed the importance of conducting an assessment of the community surrounding each potential new site before implementation.
- Choosing sites that are embedded in and trusted by the community; in order to effectively implement the model, sites must have a solid understanding of the idiosyncrasies of their communities (and how they may affect the model's

implementation) and understand that it is not the goal of Single Stop to replace existing services but instead to build networks to serve clients more completely.

- Choosing the site coordinator carefully; a good coordinator needs to be empathetic and motivated in order to keep up with the changing circumstances and resources available in the local community.

**APPENDIX D**

**DELAWARE ASSIST**

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## OVERVIEW

The Delaware Application for Social Services and Internet Screening Tool (ASSIST) is a web-based screening and application tool for TANF, SNAP, Medicaid, General Assistance, long-term care, and child care assistance. ASSIST was developed by the Division of Social Services (DSS), housed within the Delaware Department of Health and Social Services (DHSS). DSS is responsible for administering and determining initial and ongoing eligibility for the programs included in the web-based tool. ASSIST helps individuals determine whether they may be eligible for each program (but does not calculate likely benefit amounts) and allows them to complete and submit electronic applications online. Online application data automatically populate the Delaware Client Information System (DCIS) II, the updated state mainframe eligibility system. ASSIST was available in English only at the time of our summer 2011 visit, though improvements that will be implemented within the next year include providing ASSIST in Spanish and adding technology to assist blind applicants.

## DESIGN

**Motivation.** The express purpose for developing the tool was to provide an additional access point for those interested in applying for benefits. ASSIST was first implemented in 2005. Prior to its implementation, the state was working closely with Deloitte to update DCIS, its state mainframe eligibility system, to DCIS II, and watching as Deloitte helped Pennsylvania implement COMPASS, a web-based screening and benefit application tool.

**Management Structure.** In 2009, DSS created a specific ASSIST staff unit in order to increase the efficiency and timeliness of processing ASSIST applications. Prior to this time, regular eligibility staff processed ASSIST applications. However, some workers reportedly overlooked the electronic applications because of the increasing number of paper applications and intake appointments due to the economic recession. The ASSIST unit is a virtual unit: a dozen staff are located in local DSS offices across the state (rather than in a single office), but linked by their common responsibilities of processing electronic applications.

**Program Inclusion.** Although the Pennsylvania's COMPASS tool on which ASSIST was based included many programs (see Development section below), DSS in Delaware was responsible for administering only a subset of those, so ASSIST includes just five programs. The initial implementation included TANF, SNAP, Medicaid, and General Assistance; the child care module was added within five months of the initial implementation. DSS is planning a new project that will enhance the tool to include food bank programs, school meal programs, and LIHEAP.

**Mode of Access.** Individuals interested in applying for public assistance online may access ASSIST from any computer with an Internet connection at <https://assist.dhss.delaware.gov>. Two DSS local offices have installed terminals where individuals can apply online. ASSIST applications must be submitted with an electronic signature. This feature was added five months after the tool was launched. Before then, applicants had to print out a paper copy of their application, sign it, and submit it in person, by fax, or by regular mail. Online application data are automatically downloaded into DCIS II and processed by the ASSIST coordinator, who then assigns applications to a caseworker for review and processing. Intake conversations coinciding with the initial application review typically take place by phone<sup>26</sup> and take between 30 and 45 minutes. During the intake interview, the ASSIST worker will ask applicants for the required verification based on the eligibility requirements for all programs for which they appear to be eligible. This process ensures that those who might be eligible for benefits are not excluded because they misinterpreted part of the online application.

**Marketing and Outreach.** Marketing materials, which are distributed widely, are available in both English and Spanish. According to DSS administrators, the message they want to send to clients about the use of ASSIST is that it is, “easy, quick, and free.” They also use written marketing materials and public service announcements to convey the message that it is convenient (available through any Internet-connected computer) and that they can submit their application any time. In addition, two local DDS offices have installed terminals where individuals can access ASSIST.

## TECHNOLOGY

**Development.** ASSIST is a transfer of a system built originally for Pennsylvania by Deloitte. Called COMPASS in Pennsylvania, this system has been transferred to Delaware, Georgia, and Virginia (and Michigan has an online application tool transfer underway).<sup>27</sup> COMPASS was developed with funding from the Pennsylvania Department of Public Welfare and the Pennsylvania Insurance Department and is therefore in the public domain. While there is no cost for other states to use the COMPASS code as the basis for their own tools, states must make the code compatible with their existing systems; the tool is a stand-alone graphical user interface that must be linked to an existing eligibility system in order to function. After in-depth conversations with state staff in Pennsylvania and a series of software demonstrations from Deloitte, Delaware contracted with Deloitte to modify COMPASS to reflect Delaware’s program eligibility policies and to integrate the tool into the state’s existing systems. DSS had a longstanding relationship with Deloitte that began in May 1995 with the upgrade of DCIS to DCIS II. Throughout that process and the development of ASSIST, Deloitte staff worked on site at DSS.

**Implementation.** ASSIST launched in May 2005 after a small internal pilot test of the system (20 eligibility staff tested ASSIST by entering information from ongoing cases). In Delaware, all state-based electronic initiatives such as ASSIST are required to submit a detailed security plan to the Security Review Committee within the Department of Technology

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<sup>26</sup> Delaware has a waiver that permits telephone interviews for SNAP applicants.

<sup>27</sup> Deloitte has also transferred eligibility determination systems to other states that do not have a self-service online application component.

Information, an office established by the governor's office. For ASSIST, this document describes how DSS plans to protect the identity of those who apply online. Information included in the document typically includes how the information will be encrypted and how firewalls will be implemented and maintained to protect the integrity of the system.

**Maintenance and Expansion.** Programmers from the Division of Management Services (DMS) within DHSS maintain ASSIST by making minor ongoing programming changes in response to DSS policy changes or programming needs. DSS' Information Systems Unit also has a role in maintaining ASSIST. Information Systems Unit administrators and staff, roughly 16 people across all programs and systems, act as liaisons between the DSS program administrators and computer programmers for the development and maintenance of a variety of different management information systems and electronic tools. Typically former field workers, staff in this unit understand how policies should be defined within the ASSIST system. They know how to help the program office be sufficiently specific in providing information to the programmers. They also help the programmers correctly interpret what different policy changes mean. According to DSS staff, this communication resource ensures that changes are made efficiently and accurately.

Deloitte staff were not involved in operating ASSIST at the time of our data collection, but DSS has contracted with the company to develop and launch a system upgrade that will expand functionality and bring new programs into the tool. In 2009, DSS began planning an upgrade of ASSIST, which piqued the interest of the secretary of DHSS and other departments within the state. The secretary requested that additional programs be included in the tool. While this delayed the upgrade, it expanded the group of key stakeholders involved with the project to include the Division of State Service Centers (DSSC, which administers LIHEAP), the Department of Education, and Food Bank of Delaware. In addition to upgrading the software, the ASSIST expansion will add LIHEAP, the School Lunch Program, Food Bank of Delaware, a SNAP short form, and the My Account function, which will allow customers to see a portion of their electronic case file and to report changes and submit recertifications online.

## FINANCING

**Costs.** Development and initial implementation of ASSIST cost \$1,478,248. Initial implementation did not require the state to purchase any new hardware (though DSS did purchase a new server for about \$30,000) or hire new staff. The addition of the child care module and expedited SNAP rules cost another \$707,241. The expansion project in development (described above) is projected to cost \$3,557,107 over 13 months.

**Funding.** Funding for ASSIST initially came from combined federal and state contributions from TANF, General Assistance, SNAP, Medicaid, and the Delaware Healthy Children Program (Delaware's name for CHIP). ASSIST is gaining more attention from other departments in the state and has the support of the cabinet secretary and elected officials. However, there are many competing demands for limited state dollars from other areas such as education, job growth projects, and early childhood initiatives. The new partners in the expansion project—DSSC, the Department of Education, and Food Bank of Delaware—do not have their own funds to allocate to the project. As a result, DHSS is using their SNAP bonus award, which was matched with state dollars, to fund the ASSIST enhancements and expansion project. They hope to be reimbursed by other agencies once funding becomes available.

## OUTPUTS AND OUTCOMES

The number and share of applications submitted through ASSIST is less than DSS administrators would like, but growing (Table E.1). About 10 percent of all new applications come from ASSIST (758 of 7,879 new applications in May 2011), up from two percent right after initial implementation.<sup>28</sup> Administrators reported that they hope ASSIST use will increase with the new upgrades to the system that will enable completion of eligibility redeterminations online.

**Table D.1. Two-Month Count of ASSIST Applications, by Year**

Fiscal Year	Number of ASSIST Applications in April – May
2005 – 2006	688
2006 – 2007	1,662
2007 – 2008	3,728
2008 – 2009	5,621
2009 – 2010	8,740
2010 – 2011	11,385

Source: DHSS, 2011

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

Administrators emphasized that they make ASSIST fit the eligibility policy, rather than modifying policy to fit the specifications of ASSIST. They are, however, looking for ways to more effectively align eligibility policies across programs to make it easier to program ASSIST. For example, they have tried to simplify some of the reporting procedures for Medicaid and SNAP. Staff reported they are considering applying for a Medicaid waiver that would allow for more latitude in the timing requirements for reporting case changes (current policy requires all changes to Medicaid cases be reported within 10 days).

