Feasibility Study to Determine the Capability to Streamline and Automate Processes for Key Public Benefits Enrollment: FINAL Feasibility Report

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Prepared for:
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ACRONYM LIST

ACA	Affordable Care Act
ACL	Administration for Community Living
API	Application programming interface
CMS	Centers for Medicare & Medicaid Services
ESAP	Elderly Simplified Application Project
HHS	U.S. Department of Health and Human Services
LIHEAP	Low-Income Home Energy Assistance Program
LIS	Medicare Part D Low-Income Subsidy
MSP	Medicare Savings Programs
SMS	Short message service
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
TEP	Technical expert panel
UI	Unemployment Insurance

EXECUTIVE SUMMARY

In the public benefits access space, eligibility rules may be set at both the federal and/or state level and vary by program. While there are numerous digital interfaces that help individuals screen and apply for these benefits, these often require manual updates as eligibility rules change annually with federal poverty guidelines. The U.S. Administration for Community Living (ACL) asked the National Council on Aging (NCOA) to explore the feasibility of whether an automated rules engine could streamline eligibility updates to digital interfaces. An automated rules engine is one of many components in a larger enrollment system and NCOA examined the feasibility of a solution(s) that streamlined and automated each component of the system, from screening through benefit renewal. NCOA identified numerous regulations, technology, and political barriers that impede automation, and there is no precedent to automate enrollment in the existing siloed public benefits system. This report summarizes recommendations to improve automation of specific points throughout the benefit application and enrollment process, which the study identified as a more feasible option to facilitate increased enrollment.

Public benefits are essential to supporting lower-income individuals and families in meeting their daily needs for food, housing and utility expenses, and healthcare. Unfortunately, most programs suffer from low enrollment rates, meaning that substantial numbers of eligible individuals and families do not realize the benefits of these programs. For example, estimates from an NCOA study indicate that significant numbers of older adults are eligible for, but not enrolled in Medicare Savings Programs (MSP) and the Medicare Part D Low-Income Subsidy (LIS) (Popham et al, 2020). In 2018, an estimated 82 percent of eligible individuals participated in the Supplemental Nutrition Assistance Program (SNAP) nationally; that rate was considerably lower for older adults, at only 44 percent (Mathematica Policy Research, 2021). There is also substantial variation in SNAP participation rates by state. Estimates of participation by eligible older adults in SNAP varied from a high of 73 percent in New York to a low of 22 percent in Wyoming in fiscal year 2018. Over a decade ago, it was estimated that as much as $65 billion in public benefits had not been claimed by eligible individuals and families (Waters-Boots, 2010); an estimate by Benefit Kitchen puts that number closer to $80 billion.[1] By either estimate, it appears that vast sums are being left untapped. Increasing enrollment in public benefit programs can lead to decreased costs downstream. For example, low-income adults enrolled in SNAP have 25 percent lower healthcare costs compared to non-participants (Carlson & Llobrera, 2022). In addition, states that expanded Medicaid have seen large reductions in uncompensated care and hospital closures compared to their non-expansion state counterparts (Manatt Health, 2019).

Low enrollment numbers are attributed in part to administrative barriers faced by individuals and households trying to access benefits. These barriers – including determining eligibility and applying for benefits – can be particularly challenging for older adults who face higher rates of disability and cognitive decline (Centers for Medicare & Medicaid Services and U.S. Digital Service, 2016). To reduce some of the administrative burdens faced by consumers – particularly related to access – and to increase program enrollment, many efforts have been made to move to online eligibility determinations and applications. Results from a survey of individuals using

[1] BenefitKitchen's estimate of unclaimed benefits is based on a calculation of the number of working poor Americans, the budget allocations for 18 public benefit programs adjusted for take up rates, and an estimate of administrative costs. https://benefitkitchen.com/

NCOA's BenefitsCheckUp found that "an online screening tool is a promising strategy for increasing benefit take-up rates among older adults with the value of benefits received far exceeding investments" (Napier et al, 2021). There is also some positive feedback related to the move to online applications as reported in a brief published by the Annie E. Casey Foundation, The Ford Foundation, and the Special Fund for Poverty Alleviation of the Open Society Institute (Waters-Boots, 2010).

While eligibility screening and the move to an online application have proven valuable for individual programs, there remain challenges to improving enrollment *across* public benefit programs. Online screening and application interfaces are impeded by the need for manual updates to underlying eligibility rules, which occur, at minimum, on an annual basis and are often siloed by benefit program.

From the societal perspective, as well as from the perspectives of program administrators and consumers trying to access benefits, there are numerous advantages to more integrated approaches. There have been many efforts to integrate systems supporting different programs, often at the state or local level and particularly focused on SNAP, Medicaid, and Temporary Assistance for Needy Families (TANF). The Affordable Care Act (ACA) of 2010 provided funding, via enhanced federal Medicaid matching funds from the Department of Health and Human Services (HHS), for states to update or build systems that would streamline processing across programs with the coverage and subsidies available through health insurance exchanges or marketplaces. There have also been privately funded efforts, such as the Integrated Benefits program,[2] focused on creating an integrated application for health, food, childcare, and cash benefits. Despite these numerous efforts, there remain significant obstacles to coordination and linkage across other programs, especially when covering multiple geographies and different agencies.

Under a cooperative agreement with ACL, NCOA commissioned L&M Policy Research (L&M), with partner Benefit Kitchen[3] to conduct a multi-phase study to assess the feasibility of improved automation of benefits enrollment, including through a repository of computerized rules, e.g., a rules engine, that would be maintained by many different parties.[4] The study also examined the feasibility of whether a more broadly streamlined system – one that incorporates the automation of eligibility rules as well as the human interactions throughout the screening and enrollment process – could facilitate enrollment into and across multiple public benefits. This report synthesizes findings from all four phases of the feasibility study: environmental and market scan,

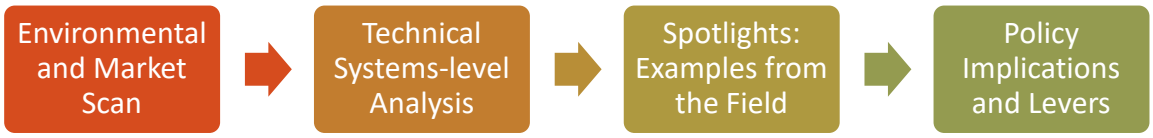
[2] The Integrated Benefits program is a Code for America initiative that started in 2017. Since then, it has piloted combining the application processes for various public benefit programs with state governments in Michigan, Alaska, Colorado, Louisiana, Vermont, and Minnesota and with partners such as the Center on Budget and Policy Priorities, Nava Public Benefit Corporation, and Civilla.

[3] L&M and Benefit Kitchen are referred to throughout this report as the "study team".

[4] Because eligibility criteria for many benefits programs divides populations into two groups—1) older adults and persons with disabilities and 2) younger, non-disabled populations—our recommendations look specifically at these two broad categories. Data regarding under-enrollment of young adults with disabilities into benefits and the reasons for this is scarce. In addition, the scope of this research did not allow for an adequate deep-dive into the myriad range of disabilities and how automation (or lack thereof) might facilitate or impede access to enrollment by type of disability. Many of the recommendations, while made through a lens of improving access for older adults do, however, have salience to individuals with disabilities, such as eliminating in-person interviews for persons with mobility challenges.

technical systems-level analysis, examples from the field: spotlights, and policy implications and levers (Figure 1).

Figure 1. NCOA Feasibility Study Phases



Environmental and Market Scan

The environmental and market scan set the context for the rest of the study. The scan helped develop a clear picture of the current environment in which public benefits are provided, including the most innovative tools that combine applications for multiple benefit programs, the availability of tools that integrate across the different steps in the benefits application process, and gaps or challenges in online application and enrollment systems. A few key learnings from the scan include:

- Most states have online application systems for multiple benefit programs, frequently Medicaid and SNAP.
- Existing systems often begin with screening and referral, but few include all the steps – screening, information and referral, online application, eligibility determination/enrollment, and re-application/re-certification – that lead all the way to enrollment.
- Most systems have separate components that are manual or human-assisted – these may be steps in the process necessary to satisfy program requirements (e.g., an interview), options for consumers to receive assistance with the process, or steps that have not yet been automated.
- The majority of systems are geared toward programs that focus on families and children rather than those that target older adults or people with disabilities. While the benefit programs commonly included are relevant for broad populations, there are few states or tools that incorporate online applications for programs specific to these groups, such as MSP or LIS.

These findings set the stage for our approach to the technical systems analysis.

Technical Systems Analysis

The purpose of the technical systems analysis was to identify the high-level requirements for an automated and streamlined public benefits access system, including features such as collecting information, determining benefits eligibility, sharing, and updating information, verifying enrollment, and recertification. Using findings from the environmental scan, the study team developed an organizing framework to highlight the most critical features and areas for

integration across public benefit programs to create a streamlined system (see Appendix C). Establishing an understanding of these requirements and how they could be met served as the basis for evaluating the feasibility of the proposed system.

As part of the technical systems analysis, the study team hosted a Technical Expert Panel (TEP) – including public benefit system technology and policy experts – to obtain their input on the organizing framework and on key considerations for feasibility. The TEP was brought together to consider the technical aspects of automating benefits access, including the feasibility of creating and maintaining an eligibility rules engine for federal public benefits administered by states that would make it easier for benefit applications to access eligibility rules through application programming interfaces (APIs). APIs could allow different benefits systems to obtain eligibility rules from a federal repository and automate eligibility determinations.[5] The panel did not consider a singular "federated" rules engine as a viable approach to automating access to benefit eligibility checks at this time, and recommended a broader approach that would address a variety of barriers to existing tools and systems. The recommendation reflects multiple considerations, including: (1) there is no precedent for a successful federated rules engine for benefits eligibility in the existing siloed public benefits system; (2) such a system may not meet the needs of marginalized persons who will benefit from a more tailored approach to applying for and enrolling in benefits; and (3) rather than considering current systems obsolete, it may be more effective and useful to think about how to coherently align and leverage the existing systems and technologies.

In consultation with NCOA, the study team created an organizing framework that identifies specific points throughout the application and enrollment process that could be improved and better coordinated to support increases in enrollment (see Figure 5). The tools, definitions, and key considerations are discussed in detail in the *Technical Systems Analysis and Technical Expert Panel* section.

Spotlights: Examples from the Field

To further refine the study, NCOA asked the study team to provide examples of how some of the critical components of the set of tools work and have been implemented. To demonstrate feasibility, we prioritized the elements of the framework to include examples of services or tools where there are proven or deployed functional solutions, including:

- *Call centers.* Call center services can support potential enrollees by conducting eligibility screenings, answering enrollee questions, and even providing application support.

- *Authentication*. Authentication allows users to use one set of credentials across multiple programs, which can both improve access and reduce consumer burden.

[5] While not specific to benefits eligibility, similar advances in automation have occurred in other areas. As an example, the Da Vinci project helped to streamline the system of prior authorization requests from health care payers by enabling direct submission of those requests through a standard technology solution already supported by most electronic health record systems.

- *Screening.* Pre-screening for eligibility using screening APIs can markedly decrease administrative costs for processing applications and reduce consumer uncertainty and burden.

- *Closed-loop referral systems.* Referral systems – particularly closed-loop referral systems – can increase transparency and care coordination across programs.

- *Applications.* Simplified and integrated applications can increase cross-enrollment and reduce burden.

These are discussed in detail in *Spotlights: Examples from the Field* section of this report.

Policy Implications

To further assess feasibility, the study team conducted an analysis of critical policy barriers and challenges across public benefit programs and considered what changes would be required to create a pathway forward for such a framework to support increased benefit enrollment. The policy topics focus on issues of eligibility and enrollment, applications, recertification, equity, and data access and usage.

The study analyzed barriers and proposed potential solutions for each component of the system. The recommendations are based on innovative actions currently occurring at the state and federal levels, findings from other project activities (e.g., environmental scan, TEP meeting, etc.), and an assessment of best practices and opportunities identified in the literature and by industry experts. Ultimately, the study team identified and analyzed nearly 20 different options to improve the public benefit eligibility, application, and recertification process, with an overarching focus on health equity and data innovation. By prioritizing options that build upon existing efforts in the space, the study team highlights solutions that are primed for near-term impact and implementation and include:

- Simplifying and standardizing eligibility rules

- Improving the benefit application process

- Reducing churn during recertification

- Addressing inequities through enhanced project support

- Leveraging data for public benefit administration

While the analysis includes barriers and solutions for the identified policy options, it stops short of providing specific recommendations related to statutory, regulatory, or legal actions that would need to be considered – these would need to be addressed as part of an implementation plan for any of the policy actions.

Each policy option is discussed in detail in the *Policy Implications* section of the report.

Feasibility

Building upon the findings from the policy considerations, the study team conducted a high-level feasibility assessment and prioritization activity for the policy options. The team highlighted four options, which we identified as the most primed for implementation based on their ability to leverage momentum of current initiatives, their potential for expedited implementation based on limited legislative or regulatory action required, and their potential to increase enrollment in benefits. We identified current initiatives that could be replicated or enhanced to facilitate policy implementation and implementation options – including policy goals, approaches, and specific actions (highlighted below) – that could be pursued.

Possible Next Steps

1. Convene workgroup of key federal agencies to develop common public benefit program definitions, terminology, and support the creation and use of more relevant APIs
2. Develop resources to support streamlining and integrating public benefit applications
3. Explore factors inhibiting program administrators from maximizing use of administrative data for benefit administration
4. Conduct human-centered design study to further understand consumer access barriers and challenges during the public benefit process

Each of the implementation options and next steps are discussed in detail in the *Recommendations* for Next Steps section.

ENVIRONMENTAL AND MARKET SCAN

The purpose of the environmental and market scan was to develop a clear picture of the current environment in which public benefits are provided, including the organizations involved, the types of processes and tools used for enrollment (and their level of automation), and the limitations of current systems. In addition to describing the current public benefits landscape, the results of the scan laid the foundation for the remaining project activities. To gather relevant information, we used a combination of online searches and review of relevant organizational websites, incorporating suggestions from NCOA and partner Benefit Kitchen in initial meetings. Articles were only reviewed if published within the last five years. These articles highlighted organizations, states, and tools that were viewed as being the most innovative or progressive in the application and enrollment process in public benefits. Based on this initial literature, we used a "snowball" approach to identify other relevant articles and tools cited in the original resources.[6]

We used a spreadsheet to track various aspects of each article and tool including the public benefit programs covered, state(s), a summary of the article, tool capabilities, and gaps/challenges. We also recorded information about each tool's capabilities as related to each step of the process of applying for public benefits – from screening to re-application/re-certification – to assess the tool across the entire process. Each step is defined below in Figure 2. We focus report findings on programs most relevant to older adults: 1) Low-income Home Energy Assistance Program (LIHEAP), 2) Medicare Part D Low-Income Subsidy (LIS), 3) Medicaid, 4) Medicare Savings Program (MSP), and 5) Supplemental Nutrition Assistance Program (SNAP).

Figure 2. Tool Capabilities

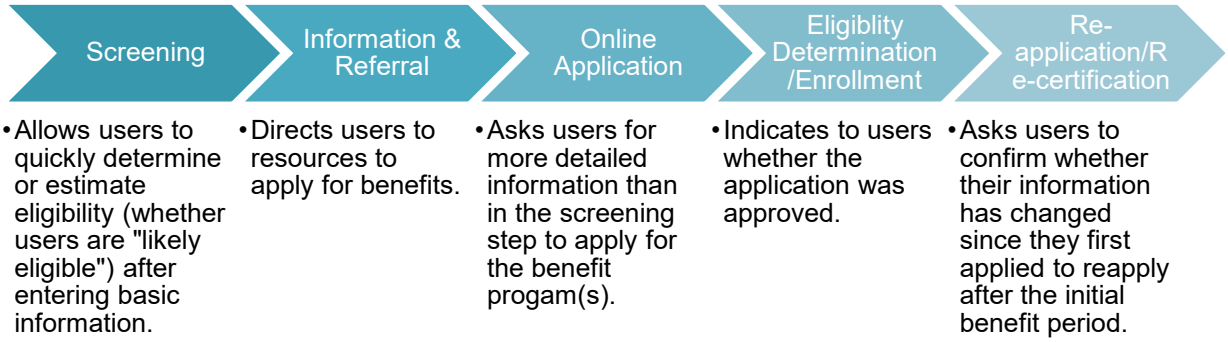


Table 1 below lists the tools reviewed, classifying tools as "online tools" or "intermediary or vendor tools."[7] "Online tools" are those that allow users to complete the screening process or

[6] Additional information on our search methods is provided in Appendix A.

[7] Because we did not conduct a formal search using only defined search terms but relied on the "snowball" approach supplemented by additional targeted searches, we may have missed some existing tools. Additionally, we were not able to access all the tools and their features. For example, we were able to access demo sites for some tools or move through the screening process using "test" information. However, for some tools, users need to create an account to apply for benefits online, so we were unable to experience the entire online application process. This limits our analysis in terms of determining whether tools provide certain capabilities.

that allow users to create an online account to apply for benefits (not all "online tools" have both a screening and application step, e.g., NJ Save does not include screening). "Intermediary or vendor tools" are tools that do not allow users to apply for benefits but provide useful features of functionality that may be considered in a full online tool, such as the ability to upload documents. For the remainder of this report, we refer generally to "tools" as the "online tools" and specify the "intermediary or vendor tools" as needed.

Table 1. Tools Reviewed in the Environmental Scan

Online Tools	Intermediary/Vendor Tools
• BenefitsCheckUp (all states) • Benefits.gov (all states) • Eligibee (all states) • mRelief (all states for screening, select states for application referral) • Benefit Kitchen Benefit Screener (Arizona, California, Louisiana, New Jersey, New York, Texas, Virginia) • One-X-Connection (Arizona, California) * • BenefitsCal (California) • GetCalFresh (California) • Colorado PEAK (Colorado) • ConneCT (Connecticut) • MI Bridges (Michigan) • MN Benefits (Minnesota) • NJ Save (New Jersey) • WV PATH (West Virginia) • ACCESS (Wisconsin)	• Nava uploader tool (Vermont) • LA' MESSAGE (Louisiana) • Benefit Kitchen API (all states)

** We were unable to access One-X-Connection to test its features, so this tool was not incorporated into the tools matrix (Figure 4).*

Findings

In this section, we present overall findings from the study team's scan of the literature and exploration of existing tools. Because our goal was to assess the extent to which there are existing systems for public benefits enrollment along several different dimensions, we organize our findings accordingly. First, we discuss what we learned about existing systems that integrate multiple programs. We then describe our findings related to systems that integrate multiple steps of the process from screening to enrollment.[8] In addition, we present other key factors related to online systems and tools for families and children and tools meant for older adults. Throughout this findings section, we describe the target population (i.e., families and children, older adults, or other population segments). Figure 3 highlights key overall findings from the environmental scan.

Figure 3. Key Findings from the Environmental Scan

- ◊ Most states have online application systems for multiple benefit programs, most frequently Medicaid and SNAP.
- ◊ Existing systems often begin with screening and referral, but few include all the steps that lead all the way to enrollment.
- ◊ Most systems have separate components that are manual or human-assisted – these may be steps in the process necessary to satisfy program requirements (e.g., an interview), options for consumers to receive assistance with the process, or steps that have not yet been automated.
- ◊ The majority of systems are geared more toward programs that focus on families and children rather than those that target older adults and people with disabilities. While the benefit programs commonly included are relevant for older adults and people with disabilities, there are few states or tools that incorporate online applications for programs specific to this population, such as MSP or LIS.

In Figure 4 below, we provide a matrix showing the number of tools we reviewed that incorporate a specific benefit program (those of most interest to older adults) and step in the enrollment determination process. For example, we reviewed 12 tools that screen for eligibility for SNAP but only one that screens for LIS eligibility. Also, the same tool may be counted more than once if it covers multiple benefits programs and/or multiple process steps; for example, BenefitsCheckUp is counted under the screening step and under the information referral step for each of the benefit program rows (Refer to Appendix A for details about which specific tools cover each step). Some caveats for this matrix include:

- We were unable to view all the tools, so in some instances, we had to make assumptions regarding whether a tool incorporated a specific process step. For example, we were unable to access MI Bridges, so we cannot say with certainty how the eligibility determination step works.

[8] When considering automated rules engines, we were thinking not only of engines that supply the rules around eligibility screening, but also those which may function to automate benefits renewals/recertifications, hence the exploration across multiple phases of the enrollment process.

- For some benefit programs, there may be eligibility determination steps that do not occur during the online application process, such as an in-person or telephone eligibility interview for SNAP.

Figure 4. Tools Matrix by Benefit Program and Tool Capability in the Enrollment Process, for the 14 Tools Reviewed

		Tool Capability/Process Step				
		Screening	Information Referral	Online application	Eligibility Determination /Enrollment	Re-application/Re-certification
Benefit Programs	LIHEAP	4	4			
	LIS[9]	1	2	1	1	
	Medicaid	9	9	5	5	1
	MSP	5	6	4	4	1
	SNAP	12	11	7	7	1

Existing Systems that Integrate across Multiple Programs

A 2020 Aspen Institute article reviewed 21 distinct tools and found that the most common benefit program included was SNAP, followed by Medicaid, TANF, and WIC (King and Ramos, 2021). Additionally, according to a 2019 Code for America report that assessed online application systems for SNAP, Medicaid, TANF, WIC, and LIHEAP, most states (31) have a combined online application including at least SNAP and Medicaid. However, adding LIHEAP in this combination reduces the number of states with a combined application to only 14 (Code for America, 2019).

Our review of various tools echoed these findings. Thirteen out of 14 of the online tools reviewed included a process step for SNAP. "NJ Save" was the only online tool that did not include SNAP. (On their website, NJ SAVE indicates that if an individual seems to be eligible, then they will send information to LIHEAP or SNAP, but it is not included in the main application.) BenefitsCheckUp was the only tool identified that screened all the programs of interest for older adults (LIHEAP,

Examples of Integrated Tools

MI Bridges
Michigan is often considered one of the most integrated benefit systems in the country. Their online platform, MI Bridges, incorporates a single application for food assistance, medical assistance, child development and care, cash assistance, and state emergency relief. After the pilot program, in which 90 percent of users were able to apply in 20 minutes or less, it was launched statewide in 2018 and is currently used by more than 2 million residents each year (Civilla, n.d., *Project re:form*).

One-X-Connection (OxC) (designed by Alluma).
This product is designed for government agencies and nonprofits to support eligibility determination and enrollment of individuals and families in a range of health and social services. OxC was implemented in California to support screening and eligibility for CalFresh (SNAP) and Medicaid. The tool offers capabilities such as automated electronic communication to applicants, data collection and entry, a customizable business rules engine, a document management system that accepts PDFs and applies them to the appropriate program, and a system of dynamic questioning that adapts to consumers' needs and supports the process from application intake through enrollment and renewal. (Per a blog dated March 18, 2022 on Alluma's website, this product, although beneficial in the benefits space, will no longer be supported.)

[9] Following completion of this scan, we learned that the Social Security Administration does not offer a true API/ data bridge for external systems to submit LIS applications; see our recommendations for ways to address this barrier.

