



Public Benefits Integrated Eligibility & Enrollment 101

Goal: To help folks new to working in the public benefits space get up to speed on our work in the Integrated Eligibility and Enrollment (IE&E) space.

Status

3/22/24 — The Clearing (Contractor) consolidated

7/8/22 — Alex Pandel made some minor tweaks in prep for TTS Public Benefits Studio team onboarding

How to use

As a reference

People who made this

Amy Ashida

(this was originally created as part of internal onboarding for 18F's IE&E work with the State of Washington in 2021.)

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1/ Why we do this



What is eligibility?

The processes involved in determining if an applicant qualifies/is eligible for a program

What is enrollment?

The processes involved in getting benefits to a person after they're deemed eligible

Millions of Americans rely on public benefits

Table 1. Ten Social Safety Net Programs and Number of Beneficiaries, 2019

Program	Beneficiaries (in millions)
Medicaid ^a	56.3
EITC ^b	47.0
SNAP	37.5
child support services ^c	23.1
LIHEAP	13.3
housing assistance	9.6
SSI (age 18+)	6.9
WIC (age 0-4)	4.7
TANF ^d	2.4
CCDF ^e	2.3

Note: Programs are assessed on a monthly basis and people may be enrolled only a portion of the year.

^a Medicaid includes the Children's Health Insurance Program and estimates are based on people who reported the benefit.

^b All people eligible for EITC (earned income tax credit) are assumed to receive it.

^c Child support reflects people who participated in IV-D child support enforcement services. See [Characteristics of Custodial Parents and Their Children](#) (2021), Office of Child Support Enforcement by Elaine Sorenson.

^d TANF includes separate state and solely state-funded programs.

^e CCDF is the Child Care and Development Fund.

Source: 2020 Current Population Survey, Annual Social and Economic Supplement, and Transfer Income Model, TRIM3.

Public benefits programs help ensure everyone can access basic needs such as food, healthcare, and housing.

“Getting a text reminder would be so much easier. My last SNAP re-enrollment letter got lost in the mail, and we ended up going 3 weeks without food stamps while the paperwork got in order.”

— Mother of three, North Carolina

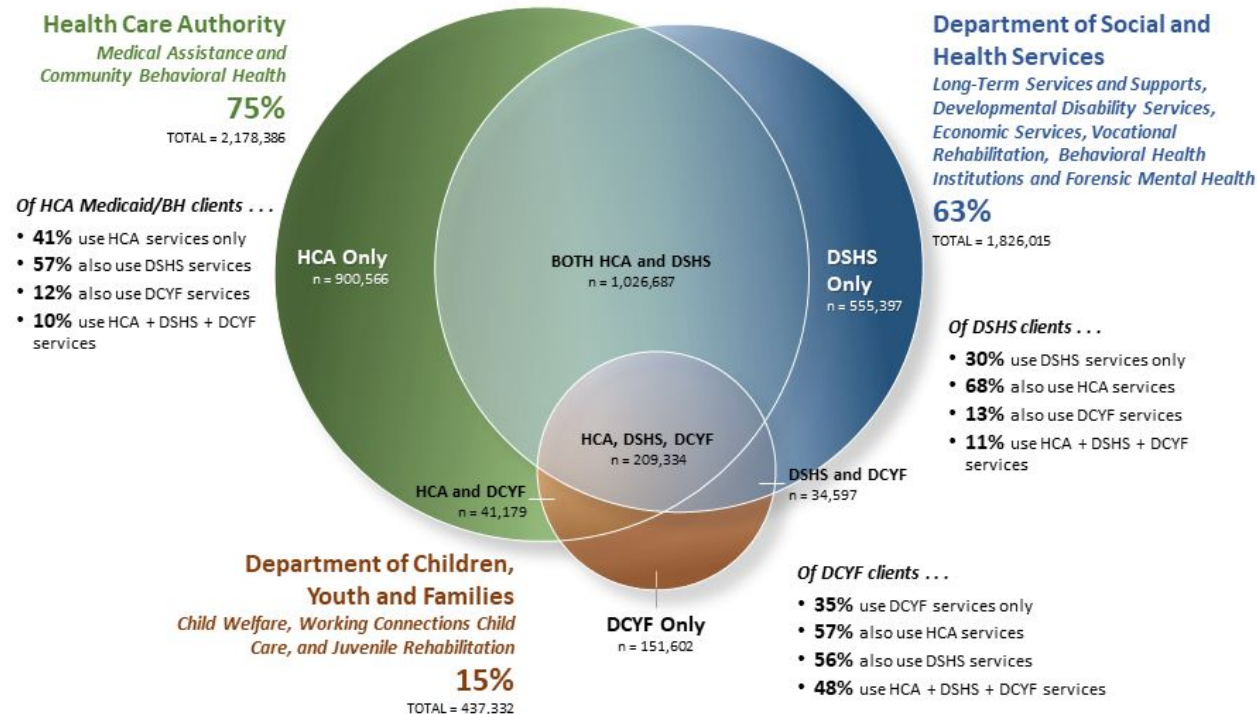
“It’s all about jumping through hoops and staying on top of people to make sure the application is moving. It’s easier for me because I’m a stay-at-home mom, but if you work, you can’t stay on hold on the phone for six hours.”