Delaware plans to implement the enhancements adopted by Pennsylvania's COMPASS. These changes will allow customers to view portions of their electronic case file, such as their contact information, program enrollment, pending payments, and redetermination dates. This system will also allow them to submit their eligibility redeterminations online rather than in person, though they would still need to submit any required verification documentation. DSS began planning for the new system in 2009. Even though they broadly advertised the request for proposals for the new work and had 53 agencies attend the bidders' conference, Deloitte was the only applicant and won the new work (state staff explained that all other vendors thought it would be too expensive to learn the ASSIST system and make modifications). The new project will take approximately 13 months. In hindsight, DSS administrators wished that they had purchased higher-end software initially that enabled them to perform the functions they are gaining with the planned system upgrade. At the time, the state did not have the financial resources to pay for a higher-end product so opted for lower-end software and a future upgrade.

<sup>28</sup> In May 2011, the following applications were submitted through ASSIST: 2,041 TANF; 4,780 SNAP; 1,157 child care assistance; and 4,755 Medicaid.



State and contractor staff suggest that the key ingredients required to successfully replicate ASSIST in a new location are:

- Communication through regular meetings between the program/policy teams and information services while developing and implementing the system.
- A liaison who understands policy and technology and can effectively communicate with the program and information services teams.
- Alignment of policies across programs, where possible.

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**APPENDIX E**  
***EARNBENEFITS***

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## OVERVIEW

*EarnBenefits*® screens for a variety of federal, state, and local programs in multiple communities in eight states.<sup>29</sup> It includes almost 20 programs in the case study site of New York City. The proprietary software was developed by the Structured Employment Economic Development Corporation (Seedco), a national nonprofit organization headquartered in New York City whose mission is to advance economic opportunity for people, businesses, and communities in need. Seedco's *EarnBenefits* initiative promotes access to work support through education about available benefits, facilitated access to benefits, and benefits management. Staff at *EarnBenefits* sites—such as CBOs, one-stop workforce centers, community colleges, and employers—use the *EarnBenefits* software on behalf of clients to facilitate access to benefits; the software is password protected so that only users who have been trained may access the system. *EarnBenefits* is capable of allowing electronic application submission. While this feature is not in use in any of the sites, it can be implemented at the request of and in collaboration with public agencies. Benefit applications can be pre-populated and printed for submission by the client, and counselors at local organizations that use *EarnBenefits* guide clients through the application process. *EarnBenefits* data do not automatically feed into any federal or state agency portal, so data must be re-entered into other online application tools if clients want to apply online for benefits. However, with recent funding, Seedco is working with one of its implementation partners and a state agency to develop a process for the electronic exchange of data.

## DESIGN

**Motivation.** The idea for *EarnBenefits* came from Seedco's experience with the welfare-to-work population. In serving this population, the organization identified unmet needs for services and benefits that could help low-income families successfully remain in the workforce after transitional employment benefits ended, as well as help sustain jobseekers while looking for work. Seedco developed *EarnBenefits* for service providers to use as one component of a broader array of retention and support services they offer.

**Management structure.** Seedco manages *EarnBenefits* and in many instances compensates sites for time their staff devote to the effort. Seedco uses two models to provide funding and manage the network of organizations implementing *EarnBenefits*. In the first, Seedco maintains a local office and its staff provide complete oversight of the initiative as well as funding to CBOs and other sites through direct contracts with them. This model operates in New York City, Memphis (Tennessee), Atlanta and Savannah (Georgia), and Baltimore (Maryland). In the second model, Seedco works intensively with a high-capacity local intermediary to manage the network and raise local funds to support the initiative. This model operates in Buffalo (New York), Louisville (Kentucky), Tulsa (Oklahoma), Boston (Massachusetts), and Connecticut. The local partnerships in the second set of sites have been important in helping Seedco facilitate agreements with local government. For example, Seedco is working with a local intermediary in Tulsa that has excellent relationships with the local government. The intermediary has helped Seedco and public agencies collaborate to develop the capacity for pre-populated applications from *EarnBenefits* to be electronically submitted to program agencies.

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<sup>29</sup> At the time of data collection for the study, *EarnBenefits* was operational in New York, Tennessee, Georgia, Maryland, Kentucky, Oklahoma, Massachusetts, and Connecticut. *EarnBenefits* is also preparing to launch in Illinois and Louisiana, and as of October 2011 will no longer be operational in Kentucky or Buffalo, New York.

**Program inclusion.** *EarnBenefits* screens for a variety of federal, state, and local programs in eight states and includes almost 20 programs in the case study site of New York City.

**Mode of access.** Seedco works with CBOs and other local organizations around the country to screen clients for benefits using *EarnBenefits*; the software is password protected and may be accessed only by individuals who have received training in the use of the tool. Users (site staff members or volunteers) input client information during a client interview, the system rules engine determines eligibility for multiple benefits, and users inform clients of their potential eligibility for identified benefits. Screener questions are targeted so that the results are as accurate as possible while determining eligibility for the greatest number of benefits. Clients indicate their interest in applying for the benefits for which they may be eligible and the system in turn provides them with “take-away” sheets containing information on the benefit programs and next steps for applying, which, in most cases, clients must take on their own. However, the system can pre-populate available applications for clients to print out and deliver to program offices, and staff can appropriately manage client expectations about the application process and potential benefit receipt. In cases where a state portal exists, *EarnBenefits* provides a link to it, and staff work with clients to complete and submit applications electronically by manually transferring data.

When staff log into *EarnBenefits*, they can search the system’s database to determine whether anyone from any organization has worked with the client in *EarnBenefits* before. If so, staff can bring up the old information to confirm or update. If not, staff create a new client record to proceed through the screener. All questions in the screening except ethnicity are directly related to program eligibility determination processes. Wherever possible, pull-down fields facilitate data entry and reduce common errors. Additional questions appear on the screen based on responses to previous ones so that the screen is not cluttered with superfluous questions. Throughout the screening, pop-up tips are available to assist staff in helping clients understand what is being asked of them. In addition, an icon at the bottom of each screen enables users to email questions to help desk staff. The system also contains a list of providers that administer relevant benefit programs, organized by zip code so that staff can direct clients to the appropriate program offices.

**Marketing and outreach.** Seedco manages several outreach contracts for specific benefits, including SNAP and CHIP. As an intermediary, Seedco often passes through funding to organizations with experience and demonstrated outcomes in reaching populations that are most likely to be eligible for these benefits. In New York City, *EarnBenefits* operates at several CBOs and at one of two workforce centers Seedco manages (Seedco is hoping to bring *EarnBenefits* to the second one soon). The workforce centers are co-located with the New York State Department of Labor so serve a large number of dislocated workers and others collecting unemployment insurance who are not typically part of the low-income community. *EarnBenefits* is being used in child care settings in Tulsa and Atlanta, and in Memphis it is being used in child welfare agencies, community health care facilities, and other social service programs. Seedco is learning more from its own operations and implementation partners about populations in need and emerging populations and develops customized outreach materials in response. For example, based on its experience in providing workforce services to veterans, it is exploring adding veterans benefits to *EarnBenefits* and customizing the delivery of these services.

## TECHNOLOGY

**Development.** In 2003, Seedco purchased the HelpWorks software and spent two years customizing it to screen for programs relevant to New York City, the first locality to implement the *EarnBenefits* initiative; the online tool launched in 2005.<sup>30</sup> However, Seedco’s need to expand and improve the software’s functionality quickly exceeded HelpWorks’ capacity, so the organization began considering other COTS products it could purchase. Deterred by the cost of most products (which included the license and initial installation as well as customization and maintenance), Seedco opted to custom build a new tool from the ground up with technical support from Zoteca, a private technology consultant. The new *EarnBenefits* system took six months to build, using primarily open-source technology, and initially launched in January 2009 in a workforce center in Manhattan. By the end of 2009, all *EarnBenefits* sites were using the new tool. Government agency staff had minimal involvement in the development of the *EarnBenefits* technology, but reviewed and clarified benefit program rules in instances where relationships between Seedco and agency staff already existed.

**Implementation.** *EarnBenefits* expanded to sites outside of New York City for varied reasons. For instance, one of the initiative’s key funders, the Annie E. Casey Foundation, saw a great need for *EarnBenefits* in Atlanta and Baltimore—where it had offices and had made substantial investments in the community—particularly because at the time public benefit application portals did not exist in Georgia or Maryland. Seedco itself had a large office in Memphis, which facilitated implementation given its preexisting relationships in the community. In the five other geographic areas where *EarnBenefits* now operates, the state, city, or other stakeholders approached Seedco about bringing the model to their community and were successful in securing funding to implement the model on the ground.

Seedco typically engages in an extensive planning process to bring a new site into *EarnBenefits*. In some communities, Seedco formed a steering committee consisting of local program and funding partners to provide direction and offer local perspective on implementation issues, and in some locations Seedco developed a request for proposals from CBOs and other local organizations interested in implementing *EarnBenefits*; interested organizations were required to demonstrate how *EarnBenefits* would enhance their efforts around benefits access. Once organizations are selected, Seedco works closely with them around processes for integrating *EarnBenefits* into their already-existing programs.