LIS, Medicaid, MSP, and SNAP). As noted in Figure 4 above, very few tools included MSP, LIHEAP, and LIS in their online application systems. From both the literature and our review of tools, SNAP and Medicaid are the benefit programs most often integrated into an online application.

Existing Systems that Integrate across Multiple Process Steps

The Aspen Institute's scan of 21 tech-enabled safety net (TESN) tools identified five types of tools within the benefits life cycle. The three types of tools most applicable to this report are described below:

- **Connectors** provide information on public benefits available in a geographic area and serve as a database of social assistance information. Connectors are a type of tool similar to the process step that we refer to as **information and referral**.

- **Screeners** allow users to quickly estimate eligibility for a benefit program and may be user facing or used by entities such as governments, non-profits, and businesses. This is similar to the process step that we refer to as **screening**.

- **Enrollers** support individuals through the process of applying for and receiving benefits. Enrollers may act as a state's dedicated partner for receiving benefit applications, operate independently of the benefit program, or help individuals maintain their enrollment. This incorporates what we refer to as the **online application** and **eligibility determination** steps but is broader than what we define for these two steps. For example, Aspen characterizes initiatives such as text message reminders for recertification as "enrollers."

The Aspen Institute's research indicated that enrollers are the most common type of TESN tool, followed by screeners and connectors (King and Ramos, 2021). This is slightly different than our review, as the report's definition of "enrollers" is broader than our definitions of "online application" and "eligibility."

Most of the tools that we reviewed include the screening and information and referral steps. Screening tools have an option that allows users to determine if they are "likely eligible" for a benefit program. Although the time to complete the screening varied by tool, they each typically ask for similar information, such as household size, income, and expenses. Some tools, such as BenefitsCheckUp and Benefits.gov, include two screening steps: 1) one that asks only a few questions to determine a baseline of programs that users may be eligible for and 2) an optional set of more specific screening questions to narrow down the list of benefit programs.[10] After the screening step, most tools also provide additional information about each specific benefit program.

The literature indicates that all or most states include the online application step for Medicaid and SNAP (separate applications), however, only 18 states have an online application for LIHEAP (Code for America, 2019). In our review, a few of the tools integrate all process steps

[10] This environmental scan was conducted prior to the relaunch of BenefitsCheckUp, which eliminated the two-phase screening process. Users can now enter their zip code, select the category of benefit programs that they are interested in (e.g., "Health Care & Medication"), and answer a short list of screening questions.

through eligibility determination for SNAP, Medicaid, and MSP. Only NJSave has an online application for LIS, and there were no tools that integrate across eligibility determination for LIHEAP.[11] For tools for which we completed demos, the online application step is longer than the screening process and includes more detailed questions related to demographics, household, income, assets, expenses, and health status. Most systems also require users to create an account to apply. Only one of tools that we reviewed, ConneCT, incorporates all process steps from screening to re-application/re-certification for Medicaid, SNAP, and MSP. Although we were unable to access their online application without creating an account, their website indicates that users can renew for SNAP, cash assistance, and Medicaid online using connect.ct.gov and their account. Once logged in, there is a section on the homepage for "renewals" which indicates which programs are in the renewal cycle.

Other Key Factors

In addition to the integration of benefit programs and process steps, several other factors specific to eligibility determination, application assistance, and document submission, emerged in the environmental scan as important considerations when determining the feasibility of integrating applications and an automated rules engine for purposes of benefits enrollment.

- ***Additional Requirements.*** Some benefit programs may require additional steps beyond the online application to determine eligibility. For example, after completing an application for SNAP, individuals need to complete an eligibility interview and provide proof of the information reported in their application. This interview is typically completed over the telephone or in-person.[12] For WIC, one report documents that three states are piloting conducting the in-person interview or certification for eligibility by video (Nava, 2020).

- ***Application Assistance.*** There may be some steps in the application and eligibility determination processes where alternative approaches involving a human interaction may be particularly useful for older adults who may be less familiar with technology. For example, a chat or call center function may be useful if individuals have questions or need assistance regarding their online application. Two examples of pilots to test communications with clients are described below:

    - LA' MESSAGE: This pilot tested a one-way text messaging service that broadcasted reminders and guidance to clients at key points throughout the benefits enrollment and renewal process for Medicaid, SNAP, TANF, and WIC. Over eight months in 2019, LA'MESSAGE sent text message reminders to more than 108,000 clients. For SNAP redetermination, LA'MESSAGE created a 37 percent increase in renewals with 70 percent of clients renewing benefits over the baseline of 51 percent. For Medicaid renewal, LA'MESSAGE created a 67 percent increase in case approvals, with 25 percent of clients successfully renewing over the baseline of 15 percent (Code for America, 2019).

[11] Notably, eligibility determinations for LIS occur at the federal level through the Social Security Administration.
[12] https://www.fns.usda.gov/snap/recipient/eligibility

- Two-way text messaging: As part of the Integrated Benefits Initiative, Civilla and Code for America worked with the Michigan Department of Health and Human Services to pilot a two-way text messaging program between caseworkers and residents for paperwork submission to drive faster determinations and reduce the number of cases closed due to missing documents. Although limited in scale, the two-way text messaging experiment was the first of its kind to test text message exchange between residents and caseworkers within health and human services agencies. Approval rates improved from 53 to 67 percent, days to determination decreased from 13 to 10 days, and procedural denials remained the same overall, but varied across caseworkers (Civilla and Code for America, 2019). In addition, a couple of state agencies overseeing WIC certifications have implemented two-way texting. Text messaging has improved the show rates to video or phone certification appointments and has also improved communications about what documents are needed in advance of the certification appointments (Nava, 2020).

- ***Document submission.*** A core piece of the application process is submitting documents that provide proof of the information provided, such as proof of income. One example of an "intermediary tool" that helps with this aspect is the Nava uploader tool. The state of Vermont, in partnership with Nava, piloted an uploader tool to allow residents to submit their eligibility documents electronically for 37 of the state's public benefits programs. After deployment of the uploader tool, 46 percent of users were able to submit documents within 24 hours of state requests, and the number of days to reach an eligibility determination for SNAP decreased by 44 percent (Fichera, n.d.). Another example is from three state agencies that use an uploader tool to support document submission to certify clients for WIC benefits. The document uploader is credited with improving the agencies' efficiency by allowing staff to focus more on services and less on data entry activities (Nava, 2020).

- ***Application Programming Interfaces***. Application programming interfaces (APIs) have the potential to improve service across all process steps by allowing disparate technology systems and programs to share data, reducing duplication of effort and standardizing results. APIs allow designers to build a program- or system-specific interface and "ping" outside data sources for the relevant content. A collection of APIs (screening, referral, application-status, recertification, document-submission, etc.) would provide governments, nonprofits, and for-profits the tools that they need to innovate on the back of a civic "operating system." Some government and for-profit organizations already use free or fee-based APIs to provide Information and Referral data (e.g., names of agencies, hours of operation, services offered or application documents). For instance, Benefit Kitchen offers an API that can be used by front-line service providers to screen individuals for eligibility for up to 18 safety net programs in all 50 states (King and Ramos, 2021). ***Existing Systems for Older Adults and People with Disabilities.*** Most online application systems include SNAP and Medicaid, which are

Example of how APIs could be put into practice:

Instead of multiple organizations figuring out how to assess whether clients meet FPL guidelines, a "Federal Poverty Level API" would allow service providers to query it (for a specific family size) and build their own screeners based on a percentage of the FPL. Investments in interpretation of rules and writing code would be minimized and results could be standardized across users.

available to both families and children, older adults and people with disabilities. Several of the tools that we reviewed include benefit programs geared towards families and children, such as WIC and childcare assistance; however, few tools include benefit programs specific to older adults and people with disabilities. For example, only four of the 16 tools that we reviewed include an online application for MSP or LIS (see Appendix A for details).

Gaps and Challenges

This environmental scan highlights several gaps and challenges related to public benefit eligibility systems that provide context for and can help shape the remaining study activities. At the conclusion of this phase, an initial list of gaps and challenges was incorporated into our analysis and feasibility assessment. The initial list of gaps and challenges included:

- ***Focus of most existing tools is on benefits for children and families.*** While most states have online application systems that combine multiple benefit programs, most commonly SNAP, Medicaid, and TANF, there are few states or tools that include programs specific to older adults, such as LIS or MSP. It's important to note, too, that even when some programs that serve all age groups have online applications available, the rules governing eligibility for older adults/persons with disabilities may not be built into those online systems, and they still require a manual element to complete the application.

- ***Most tools focus on screening and information referral.*** Very few existing systems integrate all steps across the eligibility determination process. Integration of benefits for multiple programs is stymied by the different eligibility criteria as well as program-specific requirements (e.g., the eligibility interview for SNAP), making it difficult to streamline across programs (U.S. Government Accountability Office, 2017). These issues are not a result of technical challenges but are related to underlying policies.

- ***Few applications are mobile friendly.*** While benefits applications are increasingly accessible online, a smaller proportion can be accessed through a mobile device. More specifically, 7 of 10 benefits applications are online, but only 3 of 10 benefits applications are mobile-friendly (based on a review of Medicaid, TANF, SNAP, WIC and LIHEAP) (Code for America, 2019). This can cause access issues for some Americans who have varied access to the internet (broadband and mobile) or access solely through a mobile device (Perrin, 2021).

- ***Few of the tools reviewed have online versions in several language options.*** Most tools offer the option to translate the website to Spanish, however, only a few of the tools offer other languages, such as Vietnamese or Arabic. This creates an access gap for persons who may speak languages other than Spanish or English and also can increase the need for one-on-one support during the application process.

- ***Integration of technology with human interactions is growing but is not yet widespread***. Without policy changes, there will continue to be a need for human assistance for some tasks, and some users will require assistance regardless of the advances in technology/automation of eligibility rules. Efficiently integrating human and

electronic activities requires that technology enables, not hinders, staff who may work on the backend of processing eligibility applications or advocates who may help applicants.

- ***Current online applications vary in ease of use.*** Several factors affect an online system's usability – such as the time it takes to complete an application, availability of a mobile app, whether or not users have to create an account, or identification proofing – that vary across programs and states. For example, it takes clients in Minnesota approximately 10 minutes to complete an application for the same three programs as applicants in Montana, where it takes 30 minutes. In addition, several states have 50 or more screens in their online applications for various benefit programs compared to only 25 screens in MI Bridges (Code for America, 2019). These variations suggest that there is a significant opportunity to improve the user experience in some applications.

- ***Privacy concerns related to user data.*** As users input sensitive and detailed personal information into these online tools, they need to be able to trust that the information will be used properly. However, appropriate access and use of data may not always be the case. For example, Michigan has been managing significant challenges with its unemployment insurance (UI) system for years. This includes their UI system inappropriately flagging tens of thousands of residents of unemployment fraud and a lack of background checks for employees accessing resident data (Alvarez and Oosting, 2020; White, 2022).

TECHNICAL SYSTEMS ANALYSIS AND TECHNICAL EXPERT PANEL

The purpose of the technical systems analysis was to identify the high-level requirements for an automated and streamlined system, including features such as collecting information, determining benefits eligibility, sharing and updating information, verifying enrollment, and recertification. Using findings from the environmental scan, the study team developed an organizing framework (Appendix C) to highlight the most critical features and areas for integration across public benefit programs. Establishing an understanding of these requirements and how they could be met served as the basis for evaluating the feasibility of the proposed system. During this phase of the project, the study team conducted two key activities:

- Assembled a Technical Expert Panel (TEP)
- Updated the organizing framework based on learnings from the TEP

Technical Expert Panel

On September 16th, 2022, we hosted a virtual one-time TEP to gather multiple subject matter experts (Appendix D) to provide expert opinion, knowledge, and experience to help evaluate different systems integration approaches, understand technical and governance challenges, and shape the project's path forward. The panel had two main foci:

1. Offer feedback on the technical systems-level analysis organizing framework described above; and
2. Provide guidance and recommendations on the selection of the key features of an end-to-end solution.[13]

Key Learning from the TEP

An automated system should not be the primary focal point given that the public benefits system is decentralized by design.

Rather, a model including multiple *coordinated and streamlined* systems functioning as a whole might be the best option for improving access and increasing enrollment in public benefits by low-income older adults.

The study team heard from the TEP that a strategy to promote distributed interoperability and coordinated quality improvement might be the most practical way to improve the accessibility of benefits to low-income adults and people with disabilities. This entails setting aside the vision of a "federated repository of eligibility rules" – and instead envisioning a healthier public benefits ecosystem that promotes access through improvements to multiple systems.

[13] While the initial scope of this project, as defined by ACL, was to examine the feasibility of an automated rules engine specific to the eligibility component, the study team expanded this to look at automation – and accompanying human elements – across the stages of screening, application, and renewal of benefits.

The repository solution and framework were met with significant resistance from the TEP (see Appendix E for detailed notes from the TEP). The TEP offered the following considerations to creating a fully centralized and streamlined system for older adults to apply for public benefits:

- There is **no precedent for a successful repository of eligibility rules** in the existing siloed public benefits system.
- The public benefits system is **decentralized by design**. A reconceptualized framework needs to consider that there can be multiple systems that operate with some autonomy, while still functioning as a coherent whole.
- When considering the concept of creating a streamlined process, it is important to consider that **efficiency in systems can be at odds with effectiveness.** A more efficient, streamlined system may not be as effective for some populations - TEP members agreed that this is especially true when thinking about "marginalized people," such as low-income older adults and people with disabilities. Marginalized populations may require more tailored approaches and formats to support them during the application and enrollment processes, which is less compatible with a singular automated system. For example, a beneficiary with a mobility or visual impairment might not benefit from an entirely online system, especially if the application does not come in large formats.
- It is important that any solution focuses on ensuring that the features and processes support **equitable experiences and outcomes for all users.**
- Rather than considering current systems obsolete, it may be more effective and useful to think about **how to coherently align and leverage the independent existing systems and technologies**.

As a result of this suggested change in focus, the study team modified our organizing framework and identified several systems and links that would need to be coordinated, developed, improved, and connected to build a federated set of tools that could comprise a viable end-to-end solution.

> ***"There is a mental model shift from a problem that can be solved to a web of problems, some of which are fundamentally not 'solvable' – but that perhaps can be improved." – TEP Panelist***

It is important to note that this model attempts to solve a very complex problem; we present a simplified, high-level version that serves as a starting point to identify how a more effective benefit enrollment system might be assembled.

The Coordinated Model

The Coordinated Model reflects learnings from the TEP, the environmental scan, and also overlaps with the original technical systems analysis framework. As described in the section above, since benefits programs are administered by many agencies across 50 states, territories,

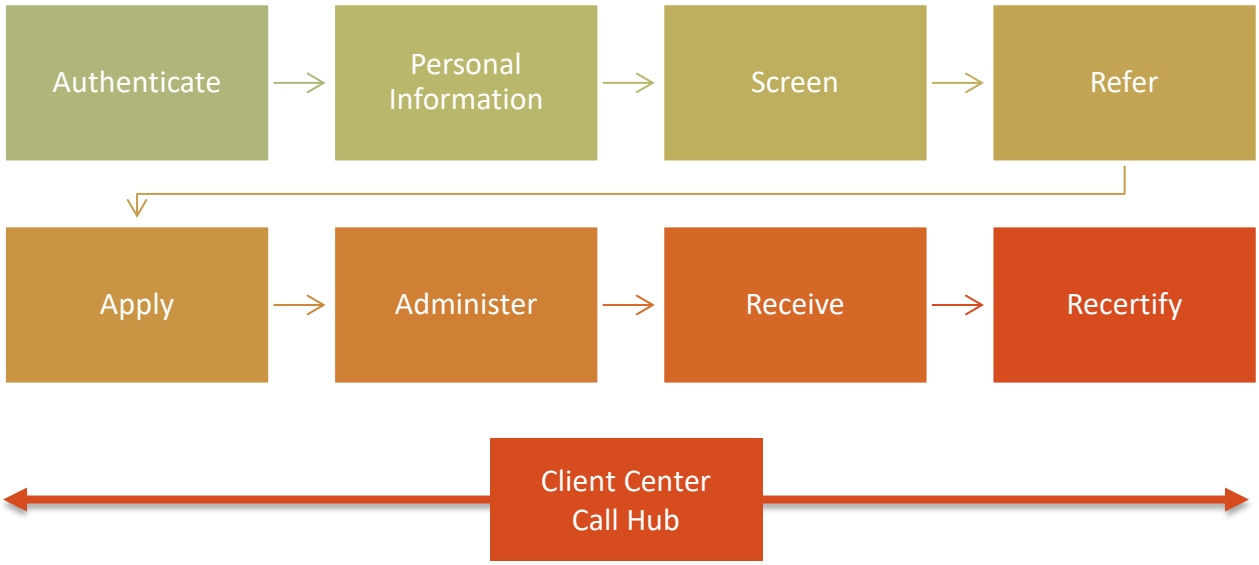
and local government, the prospect of improvements to this ecosystem is best understood, not in terms of a single solution, but rather in terms of a complex, multi-faceted process of quality improvement and system integration that may need to be deployed opportunistically. The Coordinated Model better represents this framework and helps refine the focus of the feasibility study from trying to create one singular, streamlined system to identifying specific points throughout the application and enrollment process that could be improved and better coordinated.

The Coordinated Model largely represents the application and enrollment process on the "back-end," from the perspective of the systems that actually process the applications (i.e., not necessarily from the perspective of the applicant). Each of the "links" in Figure 5 below represent a step in the process.

The Client Hub and Call Center elements are the only real client facing elements of the model and can be accessed throughout all steps of the application process (though all of the elements will contribute to the client's user experience). The Client Hub and Call Center are foundational pieces of the framework since they are required throughout the process. The Client Hub should be thought of as the "user interface" that shepherds the client from point to point through the process. The Call Center can be supplanted (like any of the other services) for regional/local assistance or offered centrally as a nationwide solution (this could vary from state-to-state, region-to-region).

Each of the links in the model can utilize a "web service" or application programming interface (API) to enable many third-party systems to interact with a shared infrastructural process. For the purposes of this framework, a web service should be considered as a database or data system that provides information to fulfill a specific data request (e.g., the balance of a client's EBT card). These services can span states or differ among states. This means that a state (or even a county or metro area) might use its *own* service to meet its needs, or it might opt for a statewide or nationwide service. In some cases, the service does not exist; it would need to be developed and supported by a third party. In some cases, the service *cannot* exist without significant policy change – therefore, some of the recommendations described in the policy analysis section will not focus on system development, but on removing policy roadblocks for existing, nascent solutions.

Figure 5. Chain Model Framework



Definitions, Possible Solutions/Services, and Weaknesses of the Elements of the Framework

Table 2 defines each element of the Chain Model and lists important features or considerations, examples of services, possible weaknesses, and cost implications.

Table 2. Definitions, Possible Services, and Possible Weaknesses of the Chain Model Elements

Important Features/Considerations	Possible Services	Possible Weaknesses	Cost Considerations for Benefit Administrators
Client Hub – The client's "account portal" – a unified interface that ties together disparate services into a cohesively designed whole			
• Could be white-labeled to allow organizations to bring their "trusted messenger" status to the community, while tying their actions to a common centralized system • Availability of multiple languages • Accessible verbiage • 508/ADA compliant • Function on multiple screen sizes • System of appeal and recourse • Security and compliance	• This system would need to be developed or modeled against systems that have an existing "hub" system	• Organizations that develop it might want to "own" the hub rather than treat it like a public square • Increasing complexity as more stakeholders join	• Costs can range broadly from free, if an existing framework is adopted, to millions of dollars if it is custom developed
Call Center – 24-7 phone- and SMS-based support with a live agent and/or IVR (voice) or AI-Bot (voice, SMS and website-integrated chat) services offered throughout the entire process			
• Call center agents have (limited) access to client accounts and can help remove blockages or call attention to missing documents or verifications • Call center operators have various skills (including languages and benefit navigation expertise) • Can be centralized (national) or decentralized (local) • Frequently asked questions should be cataloged in a knowledge base to empower the AI chatbot	• Organizations like 211/311, Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), or community/benefit organizations • Services to help with call routing/ticketing/call center/handoff in a unified system that offer warm handoff among various agencies	• Various services exist, but they are disparate and lack consistent experience or ability to transfer clients seamlessly	• Call center services require specialized staff, so they are costly to establish and maintain
Authenticate – Confirm client's identity and allow access to the benefit system			
• Facilitates access via multiple devices using simple-to-remember credentials • Includes two-factor authentication via SMS and other channels (authenticator apps and USB keys) • Allows the client to share access to elements of their account with a caretaker or family member, who are also authenticated through the system	• Google OAuth, Facebook, Login.gov, city- or state-provided single-sign-on	• State agencies might lack the ability to offer a single-sign-on (SSO) system or the willingness to cooperate with for-profit companies that do.	• This should be a relatively low-cost feature since it has been solved by several providers.
Personal Information – Collect only necessary information about a client to complete a screening and application			

Important Features/Considerations	Possible Services	Possible Weaknesses	Cost Considerations for Benefit Administrators
• Personal information can be client-entered (un-verified) or securely verified from other sources • Explicit consent of sharing information can get past compliance issues	• Income verification: API calls to IRS or state tax authorities, large employers, banks, etc. • Family composition: API calls to birth record archives, attestation signed and notarized at post office • Asset verification: API calls to deeds and records departments or DMVs (with API calls to "bluebook" vehicle valuation services)	• Lack of trust/legal structures among services to provide sensitive client data • Reluctance/confusion among clients when the system "knows too much" about them	• Developing "intake" forms is a skill that many agencies have developed; therefore, the cost of developing workflows to collect personal information should be relatively low
Screen – Determine client's estimated eligibility based on the inputs provided in the "Personal Information" section			
• Screening is the first step in the benefit-application process and can motivate clients to pursue all of the benefits their household could receive	• Multi-state services like Benefit Kitchen offer APIs that can test for eligibility and provide dollar estimates • Electronic data matching, where government programs can review their lists of individuals who are already receiving one program and screen them eligible for another and auto-enroll them	• Maintaining benefit eligibility is complex and varies from state-to-state • Agencies that administer benefits might be reluctant to offer a dollar estimate during a pre-screening • AI/predictive analytics is seen as something that could be used in the future to do electronic data matching but seen by some advocates as "snake oil" and possibly harmful to the low-income population	• These services already exist, so the cost should be relatively low to implement screening to provide within the Client Hub
Referral – Provide information about local CBOs that can help a client with the benefit-application process and other programs			
• Would ideally offer a "closed loop referral," which means that the client can search for organizations that might help in their zip code, make contact, receive services, and then the system provides information back about the types of services the client received and outcomes of those services	• Nonprofits like the United Ways and tools like Benefits Check Up, OneDegree, Aunt Bertha, and NowPow offer information and referral services • They usually have APIs that can narrow search results (e.g., by address or ZIP code) or need (e.g., food insecurity, kinship)	• Maintaining information and referral databases takes time and expertise • Quality of referrals can vary across platforms, and it is often hard to determine if the referral is a good "fit" for the client	• Fees to access these datasets are usually steep
Apply - Send an application to the administering entity to request a benefit for which the client has been positively screened.			