— Mother, recently relocated to a different state

Shared Clients among Washington's Health and Human Service Agencies

STATE FISCAL YEAR 2019 • GRAND TOTAL (All Three Agencies) = 2,919,982

Total Washington State Population = 7,546,410 (OFM) • Percent of Total State Population Served by HCA, DSHS, or DCYF = 39%



NOTES:

1. Health Care Authority (HCA) includes Medicaid and related Medical Assistance, community inpatient and outpatient Mental Health Services, and Substance Use Disorder Services.
2. Department of Social and Health Services (DSHS) includes ALTA, BHA, DDA, DVR, and ESA services. Count excludes DSHS clients whose only service was Medical Eligibility processing through the ACES data system.
3. Department of Children, Youth and Families (DCYF) includes programs transferred from DSHS only (Child Welfare, Working Connections Child Care, and Juvenile Rehabilitation).



Lengthy or confusing applications cost people benefits

“Despite their states delivering the same three federal programs, Montanans only spend an average of 30 minutes on an application compared to Minnesotans’ 110 minutes.

In other words, if the 1.1 million Minnesotans who use Medicaid were able to use Montana’s application instead, more than 167 years of client effort would be saved.”

- Code for America’s [Bringing Social Safety Net Benefits Online](#)

The user experience is critical

In a survey of people who are qualified but not participating in the Supplemental Nutrition Assistance Program (SNAP), **40% did not participate due to the paperwork involved.**

Programs serve the same population

According to Census Bureau, among the 14.6 million children in the SNAP program pre-pandemic, **92% also received assistance through at least one other program.**

Almost all (89%) also received Medicaid/CHIP, and one in five also received WIC.

Many of these programs have similar eligibility requirements, yet people in most states still must go through the process and provide **the same information multiple times** to different agencies.