When new sites come on board, Seedco provides a training course to all potential users. In addition, Seedco has developed *EarnBenefits* user guides, refresher webinars, and advanced trainings. The initial training often incorporates pre- and post-assessments to gauge participants’ knowledge of *EarnBenefits* and benefit program eligibility rules. Advanced trainings focus on the soft skills of asking clients sensitive questions and using *EarnBenefits* to advocate for clients, in addition to providing greater detail on specific benefits.

**Maintenance and expansion.** Seedco rolls out new features and program rules in *EarnBenefits* quarterly, though mid-cycle updates may occur in response to federally mandated policy changes. *EarnBenefits* updates are done over weekends when most users are not open for

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<sup>30</sup> HelpWorks, developed by Peter Martin Associates, was purchased by Affiliated Computer Services in 2003 and then by Lagan in 2006.

business, and the organization puts out an alert to the user network that the system will be down. Staff make every possible effort to avoid disruptions to users. For instance, staff make only critical updates to the system during tax season because many organizations using the tool are Volunteer Income Tax Assistance (VITA) program sites; interruptions to service when client flow is heaviest and needs are great would be counterproductive. To ensure the system is operating correctly, tests are run nightly on a sample of cases. Programmers review the results to determine which cases are failing to make it through the eligibility rules engine and why, and then correct the systems program code if necessary. This quality assurance process is integral to the success of the tool.

## FINANCING

**Costs.** Seedco identifies *EarnBenefits*' major cost drivers as (1) technology development and maintenance, (2) partner training and marketing efforts, (3) management and oversight of *EarnBenefits* sites, and (4) funding for implementation partners. Seedco estimates the cost of the first component, technology development and maintenance, to be approximately \$1 million to \$1.5 million to date. The cost of other components is variable based on the involvement of intermediaries, the size of the network, and other factors.

Over time, the need for staff resources to support the *EarnBenefits* software has increased. When Seedco was using HelpWorks, it required one to two full-time equivalents (FTEs) to program in the benefit rules and another one to two FTEs to provide training and help desk support. When Zoteca was hired to develop the software, it dedicated approximately 10 staff to the effort, including web developers, Java programmers, and networking specialists. While few new Seedco staff were hired for *EarnBenefits*' technology development and initial implementation, the organization has added the following types of specialized staff as the user base has increased:

- Benefit analysts, to maintain and update benefit eligibility criteria, ensuring that the most current policy rules for relevant benefit programs are accurately reflected in the tool.
- Help desk staff, who provide upfront and ongoing training and technical assistance to staff at *EarnBenefits* sites.
- An operations associate, who keeps the project tasks organized and on schedule and provides quality assurance by serving as the final gatekeeper for any and all software changes or updates.
- Additional staff to manage new *EarnBenefits* sites outside of New York City, where Seedco partners with high-capacity intermediaries instead of putting staff on the ground.

**Funding.** Seedco has leveraged public and private dollars to implement and operate *EarnBenefits*. It initially received significant funding from the Ford Foundation, the Annie E. Casey Foundation, and the Mott Foundation to support product research and development, and from the United Way of New York City to implement the product in partnering CBOs in New York. While some funding from these groups continues to support *EarnBenefits*, a recent multiyear grant from the Kresge Foundation is a key source of funding, among other smaller foundation grants. In New York City, Seedco also relies on public funds through its SNAP



outreach and VITA program contracts, a CHIP outreach grant, a facilitated enrollment contract with the New York State Department of Health, and funding from Single Stop USA to operate the Single Stop model using *EarnBenefits* (instead of Single Stop's online tool BEN) at one of its workforce centers. Some implementation partners receive grants from community organizations or local foundations to support *EarnBenefits* counselors and some leverage AmeriCorps volunteers, who provide benefits access service during their terms of service.

As support from foundations decreases over time, Seedco has been thinking more strategically about its business model. Seedco has worked with Accenture to develop a business plan for sustaining the national initiative, and with a pricing consultant to determine costing for potential licensing of *EarnBenefits*. Seedco may develop a base cost for the initial product license, while costs associated with customization and implementation will vary based on the existing infrastructure and technology in the state or locality (for instance, whether online portals exist), the model employed (for instance, centralized management by Seedco or management by a local intermediary), and the network of CBOs involved. Its growth efforts will also leverage emerging opportunities in the field, including health care reform.

## OUTPUTS AND OUTCOMES

The *EarnBenefits* system maintains a log of all inputs and thus allows Seedco to monitor and collect output and outcome data. Its monthly management report provides data for each *EarnBenefits* site individually and for all sites by locality on (1) the number of households screened, (2) the number of households determined eligible for benefits, (3) the number of households that expressed interest in applying for benefits and were therefore referred to complete benefit applications, (4) the number of households that enrolled in benefit programs (and benefit amounts), and (5) the number of households that enrolled in multiple benefit programs. Other ad hoc reports can also be generated upon request. Seedco has developed data sharing agreements with government agencies in some locations whereby Seedco provides a list to the agency of *EarnBenefits* clients who have applied for benefits and the agency returns information to Seedco about which of those clients were approved for benefits (and for how much). If such an arrangement does not exist, staff at *EarnBenefits* sites attempt to elicit information on application approvals and benefit amounts by following up directly with clients by telephone. Between January and February 2011, *EarnBenefits* connected 4,512 households to a total of 8,352 benefits valued at approximately \$13,766,129; between start-up in 2005 and February 2011, *EarnBenefits* had helped over 80,000 households access over 114,000 benefits valued at over \$146 million. Table E.1 presents data from the monthly management report for a typical month.

**Table E.1. *EarnBenefits* Activity Summary**

	Households in February 2011	Households between 2005 and February 2011
All Sites		
Screened	5,232	141,295
Eligible	5,212	135,146
Referred	4,428	121,025
Enrolled	2,790	80,480

Source: Seedco, 2011

Seedco provides monthly management reports to each local Seedco office or intermediary and conducts ad hoc queries as necessary. The national office and local sites use the data to monitor performance and identify areas for technical assistance. Seedco also uses data it collects in reports to funders and policymakers. Some *EarnBenefits* staff also use *EarnBenefits* data to advocate for clients whom the tool screened as eligible but who were denied benefits after application, comparing the information and eligibility calculations in *EarnBenefits* with the information used in the public agency's eligibility calculations.

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

While outcomes are site-specific and *EarnBenefits* has flourished in different settings, Seedco reports that the initiative tends to be most effective in achieving enrollment outcomes in sites where Seedco staff are managing *EarnBenefits*. First, most of these sites have been using *EarnBenefits* longer than others and thus have more experience integrating benefits access into core operations. Second, Seedco has substantial leverage over implementation and operations in these sites because in many instances it provides direct funding to the CBOs that are using *EarnBenefits* and can therefore build incentives associated with implementation processes and outputs into their contracts. CBOs and other partner organizations may assign staff with varying levels of computer experience or knowledge of public benefits to *EarnBenefits*. Seedco has found that in some instances, staff are very familiar with one benefit, such as SNAP, but are not aware of the multiple other public and private benefits for which their clients might be eligible. In response, Seedco has been working to specify *EarnBenefits* user qualifications and minimum use requirements in new contracts with partnering organizations and is developing new performance measures to use in their contracts—for instance, requiring that sites help a certain percentage of clients apply for multiple benefits. In the intermediary model, Seedco makes similar suggestions and provides comprehensive technical assistance to local intermediaries on best practices.

Funding is a challenge for the sustainability of the centralized management model of *EarnBenefits*. Private funding waxes and wanes with the economy and political forces, and public agency funding streams are often siloed, focusing on access to single rather than multiple benefit programs. To address this challenge, Seedco was, at the time of our visit in spring 2011, considering licensing the *EarnBenefits* product as part of its plan for sustaining the national initiative.

Seedco staff suggest that the key ingredients required to successfully replicate *EarnBenefits* in a new location are:

- Availability and capacity of implementation partners (so that there are staff with the appropriate time and training to use *EarnBenefits*).
- A high level of buy-in from social service agencies; most states have developed their own application portals but they vary in their functionality, so a key is to identify the gaps that *EarnBenefits* can fill and how it can add value to what already exists.
- Funding (from both national funders and local philanthropic support or from revenue-generating activities such as licensing) for development and maintenance of the technology for a given location and for implementation partners.

**APPENDIX F**

**HEALTH-E-ARIZONA (ONE-E-APP)**

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## OVERVIEW

Health-e-Arizona (HEA) is a web-based tool that allows users statewide to screen and electronically submit a single combined application or individual applications for TANF, SNAP, Medicaid, CHIP, and the Medicare Savings Program. Individuals may also recertify for those programs through HEA. In addition, HEA determines the sliding-fee scale rate for clients of health clinics who are not eligible for other benefits based on their income. Social Interest Solutions (SIS), a nonprofit organization based in California, operates the One-E-App tool on which HEA is based; the tool is owned by the California HealthCare Foundation (CHCF). SIS licenses the tool to states or localities and provides customization and integration services. The implementation of One-e-App in Arizona is called Health-e-Arizona (HEA). SIS has also licensed One-E-App to agencies in three other states: California (One-e-App), Indiana (Ind-e-App), and Maryland (Health-e-Link). HEA is available for self-service use, but also has a network of subscriber organizations that assist clients with the online tool, can view information about caseworker assignment, and have access to a state HEA liaison who can respond to questions.