Important Features/Considerations	Possible Services	Possible Weaknesses	Cost Considerations for Benefit Administrators
• Can also include opportunities to "auto apply" clients where "categorical" eligibility for one benefit can automatically enroll the client in another benefit. Auto enrollment (or enrollment with "substantially sufficient proof") is a high bar for technical and policy reasons • Security and compliance	• GetCalFresh.org for SNAP in California • No "auto apply" services exist, though legislation in some states has been attempted	• Many services have tried and failed to share/send application data (e.g., via email or FAX) • In many cases, application systems are the hardest policy problem to solve	• The cost for these services should not be high if the policy restrictions can be overcome to allow administering agencies to accept third-party applications
Administer – A decision is made about the client's benefit eligibility ("determination") and that decision is communicated to the client			
• Visibility should be provided to the Hub about the client's current status (review, approved, denied) so that Hub administrators can keep an eye on the "health" of the application process, which is often a black-box of uncertainty	• Only public sector services exist, and they are closed	• Currently there are no systems that allow visibility into the "administration" of benefits • Diversion is an issue (documents are lost, roadblocks are raised). However, this presents opportunities for policy interventions to ameliorate diversion and denial	• Once systems are established to provide visibility into these services, implementation costs should be low.
Receive - Administered benefits are delivered to the client			
• Benefits can be delivered via an EBT card or made directly to a third party (e.g., payment for utilities) • Systems should allow credentialed third-parties to check account balances	• Only public sector services exist, and they are generally closed. • Tools like Propel's "Providers" app allows users to check SNAP balance.	• Currently there is only very limited access to information about benefit receipt, and government agencies tend to be reluctant to share this information	• Once systems are established to provide visibility into these services, implementation costs should be low
Recertify – Annual/semiannual redetermination for benefit eligibility to maintain program integrity as a household's situation changes			
• A possible pain point could be churning through processes for recertification even though the rate of change for the older adult population is minimal	• A TEP participant suggested reviewing the data to see what characteristics of enrollees change and to focus renewal efforts on those households. Then, sample the data to determine what the error rate of a predictive model would be and whether human intervention is needed to validate every renewal decision	• Appointments, mail/email, and providing new documentation can all create friction that leads to an eligible individual being cut from the program when they should not be	• Once visibility into these systems is provided, implementation costs should be low

Implications of Moving to the Coordinated Framework

As the TEP helped inform the assessment that a single, streamlined system is unprecedented and not feasible in the near-term without significant administrative and regulatory changes, we shifted our focus from trying to assess the feasibility of a one-stop solution to assessing the feasibility of improving, developing, and better coordinating steps within the application and enrollment processes across benefits programs. As a result, we focused the remainder of the project on:

- Developing "spotlights" that demonstrate examples of existing services for a select set of the Chain Model elements, and
- Examining existing policy barriers to implementation and benefit enrollment and possible mitigation strategies.

SPOTLIGHTS: EXAMPLES FROM THE FIELD

The purpose of the spotlights is to demonstrate examples of existing operational services or tools for components of the "coordinated framework," the benefits of the services or tools, technology and policy gaps, and when possible, high-level information on costs. We have prioritized the elements of the framework to include examples of services or tools for five elements where there are proven or have deployed functional solutions; these examples are illustrative and should not be considered as endorsements or recommendations. The table below includes the list of services and tools the study team included in the spotlights (Table 3).

Table 3. List of Tools and Services

Elements of the Federated Tools Framework	Services or Tool
1. Call Center	• Benefit Data Trust • 211
2. Authenticate	• Login.Gov • Google SSO
3. Screen	• Benefit Kitchen's Screener/API
4. Refer	• UniteUs
5. Apply	• MRelief • Civilla - MI Bridges application

For each of the services or tools listed in the table above, the study team reviewed the previously completed environment scan, conducted supplemental environmental scans, and conducted stakeholder interviews, when appropriate and possible (the study team interviewed stakeholders at mRelief, UniteUs and Benefit Kitchen to gather more information on their tools).

The depth of the information provided in the spotlights is dependent on the quality of information we found publicly available, and the availability of key stakeholders.

1. Call Centers

A call center is a 24-hours-7-days-a-week support system with a live agent, Interactive Voice Response (IVR), and AI-Bot (voice, SMS, and website-integrated chat) services. Centers are staffed with agents with various skills (including languages and benefit navigation expertise) who have (limited) access to client accounts to help remove barriers and/or call attention to missing documents or verifications. Call centers can be centralized (national) or decentralized (local) depending on providers' needs, but the information collected by the centralized call center should be freely available to local call centers to improve their efficacy.

Benefits Data Trust (BDT) currently runs benefit centers in seven different states. The benefit centers offer **phone-based application and enrollment assistance** for different public benefit programs, e.g., housing, food, health care, cash, etc., based on one set of screening questions. Since BDT's inception in 2005, they have screened over 1.2 million households, facilitated 800,000 benefit enrollments, and helped individuals and families (across all age groups) access $9 billion in benefits (Benefits Data Trust, n.d.).

The first benefit center BDT created is called Bene-Philly. Bene-Philly started in 2008 as a partnership between the state of Pennsylvania, the city of Philadelphia and BDT to support the needs of low-income older adults applying for prescription drug assistance and other public benefits programs. The benefit center has since expanded to connect low-income Philadelphians of all ages to over 19 benefits programs, including Supplemental Nutrition Assistance Program (SNAP), Medicare Savings Programs (MSP), Low-Income Subsidy (LIS), Low Income Home Energy Assistance Program (LIHEAP) and Medicaid (Benefit Data Trust, n.d., *BenePhilly*).

Strengths and Facilitators

The Bene-Philly model supports clients by offering multiple communication modalities – both in-person at the center or by phone. Additionally, since agents are able to use one set of screening questions, they are able to facilitate enrollment across multiple programs at one time. This reduces redundancy for clients and promotes efficiency for the agents (Gardner, 2022).

In addition to "inbound" traffic, BDT also conducts outreach to increase benefit enrollment through their centers. First, BDT uses data matching to estimate if individuals who are currently receiving benefits from one program are eligible for other public benefit programs. Using the results of data matching, the benefit centers outreach to individuals – typically by mail – to let them know they might be eligible for other services and that BDT can help with the application process either in-person or by phone (Gardner, 2022).

BDT also supports clients with benefit recertification in their call centers. For example, for Aetna Better Health of Pennsylvania, BDT provides reminders via text message of upcoming Medicaid recertifications. Members are invited to call the center and receive direct assistance with the recertification process (Benefit Data Trust, 2021).

Technology and Policy Gaps

One possible challenge with the targeted outreach model is that potential applicants must already be enrolled in one benefit program in order to leverage the data matching process. To supplement the outreach efforts supported by BDT, the city of Philadelphia's Office of Community Empowerment and Opportunity also operates a mobile Benefits Access unit to assist in enrolling individuals in public benefits (City of Philadelphia, n.d.).

Although the data matching process supports improving benefit uptake, by its nature, it only focuses on individuals who are already in the system and does not target new individuals (Gardner, 2022).

Relatedly, in order to conduct the data matching, BDT has implemented data use agreements (DUAs) with government and healthcare organizations. Although critical for the data matching and outreach component of BDT's operations, DUAs can be difficult to implement and can slow down implementation processes.

Key Cost Elements and Considerations

The benefit centers are scalable as shown by BDTs growth from supporting one city to seven different states, however, there are significant infrastructure costs to establishing a new center. For example, there are costs associated with the physical location and plant, network costs (e.g., phone, Internet, connectivity), staffing, staff training, etc. Considering these cost constraints, BDT efforts often require multi-sector funding. In addition to support from public entities, the BDT website highlights that the work is supported by a variety of private and foundation funders. In addition, the outbound outreach efforts require data matching skills and know how, which are not insurmountable, but it does require staff time and the development of processes to conduct the outreach.

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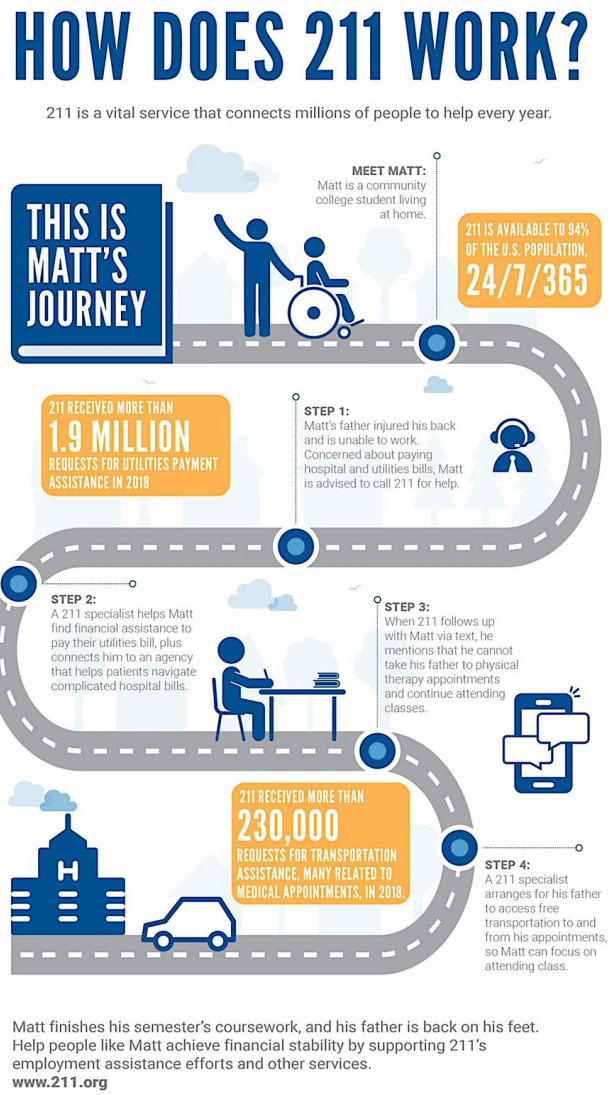
211 call centers are usually run by state or local United Way organizations. Similar to calling 9-1-1, calls to 2-1-1 are routed to a local call center where referral specialists can be reached 24/7. Upon receiving a request, the 211 operators have access to a national information and referral database (hosted in Microsoft Azure) with resource information developed and maintained by local United Ways and partner 211 organizations. Below is a resource from United Way (found at https://wa211.org/about-2-1-1/) that provides an example of the "journey" a client would go through upon contacting 211:



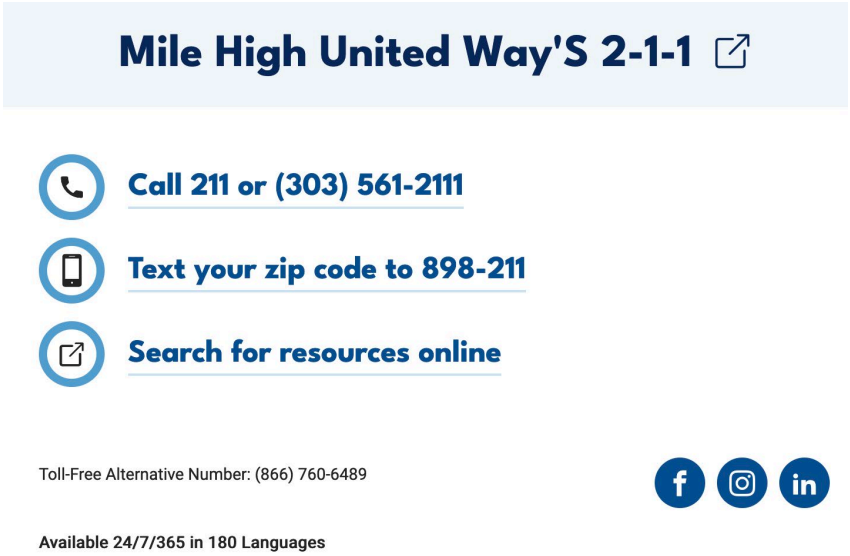
211 is available to nearly 95% of the United States population, with operators in all 50 states and Puerto Rico (Federal Communications Commission, 2019). 211 responded to more than 41 million requests for help during the COVID pandemic in 2020 and 2021 (211, n.d.).

Strengths and Facilitators

Local 211 systems are easy to remember, trusted, and ubiquitous. Calling 211 for assistance about one issue (e.g., fear of becoming homeless) can lead to other "wrap around" services (e.g., rent-relief cash, but also access to SNAP and other benefits) from a knowledgeable local caseworker who can make urgent connections for the client. More specifically, 211 operators can provide referrals to essential service resources, including: basic human needs (food, shelter, rent and utility help); physical and mental health resources (Medicare, Medicaid, support groups, etc.); work support; services in languages other than English (translation, interpreters); support for older adults and persons with disabilities (home health care, transportation, respite, etc.);

children, youth, and family support; and suicide prevention resources (Federal Communications Commission, 2019). Some 211 centers, upon receiving formal consent from the client, keep contact information for high-risk clients stored so the center can check-in periodically and determine if the client received the assistance they were referred to (National Association of Counties, 2019).

In addition to the call-in center capabilities, some 211 localities can also receive texts from users requesting referrals and support. 211 resources are also available online—users can web chat or conduct their own searches of their local 211 website. Below is a screenshot of the results of a search "*For Help Near Me*" (users enter their zip code) on the main 211.org website:



If a user relies on the online resources, they forgo receiving the one-on-one individualized support.

Technology and Policy Gaps

Notably, the capacity of the safety net organizations that 211 refers clients to in order to meet the needs of users varies widely by zip code and type of social need, with the highest system capacity for needs like food assistance (92 percent) and lowest for needs like rental assistance (39 percent) (Kreuter et al, 2020). Furthermore, even when the system can hypothetically meet the needs of the user, it does not necessarily mean those services were ultimately provided. For example, according to one study of 211 referrals, only 36% of users actually received assistance from the referral (Boyum, 2016). Thus, there are significant opportunities for improvement. Tracking client outcome data and providing closed loop referrals[14] (also see the refer section below), which is the gold standard in referral systems, can be a challenge for 211 organizations and has not been widely implemented.

[14] Closed loop referrals are referrals where there is confirmation that the client has received the needed/requested services.

Additionally, the call-center and Customer Resource Management (CRM) systems used by 211 organizations can differ from county-to-county making holistic data management a challenge. Call centers usually do not have the ability to "warm handoff" clients from one organization to another.

Key Cost Elements and Considerations

Maintaining detailed local referral information and staff expertise is costly. Bringing 24/7 call center expertise online to serve specific communities is an option, but training and maintaining a corps of experts can be expensive and requires a great deal of upkeep (e.g., due to attrition). Additionally, in the case of benefit supports, it would be ideal to train agents beyond resource referral and include some application support.

2. Authenticate

Authentication systems confirm a client's identity and allow them to access a system. This is generally done with an email address or a phone number that has been confirmed after the client clicks a tokenized link (a unique link used to confirm users' contact information) that has been sent by email or text. "Single sign on" (SSO) authentication systems facilitate access via multiple devices (phone, library computer, tablet at home) using simple-to-remember credentials that are used for other services (e.g., email, banking, school). Some authentication systems include two-factor authentication via SMS or other channels (email, authenticator apps, USB keys). Authentication systems can be used to facilitate sharing access to elements of a client's account with a caretaker or family member, who are also authenticated through the system (e.g., at a known Google email address). Unlike the other spotlights, the services described below require minimal resources outside of establishing relationships and contractual arrangements between a public benefit administering agency and authentication system. This is due to the robust established infrastructure that currently exist within the services, which can be widely adopted.

Login.gov is a sign-on service developed and supported by the General Services Administration (GSA) in partnership with the United States Digital Service. It allows users (i.e., clients) to create one account for use across participating government agencies' websites. Login.gov provides authentication and identity verification services. Verification services can be "basic" (self-asserted identity) or "verified" (confirmed with ID or other form of verification) and can be done from a smartphone or computer, both of which use two-factor authentication (login and pin confirmation) for account access (Login.gov, n.d., *Frequently Asked Questions*).

Currently, Login.gov has over 30 government agency partners and is integrated into over 300 applications and services. Partner agencies include the U.S. Small Business Administration, the U.S. Army, NASA, U.S. Department of Agriculture, the U.S. Department of Education, the U.S. Department of Homeland Security, the U.S. Department of the Interior, the Department of Veteran's Affairs, among others. By fall 2022, over 60 million people have signed up for Login.gov accounts *(*Login.gov, n.d., *Frequently Asked Questions*).

The U.S. Small Business Administration (SBA) used Login.gov to provide online credentials to banks to facilitate the distribution of Payroll Protection Plan loans during the height of the Covid-19 pandemic. There was significant urgency to distribute the loans quickly in order to soften the impact of the rapid downturn affecting small businesses in the U.S. The SBA successfully launched their lender portal using Login.gov in eight days – over 5,000 lenders used the portal to distribute over $5 billion in payroll loans (Login.gov, n.d., *Impact Story: SBA*).

Strengths and Facilitators

The integration of Login.gov seems to be reasonably straightforward per the example provided by the SBA, and the support provided by Login.gov. There are manuals and best practices available to agencies, as well as integration engineers, who are available to agencies to support integrations and on an ongoing basis through chat channels. Login.gov suggests that integrations can take only "weeks, not months" (Login.gov, n.d., *Our Services*).

Additionally, Login.gov offers technical support both to users and partners. Users can submit questions using a form available on-line; most inquiries are managed by email within two business days. More complex issues are managed by GSA staff by telephone. Support is offered in Spanish, English and French (via translation services) (Login.gov, n.d., *Our Services*).

Technology and Policy Gaps

Login.gov currently conforms with the National Institute of Standards and Technology's Digital Identity Guidelines in most ways but does not have biometric verification service at the time of publication.

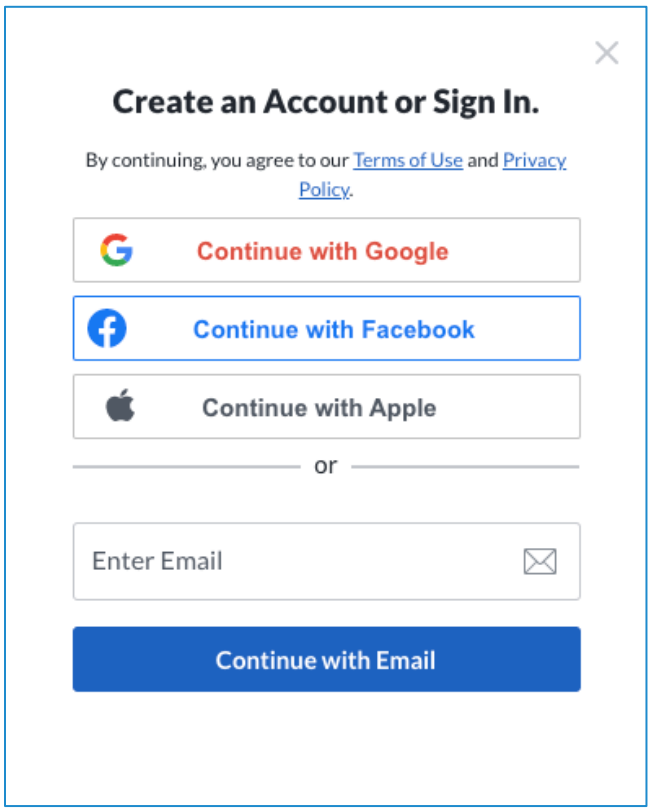
There are currently 30 government agency partners, 12 of which are cabinet level agencies. At the time of this writing, a full list of partners could not be located, so it is difficult to know exactly which agencies have adopted this technology.

Key Cost Elements and Considerations

There are no fees charged to the partnering agency for registering or using the Login.gov service (Login.gov, n.d., *Our Services*). Per a TEP member, partnering agencies may need to pay to use Login.gov for programs that are not federally funded.

Third Party Single Sign On (SSO) from services like Facebook, Apple, Twitter, or Google offer a private sector alternative. Trust is established (usually with an API key and token) between a website and the SSO provider. When a visitor exercises an SSO option, the website checks with the SSO provider to see if the visitor is authenticated – if so, the visitor is allowed access (and some basic account information, like email address, is shared).

Figure 6: A screenshot of SSO used for Account Creation (www.glassdoor.com)



Websites like Glassdoor allow users to set up an account via an email address (and password) or use SSO to gain access to their site.

Strengths and Facilitators

The biggest advantage of using a ubiquitous service like Google or Facebook for SSO is that many people already have accounts (so they don't need to remember another password) and basic identity information about the client can be gleaned directly from the system (with the client's consent). This means that individuals could apply for multiple benefit programs using the same set of credentials (email/password combination) for an account that already exists. Third party websites/tools, such as Benefit Kitchen's Benefit Screener, allows individuals to sign in with their Google login to screen for benefits or access an existing screening. Two-factor authentication systems that are offered through the SSO provider become part of the system, which improves security.

Technology and Policy Gaps

Clients might feel uneasy about "linking" their benefit application with an account that might house a lot of their personal information. Additionally, there may be general distrust of these corporations and how information will be used. Government agencies may experience barriers and compliance hurdles with using third-party or privately owned SSO providers to assist in providing public benefits.

Key Cost Elements and Considerations

Fees usually are assessed to the organization that implements the SSO solution on a per-user basis. Though this fee is usually only a fraction of a penny per active user, millions of visitors can add up to a bill of tens of thousands of dollars.

3. Screen

Screening is the first step in the benefit application process. Screeners provide a quick way to estimate a client's eligibility based on the inputs entered in the "Personal Information" section and can direct clients to the application stage. Some screeners provide binary (e.g., "yes/no") eligibility estimates or dollar-estimates, which can inform the client about the benefits that their family may be missing and motivate clients to apply for benefits. Dollar-estimate screeners enable "wage testing," which gives a head-of-household insights into what might happen to benefits if the household's wage increases. Screeners can be a tool to inform and motivate, but also forecast and plan.