2/ IE&E History



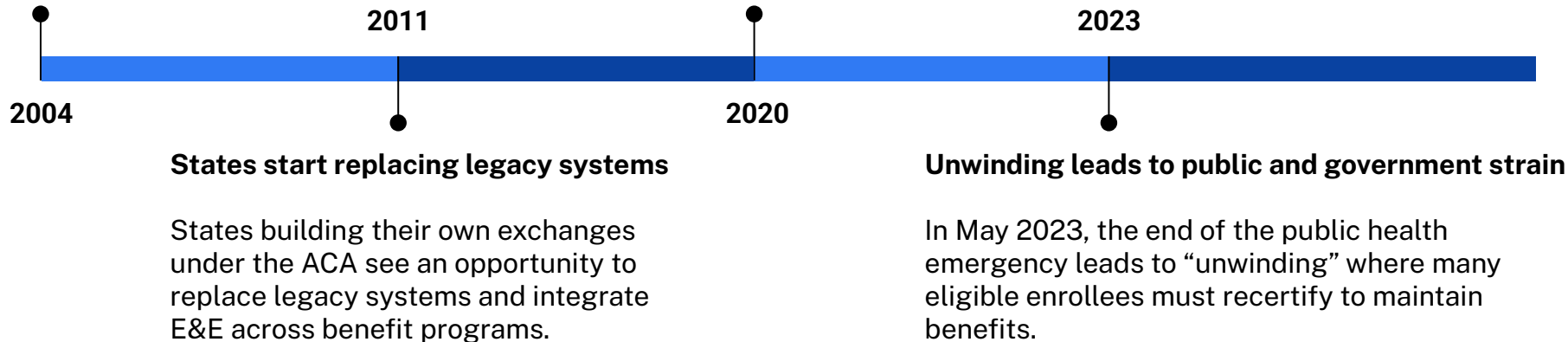
Historical influences

States create integrated E&E systems

Federal government incentivizes states to create E&E systems by offering 90% funding via CMS (set to expire in 2019).

The pandemic acts as a catalyst

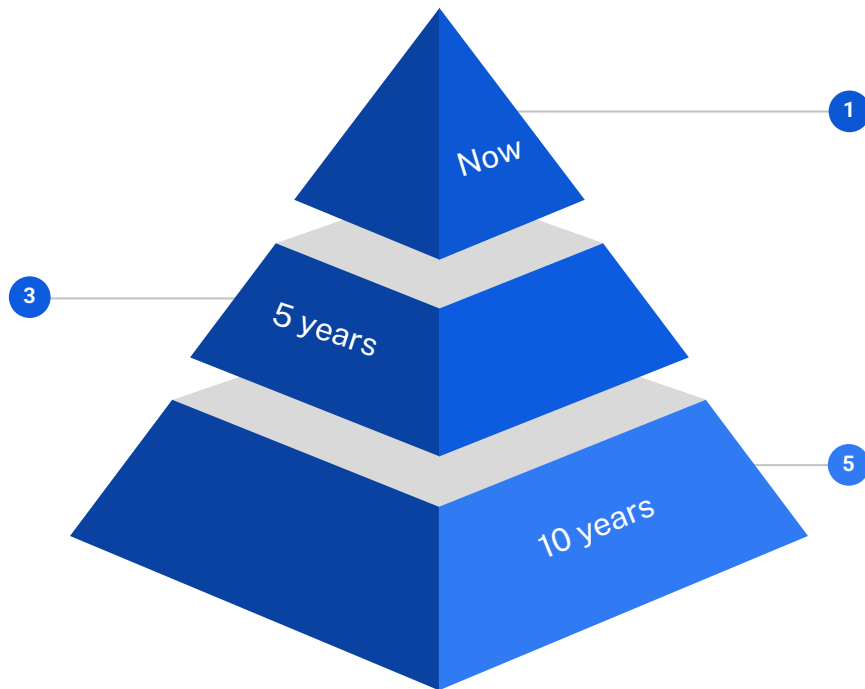
The public health emergency of the pandemic highlights disconnected systems and a burdensome process.



Current and future state

Coordinated treatment

Beneficiaries enroll at **any location** for **all benefit plans**. Treatment is coordinated. Programs share business services and data.