The state Department of Economic Security (DES) accepts applications and determines eligibility for TANF, SNAP, and Medicaid as part of the state's combined application for benefits, and Arizona Health Cost Containment System (AHCCCS) accepts Medicaid-only applications (for certain programs) and administers CHIP. DES operates My Family Benefits, a website where TANF, SNAP, and Medicaid benefit recipients may view their benefit amounts and make changes to their contact and eligibility information. AHCCCS has a similar website called MyAHCCCS for Medicaid and CHIP recipients only. These two sites are alternate portals to HEA, offering individual users another way to check their case status and report changes (these sites can be used by clients who submitted paper applications, while HEA provides this capability only for people who submitted electronic applications).

All applications submitted through HEA are automatically sent to the state eligibility systems in twice-daily batches; this process registers the application. The name, social security number, gender and date of birth of the applicants are cross-checked with already-existing files and matched if appropriate. From this, applications are labeled either:

- New (For cases unknown to the system, application data automatically populate the eligibility system in an automatic registration process) or
- A change/duplicate/renewal (For cases already known to the system, caseworkers manually register the case and populate the data, making choices about what information in the system should be overwritten with new information from the application)

Originally, DES caseworkers printed all HEA applications and then scanned them into DES' document imaging system OnBase for storage, but now HEA is able to automatically create an image of the application in OnBase, eliminating this extra step for workers.

## DESIGN

Motivation. In 2001, El Rio Community Health Center, a Federally Qualified Health Center (FQHC), led a group of FQHCs, Community Health Centers Collaborative Ventures, Inc. (CHCCV), in inviting Deloitte to the state to create the first phase of HEA, in partnership with

DES and AHCCCS. This first phase was a web-based tool available solely at clinics to assist customers with applications for medical benefits. The FQHCs wanted to learn the status and disposition of Medicaid applications they helped client submit, so they could better assist clients. They had learned that One-e-App, by interacting with the state eligibility system, could provide that feedback. The state later became interested in using HEA more broadly to help clients submit applications electronically and to report changes and renew applications for Medicaid as well as other programs. The private stakeholders brought the tool to the state to serve their own needs, but the state was instrumental in fully integrating it with their eligibility system and using the tool to its full capacity.

**Management structure.** SIS licenses One-e-App to AHCCCS, which manages HEA in partnership with DES. DES accepts applications and determines eligibility for TANF, SNAP, and Medicaid as part of the state's combined application for benefits, but AHCCCS has overall responsibility for the Medicaid program and for CHIP. When it first came to the state, HEA was managed by a group of FQHCs led by El Rio Community Health Center. El Rio handed the license over to the state in 2008 in preparation for HEA's launch as a self-service tool in December 2008.

**Program inclusion.** HEA began with Medicaid and CHIP only, because a group of health centers was spearheading the effort to bring the tool to the state. In 2006, with the help of an FNS grant to DES, the system was expanded to include TANF and SNAP applications so that the tool would more fully serve the needs of DES and AHCCCS clients.

**Mode of access.** Since December 2008, clients have been able to access HEA online at any location with an Internet connection. The system first prompts the client to create an account and agree to share the entered information with the state. Information is stored in accounts, enabling clients to easily recertify for benefits using HEA, or use entered data to facilitate new applications for additional benefits. Based on initial screening questions, the system provides clients with a preliminary estimate of benefit eligibility. Clients can then choose to apply for any of the benefit programs (whether they were determined potentially eligible or not). Depending on which programs they choose, the system asks them all required application questions, providing help pages to explain questions further. SIS and the state made a concerted effort to keep the language to a sixth-grade reading level (and DES/AHCCCS can change help content at any time without cost). Clients must answer every question in order or they cannot continue. This requirement aims to increase the completeness of applications. After submitting applications, clients can view their status—pending, approved, or denied—at any time.

In addition to filling out the information electronically, clients must submit verification documents to receive a final eligibility determination. They can submit them in person at a local DES office (as paper applicants would) or electronically by fax or by scanning documents to their computer and uploading them to HEA. From their HEA account, they print out a fax cover sheet that has a customized barcode and a list of requested documents. Clients fax the cover sheet and documents to a designated number and the documents are then automatically scanned into the system and indexed to attach to their application using the barcode. Almost instantly, clients can see the attached documents alongside their HEA application.

Clients may obtain assistance using HEA through a subscriber organization. Before December 2008, clients could only access HEA through a subscriber organization. DES and AHCCCS staff reported that approximately 75 subscriber organizations are using HEA in 250

locations throughout the state. Subscriber organizations join the HEA network by paying a monthly fee (see Funding section below), and use a username and password to access the system on clients' behalf. No new equipment is required for subscribers to use HEA as long as the organizations have a computer with Internet access. However, by contract, each subscriber must have a designated HEA site administrator and is encouraged to have a supervisor as well. Once the application is submitted, subscribers can use HEA to learn the application status and disposition, as well as contact information for the caseworker assigned to work it (individual applicants using the self-service model can see their status only). If any questions arise about the application's status or timeliness, the subscriber can contact the DES eligibility worker assigned to the case or the assigned liaison (a designated DES or AHCCCS person who is the point of contact at each DES office for subscribers who are assisting customers with a case held by that office), because clients sign a release when they use the subscriber's services. SIS offers a toll-free helpline for state agencies and subscriber organizations to address questions or problems using HEA. AHCCCS maintains an HEA call center to help public users.

**Marketing and outreach.** There is little advertisement of the HEA subscriber network; most new subscribers learn of the opportunity from the state website or its mention at a meeting. DES staff have worked with a network of churches, however, to reach out to the Latino community to let them know about the Spanish version of HEA. Nearly all (90 percent) subscribers are medical based and, according to staff we met, medical providers are the most successful in adopting the HEA system because they have a direct monetary incentive (more of their claims are paid when more clients are determined eligible for benefits).

## TECHNOLOGY

**Development.** In 1999, CHCF, a nonprofit organization dedicated to improving health care in California, contracted with Deloitte to develop Health-e-App, a web-based application for Medicaid and CHIP in California. CHCF handed over the completed system to California along with a \$500,000 grant to implement it in 2001. Additionally, Deloitte received a resale license for Health-e-App that allowed them to market the tool to other states. In 2003, CHCF contracted with Deloitte again to develop an expanded version of the tool, called One-e-App, which included other public benefit programs in some California counties. Recognizing the need for One-e-App around the country, but also the inability to make a profit selling it, CHCF decided to found a nonprofit organization. SIS was established thereafter (in 2005, under the name "Center to Promote Healthcare Access"), with seed money from CHCF and with staff from CHCF and Deloitte, as an organization dedicated to making public benefit enrollment easier through technology. El Rio Health Center purchased a license to use One-e-App and services from Deloitte to adapt the application tool for Arizona with funding from a Health Resources and Services Administration (HRSA) grant.

**Implementation.** El Rio worked closely with the state in deploying HEA to ensure that first AHCCCS and then DES were amenable to and had the technological capability to accept electronic applications and to ensure compatibility with existing operating systems. Data sharing agreements and formal partnerships between DES and AHCCCS were critical, and were already in place at the time due to their partnership in managing the Medicaid program. Before rolling out the self-service model, the state conducted a study to observe how clients interacted with the online tool and where in the process they were requesting assistance from subscribers. The study informed the state on how to improve clients' experience with the system. HEA was implemented alongside cost-efficiency changes in DES, which included closing some local

offices, increasing telecommuting, updating the operating system, and implementing a new office visitor intake system that is intended to speed benefit determination for applicants (indeed, now some receive benefits on the day they apply).

When HEA was implemented in 2002, AHCCCS and DES staff went through a paper-based training seminar as an introduction to the new system. The AHCCCS staff passed on their knowledge of the system to their DES colleagues when the system expanded to TANF and SNAP programs. In addition, DES needed to establish a new office “daily routine” in processing applications to include both paper and electronic applications. Staff reported that before office procedures were adjusted, electronic applications were being neglected because staff did not know how to keep track of their arrival and what steps to take to process them.

AHCCCS and DES also created an e-learning course that trains new subscribers; by contract, all employees who plan to help clients with HEA must complete the e-training. AHCCCS and DES hold separate trainings for the designated HEA supervisors and site administrator as well.