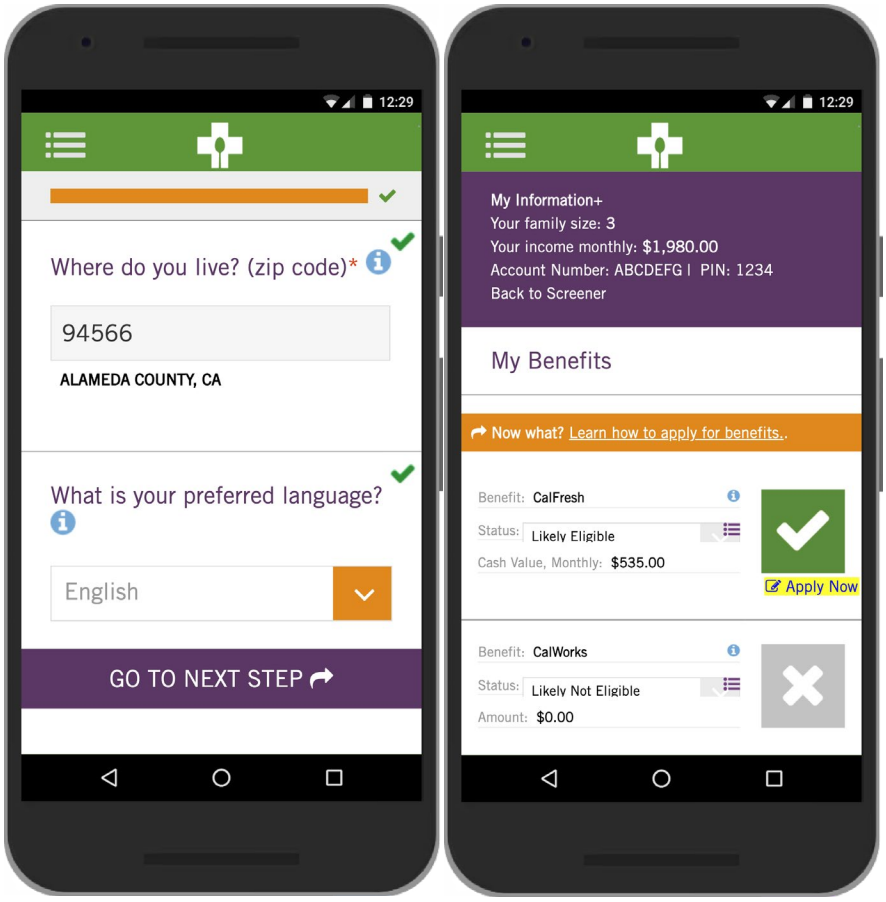
An application-programming interface (API) is a set of programming instructions and standards for accessing a software application. APIs are an accessible way to extract and share data within and across organizations. An API is a software-to-software interface, not a user interface. With APIs, applications talk to each other without any user knowledge or intervention. They enable data sharing, reduce duplication, and standardize results. An API would allow custom-built front-end applications to interface with federal and state entities on the back end to provide services that will ease the application and enrollment process. In the benefits screening process, APIs may allow administrators to verify eligibility characteristics like income and other criteria or pre-populate specific required elements using information from other organizations — in short, holding significant promise for how to automate the rules and reduce the need for manual updates in varying systems. This can speed up application review and make the review and approval process more efficient. Importantly, it also decreases the burden on consumers as they navigate the screening and enrollment process. For underserved and marginalized communities this is an equity concern.

Benefit Kitchen provides both a mobile-based Screener and an API for hospitals, health care payers, non-profits, workforce development, human resources and a variety of social impact businesses. The Benefit Kitchen API uses client-submitted information about households (demographics, income, and expenses) to provide accurate to-the-dollar income eligibility screenings for up to 18 federal, state, and local benefits (e.g., SNAP, TANF, WIC, school meals, childcare, LIHEAP, Internet, Phone, and tax credits). On average, the Screener or API identifies approximately $7,000 in new cash benefits, expense-reducing benefits, or tax credits for each household annually. Using the API, a hospital, for example, can screen one client at a time, or all patients in bulk to determine who is in economic need or eligible for free or subsidized health care and additional benefits.

The results from Benefit Kitchen's screener and API can be parsed and stored in a partner's database or displayed in context with other information (e.g., applications or referral information) in a standard web page to consumers. The API's results include specific, localized program names (e.g., SNAP is called CalFresh in CA); benefit eligibility (e.g., "likely eligible" or "likely ineligible") based on annual or other relevant updates like the public health emergency; and dollar estimates (e.g., cash value or copay fees). Other outputs are the household's federal poverty level, county of residence, end of the year tax credits (based on their annual tax burden) and links to all online applications or facilitators.

Centralizing Benefit Kitchen's screening data in one location allows caseworkers to have updates instantly. Benefit Kitchen keeps the common algorithms up-to-date to ensure that the information is always relevant, taking emergency declarations (e.g., public health emergencies) or other short-term changes into account that might have altered eligibility criteria.

Figure 7: A screenshot of Benefit Kitchen's web-based Screener and benefit estimates on a mobile phone



Strengths and Facilitators

Dollar estimates can help a client decide whether it is worthwhile to take the time to apply for a benefit or not. For example, if clients with a relatively high-income screens themselves for

benefits and realizes that they might be eligible for only $20 in SNAP, they might decide that it is not worth the trouble of applying. On the other hand, that same client might be eligible for a low-copay childcare plan, which might be like striking gold for a working parent with costly daycare. For the agency receiving client applications, a good screener not only empowers caseworkers with advanced insights, but it also equips clients with knowledge about application processes and expectations about outcomes. Pre-screening eligibility before individuals apply and communicating whether they are likely eligible or most likely not-eligible, can reduce administrative costs for processing applications. In addition, the mobile screener doesn't require individuals to enter any identifiable information (e.g., full name, social security number, address, etc.) to receive dollar estimates of public benefit eligibility. For clients with privacy and security concerns around sharing personal information, this provides an opportunity to determine program eligibility in a confidential manner without needing to go through the entire application process.

Technology and Policy Gaps

One of the primary challenges to leveraging APIs is ensuring that the common algorithms are accurate and up to date. Notably, Benefit Kitchen staff describes the process of updating algorithms similar to "gardening"; one that requires continuous attention throughout the year, which results in significant use of resources. In addition, changes in policy must be maintained at least twice annually or as changes are legislated, which can vary significantly depending on the state or public benefit program.

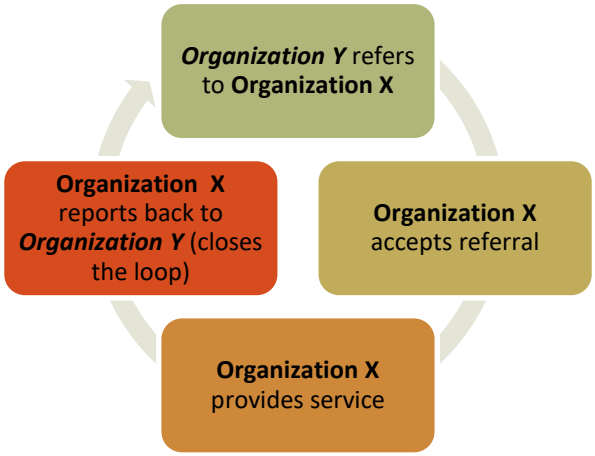
Additionally, while the mobile screener and web-based API inform partner organizations of individuals' potential eligibility for benefits, since the tools do not track identifiable information, there is no system in place between partner organizations and Benefit Kitchen to share whether the client received benefits or not.

Key Cost Elements and Considerations

Benefit Kitchen is a for-profit organization that charges subscription fees for the use of its API, which vary based on the scope of its use. For smaller community-based organizations that rely on grant funding, participation can vary depending on grant cycle funding.

4. Refer

Referral usually means providing information about local CBOs that can help a client receive needed services and support with the benefit-application process and other services (e.g., programs at senior centers). Some referrals include mostly one-way communications, i.e., a client receives a referral to a CBO for needed services and then the referral process is complete. There are also referral services that offer closed-loop referrals. Closed-loop referrals include a confirmation back to the initiating organization that the client received the requested/needed service—there is two-way communication. Closed-loop referrals generally look like:



When the organization reports back (the last step shown above), they often confirm the types of services the client received, next steps towards a successful resolution, and outcomes of those services.

The future of referral systems seems to be in community- and health-information-exchange (CIE and HIE) models, where nonprofits can act as a spoke in a network of care with the client at the center. Additionally, they can "share risk" with hospitals and payers that use a capitated care model (which offers a fixed annual fee for keeping the patient healthy). This allows nonprofits to be paid Medicaid dollars just like a healthcare provider for addressing the patient's long-term outcomes and social determinants of health. The information that is securely communicated to a centralized database can be used to track outcomes for a specific patient, but also to identify larger public health trends and activate effective interventions at larger scale.

Unite Us developed an electronic information and referral management platform attempting to route referrals from health care to CBOs to address individuals social needs. The platform enables connections between participating network partners (e.g., CBOs, health care providers, payers and others). Since most organizations participating in a network have established relationships prior to implementing the platform, UniteUs staff noted that it takes an average of three months—from initial contract discussions to referral generation—for clients to establish a new network. When a client presents at a network partner with a need, the partner can – with the

client's consent – screen and refer the client to other Unite Us partners for support. The partner receiving the referral must accept or decline the referral in the system and then reports whether the client received the requested service, thus closing the loop on the referral (Unite Us, n.d., *How it Works)*.

Strengths and Facilitators

The Unite Us platform can be integrated with other systems which allows the screening and referral process to be integrated into organizations' existing workflows. A single record for each client is created in the Unite Us platform. This allows network partners – social service organizations, payers, health care providers and others – to have a longitudinal view of the referrals provided to individual clients (Unite Us, 2022). Once a client is in the referral network, they can get services from multiple network providers (e.g., kinship care, food banks, financial support, healthcare), and each of those organizations can see the others' services and outcomes on a timeline. This supports improved transparency and care coordination. Unite Us does not directly support benefit eligibility and/or enrollment.

As of 2021, Unite Us reports that they have networks in 49 states and have seen a large increase in clients served. For example, from 2020 to 2021, they have seen an increase of 58 percent in older adults (ages 45 to 64) served and 103 percent in individuals over the age of 65 served. Across all age groups the top needs addressed in 2021 included: emergency food, rent/mortgage payment assistance, utility bill payment assistance, emergency/one-time financial assistance, and social service case management (Unite Us, 2021). Unite Us staff highlighted that needs disproportionately expressed by older adults compared to other age groups included food and nutrition and social isolation.

Technology and Policy Gaps

One of the potential issues is that the network includes only engaged partners, meaning, the organizations agree to be part of the network and to use the platform. This could be a disadvantage in that some services or needs may have too few organizations that are able to provide the needed services. For example, during an interview with contacts at Unite Us, they highlighted significant gaps between the demand for housing and transportation services and the capacity of organizations in networks to address those needs. On the other hand, having only engaged partners in the network can support improved compliance and commitment to working together.

In addition, Unite Us highlighted the importance of leadership from state and federal agency partners as well as from private partners (e.g., payers, hospitals, etc.) to support the significant upfront investment, in terms of resources and funding, needed to create the systems required for the closed-loop referral process. Differences in funding priorities across states and partners results in significant variation in the quality of closed-loop referral systems.

Key Cost Elements and Considerations

Many referral systems can be costly. In addition to the start-up costs of developing the software and the ongoing maintenance costs, Unite Us charges some network partners fees for configuration, setup, network access, maintenance and integrations with third-parties (Patchwise Labs, n.d.) to support the interoperable data systems needed for closed-loop referrals. However, knowing that the cost can be prohibitive for many organizations, Unite Us allows CBOs and other organizations that are part of the safety net to join the networks at no cost. In addition, Unite Us shared findings from longitudinal surveys that they conducted with partner organizations showing that caseworkers who used the system saved an average of 1-4 hours per week using the technology.

5. Apply

Application systems send a client's application to the administering entity to request a benefit for which the client has been positively screened. The applications include questions that potential beneficiaries answer so the administering entity can assess benefit eligibility. Applications can be completed on paper or online, and with or without assistance from a call center agent or a designee. Security and compliance are a key consideration in the application process.

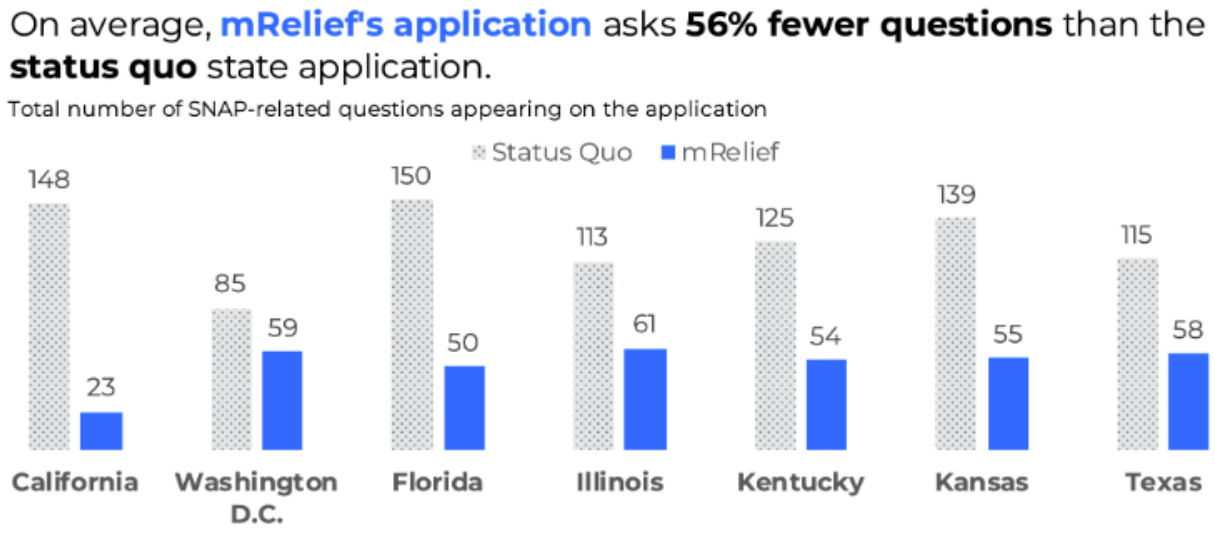
mRelief is a nonprofit organization that has created a two-part application system for SNAP benefits. First, individuals (or their designee) in any of the 53 U.S. states or territories can complete an eligibility screener to determine if they are eligible for SNAP. Then, if the applicant is likely to qualify for SNAP, mRelief directs them to the best way to apply (e.g., the state's online application portal for SNAP). For certain states, mRelief offers a simplified online application and/or the option to apply with assistance from a trusted community partner (mRelief, n.d.; mRelief, n.d. *Partners)*. Since mRelief launched, the organization has unlocked over $1 billion in SNAP benefits for millions of individuals across the United States. In 2021, mRelief estimates they have helped acquire over $130 million in SNAP benefits for households with seniors (mRelief, 2021).

Strengths and Facilitators

The average SNAP application is 17 pages long. By enhancing question logic in the simplified application, mRelief cut down the number of questions by 56 percent while ensuring all necessary information was collected (Karter, 2021). Since many applications include multiple benefit programs, mRelief representatives noted that they were able to remove unnecessary questions that were not relevant to SNAP as well as other optional questions.

A 2020 randomized controlled trial conducted in Kentucky compared completion rates for users who completed mRelief's simplified application (treatment group) to those who completed Kentucky's regular online application (control group) and reported a significant increase in application completions when using the simplified application. More specifically, 59 percent of

the treatment group completed their application as compared to 32 percent of the control group Cook, 2022).



Note. California, Washington D.C., Florida, and Illinois status quo numbers as compared to online web application. Kentucky, Kansas, and Texas numbers as compared to paper (PDF) application to account for differences in how mRelief's application communicates with the state's status quo application.

Source. mRelief analysis of state applications.

In addition to their simplified application, mRelief also partners with community-based organizations in 12 states to conduct outreach and assist with the application process. mRelief emphasized the importance of these community partners, as there are particular audiences who require the one-on-one assistance and won't apply if they do not have the support. They mentioned that about one-third of applicants choose to apply with assistance rather than on their own, noting that twice as many older adult, persons of color tend to apply with assistance compared to white, older adults. In states that do not offer one-on-one assistance, clients can still send text messages to mRelief if they have questions.

In addition to their simplified application, mRelief's client relationship management software, Johnnie, provides functionalities for community-based partners to conduct outreach and assist individuals in applying for SNAP, such as two-way messaging and text message follow up (Karter, September 2022). mRelief also described their most recent work with launching an Elderly Simplified Application Project (ESAP) in four states[15]. After completing the screening, individuals who qualify for ESAP will automatically be directed to mRelief's ESAP application.

Technology and Policy Gaps

Many states do not allow third party providers, such as mRelief, to submit signed applications on behalf of their clients. This means that applicants who complete their applications via phone or online have to wait until they receive their application in the mail to sign and then send back.

[15] ESAP is a demonstration project managed through the U.S. Department of Agriculture (USDA) that encourages the adoption of simplified applications for older adults. The USDA offers technical assistance and guidance on the project at https://www.fns.usda.gov/snap/elderly-simplified-application-project

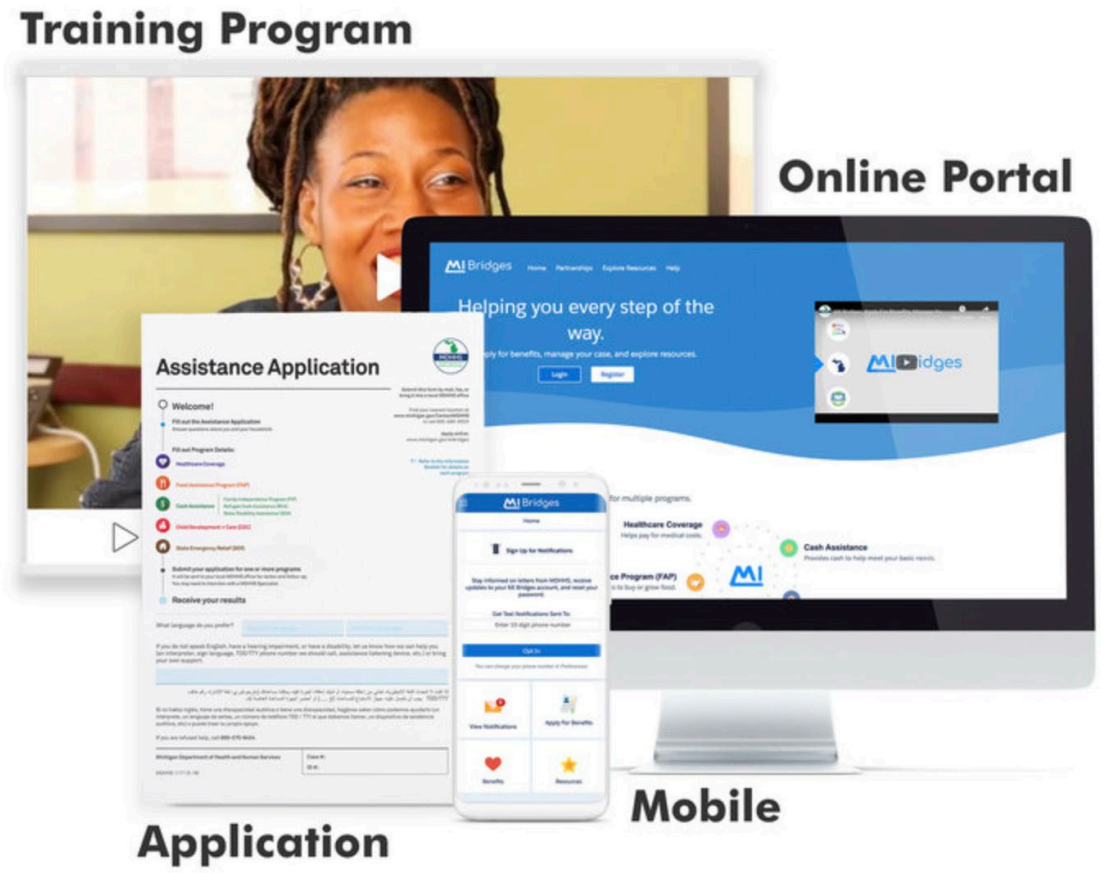
mRelief has worked with some states to negotiate allowing a digital signature instead, which is permitted by the Federal Food and Nutrition Service, but not implemented consistently across states (Kartner, August 2022). As another way to mitigate this issue, in 2021, mRelief included Authorized Representative Agreements in their SNAP application to allow partner organizations to act as an Authorized Representative for their clients (Karter, 2021).

Additionally, as described above, one-on-one assistance is a key facilitator to access and enrollment of SNAP benefits for vulnerable populations. mRelief noted that while having community partners is the gold standard, these organizations often are dealing with capacity issues, and more people need assistance than there is available staff.

Key Cost Elements and Considerations

We discussed critical cost elements and considerations for expansion during an interview with mRelief contacts. They shared that while mRelief's eligibility screener is available throughout the U.S., their simplified application and assisted application are only available in select states. Also, SNAP is a federal benefit program without much variation between states compared to other programs, such as Medicaid, which has a lot of flexibility as it is administered by states. Expanding mRelief's model to additional states and benefit programs has not been proven and would be costly given the amount of human and structural resources that are needed. mRelief representatives mentioned that they are trying to include other benefit programs into their screener, however, it would be a significant technical lift to expand their full model to other benefit programs (i.e., screening and applying). Although mRelief has expanded rapidly since their inception in 2014, they highlighted challenges with expanding nationwide, as every state has their own unique process and application.

Michigan Benefits Application System As part of the Michigan Benefits Access Initiative (MBAI) – a public/private, multi-project initiative – the Michigan Department of Health and Human Services (MDHHS) partnered with Civilla and various other organizations to improve its benefits applications process by updating its paper application and its online application portal, MI Bridges (VIVA, 2019).



Strengths and Facilitators

Prior to the MBAI, MDHHS's application for its benefits programs was over 40 pages long, 1,204 questions, and considered the longest application in the country. MDHHS partnered with Civilla to update the paper application to be more efficient, streamlined, and human centric. The redesigned application was 80 percent shorter, and during the pilot, 90 percent of applicants could complete the application within 20 minutes. End-to-end processing time by MDHHS staff also decreased by nearly 50 percent (Civilla, n.d., *Project re:form*; Core77, 2019).

Following the successful redesign of the paper application, the MDHHS continued working with Civilla and a technology vendor to update its online application system, MI Bridges. At that time, about half of Michigan's 2.5 million beneficiaries applied online, which took over 45 minutes to complete, on average. The redesigned online application—launched in 2018—takes an average of 15 minutes to complete (Core77, 2019). MI Bridges allows residents to apply for multiple benefit programs including healthcare coverage; food assistance program (FAP); child development and care (CDC); cash assistance; women, infants, and children (WIC); and state emergency relief (SER).

The updated application process includes a core application that collects information required across most or all programs and supplements containing questions only required by individual programs (Civilla, n.d., *Project re:form*). The application has several beneficial features for applicants; it is customized based on the programs that the applicant is applying for, is available

in multiple languages including English, Spanish, and Arabic, allows applicants to upload documents online using their phone camera, and is mobile friendly (MI Bridges, n.d). While the state uses identity proofing, it is not required for applicants to submit their application (Code for America, 2019).

In addition to the technical aspects of the redesigned application system, a key design tactic used by Civilla and MDHHS was to ensure that the voice of users of the new application system – both the applicants and MDHHS staff – was featured in every step of the design process to ensure that the updated system would meet their needs. Civilla spent thousands of hours with their user audiences to gain a better understanding of how they navigate the benefits system and to identify their pain points. When redesigning MI Bridges, Civilla and MDHHS conducted various rounds of user research to support iteratively revising the online system, rather than a more traditional, linear approach (Core77, 2019; Civilla, n.d., *Stories*).

Technology and Policy Gaps

A key challenge of redesigning the application process was ensuring that the updates met the 1,700 pages of federal, state, and departmental policy requirements. Civilla spent six months conducting in-depth analyses of these policies, with the expertise of the Center on Budget and Policy Priorities (CBPP), to ensure that the updated system aligned with policy requirements, while still meeting user needs. The team also proactively engaged state and federal stakeholders, such as the Food and Nutrition Service (FNS) and Centers for Medicare & Medicaid Services (CMS), to secure approval of the new system (Core77, 2019; Civilla, n.d., *Project re:form*).

The MBAI Findings Report includes case study examples of Michigan residents who used the redesigned online application system that highlight other potential gaps. A common theme across the four case studies was the importance of the case worker or actual human who assisted them when applying for benefits. While the technical components of the application system can be improved, this highlights the need to still ensure applicants have access to real-life assistance when needed, particularly for those individuals where English is not their first language (VIVA, 2019).