Disconnected programs

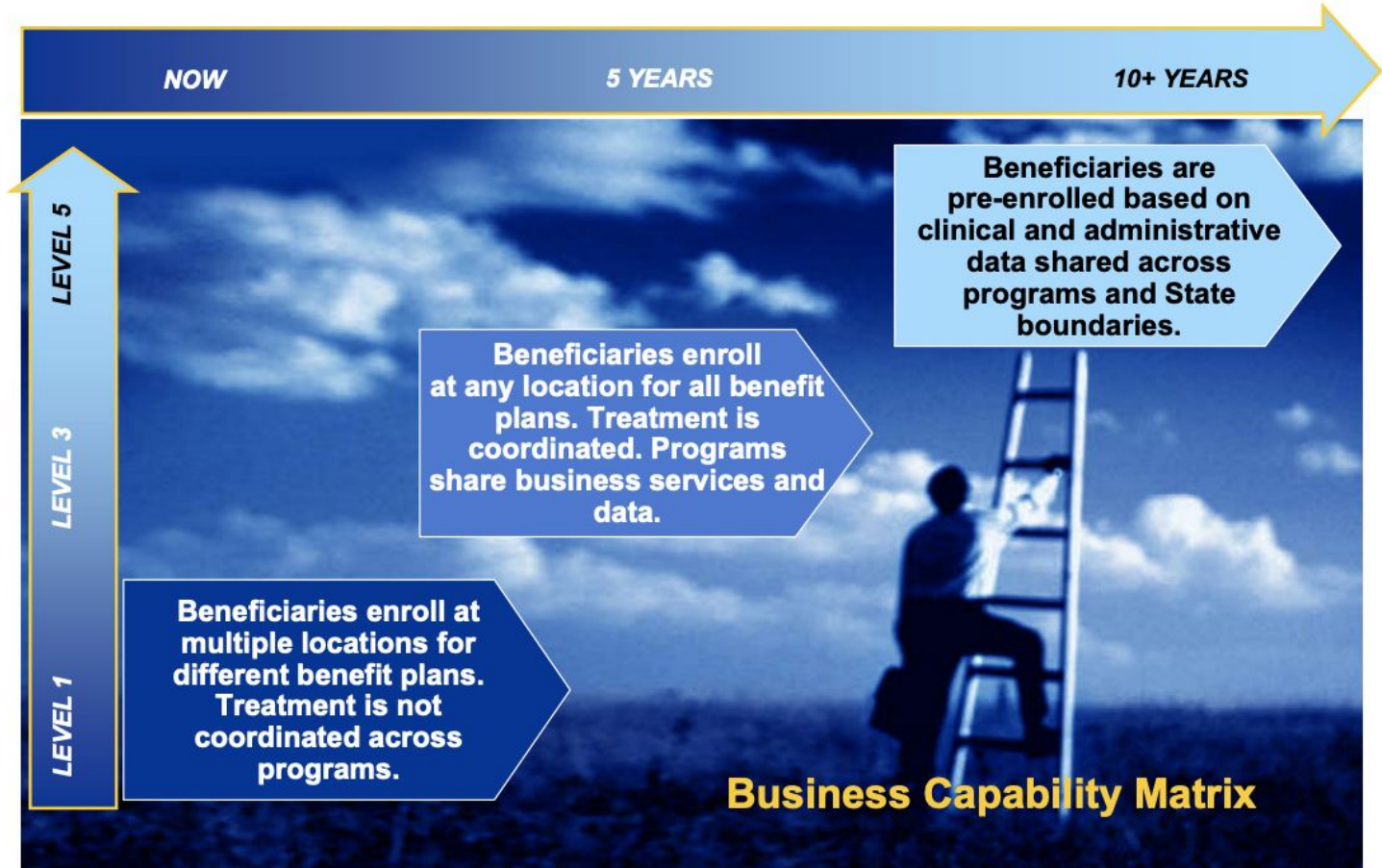
Beneficiaries enroll at **multiple locations** for different benefit plans. Treatment is **not coordinated** across programs.

Proactive enrollment

Beneficiaries are **pre-enrolled** based on shared clinical and administrative data across programs and state boundaries.