**Maintenance and expansion.** To maintain One-e-App, SIS monitors the system’s performance regularly (including the bandwidth and servers) and conducts software tuning and database maintenance as needed. HEA and parallel tools in other states are all cloud applications, so SIS can address the more technical aspects of maintenance.<sup>31</sup> A help desk at SIS assists subscriber, AHCCCS, and DES users with the use of HEA, and addresses system issues. Subscriber organizations and AHCCCS and DES administrators assist their respective users with account management, including password resets. AHCCCS operates a help desk for HEA public users to assist them with password resets and to respond to questions about using the system as well as about programs for which they are applying. SIS works closely with AHCCCS and DES to learn of and understand policy and program changes that should be captured by HEA. SIS, AHCCCS, and DES have biweekly meetings. This is the main vehicle for addressing policy changes and needed modifications or enhancements to HEA. Often, SIS will accommodate minor change requests from DES/AHCCCS quickly (for instance, within two weeks), and sometimes for no charge. AHCCCS and DES may make changes to all help content on their own using administrative features available through HEA. For major changes or additions (such as new programs or policy changes), SIS will charge a fee and set a project schedule to implement.

## FINANCING

**Costs.** AHCCCS staff estimate that development of HEA (that is, the license for and initial customization of One-e-App for Arizona) cost about \$500,000. This figure is somewhat consistent with SIS estimates that the initial development of a One-E-App system will cost a state “a few hundred thousand dollars.” DES and AHCCCS agree that a lot of their recurring costs are self-created because they often request system changes from SIS. AHCCCS also pays an annual system subscription fee for access to cloud computing services, which they believe is a

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<sup>31</sup> Cloud computing is “the delivery of computing as a service rather than a product, whereby shared resources, software, and information are provided to computers and other devices as a utility (like the electricity grid) over a network (typically the Internet). Cloud computing provides computation, software, data access, and storage services that do not require end-user knowledge of the physical location and configuration of the system that delivers the services.” (see [http://en.wikipedia.org/wiki/Cloud\\_computing](http://en.wikipedia.org/wiki/Cloud_computing) ), accessed November 9, 2011.



reasonable amount for the level of ongoing support SIS provides. They also agree that the self-service model is much more expensive than the previous, assisted-only model because of the increased number of users (four out of five users are self-service users) and bandwidth requirements. As the tool serves more users and otherwise becomes more complex (adding more programs) it requires more server and telecommunication resources provided by SIS. Subscription fees help offset some of that cost.

**Funding.** El Rio Health Center secured funding from local and federal grants (from HRSA) to bring One-e-App to Arizona for medical applications only. Then DES secured state funding for much of the public accessibility expansion from a pool of money originally appropriated for a new state eligibility system (\$25 million). Ongoing funding for HEA also comes from subscriptions as well as from AHCCCS and DES budgets. Subscriber organizations pay a monthly fee to SIS, which includes user support from SIS, a DES liaison who can answer any application-related questions, and exclusive access to applicant caseworker information and application status. The monthly fee is based on the type (nonprofit or private) and size of the organization. For example, large urban hospitals pay \$1,500 each month for a subscription, large rural hospitals pay approximately \$750, and small hospitals or FQHC clinics pay \$400 per month. Other nonmedical nonprofits pay approximately \$50 or \$100 each month (dependent on the number of user accounts at the organization) but participation among this group is much lower. Nonprofit organizations often find that grant money or fee waivers are available from DES to cover their subscription fees. AHCCCS and DES use the subscription fees to pay for maintenance and new development as the tool is modified. In total, \$16,700 in subscriber fees is passed through each month to SIS.

## OUTPUTS AND OUTCOMES

In 2010, about 39 percent of all new applications to DES and 34 percent of all new AHCCCS applications were submitted through HEA. The rate for renewal applications is higher. Applications have increased since HEA implementation but it is unclear whether the increase is attributable to HEA or other factors. A large proportion of HEA applications are submitted from private computers. In April 2011, approximately one in five was submitted through subscribers. Because HEA applications were rarely submitted from DES offices, DES has removed the computers available for public use from its lobbies. Overall, 43 percent of HEA applications submitted through subscribers are determined eligible for benefits, although the most successful subscribers have higher rates of approval (the approval rate for HEA applications submitted through the Phoenix Indian Medical Center, for instance, is 58 percent). These subscribers say that the HEA system has increased their application loads, approval ratings, and reimbursement levels. Before the online system, the subscribers did not have the ability to track these statistics.

DES, which conducts eligibility determination for HEA applications, has not seen much improvement in its productivity due to HEA. Staff reported that HEA applications sometimes increased processing time before HEA was able to automatically create application images in OnBase. Complete HEA applications do process faster, according to staff; however, incomplete HEA applications are still slow to process. Over time, the staff hope to make gradual improvements in productivity.

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

While demand from the public for an online application system continues to grow, not all subsets of the population are tapping HEA equally. According to some subscriber organizations, rural and homeless populations are less likely to use HEA due to Internet-access barriers. In addition, many potentially eligible tribal individuals and households choose not to apply for benefits (through HEA or otherwise) because they believe their health care should be covered completely by the Indian Health Service as part of their treaty rights. Outreach by subscriber agencies has helped some families overcome these barriers and obtain Medicaid and CHIP benefits. Subscriber organizations have also been instrumental in helping English language learners take advantage of HEA. HEA does have a Spanish version that was developed by a team of Spanish-speakers who are familiar with different dialects.

As HEA's subscriber network has expanded, DES and AHCCCS have had to restructure the HEA training. Since March 2010, over 680 subscriber organization employees required training. DES and AHCCCS found that an online training course was the only way to satisfy increased demand for new trainings (in contrast to earlier, in-person and paper-based trainings that were logistically more challenging to deliver). The AHCCCS/DES training team has strategically and successfully risen to the challenge of continuing the expansion of the subscriber network while continuing to offer quality training. Other states using One-e-App have struggled with training, underestimating the costs for training and for smaller organizations (which may lack laptops, scanners or faxes) to join the network. They recommend having two people fully devoted to training and managing the subscriber network.

A constant challenge for DES is ensuring that HEA processes comply with federal and state benefit program policies. DES is in the process of making major system changes to adhere to SNAP application regulations (particularly in light of recent guidance from FNS about minimum information requirements for accepting applications). In the past, the state has dealt with other regulation challenges by waiving the face-to-face interview requirement and modifying wording on the immigrant status question. In addition, the state's fingerprinting requirement in SNAP limits some of HEA's value. While Medicaid-only applications do not require an interview and SNAP interviews may occur by phone, Arizona requires applicants for SNAP to be fingerprinted for identity verification and this must occur at a local DES office.

Another challenge to sustainability of HEA is ensuring smooth integration of the technology with an existing, older mainframe eligibility determination system. Staff report frequent system glitches and say that interacting with the system can be time consuming when pages are slow to load. These problems add to the workloads of caseworkers and cause confusion.

According to SIS, the One-e-App tool will be adaptable to the needs of health care exchanges formed in response to the Affordable Care Act. Section 1561 of that act, which governs Health IT and data security for those exchanges, was developed in consultation with SIS, based on their experience implementing HEA. (SIS is also part of a federal working group to identify what eligibility questions would be needed on a combined federal application for benefits.) SIS said One-e-App can be transferred to other states and made operational within three to four months of contract start.

Staff involved with HEA suggest that the key ingredients required to successfully replicate HEA in a new location are:

- Integrating online application data with program eligibility systems, since manually entering electronic applications data into the eligibility system creates more work for staff.
- Coordinating the effort internally among agencies that administer relevant benefits programs, process applications, and provide case management.

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**APPENDIX G**

**THE BENEFIT BANK**

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## OVERVIEW

The Benefit Bank (TBB) is an online tool that can be used to help individuals and families prepare and submit tax returns, benefit applications, and the Free Application for Federal Student Aid (FAFSA) for Pell grants. TBB exists in some form in Ohio, Arkansas, Florida, Indiana, Kansas, Maine, Mississippi, North Carolina, Pennsylvania, South Carolina, and Texas. In Ohio, where TBB is called The Ohio Benefit Bank (OBB), it also offers special service for SSI and SSDI applications. In each state where TBB exists, online access to it is available through trained benefit counselors at community organizations. Counselors use the computerized tool in conjunction with educational outreach to raise awareness of available tax credits and benefit programs. In some states (including Ohio), the public may also access a self-service version of TBB. Where supported by the appropriate state or federal agency, applications may be filed electronically through TBB. The tool was originally developed by Solutions for Progress, a private sector policy and technology company based in Philadelphia. Solutions for Progress, together with MDC (a nonprofit organization focused on education, employment, and asset-building) and World Hunger Year (an anti-hunger and anti-poverty organization), was working to implement TBB in other states at the time of our spring 2011 discussions with them.

### B. Design

**Motivation.** TBB was developed between 2001 and 2004 by Solutions for Progress as a tool for connecting people with a sustainable way out of poverty. The organization's philosophy is that TBB can act as a single access point for clients who would otherwise have to go to multiple agencies to tap the benefits for which they are eligible.

**Management structure.** In each state where it exists, TBB is run through a public-private partnership. OBB is run through a partnership between the Ohio Association of Second Harvest Foodbanks (OASHF), the Ohio Department of Jobs and Family Services (ODJFS), and the governor's office. OASHF is the intermediary between Solutions for Progress and the state. Having a nonprofit intermediary involved in the management of OBB allows the tool to work across programs and organizations, despite bureaucratic hurdles. Former Governor Ted Strickland was also instrumental in facilitating collaboration among entities that did not usually work together to launch the effort. Other state agencies involved in the effort and their roles are identified in Table G.1.