Key Cost Elements and Considerations

Improving and streamlining application systems can be a costly process requiring involvement from several organizations, both public and private. This includes costs such as development costs, both technical and user research focused; launching the new system; and ongoing maintenance of the platform. To improve both the paper application and MI Bridges, a MBAI findings report estimates funding from federal government, state government, and private funding to be around $44 million (VIVA, 2019).

POLICY BARRIERS & POTENTIAL SOLUTIONS FOR A MORE COORDINATED SYSTEM

Despite the large array of public benefits offered to low-income and vulnerable older adults in the U.S., large numbers of individuals remain unenrolled in programs for which they are eligible and unable to capture existing benefits to which they are entitled (Elder, 2016; Cunnyngham, 2008). Specifically, enrollment percentages in the five core programs of interest for the study are highlighted below; where possible, we have included percentages specific to older adults.

Table 4. Public Benefit Participation Rates[16]

Public Benefit Program	% of Eligible Persons Enrolled
SNAP	42% (persons 60 or older)
LIHEAP	20%[17] (all eligible persons)
Medicaid only	Not available[18]
LIS	67% (persons 65 or older)
MSP	63% (persons 65 or older)

Reasons for low enrollment in benefits vary across programs, jurisdictions, and populations, with large bodies of literature detailing the lack of coordination and limitations of the current patchwork of systems. Over the past decade, there have been several efforts, many facilitated by federal funding initiatives, to increase coordination, streamline processes, and improve technologies, all aimed at increasing accessibility and enrollment. While a singular streamlined system has often been held out as the ultimate goal, as described earlier in this report, there are a number of reasons why this report focuses on a more coordinated, decentralized system.

As part of assessing the feasibility of such a system, the study team examined existing policy barriers to implementation and enrollment. Based on the findings from the environmental scan, the recommendations of the TEP, discussions with staff from the Center on Budget and Policy Priorities and the Oklahoma Human Services Department, and the study team's assessment, we identified potential mitigating strategies to address some of the specific policy challenges. In this section of the report, we provide some background on existing barriers and describe strategies to address them, including potential changes across the enrollment process to facilitate increased enrollment.

[16] The 2019 data for SNAP participation numbers are from SNAP Participation Rates by State, Elderly People, USDA FNS, 2022. The 2018 data for LIHEAP are from "Participation in the U.S. Social Safety Net: Coverage of Low-Income Families, 2018", ASPE, 2021. The 2014 data for LIS & MSP are from "Take-Up Rates in Medicare Savings Programs and the Part D Low-Income Subsidy", the National Council on Aging, 2022.
[17] Percentage represents total percent of all eligible individuals enrolled in LIHEAP in 2018 rather than exclusively older adults.
[18] Most relevant analyses of older adults in Medicaid have been on 65+ population who are dually eligible for Medicare and Medicaid. An analysis of enrollment rates among older adults not yet eligible for Medicare (e.g., the 55-64 age group) would require a separate analysis of enrollment and income/asset data.

Simplifying and Standardizing Eligibility Rules

Standardizing definitions of common eligibility criteria across programs

A major barrier to increasing and automating enrollment across public benefits is the variation in eligibility criteria and the definitions used for individual criteria (e.g., income) between the programs. Generally, all the programs require meeting some combination of earned and unearned income criteria, with some also requiring an assets test. For some programs, like Medicaid, states can provide expanded eligibility, outside of the typical income threshold, for specific vulnerable populations (e.g., pregnant women, individuals with disabilities). Importantly, the way income is calculated is defined differently depending on the program, with programs like Housing Choice vouchers and Supplemental Nutrition Assistance Program (SNAP) using household income, Medicaid using individual income, and SSI using individual or married couple income. Moreover, while programs might use seemingly similar terms (e.g., household, family, older adults, etc.) as the basis for assessing eligibility for an applicant, how each program defines the terms varies widely. For instance, in the SNAP program, an individual living alone or a group of individuals living together and sharing meals (i.e., roommates) would be considered a "household." In Medicaid, the definition of a "household" varies widely, primarily depending on the tax-filing and relationship status of each individual person residing in a unit (Center for Budget and Policy Priorities, 2018). In the Medicare and LIHEAP programs, older adults are defined as individuals 65 years of age or older. Conversely, in SNAP, older adults are classified as individuals 60 years of age or older. How income is counted for the applicant further varies, with some programs using Adjusted Gross Income (e.g., Earned Income Tax Credits), Modified Adjusted Gross Income (e.g., Medicaid for some but not all populations), or Area Median Income (Housing Vouchers) (U.S. Government Accountability Office, 2017). Additionally, how income is reported is different within Medicaid eligible populations. Generally, caregivers, parents, children and newly eligible adults (often referred to as the MAGI population) report Modified Adjusted Gross Income (MAGI) and have no asset tests, while individuals who are 65 years or older, as well as persons who are blind or disabled (non-MAGI population) have varied income thresholds and often require asset tests (Erzouki, 2023; Musumeci et al., 2022).

These variations in common eligibility criteria across programs result in substantial administrative complexities for enrollees and administrators, serving as a barrier to increasing enrollment and being able to implement an automated rules engine across programs. One potential strategy to combat this would be to standardize and align definitions for common eligibility criteria across programs to streamline cross benefit eligibility verifications. For example, the federal SNAP program allows for state human services agencies to utilize TANF's definition of assets to determine how vehicle ownership counts towards income. Additionally, through streamlined data linkages between public entities, administrators could harmonize income threshold criteria across programs to assist with assessing eligibility for multiple programs.

Reviewing program eligibility criteria

As states go through the process of standardizing definitions used in eligibility criteria across programs, they could also leverage the opportunity to examine the necessity of specific eligibility criteria in support of improving enrollment, such as counting assets as part of the eligibility determination process. In many public assistance programs, eligibility criteria such as asset limits

have not been updated or modified since Welfare Reform and the creation of TANF in 1996. These limits tend to negatively impact the most vulnerable of beneficiaries by discouraging enrollees from saving and accumulating a financial reserve to weather unanticipated expenses, which results in a cycle of poverty and continued reliance on the social safety net.[19] Specifically, a recent study showed that in states that had relaxed their asset limit policies for SNAP, the likelihood of living in a household with a bank account with more than $500 increased by 8% compared to SNAP enrollees in states with hard limits (Ratcliffe, 2016). Through the implementation of broad-based categorical eligibility policies, which allow states to adopt less restrictive asset limits for SNAP and TANF based on their eligibility for other benefit programs, states could provide enrollees the opportunity to establish a path for long-term financial stability for the future without continued reliance on state programs.

Additionally, with experts now acknowledging the discriminatory nature of many of these rules and processes against women, people of color, and other minority communities, stakeholders and members of Congress have begun to call into question their relevance for the administration of public benefits altogether (Gilman, 2008; Allowing Steady Savings by Eliminating Tests Act, 2020). If passed, the Allowing Steady Savings by Eliminating Tests (ASSET) Act (introduced in 2021), would eliminate asset limits in SNAP, TANF, and LIHEAP programs and raise the asset limits associated with SSI from $2,000 for individuals and $3,000 for couples to $10,000 and $20,000, respectively.

Also, due to the COVID-19 pandemic, the US Department of Agriculture, the administrator of the SNAP program, waived the requirement that states must conduct eligibility interviews during both initial application and recertification of benefits through the end of the public health emergency (PHE), with 40 states deciding to temporarily dispense with the interviews. To assess the feasibility of USDA waiving the requirement permanently following the end of the PHE, states could conduct analyses of their enrollment data pre- and post-PHE to determine if waived interview requirements had any substantial impact on eligibility determinations.

Opportunities to standardize or lift specific eligibility criteria across programs and eligibility interview requirements provide program administrators the opportunity to facilitate streamlined enrollments, renewals and initial program approvals and reduce state administrative burden.

Streamlining and Identifying Opportunities to Improve the Application Process

Public agencies administering benefits utilize the application process to assess potential beneficiary eligibility along the criteria discussed above. However, the formats to complete the application (e.g., paper, online, telephone, etc.), the length of the application, the resources available to enrollees for assistance during the process, and the level of coordination with other public agencies varies depending on the state and/or program. A number of strategies to improve the efficiency of the application process, reduce consumer burden, and increase enrollment across programs are discussed here.

[19] Asset testing as well as other aspects of the administrative burdens of obtaining benefits has been linked to systemic racism. For example, most asset tests have excluded housing, an asset more often held by low-income whites compare to blacks. https://www.cbpp.org/research/health/states-can-reduce-medicaids-administrative-burdens-to-advance-health-and-racial

Conducting a comprehensive review of application forms, formats, and content

Reviewing applications to streamline content and reduce length, integrate applications across programs, and move applications online are approaches to try to improve participation and reduce state administrative burden. Each of these strategies is discussed here.

Streamlining and integrating public benefit applications

Administrative processes, such as eligibility interviews and income documentation requirements, associated with the public benefit application process require significant time and resources for both enrollees and state agencies. A recent analysis of SNAP applications showed that the length of the average application was 17 pages. While this negatively impacts all consumers, the burden disproportionately impacts older adults and people with disabilities due to their increased likelihood of both cognitive and mobility impairments; for individuals eligible for multiple different programs, this burden is exacerbated. Due in part to these challenges, older adults and people with disabilities that would otherwise be eligible for public benefits may fail to enroll; for example, only one-third of older adults eligible for SNAP are enrolled compared to 80-90% of enrollees in other demographic subpopulations (Ganong, 2018).

To address these concerns and reduce consumer burden, several states have conducted comprehensive reviews of their application process to identify opportunities for streamlining and integration across public benefit programs. For instance, Minnesota created an online all-in-one integrated application for nine different public benefit programs, which reduced consumer application burden from 110 minutes to less than 20 minutes (Code for America, n.d.). In addition, as highlighted in the Spotlight section above, the Michigan Department of Health and Human Services streamlined application for multiple public benefit programs resulted in significant reduction in time individuals spent applying and processing times for state staff (Civilla, n.d., *Project re:form)*.

Federal benefit administering agencies have spearheaded similar streamlining approaches for state implementation. For example, the Elderly Simplified Application Project (ESAP), which is overseen by USDA, provides state administrators the opportunity to increase SNAP enrollment among low-income older adults through demonstration projects that permit states to waive SNAP recertification interview requirements, enhance the use of data matching to reduce consumer burden, and extend the certification period to 36 months. Additionally, the demonstrations utilize a two-page SNAP application, which is considerably shorter than the average length of 17 pages (U.S. Department of Agriculture, 2020).

Similar state and federal efforts to streamline and integrate application processes for multiple programs would both assist consumers in accessing the breadth of services they are eligible for and reduce duplicative processes across programs.

Increasing consumer options for completing the application process

Research has shown that states with online applications have higher public benefit participation and reduced state administrative burden compared to those without online applications

(Schwabish, 2012). In considering opportunities to improve consumer application experience, states could enable beneficiaries to complete the application in a variety of different formats through developing online application forms, including mobile-friendly designs, or allowing for applications or eligibility interviews to be completed over the phone. For example, the federal Food and Nutrition Service allows for SNAP program administrators to leverage electronic or telephonic signatures from consumers for the purposes of completing the SNAP application, but not all states have implemented this policy (U.S. Department of Agriculture, 2014). To assist with uptake, federal agencies could release updated guidance and technical assistance for states on best practices for implementing the policy. Notably, while online applications have shown to improve participation and reduce state burden, GAO research has shown that it vital that states give beneficiaries multiple options, as older adults with limited digital literacy, individuals with limited English proficiency, or individuals with limited broadband access can be negatively impacted by an entirely online system (U.S. Government Accountability Office, 2022). Additionally, though not covered in the GAO resource, vulnerable populations such as individuals with mobility and visual impairments could experience similar challenges with an entirely online application. The *Integrating multiple modalities & formats to meet varied consumer preferences and needs* section below provides additional discussion of how different formats can be used to enhance equity in access.

Utilizing other administrative data for application reviews & approvals

Utilizing information from other public benefit program administrators or other public administrative data sets can assist programs with streamlining the application process for their own program. For example, for individuals enrolled in SNAP and Medicaid, the Medicaid program can leverage income information collected by the SNAP program for the income documentation components required in the Medicaid application. Additionally, to reduce burden on consumers completing multiple applications, upon receiving consent from the enrollee, states could pre-populate beneficiary demographic information (e.g., name, address, birth date, number of dependents, etc.) collected by one program across other portions of their application or for other programs' applications. Privacy and security concerns regarding consumer information and options to address these concerns are discussed further *Addressing consumer privacy & security concerns* section.

A recent development that could positively impact LIS and MSP enrollment is proposed changes to eligibility and application processes in CMS's proposed rule (CMS–2421–P), Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes. This proposed rule[20] includes provisions to encourage states to standardize the income and wealth definitions used to determine eligibility across the two programs and reinforces statutory requirement to use LIS 'leads data' from the SSA and "process that information to initiate an MSP application" (Burns et al, 2022; CMS, 2022 FR Vol. 87, No. 172). In response to this proposed rule, MACPAC referred to a study where MSP beneficiaries shared that they needed help completing the Medicaid enrollment process because it is difficult (Perry et al, 2002). MACPAC further commented that requiring the use of prepopulated renewal forms — similar to what was

[20] Since drafting this report, this proposal rule became final and was announced in the Federal Register on April 2, 2024: https://www.govinfo.gov/content/pkg/FR-2024-04-02/pdf/2024-06566.pdf.

implemented for the MAGI population — would benefit the re-enrollment processes for non-MAGI populations (MACPAC, 2022).

In addition to opportunities to streamline portions of the application process, effective linkages across public benefit programs provide states the opportunity to forgo the application process altogether for some programs based on another program's eligibility determination. For instance, states could determine individuals receiving SNAP or SSI benefits to be automatically eligibility for Medicaid (Ambegaokar, 2017). Notably, the ability for programs to utilize these broader health and human service data sets depends on the quality of the linkages across programs. Opportunities to streamline and improve the effectiveness of these linkages are discussed further below in the *Leveraging Data for Public Benefit Administration* section.

Leveraging mobile applications & other electronic methods for document verifications

Documentation requirements for public benefit programs are often cited as one of the primary reasons for low enrollment and high consumer burden. In a study of individuals eligible but not enrolled in SNAP, 40% of respondents cited documentation requirements as the primary reason behind choosing not to participate in the program (Bartlett, 2004). Given that formal policy changes to public benefit programs such as modifying program eligibility criteria or documentation requirements often require federal waiver authority, which can be an administratively complex and strenuous process, some states have taken alternative steps to ease the burden of these requirements by providing applicants with the ability to submit documentation in a more user-friendly way, such as via a secured mobile application. For example, in 2017, Pennsylvania launched a mobile application that allows for public benefit applicants to submit required documents for verification across public benefit programs, which has resulted in nearly 5.4 million electronic verifications to date (Wikle, 2022). Similarly, through the development of their online public benefits application, known as MI Bridges, the Michigan Department of Health and Human Services allows enrollees to upload required documents for multiple public benefit programs through one application (MI Bridges, n.d). The ability to upload documents, along with other features in the streamlined platform, reduced the time it took individuals to fill out the application by 50% (Soka, 2022). State efforts to reduce consumer burden during the document verification process, coupled with other strategies highlighted above, can assist consumers in applying and enrolling in benefits and ultimately increase program enrollment. State efforts to ensure continued privacy and security of enrollee personal information in accordance with technological innovations is discussed in the *Addressing consumer privacy & security concerns* section below.

Strengthening relationships with stakeholders to improve point of care applications

Ideally, all individuals who are eligible for various public benefit programs would apply and enroll well before an acute need for services arises; however, program administrators and policymakers know this is often not the case. Consequently, programs like Medicaid will allow retroactive coverage of services up to three months before the date of the application to protect patients from surprise medical bills and healthcare facilities from uncompensated care, though some states have attempted to limit this through Medicaid 1115 waivers to reduce program spending (Rosenbaum, 2021). Notably, these retroactive eligibility provisions provide states the unique opportunity to increase enrollment across benefit programs. For example, state Medicaid

programs could issue guidance to physicians and other health care professionals (e.g., pharmacists, physical & occupational therapists) to inform and assist eligible individuals in applying for retroactive Medicaid coverage or other public benefit programs they might be eligible for (e.g., SNAP, SSI, Medicare Savings Program, LIS, etc.), particularly for states that use one application for multiple programs. In addition, public benefit administrators could consider strengthening relationships with non-traditional partners (e.g., utility companies, property management companies, community-based organizations) to assist with outreach and community engagement efforts to increase awareness about the programs they administer, such as ensuring paper applications are located at pharmacies or including utility assistance information on consumer's bills (Center for Health Care Strategies, 2017). Increasing consumer awareness of public benefit services at the point when the individual would benefit from coverage the most could increase the likelihood the individual would enroll in the program and ultimately increase public benefit enrollment.

Reducing Churn during Recertification

Within public benefit programs, it is common for beneficiaries to experience a temporary loss of coverage of benefits for a short period of time to then reapply for coverage shortly after, referred to as "churn." Though churn can occur at any point in the enrollment process, a recent USDA report examining churn rates in six state public benefit programs found that between 68-90% of churn cases occurred during recertification of benefits. Another study focused on SNAP shows that while individuals that churn throughout the year tend to be younger, older and disabled adults are more likely than younger beneficiaries to churn during a scheduled recertification period (Mills, 2014). For Medicaid as well, churn rates during the year were lowest for older and disabled beneficiaries, suggesting that "non-MAGI populations are less likely to experience fluctuations in income or other changes that affect eligibility" (MACPAC, 2021). State policies affect the level of churn – states with 12-month continuous eligibility or greater use of automated renewals show less churn compared to states without those policies.

Churn in public benefit programs negatively impacts both enrollees and states. For enrollees, a churn episode during recertification results in a lapse in coverage even when they could otherwise be eligible without the required redetermination period. This coverage gap (i.e., a period during which the enrollee does not receive benefits) may lead to inability to pay for groceries or utility bills, lack of health coverage for potentially urgent medical visits, or other issues that could negatively impact enrollee outcomes. These negative outcomes are further compounded by the stress enrollees encounter as a result of losing and reapplying for coverage; sometimes referred to as the "time tax," or the effort enrollees must expend to comply with public benefit requirements instead of investing that time into improving their circumstances (Schweitzer, 2022). For states, a recent study found that it takes public benefit administrators two to three times longer to process an initial application than it does to recertify an enrollee, with states incurring an additional $80 per application for enrollees that churned (Isaacs et al, 2016). As such, states have a strong business case for implementing the targeted strategies described below, which include leveraging automation rules during the recertification process. These options could reduce unwarranted exits for enrollees otherwise eligible for services and promote continuity of coverage during the benefit recertification process, ultimately improving beneficiary outcomes and reducing state administrative cost by eliminating process duplication.

Extending eligibility period based on other program approvals

Federal law requires that public benefit administrators reassess enrollee eligibility for benefits at least once a year. However, given the similarities in eligibility criteria across public benefit programs, this often results in duplicative processes being conducted across multiple agencies. To reduce process duplication, federal administrators could issue guidance to state policymakers to consider utilizing results from one program's recertification process to push forward or extend the eligibility period for other programs in which a beneficiary is enrolled. For example, under federal law, states are required to reassess most SNAP beneficiaries' eligibility every six to 12 months. For beneficiaries that remain eligible for SNAP following the recertification process and are enrolled in other benefit programs, states could utilize that approval to determine an individual as "categorically eligible" for other public benefit programs (Medicaid, LIHEAP, etc.) given similarities in eligibility criteria. Some federal programs have begun to implement this approach. For example, during their recertification process, the SSA recertifies LIS benefits for another year for beneficiaries who are eligible for Medicaid with no further paperwork or action required on the part of the beneficiary (National Council on Aging, 2020).

The approach has also proven effective in its ability to dramatically reduce churn and administrative costs in state public benefit programs. When Idaho implemented automatic renewals for Medicaid using SNAP eligibility information, the state reached a nearly zero exit rate from the program. Additionally, South Carolina's use of automatic processing of Medicaid eligibility utilizing SNAP records resulted in an estimated $1.6 million in administrative savings annually for the state through reduced staff processing times, which outweighed the approximate $540,000 investment in the state's IT systems needed to pilot the program (Isaacs et al, 2016). While investments in IT systems similar to South Carolina's are no minor expense, states can often leverage federal matching dollars to assist in covering some of the costs, thus furthering their cost savings.

In a related vein, under the Families First Coronavirus Response Act of March 2020, states were permitted to temporarily extend certification periods and modify reporting requirements to help manage agency workloads and ensure continued access to these benefit programs for participants. As agencies increased their efforts on initial applications for assistance, the usual attention to recertifications was reduced. In preparation for the end of the COVID-19 public health emergency (PHE) in May 2023, states can take an inventory of lessons learned from the extended certification periods and modified reporting requirements and conduct analyses to assess whether they could continue these extensions to reduce unwarranted program exits that occur during recertification of benefits.

Standardizing eligibility periods and redetermination dates across programs

As highlight above, federal law requires that states periodically recertify enrollee eligibility for public benefit programs, but the timing for the required renewals varies depending on the program. For beneficiaries enrolled in several programs, variations in the length of the different programs' eligibility periods and redetermination dates often leads to enrollee confusion and an unnecessary use of state resources. Under federal law, states are permitted to recertify eligibility for older and disabled adults for SNAP every 24 months, with an interim report at 12 months, as compared to the typical 12-month eligibility period. For older beneficiaries with relatively stable

incomes, states could benefit from granting this longer eligibility period to reduce state administrative burden and potential opportunities for reducing temporary loss of benefits during the recertification process. Notably, as highlighted above, states could then use the results from the 12-month interim report to recertify eligibility for other public benefit programs, such as Medicaid.

A variation of this approach would be for states to align recertification periods for enrollees in multiple programs. For programs with overlapping eligibility criteria, aligning renewals would allow states to easily leverage recertification results from one program to expedite the approval for others and eliminate duplicative work across agencies. To ease administrative burden, states could begin with conducting an eligibility redetermination review for the program with the most stringent requirements, and if approved, recertify eligibility for the other programs utilizing these results. However, if an individual is considered no longer eligible for one program, other programs should then move forward with their review, as the enrollee may still be eligible for their services. In 2012, North Carolina piloted a program to align recertification periods for SNAP and Medicaid, which resulted in positive impacts on enrollee experience and enrollment statistics (North Carolina Department of Health and Human Services, 2012; Loprest & Giesen, 2013).