Most states are still at Level 1

This is from a MITA Business Process PDF written in 2006



Many states have been active in reducing burdens in their safety nets.

Streamlining applications

Minnesota created a website with streamlined applications and forms for nine safety net programs in an effort to significantly reduce time spent on paperwork and increase take-up of multiple programs for eligible residents.

Cutting process time

Michigan implemented reforms that made renewal applications for health care, food assistance, child care, and cash assistance benefits 80 percent shorter and cut their processing time nearly in half, resulting in significantly more completed and successful applications, fewer errors and office visits, and potentially 200,000 hours saved for caseworkers each year.

Eliminating asset limits

Massachusetts passed legislation in 2021 eliminating all asset limits on TANF and Emergency Aid to the Elderly, Disabled and Children (EAEDC) in the state.

Challenges with Modernizing

- Public benefits programs are a **shared responsibility** between federal and state governments
- Many social service programs are designed and **funded federally, administered by states**
- Federal legislation, regulation, and agency **policies govern program rules**
- Grants can require co-design and co-implementation involving **multiple stakeholders**

Ideal Outcomes

- The client enrollment experience is **simplified**
- Programs are **cost-effective** and **efficient**
- **Data and stakeholder input** improve program performance
- State and local governments can **innovate** and are **given incentives to**
- States have **adequate resources** to innovate

More complexities

- **Medicaid often has the loudest voice** in IE&E discussions because CMS funds development at a much higher rate (up to 90% of cost) than other programs (50% for SNAP).
- **Issues with legacy systems** slow progress
 - Real example: 3 years to build a new Business Rules Engine for multiple programs that does not integrate with any other system.
- **A LOT of politics involved** and a cumbersome governance processes.
 - Ruthless prioritization can make or break the effort.
 - Strong leadership that can keep the focus is key.
- States must have **buy-in at multiple levels**, including agency, department, executive branch/state CIO, legislature, and federal partners.

Cost complexities

For systems used by multiple programs, **the cost must be allocated across federal funders**, leading to confusion around the process and responsible parties.

We did a [10x project on it.](#)

5/ Additional Resources



Learn more


- [**Modernizing Public Benefits Delivery**](#) - from the National Academy of Public Administration Center for Intergovernmental Partnerships
- [**Overlapping Eligibility and Enrollment: Human Services and Health Programs Under the Affordable Care Act**](#) - from the Urban Institute
- [**Examples of Promising Practices for Integrating and Coordinating Eligibility, Enrollment and Retention: Human Services and Health Programs Under the Affordable Care Act**](#) - from the Urban Institute
- [**Bringing Social Safety Net Benefits Online - Examining online platforms for all 50 states**](#) - from Code for America
- Add more!

Appendix



A photograph of a family of four walking outdoors. A man with dark skin and curly hair, wearing a grey cardigan over a maroon shirt, is holding the hand of a young boy in a grey t-shirt. Next to them, a woman with dark hair and glasses, wearing a black cardigan over a white top, is holding the hand of a young girl with curly hair, wearing a dark dress and red boots. They are walking on a paved path in front of a white wall. A dark blue text box is overlaid on the bottom left of the image.

**The Medicaid program provides
health insurance and services for
more than 1 in 4 Americans**

A photograph of a man with dark hair, glasses, and a mustache, smiling warmly. He is holding a baby in a light-colored hoodie on his shoulders and a young child with blonde hair next to him. They are outdoors in a sunny setting with trees and a white picket fence in the background.

**In April 2021, SNAP supported
food access for 43 million
people.**

A mobile with several hanging stuffed animals. In the center, a small white teddy bear is visible. To its right, a larger stuffed animal with black and white stars is hanging. Further right, another stuffed animal with black and white stripes is visible. The background is a plain, light-colored wall.

WIC served an average of **6.3 million** at-risk pregnant women, postpartum mothers, and children *each month* from Feb '20 - Feb '21.