**Program inclusion.** Each state using TBB includes different programs in the tool. OBB has the longest list (Table G.2).<sup>32</sup> Originally, OBB included 12 programs, but by the end of 2008, it had expanded to include at least 20 programs. Because OASHF is Ohio's intermediary, food programs were the first promoted through OBB. The state agency that administers food programs also administers TANF and Medicaid, so those programs were added next. Additional programs have been added to OBB over the years to serve other populations.

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<sup>32</sup> In addition, veterans educational benefits will be added to OBB in November 2011.

**Table G.1. State and Federal Agencies Involved in Operating OBB**

State Agency	OBB Role
OASHF	OBB Intermediary
Corporation for National and Community Service and Ohio Commission on Service and Volunteering	Provides funding for AmeriCorps VISTA members who train OBB counselors and AmeriCorps State members who are OBB counselors at local organizations
Governor's Office of Faith-Based and Community Initiatives	Provides state-level support and oversight
Ohio Department of Aging	Receives Golden Buckeye Program and Senior Community Service Employment Program applications
Ohio Department of Development	Receives HEAP applications
ODJFS	Provides funding for statewide operations and receives TANF, SNAP, Child Care Assistance, Medicaid, Medicare Premium Assistance Program, Healthy Start (CHIP), and Healthy Families applications
Ohio Department of Mental Health	Provides funding for the SSI platform in development
Ohio Department of Education	Receives school meal program applications
Ohio Department of Rehabilitation and Correction	Hosts OBB sites
U.S. Department of Veterans Affairs	Administers veterans benefits, which are being added to OBB
Social Security Administration	Receives SSI, SSDI, and Medicare Extra Help Applications
U.S. Department of Agriculture Food and Nutrition Service	Provides funding through Ohio's SNAP Outreach Plan
Internal Revenue Service	Receives federal tax returns and provides funding for free tax assistance
Ohio Department of Taxation	Receives state tax returns
U. S. Department of Education	Receives Free Application for Federal Student Aid

Source: OASHF, 2011



**Table G.2. Programs Included in OBB**

Programs
SNAP
WIC
Free and Reduced-Price Lunch Program
Medicaid (including Healthy Start, Healthy Families, and Aged/Blind/Disabled Medicaid)
Medicare Premium Assistance
Child and Family Health Services (CFHS)
Bureau for Children with Medical Handicaps (BCMh)
Extra Help for Medicare Part D
Ohio's Best Rx
SSI/SSDI
Federal tax returns
State tax returns
EITC and other tax credits
Free Application for Federal Student Aid (FAFSA)
The Home Energy Assistance Program (HEAP)
Child Care Assistance
Ohio Works First Cash Assistance (OWF)
Golden Buckeye Program
Senior Community Service Employment Program (SCSEP)
Big Brothers Big Sisters "Amachi" Youth Mentoring Program
Voter registration

Source: OASHF, 2011

**Mode of access.** TBB is available in three models: counselor-assisted (in which trained counselors assist individuals using the tool), professional (in which trained counselors use the tool on behalf of clients and serve as their authorized representative), and self-serve (in which individuals use the tool completely on their own). In the first two, TBB is offered in conjunction with educational outreach to raise awareness of available tax credits and benefit programs. Not all states that use TBB offer each model. Ohio does, and has counselor-assisted sites in every county. Ohio also offers a mobile site called the OBB Express, a specially equipped van that travels to various locations throughout the state providing application assistance and enrolling clients in programs.

**Marketing and outreach.** OASHF employs five regional coordinators to recruit organizations to become OBB sites in their regions. OASHF also markets OBB to CBOs in other ways. For instance, OASHF produces brochures about how CBOs can become OBB sites, and business cards that include an 800 number and the website address for more information. OASHF also markets OBB's services to potential clients. For instance, one series of flyers focuses on the message "File Your Taxes for Free!" and describes OBB's services and how to reach them. Each flyer shows a person or a family, representing a range of ages and races. Another series of flyers uses the same photos and text from the first series, but uses the message "Over 20 Streamlined Applications: The Ohio Benefit Bank Self Serve."

OBB uses its mobile van to target vulnerable populations that may not be able to travel to a local office or partner organization, such as residents in rural communities and prisoners who

will soon be released. The van is also used when there is a natural disaster to get benefit to clients quickly.

## TECHNOLOGY

**Development.** Ohio was the first state to launch TBB on a large scale. Initially, the National Council of Churches paid to have TBB customized for Ohio. After having heard about the tool, the general secretary of the National Council of Churches called on staff he knew in the Episcopal Diocese of Southern Ohio to determine whether Ohio would be open to the opportunity to be the first state to use TBB broadly (TBB was piloted in 2002 in Philadelphia). Then the National Council of Churches established a plan for OASHF to be the intermediary agency. OASHF developed close partnerships with state agencies to pilot the effort statewide in 2006. Because Ohio was the first state to launch TBB on a large scale, its experience may be somewhat different from what others experienced or would experience if implementing it today. The pattern of initiating TBB through a catalytic role for philanthropy and subsequent development of state relationships, however, is common.

Originally, applications for benefits submitted through OBB had to be printed on paper and submitted to the appropriate agency. By the end of 2008, electronic submission of applications for many programs became possible. Until then, online application data coming from OBB had to be manually rekeyed into the state program eligibility systems by state staff. To address this burden, the OASHF, ODJFS, and the Governor's Office of Faith-Based and Community Initiatives worked together with Solutions for Progress to develop a software bridge from OBB to the ODJFS eligibility system called the Eligibility Gateway, which launched in late 2008. The Eligibility Gateway allows electronic data from OBB to flow into the eligibility systems for SNAP, Medicaid, and the Medicare Savings Program. This tool functions as a holding pen for data that are submitted in the online application (both in OBB and in the state's own online benefit application), from which county eligibility workers retrieve information before entering it into CRIS-E, the state's 30-year-old eligibility mainframe system. For clients who are new to the eligibility system, data are transferred seamlessly. For clients who already have a record in the eligibility system, workers manually enter new or updated information, and identify and confirm any discrepancies between the old record and new application with the applicant. The state worked closely with Solutions for Progress to develop a submission protocol and data sharing agreement so that application data would be transferred smoothly. While Solution for Progress' primary motivation for developing the Eligibility Gateway was to further increase access to benefits, the public agencies were primarily motivated by the opportunity to increase their efficiency.

**Implementation.** Many different types of organizations serve as OBB sites, including churches, food pantries, and Ohio prisons and prisoner reentry facilities. To become an OBB site, an organizations needs to take three steps: (1) attend a one-hour webinar designed to help the organization determine whether it is a good fit for OBB, (2) sign an organization agreement (which identifies the standards of operating an OBB site) and complete a site profile to register the organization as an OBB site, and (3) send staff or volunteers to OBB counselor training. Each counselor participates in two trainings; the training on benefits lasts six hours and the training on taxes lasts four hours. AmeriCorps VISTA members act as trainers for the counselors at each OBB site. Other states have an FTE who is responsible for training all counselors.

**Maintenance and expansion.** Solutions for Progress maintains the platform for TBB from its own servers and networks in Philadelphia; staff make changes as benefit rules change and add benefits as states request them. The intermediaries in each state interface with Solutions for Progress whenever necessary to keep things running smoothly. Counselors can also call a technical support hotline run by Solutions for Progress.

Over time, TBB has rolled out new programs and functionalities within Ohio (as noted above) and to nine additional states. South Carolina is in the process of developing an Eligibility Gateway similar to Ohio's that will go live in spring 2012.

## FINANCING

**Costs.** States pay Solutions for Progress a one-time fee to implement TBB, which covers its customization for that particular state and development of the capacity for application data to flow from TBB to state eligibility systems. While this fee depends on the number and nature of benefit programs included, it is usually somewhere between \$1 million and \$1.5 million. There is also a one-time fee each time a new benefit is added to the system; the amount depends on the nature of that particular benefit. States must also pay Solutions for Progress for the regular maintenance that the system requires (for example, software updates as program policies and computer systems change, so that the transaction remains seamless for customers); this annual cost can be somewhere between \$600,000 and \$1 million. Additional costs associated with TBB include central staff housed at the intermediary organizations and equipment for sites such as laptops or mobile printers.

**Funding.** Solutions for Progress developed TBB with its own funding and maintains the tool with resources it receives through licensing fees. The National Council of Churches paid Solutions for Progress to customize TBB for Ohio. Ongoing administration for OBB is supported by a variety of grants from government entities as well as from foundations and nonprofit organizations. Examples of the latter include the Knight Foundation, The Columbus Foundation, the Jesse Ball DuPont Fund, the Episcopal Community Services Foundation of Southern Ohio, The George Gund Foundation, and the Walmart Foundation. VISTA volunteers act as trainers for the benefits counselors at each OBB site and, to support OBB sites, OASHF makes mini-grants to organizations to purchase equipment. Recently, TANF block grant and USDA SNAP outreach grant funds supported the development of a software bridge from OBB to the state's eligibility system.