Leveraging administrative data during the recertification process

In addition to the opportunities to utilize administrative data for the purposes of approving initial applications discussed above, states could also leverage available data to expedite the recertification process for current beneficiaries. Under federal law, state Medicaid programs must first attempt to use available data to conduct program renewals before sending documentation to beneficiaries to recertify eligibility, otherwise known as an *ex parte* renewal (Centers for Medicare & Medicaid Services, 2022). Despite the *ex parte* requirement for states, Medicaid programs vary in the share of renewals conducted via the process, with 11 states processing fewer than 25% of renewals through this route as compared to 9 states that complete up to 90% of renewals through the process (Kaiser Family Foundation, 2020). Maximizing the number of renewals conducted *ex parte* would significantly reduce state administrative cost by reducing application processing times, and while the IT systems needed for an effective *ex parte* renewal process can be costly, state Medicaid programs can leverage federal Medicaid matching grants to help cover the costs (Medicaid & CHIP Payment and Access Commission, n.d.). In support of these efforts, the Centers for Medicare & Medicaid Services (CMS) could develop technical assistance resources

> ***Idea from the TEP: Utilizing algorithms for auto re-enrollment***
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> Compared to other populations, older adults are less likely to experience substantial variation in income and other factors used to reverify eligibility for public benefit programs during the eligibility period, making automatic re-enrollments for this population less prone to error. To assess the feasibility of allowing for auto re-enrollments for older adults, states could conduct data analyses to determine, for example, what percentage of older adult enrollees have an annual eligibility change and what are the characteristics of beneficiaries with higher rates of eligibility changes. With this information, the state could then determine the margin of error if the state focused recertification efforts only on these individuals while piloting auto re-enrollments for all other individuals. By doing so, states have the potential to dramatically reduce processing times for applications and ensure continuity of coverage for a population that is more susceptible to churn during the recertification period.

for states on *ex parte* renewals and best practices identified in states conducting a high number of renewals through process.

As highlighted above and discussed further below, the *ex parte* renewal process is only as effective as the quality of the linkages the Medicaid programs utilizes to redetermine eligibility. In addition to data linkages with other public benefit programs, state Medicaid programs are permitted under the ACA to utilize other administrative data sets, such as Internal Revenue Services (IRS) income information, for the purposes of determining Medicaid eligibility and premium subsidies. However, it is unclear whether state SNAP administrator can leverage this data for eligibility determinations (DeSantis & Hiatt, 2012). The federal government could clarify rules for utilizing IRS and other broader human services data (e.g., labor data) for SNAP and other programs to assist with streamlining redeterminations within and across programs.

Addressing Inequities through Enhanced Program Support Services

Public benefit programs in the U.S. aim to ensure that eligible individuals have access to basic living necessities such as food, health care, and housing. Aligned with this mission, administrators of public benefit programs should work to ensure the provision of these services is equitable for all individuals, regardless of race, ethnicity, sexual orientation, gender identity, age, disability status, immigration status, or other characteristics. Despite this, research shows that certain marginalized communities experience multiple barriers in the application and enrollment process, including disproportionate administrative burden, which encompasses learning costs, psychological costs, and compliance costs associated with the application and enrollment process (Nicholas & Simms, 2012; Wikle et al, 2022). For example, a recent study showed that the closing of field offices that provide assistance in filing for disability benefits resulted in a decrease in applications and an even larger decrease in the number of benefit recipients (Deshpande and Li, 2019). This section provides an overview of strategies to better understand and address the barriers marginalized communities face in initial and continued participation in these programs.

Analyzing administrative & enrollment data

As highlighted above, studies have shown that effects of administrative burden tend to disproportionately impact the most vulnerable beneficiaries of public benefit programs (e.g., individuals with disabilities, low-income individuals, LGBTQ people) (Schweitzer, 2022). Acknowledging the impacts of administrative burden on vulnerable populations, state public agencies could consider conducting a "burden audit" aimed at assessing which portions of the program requirements, such as asset limits, burden their most vulnerable beneficiaries. Such an audit would inform initiatives aimed at reducing consumer burden throughout the process. (Office of Management and Budget, 2021; Altiraifi, 2020). In a similar vein, states could conduct analyses of

Administrative Burden refers to the costs borne by consumers in interactions with the government or, more specifically, in obtaining public benefits (Moynihan et al, 2014). This burden has three components –

- *Learning costs* comprise the effort associated with gathering information to understand eligibility rules and learning to navigate complex system
- *Psychological costs* are associated with the stress from stigma and adverse experiences of needing assistance
- *Compliance costs* include the time to complete paperwork, phone calls, interviews, documentation, sometimes referred to as 'time tax"

programs' churn population, stratified by age and race/ethnicity, to develop strategies aimed at retaining eligible enrollees most vulnerable to gaps in coverage. As a part of this analysis, states could determine at what point in the enrollment process eligible enrollees most frequently dropped out to inform system-wide improvements. Ultimately, these efforts will help contribute to the development of data-driven solutions to improve health equity within public benefit programs at the federal, state, and local levels.

Using learnings from consumers to redesign approaches

In addition to the administrative complexities highlighted above, lack of participation in public benefit programs may also be the result of complex public benefit documents and communications that are difficult for beneficiaries to understand. Efforts to improve public benefit materials can be incorporated across the enrollment process.

Given that some beneficiaries of these programs have limited English proficiency and/or low health literacy levels, state agencies could work to incorporate a "user-centered" approach for each step in the benefits process and actively incorporate enrollee experience to develop process improvements. An initial step that state agencies could take to improve the effectiveness of their communications is conducting a review of all applications, forms, and notices to ensure the documents are written in "plain language" and are translated into multiple languages, utilizing the National Culturally Linguistic and Appropriate Services (CLAS) standards as a resource when conducting the review (U.S. Department of Health and Human Services, n.d.). In addition, human-centered design best practices such as including key information and deadlines in call out boxes, bolding key words, removing irrelevant or non-urgent information, and pre-populating forms with information (e.g., name, address, birthdate, etc.) the states already have access to could alleviate consumer burden in completing required forms (U.S. Department of Agriculture, 2014).

Furthermore, reliance on hard copies of renewal notices and required documentation for reverification of eligibility has been shown to be a major cause of churn in public benefit programs, especially for individuals with inconsistent mailing addresses (Mills et al, 2014). To combat the issue, in addition to utilizing available administrative data to conduct renewals, states could move to text message and email reminders for individuals at risk of losing their benefits, which has proven effective in preventing loss of coverage (Palmer, 2020).

While the strategies highlighted above are effective in increasing enrollment across programs and reducing churn, states should also actively engage with consumers to develop state-specific strategies that meet the needs of their beneficiaries. Activities such as conducting in-person interactive interviews, focus groups, surveys, or other forms can assist states in improving communications and beneficiary experience.

Integrating multiple modalities & formats to meet varied consumer preferences and needs

While the transition to digital platforms (websites, mobile applications, etc.) has increased interconnectedness and information accessibility, issues such as low digital literacy, limited broadband access, mobility and visual impairments, and other factors, which are particularly relevant to older adults and people with disabilities, can pose barriers for individuals that could

limit success of the platforms (Martínez Alcalá et al, 2021; University of Washington, 2014). Acknowledging these concerns, public benefit programs should ensure beneficiaries are offered a range of modalities and formats needed to complete the required steps in the enrollment process. Specifically, state agencies should make efforts to ensure beneficiaries' communications preferences including modality (telephone, mail, text, email), language, and format (e.g., braille, large print, etc.) are collected during the initial application process and honored throughout the enrollment process. Utilizing this person-centered approach would ensure that enrollees are receiving communications in a digestible format that meets their needs, with the ultimate goal of increasing enrollment and reducing program churn.

As has been highlighted throughout the report, individuals who are eligible for one public benefit program are often eligible for multiple programs; however, administrative complexities and differing program requirements make it difficult for the average consumer to understand which programs they are eligible for and how to apply for coverage. Acknowledging this, many federal, state, and local agencies have devoted resources to provide personal assistance to consumers throughout the enrollment process, which has demonstrated success. For example, a recent Commonwealth Fund study showed that 77% of adults who received assistance during the application process for health insurance enrolled in a plan compared to 60% of individuals who did not (Collins et al, 2016). Investments in consumer assistance resources in a variety of different formats, such as navigator programs, Benefits Enrollment Centers or call centers, can assist consumers throughout the eligibility and enrollment process and increase awareness and enrollment in the programs individuals are eligible for.

Navigator programs provide personal assistance to consumers enrolling in Medicaid or Marketplace plans in understanding their coverage options, application requirements, and raising awareness of potential cost savings they have access to depending on their income. In 2022, HHS provided nearly $100 million in funding, an increase of nearly $20 million from the previous year, to assist consumers in understanding their options and enrolling in coverage. Notably, funding for these programs has proven health equity implications. Between 2017-2019, funding for navigator programs was cut by nearly 80% compared to prior years, resulting in declines in insurance coverage, primarily for low-income individuals, racial and ethnic minorities, and individuals with limited English proficiency (Myerson & Li, 2022). To ensure provision of public benefits are equitable, state and local agencies could partner with these programs to assist in enrolling consumers in services.

In addition to navigator programs, federal law permits state Medicaid and SNAP programs to leverage federal match dollars to assist in funding their own outreach and enrollment assistance programs under program administrative cost (Wikle, 2021). However, the regulations requires that these dollars only fund activities specific to one program (DeSantis & Hiatt, 2012). To reduce duplicative outreach efforts and maximize the use of government funds, the federal government could consider eliminating these stipulations to increase cross benefit program enrollment by partnering on outreach efforts across programs.

Call centers remain an important and effective tool in answering enrollee questions and getting individuals enrolled in coverage. The ACL-supported Eldercare Locator and DIAL (Disability Information and Access Line) as well as the NCOA-administered Benefits Helpline are examples of call centers focused specifically on older adults and people with disabilities, with the latter

especially on benefits access. Strategic investments in call centers – training staff in eligibility and enrollment rules to assist individuals in applying for coverage, conducting eligibility or redetermination interviews, or clarifying enrollee questions – can help retain and enroll individuals in programs. Furthermore, analyses of the reasons enrollees are contacting the call center, particularly for states with high call center volume, could provide states with insights into potential other areas for improvement in the process. Efforts to increase use of call centers should consider that the older adult population is disproportionately victim to government impersonation scams. The potential distrust prompted by these scams can be mitigated by state agencies partnering with trusted community-based organizations that can assist in increasing awareness of the public programs and referring individuals to the call centers to apply for coverage or ask additional questions (Waterman, 2022).

Leveraging Data for Public Benefit Administration

Agencies that administer benefits are restricted in what information they can share about households with other organizations. Laws like the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) that govern data privacy often inhibit information sharing and lack of clarity on federal and state data privacy laws often discourage benefit-administration services from maximizing the effectiveness of linkages across programs. Streamlined data sharing between federal, state, and third-party entities provides countless opportunities for public benefit administrators to increase enrollment across programs and reduce administrative burden associated with each phase in the federated system.

To enhance the use of data for public benefit administration, federal agencies could employ several strategies aimed at clarifying data sharing laws, supporting governance frameworks, developing tools to assist partners in developing data linkages as well as employing incentives to drive increased data sharing, while continuing to prioritize consumer privacy concerns. This section examines these enhancements and how they could improve the efficiency of many of the processes listed above.

Developing federal privacy law technical assistance & guidance

Although federal law permits the use of data linkages to facilitate the administration of public benefits, data sharing is currently limited due to barriers including legal and privacy restrictions, variation across benefits programs in those restrictions, and capacity for establishing data linkages (Lake, 2019). In addition, perhaps due the complexity and ambiguity of federal and state laws governing data sharing as well as the resource and time investments required for data sharing efforts, public agency administrators may be reluctant to embark on new initiatives. While the lack of linkages across public agencies may be at least in part a legal issue, it is likely compounded by the vagueness and ambiguity of federal privacy and security policy. To increase development of linkages across entities, federal agencies that oversee or administer public benefit programs could develop clear guidance for relevant stakeholders (state agencies, IT vendors, community-based organizations, other relevant third-party entities) to articulate what data sharing agreements are permitted under federal law, how states can leverage data from other agencies (e.g., for eligibility determinations, to streamline application forms, etc.), and provide

technical assistance to partners on how to execute the linkages. In addition to releasing guidance on what data linkages are permitted under federal law, the U.S. Department of Health & Human Services (DHHS) could create an inventory of best practice examples of effective linkages at the state level, which could serve as resources for states interested in enhancing linkages across programs. By clarifying what is permitted under federal law, this type of resource would provide states with direct knowledge needed to enhance linkages across programs and increase enrollment in public benefits.

The effectiveness of data linkages across federal, state, and third-party entities for use in the public benefit administration process depends on the clarity with which all aspects of underlying agreements are specified. Data use agreements (DUAs), also referred to as data sharing agreements, define exactly what data is being shared between entities and details what the data can be used for, including any restrictions. The process to develop these agreements is complicated, as state agencies must have a thorough understanding of what authority they have to share data with other programs and what that data can be used for. To assist in this process, some federal agencies as well as states and nonprofits have developed technical guidance and data playbooks to assist states in developing linkages across programs. For example, the Administration for Children and Families and the Centers for Medicare & Medicaid Services published technical guidance explaining what data can be shared between entities, example case studies of effective use of the agreements, and sample Memoranda of Understanding (MOU) and DUA language that states can use when drafting the agreements (U.S. Department of Health and Human Services ACF and CMS, 2022). States and nonprofits have also developed playbooks to serve as 'how-to' guides, offering a step-by-step roadmap and supporting documentation to lead states through the data sharing process (Saffold et al, 2023; California Department of Health and Human Services, 2018).

Establishing data governance frameworks to increase data sharing

With the increased attention and use of administrative and other data sets in the public benefit process, most federal and state agencies have established a Chief Data Officer (CDO) position to assist with creating and overseeing data governance within and across entities (Wood, 2022). With the establishment and increased use of CDO offices, states and federal agencies are afforded a unique opportunity to prioritize data sharing for the purpose of benefit cross-enrollment. These efforts have already commenced within CDOs' organizing bodies, such as the Federal CDO Council and the State CDO Network, which have focused on highlighting best practices in the data sharing space and have developed standardized MOU language to assist partners in the data sharing process (Federal Chief Data Officer Council, n.d.; Beeck Center for Social Impact + Innovation, n.d.). States with limited data governance infrastructure could follow the example of other state and federal partners and organizing bodies referenced above and create CDO positions or offices within agencies to assist with the data governance process. For state and federal agencies that have strong data governance infrastructure, developing a data governance taskforce to assist with defining and executing opportunities for data sharing across entities could assist with prioritizing and accelerating linkages.

In addition to developing governance frameworks, CDOs and other data leaders can play a role in *encouraging* sharing of data across programs. Acknowledging that data owners may have no built-in incentive to share data, one of the recommendations in a report from the federal CDO

Council Data Sharing Working Group is to create a recognition mechanism to incentivize sharing, through funding or, at a minimum, some other short of recognition or award (Ipiotis et al, 2021). While not called out in the report, program administrators in the role of 'data receivers' may also have limited incentive to obtain data, depending on the perceived resource and timing balance between increasing enrollment and reducing administrative or consumer burden. Thus, in addition to technical guidance, strategies aimed at increasing the rewards for data sharing are likely needed.

Developing or enhancing systems to streamline benefit processes

In 2019, state and local expenditures for public benefit administration accounted for the largest percent of their direct spending (22.5%) when compared to other state programs and 92% of US public benefit spending occurred at the state level (Urban Institute, n.d.). To help alleviate the burden of public benefit administration on state and local government, federal agencies and CDO offices could coordinate to deliver or provide guidance on specific tools that would help state and county organizations develop programs and roll out services. These services could include new benefit applications, uploading documentation (e.g., proof of income or assets), benefit recertification, and checking account balances. As highlighted in the Spotlights section, Login.gov is an example of a sign on service developed and supported by the General Services Administration, which allows applicants to create one account for use across participating government agencies' websites. A service like this, that could be accessed by state and local officials and their beneficiaries, would effectively remove issues around authentication from the plates of local administrators who are developing online screening, application, or recertification systems, thus reducing state and local expenditures and administrative burden.

As highlighted throughout the report, despite many of these manual processes being primed for automation, historic reliance on these processes for the various steps in a coordinated system results in significant resources and burden for both states and beneficiaries. Thus, another space where the federal government could play a role would be to promote and/or fund development of a series of APIs that would crack open the black box of benefit enrollment by expanding the information that agencies have access to for the purpose of administering benefits. There is some precedent for such an effort as demonstrated by the Eligibility APIs Initiative. The initiative, spearheaded by 18F—a technology consultancy group in the General Services Administration—developed the first open-source API for SNAP eligibility. The prototype was deployed as a benefits calculator in Virginia; since then, Code for America has adapted the API to include SNAP eligibility criteria across all 50 states (10x.gsa.gov, n.d., Kennan and Soki, 2022).

Support from administering organizations or agencies would be critical both in terms of development and to provide for their maintenance. Notably, there is a strong business case to be made for outsourcing to vendors' APIs. First, they allow for instant expertise on a specific subject (e.g., marginal tax brackets, county-zip code correlation, internet service providers by geographical region), ensuring that the information is always up to date. Secondly, they allow agencies to build their own interfaces, that account for their own branding, language requirements, and program-specific data collection needs. Finally, they are fairly easily understood and relatively easy to stand up.

Organizations have developed APIs to allow for expedited identity authentication, public benefit eligibility screeners, and referrals to occur. In addition to these services, other API-based services such as mapping, street- or email-address validation, identity confirmation, and federal poverty level calculation (for basic eligibility testing) could help lower barriers for agencies that want to build federated tools to simplify benefit access. Finally, agencies that assist clients in receiving new benefits could utilize APIs that facilitate application and enrollment (i.e., submitting benefit applications) or APIs that allow organizations to determine an applicant's benefit status, re-certification date, and account balance.

> ***Example from industry***
>
> Outside of federal or state government, industry partners have leveraged API in an initiative to allow organizations to share information about available human services resources. This initiative, Open Referral, started with the DC Open211 project (an effort to create a DC focused community resource platform) and was co-sponsored by Code for America with support from the Ohana Project (a project focused on developing API for an open source community resource tool). Open Referral is focused on creating open data sets and resources where information about human service referral sources can be stored, shared, validated and updated when necessary, using a set of rules and specifications (known as the Human Services Data Specifications). Open Referral is bringing together information that is created by many service providers and localizing it to create a better view of what human services are actually available (Open Referral, n.d.).

In addition to the development of new tools, the federal government could also support states in enhancing and improving upon IT systems and tools used during the benefit administration process. For instance, state Medicaid agencies are required under federal law to operate electronic asset verification systems (AVSs) for the purposes of assessing whether non-MAGI beneficiaries' assets fall below eligibility caps. However, the degree to which state Medicaid programs have implemented and used the systems varies widely by state. Streamlined implementation of these systems could reduce consumer burden in completing application paperwork as well as state processing time in determining an individual's eligibility. To support this, the federal government could release guidance for state on the effective implementation and use AVSs for the purposes of eligibility determinations (Erzouki & Wagner, 2021).

Addressing consumer privacy & security concerns

Public distrust in government remains a major challenge for benefit administrators, especially at a time when government trust is at a historic low (Pew Research Center, 2022). Therefore, when constructing data-sharing mechanisms and other legal structures needed to transmit data efficiently and legally among participating entities, public benefit administrators must prioritize consumer privacy and security concerns.

There are any number of reasons why a household might be apprehensive about sharing personal information with government entities or might not want to automatically apply for one benefit while applying for another benefit, which may have stricter guidelines about assets, immigration issues, work status, or other parameters. If a head of household knows about these structures and wants to avoid secondary benefit applications, it should be in their control to opt-out. To help address these concerns, federal agencies could consider developing model language resources (e.g., FAQ documents, scripts for call-centers) to help allay customers' fears by describing how, why, and what data might be shared among participating organizations and how it could benefit

them as consumers. The challenge is to strike a balance between automation and informing the applicant that their data will be used for dual purposes so that they can be informed and offer consent. For example, after a client completes their SNAP application an alert could be posted on the confirmation page informing them that "families similar to yours" have received TANF or Earned Income Tax Credits. Program administrators could ask if the beneficiary would like an application for TANF to be automatically submitted on their behalf, or to be referred to a free Volunteer Income Tax Assistance (VITA) site to file their taxes. This would provide an opportunity to inform the consumer about the options they have and what to expect in order to make an informed decision.

Ensuring informed consent, especially in the legal context of benefit application, that is clearly understood and easily digestible without overbearing legalese, will be critical in increasing public benefit enrollment among eligible individuals. MOUs and sample agreements described in the sections above could also include sample informed consent language to offer a clear and concise method of delivering users information and ensuring consumer privacy protections are present across the benefit lifecycle.

RECOMMENDATIONS FOR NEXT STEPS

The study team's recommendations for next steps focus on identifying opportunities to leverage existing tools and the key policy changes needed to support a more coordinated public benefits system. In this section, we build on the existing challenges and potential strategies to expanding and improving access to public benefits identified in the Policy section with a specific focus on feasibility. In other words, recommendations are based on the practicality of making a successful change and starting the work of coordinating and improving existing tools. The goal is to focus on those considerations that will pave the way to increasing benefit enrollment for low-income older adults, easing benefit system administrative and consumer burden.

From the policy discussion, we have identified the top items for consideration based on (i) evidence of existing momentum – leveraging momentum supports making changes faster than starting from scratch, (ii) ability to make the changes in a shorter timeframe – for example, changes that do not require legislation or agreement from multiple entities, and (iii) importance to the ultimate goal of expanding receipt of benefits, in other words, the impact factor. Through the Spotlights and references cited throughout the report, we have described instances where there has been successful change that could serve as a platform or catalyst for broader efforts. Some of these opportunities include:

Opportunities for Leveraging Momentum

Executive Order from the White House, along with growing awareness of the manifold costs of administrative burden, may engender some political and social context for change.	Wealth of knowledge emerging about user-centered design practices that can improve specific experiences.	SNAP and Medicaid are already tightly coupled in many (not all) states.
Use of MAGI (Modified Adjusted Gross Income) for Medicaid and Marketplace insurance sets a precedent for standardization that could be replicated with the Federal Poverty Level, tax brackets, etc.	Replicating novel programs such as the Eligibility API Initiative (18F).	Open standards for resource directory data via Open Referral's Human Service Data Specification.

We have identified four focus areas or policy goals, which are starting points in considering where efforts to improve systems to expand enrollment and reduce burden are possible. For each of these selected policy goals, a next step would be to develop an implementation roadmap. Some of the high-level key considerations for implementation include:

- Identifying leadership and establishing leadership buy-in
- Determining responsible parties with key authorities as well as important collaborators and stakeholders
- Laying out required tasks and subtasks, and developing specific tactics

- Pinpointing the level of government (i.e., federal vs. state) responsible and the type of action (regulatory vs. statutory) required to implement identified options
- Establishing level and type of resources (time, money, expertise) necessary for execution

In Table 5 below, we have identified a series of potential approaches and specific actions for each of the four policy goals. While many of the issues and approaches cut across policy areas, for example APIs could be used to support streamlined applications while also addressing data sharing, we have categorized them into one policy goal for ease of explication. As well, we note that this is a preliminary list and is not exhaustive or representative of all the actions that could be taken.

Table 5. Recommendations for Reducing Barriers and Increasing Enrollment in Public Benefits Programs

Policy Goals	Potential Approaches	Selected Specific Actions
Standardize and align definitions and criteria for eligibility across programs to streamline cross-benefit eligibility verifications	❖ Convene workgroup of managing agencies and federal/state stakeholders (considering a FACA[21] working group) to develop common framework for aligning eligibility and promoting standardization across programs	▪ Develop standardized definitions for common terms ▪ Implement extended eligibility periods (incorporating lessons learned from PHE extensions) ▪ Establish standardized eligibility criteria including extending use of MAGI for determining eligibility to non-MAGI groups

Streamline and integrate public benefit applications	❖ Establish resource center providing case studies highlighting best practices as well as other technical assistance resources for public benefits administrators	▪ Create a regulatory roadmap delineating steps to ease coordination among programs, including through adoption of APIs
		  ▪ Identify model APIs such as Extra Help (LIS) and SSI[22]
		▪ Develop inventories of effective program linkages
		▪ Catalogue lessons learned from COVID program flexibilities
		▪ Disseminate best practices, including:
		  ▪ Examples of reducing repetitive elements within applications
		  ▪ Effective use of mobile applications for documentation submissions
		  ▪ Use of digital or telephonic signatures on applications

Use administrative data for application reviews and approvals as well as recertifications	❖ Develop and disseminate technical guidance resources for states and other stakeholders	▪ Conduct interviews with program administrators across agencies and functional roles to explore factors inhibiting data sharing ▪ Develop guidance clarifying Federal privacy and security laws governing data sharing between agencies ▪ Develop model language resources to allay consumers' data-sharing and privacy concerns

[21] The Federal Advisory Committee Act was enacted in 1972 to ensure that advice by the various advisory committees formed over the years is objective and accessible to the public. Each federal agency that sponsors advisory committees must adhere to the requirements established by the FACA, as well as regulations promulgated by the U.S. General Services Administration's (GSA) Committee Management Secretariat. Additional information is available at https://www.gsa.gov/policy-regulations/policy/federal-advisory-committee-act-faca-management-overview.

[22] The ExtraHelp online application can be found at https://www.ssa.gov/medicare/part-d-extra-help and the SSI online application at https://secure.ssa.gov/i1020/Ee006aView.action

Policy Goals	Potential Approaches	Selected Specific Actions
	❖ Provide infrastructure/technical support for developing systems to enable data sharing among agencies	▪ Facilitate systems to: ▪ Allow states to pre-populate selected application elements from administrative sources and other benefits programs ▪ Allow enrollment in one benefit to be used to automatically determine eligibility for another, including for recertifications ▪ Increase reliance on administrative data for reviews and approvals (reduced consumer touch)
Integrate multiple modalities and formats to meet varied consumer preferences and needs	❖ Conduct burden audit of public benefit processes, including human-centered design study to improve public benefit forms, notices, and other communications aligned with older adult needs that states could replicate	▪ Expand capacity and offerings of call centers and navigators ▪ Strengthen relationships with health professionals and community partners to facilitate point-of-care enrollment ▪ Build out online and mobile formats (applications, text messages, email, AI/Bots) to meet consumer preferences expressed in HCD study

Additional detail on potential activities for each of the policy goals and potential approaches highlighted above are described further here.

Convene workgroup to develop common framework for standardizing public benefit program definitions and terminology

As discussed in the Policy section, a major barrier to increasing enrollment across public benefits is the variation in definitions (e.g., households, family units, older adults) and eligibility criteria (e.g., income, assets) used to define and assess eligibility for different programs. The lack of consistency across programs precludes common eligibility determinations and implementation of a single, automated rules engine and adds to confusion and burden for applicants. Standardizing program definitions and eligibility criteria would serve as a significant step forward in streamlining the eligibility verification and enrollment processes across programs. This process would require coordination among multiple state and federal partners, including administering agencies and stakeholders.

One approach to facilitating the required coordination across programs would be to convene a workgroup consisting of the managing agencies and their state and federal stakeholders. This could be accomplished under the provisions of the Federal Advisory Committee Act (FACA) which sets forth standards for the formation and use of federal advisory committees or by establishing an independent governance structure. Regardless of formal structure, the purpose would be to support ongoing collaboration and discussion of barriers and facilitators to common approaches, with the goal of identifying opportunities for alignment of definitions and criteria. Similar workgroups have been used to formulate solutions to and address complex federal problems, such as the Federal Interagency Workgroup, encompassing representatives from U.S. Department of Health and Human Services as well as the Departments of Education and Agriculture, which led the development of Healthy People 2030 or the Core Quality Measure Collaborative, which aims to align quality measures across payers and agencies (U.S. Department of Health and Human Services, 2021; Core Quality Measure Collaborative, n.d.). Understanding the barriers and opportunities to implementing standardization across partner agencies will ensure effective implementation of a policy option that requires a coordinated effort from multiple stakeholders.

As a starting point, the workgroup could establish a framework for standardizing common definitions used in eligibility determinations. Common approaches to defining a household, for example, the items counted as part of assets, and dates used for eligibility determination and redetermination, would lessen both consumer and state burdens in establishing eligibility across programs. As well, the workgroup could endeavor to extend eligibility periods across programs, drawing on lessons learned from the PHE extension. A longer-term goal for the workgroup could be to review the eligibility criteria themselves. As noted earlier in this report, the use of MAGI in determining Medicaid and other health coverage for certain populations illustrates how this type of standardization simplifies application processes. Several states have begun the process of establishing MAGI pathways for eligibility determination to older and disabled adults (the non-MAGI population) – either through increasing income limits for eligibility determination or through increasing or eliminating asset limits (Musumeci, et al., 2022). Such actions help lay the groundwork for increasing comparability and automation across eligibility determination.

Develop resources to support streamlining and integrating public benefit applications

As discussed throughout the report, the public benefit application process can be cumbersome for consumers, given the time it takes to complete applications and recertifications, available resources and technical assistance, and lack of coordination among multiple benefit programs. Streamlining applications to reduce the time it takes consumers to complete applications, integrating applications across multiple benefit programs, and ensuring applications are accessible via various formats (e.g., online, mobile, paper) can help increase enrollment of benefits among the older adult population.

Federal agencies and state and local governments would benefit from additional technical support to streamline and integrate applications, potentially coupled with incentives (through some combination of funding or regulation).[23] One approach for providing support could be creating a resource center offering various materials and guidance for states and/or local governments looking to improve their public benefit application systems. To guide efforts within the resource center, a regulatory roadmap could be created delineating steps to ease coordination among programs. As noted in the report, historic reliance on manual processes for the various steps in the public benefit process, despite many of these processes being primed for automation, results in significant resources and burden for both states and beneficiaries. The resource center could promote adoption of APIs, through identifying model APIs such as Extra Help (LIS) and SSI and providing supportive documentation.

In addition, the resource center could include materials such as case studies of states that have been successful in improving their application system and detail the steps that those states implemented, such as Michigan's MI Bridges, or webinars that provide guidance to states looking to improve their applications. Examples of the resources that could be highlighted include successful state-level actions or initiatives taken to reduce consumer burden during the benefit administration process such as utilizing mobile applications for document verification, use of digital or telephonic signatures for applications, effective linkages across programs, and lessons learned from program flexibilities permitted during the pandemic (e.g., extended certification periods, removing interview requirements). Government agencies could post these resources to their websites for states to access. For example, ACL's website lists several program and policy areas that the agency focuses on; they could include "streamlining and integrating public benefit applications" as a key focus area to host these resources. Other organizations also have similar resource centers, such as the Beeck Center's Digital Benefits Hub, which is a dynamic, open-source reference library that compiles various resources related to improving screening for benefits, streamlining the application process, reducing churn, etc. where new materials could be featured (Beeck Center for Social Impact + Innovation, n.d.).

The resource center could also be used as a platform to bring together states at different stages in their journey to streamline and improve their public benefits systems. States that are looking to improve—but are unclear about where to start—could work together and share experiences. This

[23] While the focus here is on provision of technical support, providing direct incentives for these activities may be necessary to increase uptake. Incentives could take the form of increased administrative funding for agencies that allow clients to apply for multiple benefits via one application or for agencies that reduce burden through application simplification.

effort could help states disseminate learnings and best practices for streamlining and integrating public benefit applications.

Support increased use of administrative data for benefit administration through technical guidance and support

Using existing data from public benefit programs or public administrative data sets can reduce data collection efforts and assist with application and recertification reviews. For example, ACL has supported increased automation and data exchange between the Medicaid and SNAP wherein Medicaid agencies leverage income information collected by the SNAP program for the income documentation components required in the Medicaid application. Additionally, using administrative data can support streamlining applications and recertifications—states could pre-populate beneficiary demographic information (e.g., name, address, birth date, number of dependents, etc.) collected by one program to fill in sections of their application or for other programs' applications (after receiving consent from the enrollee). While federal law generally permits the use of data linkages to facilitate the administration of public benefits, barriers to data sharing include legal and privacy restrictions, variation across benefits programs in those restrictions, and technical capacity for establishing data linkages (Social Interest Solutions/Alluma, 2019). In addition, perhaps due the complexity and ambiguity of federal and state laws governing data sharing as well as the resource and time investments required for data sharing efforts, public agency administrators may be reluctant to embark on new initiatives and may need technical support, resources, or motivation.

There are a number of pathways for facilitating and potentially incentivizing increased data sharing, which could be undertaken sequentially or simultaneously. One effort would involve development of technical guidance and support resources including examples of best practices, model language for use by state programs to allay consumers' privacy concerns, checklists for data sharing initiatives, and templates for inter-agency agreements. These resources would support understanding of legal and regulatory restrictions among state agencies, IT vendors, community-based organizations, other relevant third-party entities. An important step, laying the groundwork for these and development of additional resources, would be to conduct key informant interviews with public benefits program administrators and staff across a range of agencies and levels or functions within those agencies. This would provide deeper understanding of needs (technical, staffing, and budgetary) and perceived rationale for *not* sharing administrative data, including specific challenges faced. As well, such discussions could serve to identify the right levers for mitigating these barriers and increasing data sharing, ultimately leading to efficiency such as supporting automatic eligibility determinations across programs. In addition, an environmental scan could be conducted to update and even expand currently available information on linkages between benefits programs. This type of information would highlight benefits programs where there is the greatest potential for increased data sharing and serve as a framework for further work.

In addition, providing support for technical algorithms required for using administrative data across programs (e.g., to pre-populate selected application elements from administrative sources or to use administrative data as the basis for application reviews and approvals) and potentially supporting infrastructure investments would help to ensure that programs have the capacity to share data effectively.

Promote multiple modalities and formats based on understanding of consumer access barriers and challenges during the public benefit process

As highlighted throughout the report, vulnerable populations, including individuals with mobility and visual impairments, individuals with limited English proficiency, and older adults, face disproportionate barriers with applying and enrolling in public benefit programs. This administrative burden, or the learning, psychological, and compliance costs associated with enrolling and remaining in benefits, results in lower enrollment rates and a negative consumer experience. To further understand and address the barriers consumers face, human-centered design (HCD) studies, which aim to prioritize user experience and perspective in designing systems and developing solutions to complex problems, have entered the forefront of state efforts to improve their public benefit programs enrollment processes (Civilla, n.d.).

While some studies have highlighted the challenges associated with applying, enrolling, and retaining coverage of public benefits from the user perspective, few have focused on understanding the specific challenges older adults face within the process (Centers for Medicare & Medicaid Services, 2016). Understanding these issues directly from older consumers is vital, as research has shown that less than half of older Americans who are eligible for public benefit programs enroll (AARP, 2022). Additionally, due to the financial hardships caused by the COVID-19 pandemic, the percent of multigenerational homes in the U.S. has risen sharply, which has shifted the livelihood and public supports older adults have historically needed (Generations United, 2021). As a result, there is a need for a new body of research examining the challenges older adults have faced in interacting with the public benefit system as a result of the pandemic. There is a significant opportunity to address this gap by building upon the current body of research on consumer pain points to focus on the specific barriers and challenges older adults face in a "post-pandemic" world.

This research, which could be a portion of a broader "burden audit" that states could conduct to understand the program requirements that constitute major barriers to program enrollment, could serve as justification for states to expand capacity and offerings of public benefit call centers and navigators, strengthen relationships with health professionals and community partners to facilitate point-of-care enrollment, or build out online and mobile formats (applications, text messages, email, AI/Bots) to meet varied consumer preferences.

CONCLUSION

Through examination of the current environment of tools and systems for enrollment in public benefits programs and expert input on emerging strategies for improvements, this study concluded that a centralized, streamlined, and automated system for low-income older adults should not be the primary focus of efforts. While such a system may be feasible in theory, there are numerous regulations, technology, and political barriers that impede progress. In addition to there being no precedent for such a system in the existing siloed public benefits system, a centralized system may not meet the needs of marginalized persons who will benefit from a more tailored approach to applying for and enrolling in benefits (which includes the type of personalized assistance offered by community navigators, such as those at Benefits Enrollment Centers and SHIPs).

At this time, there are several opportunities to work toward removing some of the barriers to feasibility and to guide the improvement process to align and leverage the disparate existing systems and technologies into a federated model of existing tools. Federal and state agencies can build on several of the opportunities highlighted here to improve each portion of the public benefit administration process. While the process will remain decentralized, these cross-cutting efforts and improvements could support improved coordination among public benefit administrators to achieve the project's ultimate goal of increasing enrollment across programs and improving the consumer experience for older Americans in the public benefit system.

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APPENDIX A: ENVIRONMENTAL SCAN METHODS

To gather relevant information, we used a combination of online searches and review of relevant organizational websites, incorporating suggestions from NCOA and partner Benefit Kitchen in initial meetings. Articles were only reviewed if published within the last five years. These articles highlighted organizations, states, and tools that were viewed as being the most innovative or progressive in the application and enrollment process in public benefits. Based on this initial literature, we used a "snowball" approach to identify other relevant articles and tools cited in the original resources.

We conducted searches on Google using various primary, secondary, and tertiary search terms and phrases, such as "online application to help low-income seniors save money on Medicare," "online applications and Medicare Savings Programs," "online applications and paying for prescriptions and older adults," and "online applications and public benefits and older adults." The purpose of this additional search was to identify tools geared towards older adults (e.g., online applications for Medicare-related programs).

We used a spreadsheet to track various aspects of each article and tool including the public benefit programs covered, state(s), a summary of the article, tool capabilities, and gaps/challenges. We also recorded information about each tool's capabilities as related to each step of the process of applying for public benefits – from screening to re-application/re-certification – to assess the tool across the entire process.

For the scan, we conducted an in-depth review of 18 articles, seven of which are cited in this report, and we also reviewed a total of 18 tools. The other articles and tools were deemed not relevant to this environmental scan and were not included in this report. For example, we excluded articles that provided more background about barriers individuals faced when applying for benefits or that were more policy focused, setting them aside for review in later tasks. We also excluded tools that only refer users to other resources or organizations (e.g., UniteUs, Aunt Bertha).

There are several limitations with our approach. First, we did not conduct a formal search using only defined search terms; rather we relied on the "snowball" approach supplemented by additional targeted searches. Additionally, we were not able to access all the tools and their features. For example, we were able to access demo sites for some tools or move through the screening process using "test" information. However, for some tools, users need to create an account to apply for benefits online, so we were unable to experience the entire online application process. This limits our analysis in terms of determining whether tools provide certain capabilities.

APPENDIX B: TOOLS MATRIX BY BENEFIT PROGRAM AND TOOL CAPABILITY IN THE ENROLLMENT PROCESS

		Tool Capability/Process Step				
		Screening	**Information Referral**	**Online application**	**Eligibility Determination/ Enrollment**	**Re-application/Re-certification**
Benefit Programs	**LIHEAP**	• BenefitsCheckUp • Benefits.gov • BenefitKitchen • WV PATH	• BenefitsCheckUp • Benefits.gov • BenefitKitchen • WV PATH			
	LIS	• BenefitsCheckUp	• BenefitsCheckUp • NJ Save	• NJ Save	• NJ Save	
	Medicaid	• BenefitsCheckUp • Benefits.gov • BenefitKitchen • Eligibee • BenefitsCal • ConneCT • MI Bridges • WV PATH • ACCESS	• BenefitsCheckUp • Benefits.gov • BenefitKitchen • Eligibee • BenefitsCal • ConneCT • MI Bridges • WV PATH • ACCESS	• BenefitsCal • ConneCT • ACCESS • MI Bridges • WV PATH	• BenefitsCal • ConneCT • ACCESS • MI Bridges • WV PATH	• ConneCT
	MSP	• BenefitsCheckUp • Benefits.gov • ConneCT • WV PATH • ACCESS	• BenefitsCheckUp • Benefits.gov • ConneCT • NJ Save • WV PATH • ACCESS	• ConneCT • NJ Save • WV PATH • ACCESS	• ConneCT • NJ Save • WV PATH • ACCESS	• ConneCT
	SNAP	• BenefitsCheckUp • Benefits.gov • BenefitKitchen • Eligibee • mRelief • BenefitsCal • GetCalFresh • Colorado PEAK • ConneCT • MN Benefits • WV PATH • ACCESS	• BenefitsCheckUp • Benefits.gov • BenefitKitchen • Eligibee • BenefitsCal • GetCalFresh • Colorado PEAK • ConneCT • MN Benefits • WV PATH • ACCESS	• BenefitsCal • GetCalFresh • ConneCT • MI Bridges • MN Benefits • WV PATH • ACCESS	• BenefitsCal • GetCalFresh • ConneCT • MI Bridges • MN Benefits • WV PATH • ACCESS	• ConneCT

APPENDIX C: ORIGINAL SYSTEMS ANALYSIS ORGANIZING FRAMEWORK

ACL/NCOA Feasibility - Organizing Framework for System Analysis

Developed by L&M Policy Research and Benefit Kitchen in cooperation with ACL and NCOA

For internal use only - Not for distribution

				Considerations and Recommendations			
Areas for Integration	**Purpose**	**Advantages**	**Challenges**	**Mobile tools**	**Security and Compliance**	**Equity - Accessibility issues**	**Recommend for End-to-end Solution**
Client information hub	- "One stop" access to all programs, current status, re-application timelines. - Provides a centralized location for information and benefit application.	- Comprehensive, multiple benefits, alerts, planning.	- Lengthy application, all-or-nothing outcomes, limited appeals option, no in-person appeals. - Complex navigation if it includes too many services (public benefits + parking tickets, deeds, birth certificates, etc.).	-Portal/Account overview must be mobile-friendly. -Provide SMS option for those without data plans.	- Identity management critical; proof of identity is a challenge. - Use mobile devices to leverage two-factor authentication (via SMS or biometrics).	- NOTE: See mobile tool entry. - Multi-lingual options.	- Required. - Mobile-first design recommended (via responsive design, not installed app).
Eligibility systems and business rules engines (BREs)	- Provide guidance to applicants. - Generally supported by a central, administering organization via an Application Programming Interface (API).	- Supports simple, quick screening, and direction. - Supports applicants' decision to apply or not. - Eases some of the burden to review applications; built in intelligence.	- Simplistic, sometimes "binary" results (vague, "you may be eligible" messaging without $$ amount or impact on other benefits). - Providing accurate, centralized BREs is a critical challenge (e.g. no FPL API). - Ease of updating the eligibility criteria.	- Must be integrated into client portal on phone/device. - Notifications (e.g. $$ change or re-enrollment).	- Difficult to verify screening parameters (inaccurate information will lead to bad results). - Benefit administrators might not use BREs because of compliance issues.	- User friendly, simple language; available in multiple languages. - Ability to accept paper versions of application.	- Integrate with application systems, provide $$ estimates beforehand to motivate. - Must integrate with account.
Call center/facilitated enrollment	- Provide information and guidance for applicants via phone; use trained navigators who can field calls/chats/ messages from clients during the application process. - Navigators can see the client's account and make recommendations/provide guidance in real-time.	- Personalized, customized information and support.	- Difficult to scale, long wait times. Chat and AI can ameliorate. - Resource intensive.	- Screensharing to help with facilitation. - Video conferencing for virtual site visits.	- Navigators must have access to some, but not all, client information.	- Provide access to navigators; including multi-lingual navigators. - Ability to work with paper versions of applications.	- Add SMS text/Chat/AI (knowledge base and operator). - Must be "multi-player", with role-managed access to PII.

Electronic data matching/Auto-enrollment	- Use existing client data in Government databases to smooth/automate applications (e.g. tax docs). - Single-source for client information and status. - Information allows administering agencies access to verified information about a client without having to solicit (and confirm) means-tested applications.	- Reduce duplicate data entry. - Keep all client/household information updated. - Automatic enrollment (data sharing with other benefit programs to support enrollment).	- Information privacy. - Finding a "key" value to connect client data across systems that is not SSN. - Participant hesitancy - vulnerable putting all data in one online Government location. - Stigma.	- Possible connection with mobile apps (government, banking, utilities) to match client to required documents.	- Requires a great deal of planning and oversight. - All client data stored in one location must be highly secure.	- Focus on how to reduce stigma and participant hesitancy.	- Single sign-on and "source of truth" for client information for all programs.
Document imaging and management	- Submit verification documents (e.g., wage, rent, etc.) from various sources. - Ability to scan, store, upload, replace, and manage documents. E.g., mobile deposit at your local bank.	- Smartphones (scanners) proliferate. - Cloud storage is inexpensive.	- Privacy. - Technical challenges and quality of captured images. - Updating documents.	- Built-in camera offers built-in document capture.	- Photos of documents should live "in app" rather than on device's photo roll.	- Directions should be presented in multiple languages.	- Connect with data sources (e.g. utility providers, see EDM above), continue to leverage smartphone technology.

Adapted from: State Innovations in Horizontal Integration: Leveraging Technology for Health and Human Services, March 24, 2015. Accessed at https://www.cbpp.org/sites/default/files/atoms/files/3-23-15fa.pdf

APPENDIX D: TECHNICAL EXPERT PANELISTS

Name	Organization and Position
Phil Ashlock	Director of Data & Analytics, GSA Technology Transformation Services
Greg Bloom	Founder, Open Referral Initiative
Bill Cromie	CEO, HelpKitchen
Dave Guarino	Independent Contractor, FIDG Labs
Jess Kahn	Partner, McKinsey
Ariel Kennan	Fellow, Beeck Center for Social Impact and Innovation
Steve Spiker	Chief of Product and Technology, Alluma

APPENDIX E: Technical Expert Panel Summary Notes and Findings

September 16, 2022, 11:30 – 2:30 pm ET

Technical Expert Panelists

- Phil Ashlock – Director of Data & Analytics, GSA Technology Transformation Services
- Greg Bloom – Founder, Open Referral Initiative
- Bill Cromie – CEO, HelpKitchen
- Dave Guarino – Independent Contractor, FIDG Labs
- Jess Kahn – Partner, McKinsey
- Ariel Kennan – Fellow, Beeck Center for Social Impact and Innovation
- Steve Spiker – Chief of Product and Technology, Alluma

Project Goals and Overview

The current goal of the feasibility study is to: "Assess ***feasibility*** of developing a automated and streamlined system that older low-income adults can use to enroll in key public benefits programs."

- Participants expressed concerns about the project's goal. In particular, participants questioned the terms "universal," "automated," and "streamlined." Concerns and recommendations included:
    - Participants questioned the use of the term "universal" if the project specifically targets a population (i.e., low-income older adults).
        - NCOA later clarified that the statement's use of universal refers to a system that is "centrally hosted."
    - The public benefits system is decentralized by design. It might be better to say "federated," which does not imply a single system but rather that there can be multiple systems that operate with some autonomy while still functioning as a coherent whole.
    - There is a difference between effectiveness and efficiency—when considering the concept of "streamlined"— and efficiency can be at odds with effectiveness especially when thinking about "marginalized people."
    - Any mission statement that includes marginalized communities, but does not include equity as a core principle, is problematic. It will be important to ensure the outcomes of the system are equitable and not just universal.