## OUTPUTS AND OUTCOMES

As of February 2011, OBB had 4,256 trained counselors at 1,191 sites statewide. Over time, OBB has assisted over 213,972 individuals. Those who have used OBB have applied for more than \$452 million in benefits and tax refunds or credits. In state fiscal year 2011, OBB sites screened 56,675 households, of which 48,985 households submitted an application or tax return. Those 48,985 households submitted 86,185 tax return or benefit applications (on average, households submitted more than one).

A survey by Ohio University, commissioned by OASHF, found that respondents who used OBB typically first went to meet with a counselor to check about eligibility for food benefits, though many also learned about other benefits while they were there.<sup>33</sup> Half of them reported they would have been unlikely to apply without OBB, and more than 80 percent reported good or excellent satisfaction with their experience. Among applicants the study followed for two to three months after submitting their OBB application (a subset of the original group), nearly three-quarters had been approved for benefits (mostly food assistance). Half of those who had not yet completed the application process by that point reported they were waiting for an appointment date. According to the study report, in 2010 alone these benefits created hundreds of Ohio jobs, generating more than \$32.6 million in wages and \$5.5 million in state and local taxes. OASHF has used findings from the study to better understand client needs, and determined that they needed to increase efficiency for clients by adding electronic submission of documents and document imaging. They also determined that they should create a self-service option to allow more individuals to access the tool from anywhere at any time.

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

Before OBB enabled electronic application submission, it was difficult for eligibility workers to handle the influx of applications. The addition of that capability helped streamline offices' processes. The integration of online application data and eligibility system data further eased burden on staff by eliminating the need to manually rekey application data. Development of a system like Ohio's Eligibility Gateway to serve as an intermediary between OBB and the state's eligibility system is a creative solution for states whose eligibility systems are not compatible with web-based benefit program application tools. The Eligibility Gateway structure also helps keep data secure and reduces implementation barriers by holding information in a secure location that is outside the firewall for state agencies. In addition to the Eligibility Gateway, other policies in place in Ohio have streamlined the effort's operations (such as aligning certification periods across programs, and moving to categorical eligibility and a standard utility allowance for SNAP).

Identifying funding to make the initiative sustainable is a challenge. Grants from government agencies are often required to be spent specifically on programs that come out of those agencies (for example, FNS or CHIPRA grants focus on promotion of SNAP or CHIP, respectively, and cannot be used to enhance or extend other aspects of the effort). TBB involves multiple work supports, so it can be a challenge to find funding sources that support the full breadth of the effort. Therefore, it is important to leverage existing resources in creative ways. For example, OBB uses AmeriCorps VISTA members to train OBB counselors, and both Ohio and South Carolina rely on foundation support to cover operating costs.

OASHF staff recommended that the effort to connect people with public benefits and other work supports could be further streamlined by using auto-enrollment (or opt-out rather than opt-

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<sup>33</sup> See: Ohio University Voinovich School of Leadership and Public Affairs. "A Study on the Impact of The Ohio Benefit Bank: Full Summary Report." September 2010. Available at [[http://oashf.org/docs/publications/OBB\\_Full\\_Report\\_2010.pdf](http://oashf.org/docs/publications/OBB_Full_Report_2010.pdf)]. Accessed September 24, 2011; and Ohio University Voinovich School of Leadership and Public Affairs. "The Economic Impact of The Ohio Benefit Bank." February 2011. Available at [[http://admin.oashf.org/uploads/news/Technical\\_Report\\_040111.pdf](http://admin.oashf.org/uploads/news/Technical_Report_040111.pdf)]. Accessed September 24, 2011.

in) approaches based on information they make available to other programs. For example, when families use Medicaid to pay medical bills surrounding a birth, they suggested auto-enrolling them into WIC. They believe that dollars spent “keeping people off” benefits (through complex application procedures) could instead be used to provide benefits to eligible individuals using data sharing.

Staff involved with TBB suggest that the key ingredients required to successfully replicate TBB in a new location are:

- A nonprofit intermediary with more flexibility than a state agency to run TBB (and staff at the intermediary with commitment and passion); this model, successfully replicated in other TBB states, helps the effort work across programs and organizations, despite bureaucratic hurdles.
- An influential high-level leader who can demand quick implementation and results, forcing entities that do not usually collaborate to work together to launch the effort.

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**APPENDIX H**  
**UTAH HELPS/myCASE**

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## OVERVIEW

The electronic Resource and Eligibility Product (eREP) is the Department of Workforce Services' (DWS) rules-based eligibility determination system for 25 to 30 programs including TANF, SNAP, Medicaid, and child care assistance. The state Department of Technology Services (DTS), which provides centralized technology services for all state departments, runs eREP. Public-facing online tools allow customers to interact with eREP data in multiple ways. First, Utah Helps, launched in 2007, allows applicants to screen for benefits and to complete and submit applications online. Second, the myCase portal, operational since October 2010, interacts with eREP so customers can receive (but not submit) information about active cases. Finally, the state originally offered Utah Cares as a resource and referral site; it has since become Utah 2-1-1 Information and Referral, a program of Utah Food Bank Services. DWS has other technologies in place that directly or indirectly support their online applications and customer accounts, including centralized eligibility call centers (to conduct interviews in English or Spanish), document imaging (both for filing and for receiving faxed images), and eFind (a data brokering system).

By spring 2011, MyCase was being enhanced to replace and improve the functionality of Utah Helps, allow customers to update cases online, and automatically populate eREP with online data. Utah Helps is not integrated with eREP; the online application data must later be rekeyed into eREP by a worker. Eligibility workers enter data into eREP either during a phone interview with a customer or as they receive applications from Utah Helps. This data reentry step will be eliminated when myCase is enhanced to move application data directly into eREP.

## DESIGN

**Motivation.** Efficiency has motivated past and planned changes in Utah. Prior to the eREP system, Utah DWS operated the Public Assistance Case Management Information System (PACMIS), a 20-year-old legacy eligibility system. In April 2001, DWS initiated a gap analysis of the system and found it was meeting only 52 percent of all state eligibility-related business needs and state and federal regulations. DWS began development of eREP in response, to improve accuracy and increase internal efficiencies. The state sought a software package in which eligibility rules for multiple programs might be programmed in, so that the system, rather than the worker, would determine the applicant's initial and ongoing eligibility across programs.

Later, when the state legislature considered privatizing Medicaid eligibility to save money, DWS accepted the challenge of leveraging existing technology to match the cost savings the private companies proposed to offer. Using eREP as a springboard, DWS developed Utah Helps/myCase to shift work from DWS staff to clients. The system allows clients to read notifications, check benefit balances or case status, make case changes, provide requested information, or ask questions and receive answers online. When a client makes changes online, the information is automatically updated in eREP (a system enhancement in development will also automatically transfer online application data into eREP). Allowing clients to do more of their own case management and eliminating the need for arduous rekeying processes have enabled the state to reduce the size of the eligibility workforce. The state anticipates additional cost savings from applicants and beneficiaries opting to receive electronic notices rather than paper mail through the U.S. postal system and from using the myCase online chat feature in place of phone calls to eligibility staff or the state's call center.

**Management structure.** For the past 15 years, DWS has managed eligibility determination and case maintenance for 25 to 30 public assistance programs including TANF, SNAP, Medicaid, and child care assistance. (Prior to this, up to five different departments ran the programs DWS now administers; those departments and staff were merged in 1996.) Planning for eREP began in 2001. DWS led the effort, with guidance and support from the Department of Human Services (DHS), Department of Health (DoH), and Chief Information Office (CIO) at DTS. Community advocates were also invited to provide feedback and comment to DWS regarding eREP development. DWS regularly sent representatives to monthly community organization meetings to provide updates on the system and collect community feedback. DWS held and continues to hold monthly meetings to discuss policy in eREP, as well as weekly myCase meetings with all relevant parties.

**Program inclusion.** DWS/DTS waited to implement eREP until all programs were built into the system so that staff were not working in multiple systems at once. eREP includes approximately 30 programs. Utah Helps/myCase enables electronic application submission for 13 programs. Development began with programs with the simplest rules and progressed to include programs with more complicated rules (first TANF and child care, then SNAP and other financial programs, with medical programs last).

**Mode of access.** Individuals can use Utah Helps from any computer with Internet access. A third party (such as a counselor at a community-based organization) may not navigate the system on behalf of clients. A planned change to myCase (in July 2011, after our site visit to Utah), was intended to provide access to third-party members in response to concerns community advocates expressed about customer access to benefits using Utah's suite of tools when third party assistance was not possible.

Utah Helps tells users what documents to have ready before they start and approximately how long it will take them to complete the application. It begins with a few questions that ask what programs they are applying for and some basic questions about income, assets, and household composition to help the tool decide which questions are relevant to the user. The text is at the fifth-grade level and at any time users can click an icon on the screen to get help through an online chat or call a hotline for assistance.

**Marketing and outreach.** DWS outreach workers visit CBOs to distribute materials on Utah Helps/myCase. DWS reported plans to conduct additional outreach for myCase when the interactive application was launched in September 2011 (according to the planned schedule during our summer 2011 site visit).