- Reframe the goals of the project with a more targeted scope. For example, the goal could be to minimize burden or maximize the use of automation and existing data to supplant paperwork and effort by applicants.

Systems Analysis Framework Review

Emerging literature and learnings

- Participants mentioned emerging technology and literature, including:
  - ***Robotic process automation (RPA).*** This technology is less developed and emerging from a legitimacy and utilization perspective inside agencies. For systems that do not have an application programming interface (API), modern RPA tools are being used for process automation to take structured data and input it into a system automatically so as to not increase work burden for staff.
    - RPA is software technology that makes it easy to build, deploy, and manage software robots that emulate humans' actions interacting with digital systems and software.
  - ***Public health emergency (PHE) unwinding*.** Workload in human services agencies is always a concern but may be even more challenging if/when the PHE unwinds.
  - ***Human centered design modalities*.** Modalities for how people interact with benefit programs have shifted throughout history – from paper to telephone to the internet and smartphones – and are constantly emerging.
  - ***Verification.*** Verification of program eligibility with a single hosted solution is more challenging – it's the "tough nut to crack" - than business rules engines (BREs).

Systems Framework

- Features of the current systems framework include:
  - Client information hub
  - Eligibility systems and business rules engines
  - Call center/facilitated enrollment
  - Electronic data matching/auto enrollment
  - Document imaging and management
- Participants made the following suggestions to the systems framework:
  - Combine data management – electronic data and document imaging – as documents will ultimately be translated to electronic data.

- Separate electronic data matching and auto enrollment.
- Consider the role of user ***identity authentication and authorization systems***. This is key to integrating across platforms. Although the United States has more stringent laws and regulations related to data sharing, once a person authenticates one system and tries to access another, there is an opportunity to ask for their consent to share their information.
  - For example, login.gov is a universal user account that the public can use to interact with various government agencies and services.
    - Currently, states are unable to use login.gov at no cost for non-federally funded programs, but they can pay for it.

- ***Identity management***, ***data and document management***, and ***verification*** are interconnected but not the same. We should think about how these buckets fit together and their overlap.
  - Levels of Assurance (LOA) is a framework for defining the amount of identity verification needed to trust that a digital identity represents the right individual.
    - Some of the identity verification may include the same verification data that is needed for benefits, such as income.
  - Currently, we do not know what is going on with login and identity proofing across the safety net. The best that we've seen at the state level is a single sign on system that can be used across programs in that state, and each individual program does the proofing.
  - There is also the issue with states contracting with third party vendors to verify identity; identity proofing should be a core government role.

- There is not a lot of precedent for a successful centralized and streamlined system in a siloed public benefits system. Rather than considering current systems obsolete with one new system that does everything, it may be more useful to think about how to align systems and technologies coherently.
  - One system that does everything can be challenging and expensive, however, there may be certain pieces that are critical to solve. It will be useful to better identify and understand the pain points for older adults enrolling in public benefits programs.
    - Applying separately for each program may not be the primary pain point for older adults. We should question the assumption that the recurring friction points for older adults may not be the "biggest bang for your buck" in terms of actual material enrollment.

- It could be helpful to do journey mapping to help identify the main paint points for low-income older adults as they apply for and enroll into public benefits programs.
- The problem tends to be more around governance and creating a framework for linking across programs.

Defining Feasibility

- It will be important to enable more flexibility and the ability to alter inputs across many components such as the information hub and verification. For example, you can always amend prior tax returns.
- Public benefits eligibility rarely changes amongst the older adult population. A possible pain point could be churning through processes for recertification even though the rate of change for this population is minimal.
  - A participant suggested reviewing the data to see what characteristics of enrollees change and to focus renewal efforts there. Then, sample the data to determine what the error rate of a predictive model would be and whether a human is needed to validate every renewal decision.
- The focus on verification is to maintain program integrity. If it can be shown that relaxing some verification rules does not alter program integrity, this type of policy change may be more amenable.
- Participants suggested grouping the features by government or policy challenges versus technical systems design. They also recommended including the following features when thinking about feasibility:
  - ***"Substantially sufficient proof."*** This past year, SNAP automatically allowed enrollees to get HeadStart as the population eligible for SNAP is very similar to the population eligible for HeadStart, such that there is no need to separately verify income, even though there is no eligibility fast track between these two programs. Looking at the individuals eligible across programs and removing the need to separately verify is a deeply underutilized tool.
  - ***Auto enrollment*** is magnitudes different than ***making information about benefits discoverable (i.e., awareness).*** Auto enrollment is a high bar for technical and policy reasons; making information about benefits more discoverable is more straightforward.
  - ***Stigma*** is also a barrier.
  - ***"Awareness at salient points of contact."*** There is the idea that everyone wants every benefit that they are eligible for, however, what is more relevant is being able to enroll in a program at a particular time of need. For example, if someone goes to the

pharmacy, and there is a prescription benefit that they are not enrolled in, they could enroll at that moment.

- ***Enrollment assistance.*** There are some barriers to having someone assist an applicant in the benefits enrollment process. For example, HIPAA raises walls between patient data and those who would assist in applying. There are various state Medicaid waivers that can address this issue and focus on social determinants of health (SDOH), including increasing access to public benefits (e.g., CalAIM 1115 Demonstration & 1915(b) Waiver). There is existing work related to using the health care context to connect to other benefits.
  - There is so much potential for tools to help assist social workers who work in hospitals that tend to do what benefit navigators do. Working with the health care system would be a great partnership opportunity.
- ***"Eligibility rules-as-code"*** would be either an alternative or complement to BREs. This is more on the ecosystem side in that publishing eligibility rules as code would improve the entire public and nonprofit sector's ability to offer consistent screening services.
- Having a ***system of appeal and recourse*** is important when automation is involved.

Considerations and Recommendations

In the framework, there are three areas of "considerations and recommendations," which include security and compliance, equity and accessibility, and mobile tools.

Security and compliance

- Potential solutions or programs that are useful in simplifying or addressing security and compliance and other considerations include:
  - For many of the features in the framework, the overarching policy for IT security is the Federal Information Security Modernization Act (FISMA).
  - If cloud-based services are considered, the Federal Risk and Authorization Management Program (FedRAMP) is a government program that provides a standardized approach to authorizing cloud products and services.
  - There are efforts to streamline by packaging as much of the technical stack needed for a solution into one preapproved platform (e.g., login.gov or cloud.gov that provide prepackaged aspects of IT infrastructure and have done a lot of work around security and compliance). Anything that can be proactive in reusing stuff that is already approved and not introducing things that raise the level of effort for security and compliance is important to consider.
  - Explicit consent of sharing information goes a long way to get past compliance issues with automated sharing. An interesting touchpoint to obtain informed consent from

the older adult population is the Medicare program since this population regularly engages with the Medicare system.

- Do not wait until the end to think about security and compliance. Ensure there are individuals involved early on who can provide guidance regarding security and compliance.

Equity and accessibility

- Think about a baseline assessment of where there are gaps and gaps by demographic factors. For example, older adults who are also disabled may be disproportionately under enrolled. Any subgroup that is disproportionately under enrolled across programs provides a baseline on which subpopulation to target.
- The benefits of artificial intelligence (AI) are hypothetical, and the harms are real ("AI snakeoil").
  - This also depends on how AI is defined. For instance, a lot of state Medicaid agencies use AI to identify program integrity and fraud. The question is how to use data more proactively and more precisely in ways that do not cause equity issues but in ways that help automation and program insights.
  - Regarding the use of predictive analytics to address social issues, expect that there will be undesirable consequences.
    - An example of where predictive analytics might be safely applied is to determine whose eligibility may change because you are only focusing efforts on certain characteristics.

Mobile Tools

- Although smartphone apps may provide a more user-friendly experience, it requires a lot of maintenance and development. An alternative would be to use mobile friendly, web-based applications that would be able to work across devices.
  - Benefits Data Trust has an excellent system for "graceful degradation" or "capacity triaging," such that as a person is engaging with Benefits Data Trust, the tools adapt to their capacity and enable the individuals who experience the most barriers to receive the most "white glove" or real human concierge work.
- Text messaging has limitations as it is a primary vector for scams. It is a powerful tool for inclusivity and engagement but has challenges.
  - It will be important to think about to what extent SMS is used to carry the work and what we are training people to think is safe to do via SMS. As the older adult population is targeted by scams, it may not be the best message to send to this population as it exposes them to more scams. SMS is a powerful technology; however, we need to think about the potential harms.

- There is some incremental new technology, such as phone companies starting to help verify information. The government may be able to harness some of these newer technologies.

Other considerations and recommendations

- Collect more information about the end user. We may be assuming that older adults are the ones interacting with the system itself when, in reality, a substantial percentage may actually be an intermediary or relative helping them to enroll in benefits. Additionally, while someone may be adept at using online tools, someone may still need help, regardless of age, due to the inherent complexity of the public benefits programs.

- When thinking about the different modalities for interacting with the enrollment system (e.g., paper, phone, computer), consider the pros and cons of each. For example, younger people may find having to submit a paper application or documents via mail as a barrier as they may not have access to a printer. It may be easier to submit a picture using a smartphone or submitting information online that is auto filled.

- Some challenges with being able to deliver on some of these ideas is to ensure there is senior leadership that can bring all the right parties together at high level to make sure there is a clear owner and to ensure there is funding for a pilot.

- Engage the organizations and folks who actually do the work (e.g., Aging and Disability Resource Centers (ARDCs), and Area Agencies on Aging (AAAs)).

- There are legal and regulatory challenges that arise at the interface between federal and local governments (e.g., using login.gov at the state level).

Features that can and cannot be centralized

- There are some aspects that can be centralized; however, many probably are and should be done "at the margins on different ends." Building the capacity for already existing systems – such as 211s, 311s, Aging and Disability Resource Centers (ADRCs), and Area Agencies on Aging (AAAs) – to perform some of the same functionalities that Benefits Data Trust does, is more plausible than building an end-to-end solution. There is a mental model shift from a problem that can be solved to a web of problems – some of which are not solvable but that can be improved. We need to think about what pain points can best be alleviated by centralization.

    - Points of access to the system and methods of engagement should remain decentralized. People will want to engage with these systems or seek help in different ways, through the library, web searches, call centers, and hospital and health care systems.

    - It might be plausible to centralize a federal identification system, such as login.gov.

APPENDIX F: Benefit Kitchen Spotlight Interview Discussion Guide

FEASIBILITY STUDY

Discussion with Benefit Kitchen

February 3, 2023 noon ET

Background

On behalf of the Administration for Community Living (ACL) and the National Council on Aging (NCOA), L&M Policy Research (L&M) and Benefit Kitchen are conducting a multi-phase study to examine ways to support improved public benefit uptake for the low-income older adult population. The public benefits programs of most interest are: Low-Income Home Energy Assistance Program (LIHEAP), Medicaid, Medicare Part D Low-Income Subsidy (LIS), Medicare Savings Programs (MSPs), and Supplemental Nutrition Assistance Program (SNAP).

As part of this project, we have conducted several activities, including:

- ***Environmental scan*** to better understand the environment in which public benefits are administered, including the most innovative tools that combine applications for multiple benefit programs, the availability of tools that integrate across the different steps in the benefits application process, and gaps or challenges in online application and enrollment systems

- ***Technical expert panel*** to gather multiple subject matter experts to provide expert opinion, knowledge, and experience to help evaluate different systems integration approaches, understand technical and governance challenges, and shape the project's path forward

- ***Creating a federated model or organizational framework*** to demonstrate, at a high level, the application and enrollment process.

- ***"Case studies" or "spotlights"*** to demonstrate examples of existing operational services or tools that are used in elements of our federated model

We appreciate that it can be difficult to write and talk about yourself, so we prepared some high-level questions to get insights on how the Benefit Kitchen system works and any feedback you might have on specific policy and technology barriers that specifically impact the efficiency of your work. We will use this information to expand and revise the Spotlight in response to NCOA's feedback to more thoroughly describe some of Benefit Kitchen's processes leveraged to successfully improve public benefit administration.

Questions

- Would you mind taking a step back and telling us a little bit about how you all initially developed the mobile application and web-based API? What resources were required to stand up the system initially?
- How are the results of the eligibility screening shared with consumers?
- What is your typical approach for updating the algorithms that feed into the mobile application and API?
    - Do any public benefit programs require more frequent updating than others to ensure accurate, up-to-date information is being pulled in?
- Can you tell us about your partners? You don't have to name names, but who is using the APIs you create? Probe, if needed:
    - From your understanding to what degree do public benefit administrators use the eligibility screening information from Benefit Kitchen?
    - Is there a system for partners to share the results of the screening with the administering agency?
- How do you approach developing and executing new partnerships? With payers, non-profits, and other partners?
    - What are facilitators in executing this process? What are the most frequent challenges?
- From your perspective, what do you see as the most promising opportunities when it comes to benefit eligibility screening?
    - Are there currently any technological barriers inhibiting this? What about policy barriers?

APPENDIX G: UniteUs Spotlight Interview Discussion Guide

FEASIBILITY STUDY

Discussion with UniteUs

February 3, 2023, 9 AM ET

Background

On behalf of the Administration for Community Living (ACL) and the National Council on Aging (NCOA), L&M Policy Research (L&M) and Benefit Kitchen are conducting a multi-phase study to examine ways to support improved public benefit uptake for the low-income older adult population. The public benefits programs of most interest are: Low-Income Home Energy Assistance Program (LIHEAP), Medicaid, Medicare Part D Low-Income Subsidy (LIS), Medicare Savings Programs (MSPs), and Supplemental Nutrition Assistance Program (SNAP).

As part of this project, we have conducted several activities, including:

- ***Environmental scan*** to better understand the environment in which public benefits are administered, including the most innovative tools that combine applications for multiple benefit programs, the availability of tools that integrate across the different steps in the benefits application process, and gaps or challenges in online application and enrollment systems

- ***Technical expert panel*** to gather multiple subject matter experts to provide expert opinion, knowledge, and experience to help evaluate different systems integration approaches, understand technical and governance challenges, and shape the project's path forward

- ***Creating a federated model or organizational framework*** to demonstrate, at a high level, the application and enrollment process.

- ***"Case studies" or "spotlights"*** to demonstrate examples of existing operational services or tools that are used in elements of our federated model

This is where Unite Us comes in, as we would like to highlight Unite Us closed loop referral system to demonstrate that electronic closed loop systems are feasible and to understand any areas for improvement.

Interviewees

- Eric Beane - Vice President of Regulatory and Government Affairs

- Melissa Sherry – Vice President of Social Care Integration

- Halima Montecalvo - Senior Director of Research and Evaluation

Questions

In our research, we've come across the Unite Us project through CMMI demonstrations of addressing SDOH, and through discussions with providers using your platform. You've brought a lot of positive attention to the electronic information and referral process and particularly put a spotlight on closed loop approaches.

- Would you mind taking a step back and telling us a little bit about how you have approached your partnership and network development?
    - How long does it normally take to implement your system? How long does it take to get from implementation in the health system to generating referrals?
    - What are some facilitators to successful network development? Barriers?
- Have you found in your network development efforts that there are particular needs or services where you have too few partners? (E.g., nutrition support, housing support, etc.)
- How to provide clients some visibility into those opaque systems?
- What is your approach to creating a closed loop referral system?
    - Are there any specific technology challenges to creating a closed loop referral system?
    - How about policy challenges?
- How do you ensure that referrals are actually closed when you are working across different partners?
    - What kind of safeguards do you have to make sure referrals are closed?
- What benefits of the tool resonates the most with your clients? What benefits of the tool resonates the most with partner organizations?
- We've seen some reports about improvements in connecting people to services they need. Can you tell us a little bit about what you have seen in terms of those connections? For older adults, do you have a sense of where most of the need is coming from (housing, food, etc.)?
- What would you say is the largest barrier you face in successfully executing your work?

APPENDIX H: mRelief Spotlight Interview Discussion Guide

FEASIBILITY STUDY

Discussion with mRelief

December 19th, 2022, 1 PM ET

Background

On behalf of the Administration for Community Living (ACL) and the National Council on Aging (NCOA), L&M Policy Research (L&M) and Benefit Kitchen are conducting a multi-phase study to examine ways to support improved public benefit uptake for the low-income older adult population. The public benefits programs of most interest are: Low-Income Home Energy Assistance Program (LIHEAP), Medicaid, Medicare Part D Low-Income Subsidy (LIS), Medicare Savings Programs (MSPs), and Supplemental Nutrition Assistance Program (SNAP).

As part of this project, we have conducted several activities, including:

- ***Environmental scan*** to better understand the environment in which public benefits are administered, including the most innovative tools that combine applications for multiple benefit programs, the availability of tools that integrate across the different steps in the benefits application process, and gaps or challenges in online application and enrollment systems

- ***Technical expert panel*** to gather multiple subject matter experts to provide expert opinion, knowledge, and experience to help evaluate different systems integration approaches, understand technical and governance challenges, and shape the project's path forward

- ***Creating a federated model or organizational framework*** to demonstrate, at a high level, the application and enrollment process.

- ***"Case studies" or "spotlights"*** to demonstrate examples of existing operational services or tools that are used in elements of our federated model

This is where mRelief comes in, as we would like to highlight mRelief's simplified application for SNAP to demonstrate that streamlined application systems are feasible and to understand any areas for improvement.

Interviewees

- Zareena Meyn – Executive Director

- Cara Karter – Data & Research Manager

Questions

We understand that anyone in 53 U.S. states and territories can complete the eligibility screener to find out if they are likely eligible for SNAP. Then, mRelief shows them the best way to apply.

- Based on the annual 2021 report, five states have the simplified application, and seven states have the assisted and self-service simplified application. Is this correct?
    - [If not correct] Can you confirm how many states you currently offer 1) the simplified application and 2) the simplified application and the option to apply with assistance from a community partner?
- For states where the simplified application is not available, can you clarify what the "best way to apply" would mean for those states? Is this just the state's SNAP website or benefit program application system?
- We've read online that mRelief cut down the SNAP application by 56 percent by "enhancing question logic." Can you describe, at a high-level, more about what makes mRelief's simplified application more streamlined (since we cannot access the application)?
    - Additional probes, if needed:
        - How many questions are in the application?
        - How long does it take applicants to submit their application?
        - Confirm – the application can be submitted 1) via SMS, 2) online/on the web, and 3) with the assistance of a community partner over the phone?
        - Can you describe what you have done to "enhance question logic"?
        - How does the simplified application work with the required interview for SNAP?
- As the simplified application is only available in certain states, what are your thoughts about the feasibility of expanding this model nationwide?
    - What about the feasibility of expanding this model to other public benefit programs (e.g., Medicaid)?
- We saw in mRelief's 2021 annual report that the organization was planning to launch an accessible Elderly Simplified Application Project (ESAP) application in three participating states. Are there any updates that you can provide on this?
    - What is different between the ESAP application and mRelief's original simplified application?

APPENDIX I: Policy Implications Interview Discussion Guide

FEASIBILITY STUDY

Policy Implications Interviews

February 2023

Background

On behalf of the Administration for Community Living (ACL) and the National Council on Aging (NCOA), L&M Policy Research (L&M) and Benefit Kitchen are conducting a multi-phase study to examine ways to support improved public benefit uptake for the low-income older adult population. The public benefits programs of most interest are: Low-Income Home Energy Assistance Program (LIHEAP), Medicaid, Medicare Part D Low-Income Subsidy (LIS), Medicare Savings Programs (MSPs), and Supplemental Nutrition Assistance Program (SNAP).

As part of this project, we have conducted several activities, including:

- ***Environmental scan*** to better understand the environment in which public benefits are administered, including the most innovative tools that combine applications for multiple benefit programs, the availability of tools that integrate across the different steps in the benefits application process, and gaps or challenges in online application and enrollment systems

- ***Technical expert panel*** to gather multiple subject matter experts to provide expert opinion, knowledge, and experience to help evaluate different systems integration approaches, understand technical and governance challenges, and shape the project's path forward

- ***Creating a federated model or organizational framework*** to demonstrate, at a high level, the application and enrollment process.

- ***"Case studies" or "spotlights"*** to demonstrate examples of existing operational services or tools that are used in elements of our federated model

- ***A policy analysis*** to identify key policy barriers and facilitators that have impacted previous efforts to streamline enrollment across public benefits

In addition to a comprehensive literature review, our team was interested in gathering perspectives of policy experts, such as CBPP, on what key barriers, facilitators, and potential opportunities are to increasing enrollment & cross-enrollment in the programs we highlighted earlier, with the ultimate goal of reducing burden and improving public benefit beneficiary experience. The areas we've been exploring are eligibility & enrollment, applications, recertification, equity, data access & sharing but of course we welcome any other policy areas or topics that we haven't raised.

Any questions before we begin?

General Questions

- From your perspective, what are the most significant policy barriers to increasing enrollment among older adults in public benefit programs? As a reminder, we're most interested hearing about issues related to LIHEAP, Medicaid, Medicare Part D LIS, MSPs, and SNAP.

  For each barrier, probe if necessary:
  - Is that specific to one program or common across programs?
  - Is the barrier a state-specific one or federal?
  - What do you see as the most promising way to overcome the barrier?
    i. Do you have any examples or instances where it's been addressed?
    ii. Who or what agencies should be involved in trying to address this barrier? Are there other stakeholders that should be involved?

- What do you see as the most promising opportunities to increase cross enrollment between public benefit programs?
  - Are there any promising or novel initiatives occurring at the state or federal level in this area that we should be aware of?
  - Are you aware of any initiatives specific to older adults?

- Of the programs highlighted above, is there one program that you believe is the most constrained in its ability to streamline enrollment processes and coordinate with other public benefit programs?
  - Is there one program that's innovative in their approach?

- What do you see as the ideal role for the Federal government in streamlining and increasing cross benefit enrollment?

Data Sharing Questions

(To the extent not covered when we ask general policy questions)

- What do you see as the opportunities for sharing data across benefit programs—for example, using a consumer's data from one application to enroll in another program or using administrative data to re-certify an enrollee? [If they've already covered this, then we can just say, "You told us that there are opportunities for data sharing…" and then lead into barriers]

- Can you tell us about examples where this has worked well? What factors helped to make it happen?

- What do you see as the primary barriers to sharing data across benefit programs?
  - Are there legal and/or regulatory barriers? Can you talk about those?
  - To what extent do you think clarification of the laws/regulations governing data sharing would be helpful?
  - What about technical guidance on the processes—for example, information about how to develop a DUA or MOU? What about a checklist laying out the steps involved with information about each one?
  - Are there data sharing tools that the federal government could offer to facilitate data sharing?
  - Are there other factors inhibiting data sharing? What about resources required, data capacity or capabilities?
    - What would motivate or inhibit a program administrator when thinking about data sharing?

Consumer-Specific Questions

- Could you briefly describe the services your organization offers to consumers?

- What have you heard as consumers biggest pain points in applying, enrolling, and retaining coverage in public benefits?
  - Do any of these challenges differ for older adults?
  - Is there a particular point in the process (eligibility assessment, initial application, recertification) that consumers struggle with most? If so, what portions of that process make it particularly challenging for consumers?

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