## TECHNOLOGY

**Development.** eREP was developed with Cúram software using IBM as the system integrator. IBM developed the TANF and child care rules for eREP with help from state employees but Utah later hired independent contractors to add SNAP and other financial programs to the system. Then, in the interest of time and cost savings, the state began acting as its own systems integrator to incorporate the medical programs. During later stages of eREP's development, DTS employed 100 contractors (hired explicitly for eREP development) and approximately 100 internal staff (rerouted from DTS and DWS existing staff). This phase of development, led by DTS, is referred to as the Open Source Initiative (OSI).

**Implementation.** In July 2009, DWS restructured eligibility functions for public assistance programs. Management shifted from the regional to the state level and cases were reassigned to a hierarchy of teams, rather than by last name, with the lowest tier team primarily responsible for SNAP and higher tiers responsible for CHIP, financial assistance programs, and child care. Administrators said these changes smoothed implementation of eREP and myCase because the new process for case assignment corresponded to eREP's design. eREP was implemented between October 2009 and June 2010, and was phased in by program and by team, with lowest-tier teams converted first. Despite the positive effects of department centralization and cross-department relationships, eREP implementation took place during what respondents referred to as "the perfect storm." DWS/DTS started eREP implementation shortly after division restructuring (which resulted in a reduced workforce) and during an economic downturn that increased benefit applications.

When Utah implemented eREP, each team received a one-week training, culminating in a hands-on lab that required workers to process a fictional case in the new system. After the training, a team's cases were converted from PACMIS to eREP, and the team began working in the new system the next week.<sup>34</sup> During implementation, cases were identified that were incorrectly entered into PACMIS and had to be manually modified in order to convert into the eREP system, causing delays in the implementation process. Staff experienced difficulty adapting to the new system and DTS reported that they needed many more trainers to help with this transition. To provide ongoing support, DWS and DTS now run telephone troubleshooting help desks to assist workers who are having problems with eREP (three within DTS and five within DWS).

In October 2010, shortly after eREP was fully implemented, DWS launched the first iteration of the myCase online portal, through which customers could read notifications and check their benefit balances or case status. In May 2011, myCase became interactive, allowing customers to make many case changes online (these change reports automatically update the case in eREP) and providing an English-only e-chat function to guide users through the portal and answer questions. Customers could also sign up for paperless notices (by text message or email) that inform them they need to log into their myCase account to respond to a request for needed information. The system uses Liferay software, the foundation for TurboTax. The September 2011 update was intended to allow myCase customers to submit applications online. This system will replace Utah Helps, which lacks the user-friendly features that myCase will include, and will link directly to the state's electronic eligibility system.

**Maintenance and expansion.** DTS stopped paying for Cúram software maintenance in July 2010 and now makes all modifications and upgrades to the system themselves through the OSI, using the product with licenses purchased earlier. DWS and DTS collaborate to operate eREP and Utah Helps/myCase. DTS project managers and programmers are co-located within DWS to manage their technology needs. A DWS liaison facilitates clear communication and collaboration between the technology and program sides (staff said this communication is essential to success). eREP can be updated as policies evolve. Depending on the type of change to the eREP rules system, a work team is assembled including staff from DWS and DTS. System

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<sup>34</sup> This was the process in most instances. Some workers received their training several months before the rollout and experienced difficulty remembering what they had learned when their cases converted to the new system.

upgrades and changes typically roll out quarterly, on predetermined Saturdays (unless a change must be made before this) and DTS notifies workers of upcoming changes.

## FINANCING

**Costs.** Total costs to develop eREP over nine years (including the purchase of the Cúram software, licenses, upgrades, development, contractors, and DTS staff) totaled close to \$80 million. DWS has not estimated costs for internal staff involved in eREP and did not hire additional staff for development of the project. However, during eREP implementation in fiscal year 2010, DWS incurred total overtime expenses of \$1,148,000 (\$23,000 more than budgeted).

DWS also realized some cost reductions as eREP was developed and implemented. The restructuring of eligibility functions eliminated roughly 100 eligibility worker positions, saving DWS an estimated \$6 million through staff and space reductions in the first year. The explicit goal of myCase is to use technology to create greater efficiencies in state government. Its rollout unintentionally coincided with a directive from the Utah state legislature to cut state agency budgets. DWS responded with an estimated reduction of \$9.4 million, to come from technology improvements that enable them to further reduce (by attrition rather than layoffs) the roughly 1,000 current (spring 2011) eligibility staff positions by about 140 by June 2012; the agency is already over halfway to this goal. DWS anticipates these staffing reductions and budget cuts will be feasible due to (1) enhancing myCase to include online applications that will move directly into eREP, (2) allowing workers to focus on determining eligibility rather than answering client requests for information that myCase will now resolve, (3) ensuring that workers receive all information submitted for a particular case at the same time (rather than iteratively) to expedite determination, (4) using the e-chat service to respond to customers while reducing the load on the costly call center, and (5) beneficiaries opting to receive electronic notices rather than paper mail through the U.S. postal system.

**Funding.** Initial funding to develop eREP came from a TANF grant totaling approximately \$20–30 million. In total, approximately one-fifth of the funding came from the state of Utah, with the balance from federal funding streams (TANF, SNAP, medical assistance, refugee, child care, Medicaid, and general funds).

## OUTPUTS AND OUTCOMES

In March 2011, 186,107 households had an open case with at least one DWS program. During that month, DWS received 23,367 new applications, of which roughly three-fourths were submitted online through Utah Helps. In the six months since myCase went live, 88,000 users had registered and 8,000 users had opted to receive paperless notifications. During its initial seven days, about 2,250 changes of information were made online.

An unintended consequence of moving to Utah Helps/myCase and eREP is the substantial increase in SNAP and Medicaid error rates. Specifically, the SNAP error rate doubled from three percent to six percent after eREP implementation, ranking Utah 49th in the country for active cases and 51st for negative cases (closures and denials). DoH is also concerned about substantial increases in Medicaid errors.<sup>35</sup> Administrators attributed the increase in error rates to staff learning the new system, backlog,<sup>36</sup> the more rigorous process instituted for identifying errors across programs when eREP was instituted, and working out the technology bugs in the new system. They anticipate accuracy will improve as staff and customers adapt to the new systems. DWS instituted two safeguards to monitor the accuracy of customer-entered information. First, electronic flags notify an eligibility worker if something looks suspicious (such as a customer changing his or her housing costs for three consecutive months). Second, workers use scanned documents and the eFind data matching system to check the accuracy of the information entered against existing information, contacting customers about any discrepancy. DWS is also in the process of strengthening case review processes. Benefits will not be processed until staff fix identified problems, and staff will be able to see their mistakes. This will also create competition between staff and hopefully result in greater efficiencies.

## ISSUES FOR SUSTAINABILITY/EXPANSION/REPLICATION

Development of eREP and the public-facing online tools that interact with it was expensive. Utah found that the Cúram COTS product it purchased provided approximately half of what the state needed in order to build a rules-based eligibility system. The state incurred substantial expenses for after-market systems integrators (either state staff or contractors) to customize the tool for the state. Software upgrades were expensive (\$6–7 million each) and with each one programmers had to make reportedly burdensome changes to the eligibility rules associated with each program. An additional cost has been the annual maintenance fees for the product totaling about \$2 million per year.

Despite the nine-year development period, some state staff felt that the implementation of eREP was too rushed, especially when integrating medical programs, which caused inaccuracies in the system. Some DoH staff felt the development team was trying to make too many changes too quickly, losing quality and accuracy, which resulted in negative implications for end users. DoH thought the development team did not consult with them enough about the integration of medical programs; they suggested that a representative in the governor's office should have more control over eREP and myCase development and implementation and provide more oversight to DWS. Program staff said that they did not have the time to make good policy decisions about eligibility, and that some policies were modified to fit the technology while other eligibility rules were oversimplified (leaving greater room for error, and violating federal policies). DWS administrators said they felt pressured by the state legislature to implement eREP and myCase as funding dwindled and that instead of working to stabilize the eREP system, DWS/DTS had to take staff off the eREP project to develop myCase, which stretched resources too thin.

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<sup>35</sup> DoH is responsible for Medicaid programs. As part of a 2007 cost savings measure, DWS absorbed DoH eligibility workers and now does all eligibility work for Medicaid under contract to DoH.

<sup>36</sup> At the peak of the DWS backlog there were approximately 45,000 overdue tasks; on average throughout the implementation phase there were close to 25,000 overdue tasks.

Some advocates continue to have concerns about the web-based tools Utah offers. Advocates were worried that, though the myCase site is available in Spanish, the chat function is not, and Spanish speakers must continue to call in for assistance. Furthermore, community advocates report that some users experience difficulty understanding the names of documents requested in myCase; they encourage the state to consistently use document names that are familiar to users. Advocates also worry that many users still require paper applications and will not be able to keep up with the electronic system.

Utah administrators, staff, and partners suggest that the key ingredients required to successfully replicate eREP/Utah Helps in a new location are:

- Providing staff training and ongoing support, and budgeting generously for the staff learning curve (such as overtime to compensate for the transition and refresher trainings to raise issues that may lead to system improvements).
- Including staff at all levels in the change process from the start.
- Implementing program eligibility requirements simply and consistently to help streamline the technology (without allowing technology to drive policies or procedures).

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