

**Simplification of Health and Social
Services Enrollment and
Eligibility: Lessons for California
from Interviews in Four States**

Final Report

November 4, 2010

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LIST OF ACRONYMS

ACCESS Florida	Automated Community Connection to Economic Self Sufficiency in Florida
ACES	Automated Client Eligibility System in Washington
ARRA	American Recovery and Reinvestment Act of 2009
ARU	Automated Response Unit
CalWORKS	The California Work Opportunity and Responsibility to Kids
CAO	County Assistance Offices in Pennsylvania
CAP	Combined Application Project
CBO	Community-Based Organization
CHIP	Children’s Health Insurance Program
COMPASS	Commonwealth of Pennsylvania Access to Social Services
CPTS	Community Partner Tracking System
CSD	Community Services Division of Washington’s DSHS
CSO	Community Services Offices in Washington
DCF	Florida’s Department of Children and Families
DPW	Department of Public Welfare in Pennsylvania
DSHS	Washington’s Department of Social and Health Services
EBT	Electronic Benefit Transfer
ELE	Express Lane Eligibility
FLORIDA	The name of the legacy eligibility determination system in Florida
FLODS	Florida Operational Data Store
FNS	Food and Nutrition Service within the U.S. Department of Agriculture
FTE	Full-Time Equivalent Employee
HHSC	Texas Health and Human Services Commission
IEES	Integrated Eligibility and Enrollment System
IVR	Interactive Voice Response
Medi-Cal	California’s Medicaid program.
PRWORA	Personal Responsibility and Work Opportunities Reconciliation Act of 1996
RAP	Refugee Assistance Program
SAVERR	System of Application, Verification, Eligibility, Referral and Reporting system
SDR	Service Delivery Redesign
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families
TIERS	Texas Integrated Eligibility Redesign System

EXECUTIVE SUMMARY

California is planning major changes in its enrollment process for public health and social service programs. This report seeks to inform the California Health and Human Services Agency and stakeholders about the experiences other states have had with similar initiatives to simplify and streamline the enrollment and eligibility process. The report examines initiatives in Florida, Pennsylvania, Texas, and Washington, and focuses on staffing functions, policy simplification, technology, community partners, and measures of program performance.

The purpose of this report is to use the experience of these four states to raise issues and approaches for consideration in California. The report draws primarily on interviews with state officials, local staff, and advocates. We report on their perceptions about the purpose and success of changes to the enrollment and eligibility processes. We make no recommendations for specific approaches and processes, but rather raise issues and approaches for consideration based on the experiences reported by interviewees.

A. Approach

This study was designed to provide California policymakers with general information on states' experiences in a timely fashion for consideration in the initial policy development process. The study relied on interviews with 5 to 10 key respondents in each state, published reports and media accounts, and available performance data.

In choosing states to examine, we first identified a set of states with recent experience making substantial changes in order to simplify their enrollment and eligibility processes. We sought input from national experts at the Center for Budget and Policy Priorities and Mathematica Policy Research as well as from members of California's Stakeholder Advisory Committee. We then selected four states that (1) have extended experience with simplifying enrollment and eligibility, (2) reflect a variety of changes, and (3) are most relevant to California, given the first two points.

To gather perspectives of state officials, we identified department heads for social, health, and information services. For local eligibility staff perspectives, we identified managers of large local offices. For advocates' perspectives, we used media accounts and Internet searches to identify organizations or individuals that were participating in or commenting on changes in enrollment and eligibility. We sought input on potential respondents from members of the Stakeholder Advisory Committee, staff from the Center on Budget and Policy Priorities, and state officials and advocates in each state.

It should be noted that interviews with key respondents are subjective by nature. This report was designed to provide information early in California's planning process to highlight areas for consideration and, given the timeframe, we interviewed only a relatively small number of respondents in each state. Respondents reported the changes they believed to be most relevant and/or those with which they were most familiar, and their own perceptions of successes and challenges. Other respondents from the same departments, offices, or agencies would likely report different changes and perspectives.

B. Common Changes in the Four States

At a broad level, the simplification efforts in different states shared some common features. Florida, Pennsylvania, and Washington changed the configuration of staff roles. Their approaches varied in the level of specialization of staff tasks, but all used technology to enable multiple workers to share and process information on a single case (rather than assigning each case primarily to a single case worker). All four states implemented policy changes to simplify the enrollment and eligibility processes and to align program rules. All four also implemented major technological changes, including online applications, document imaging, electronic recordkeeping, enhanced record retrieval, data sharing across programs, and call centers. In addition, the four states all use call centers for client questions and community partners for outreach and intake of applications.

C. Highlights of Issues Raised

Readers should note that our summary of the issues of particular salience for California highlighted in this section cannot substitute for the more valuable nuanced and detailed descriptions in the main chapters.

A common theme in our interviews was the importance of buy-in to the process changes on the part of eligibility staff. Some interviewees noted the importance of incorporating staff experience in working with low-income individuals, as well as staff expertise with the existing process, when designing the changes. Many noted that the success of the changes depends on staff implementation, which requires demonstrated executive commitment to the changes as well as information sharing and adequate and timely training.

Overall, the interviews reflected fairly strong agreement that policy simplification had been successful in generating efficiencies and promoting program access. In several cases, respondents expressed an interest in implementing additional policy simplifications (although respondents also noted that policy changes can be difficult to properly program into automated eligibility systems).

Our interviewees also found a strong consensus that community partners are assets in conducting outreach. When community partners play an enhanced role in intake, respondents noted the importance of strong relationships with those partners to provide information and training and to ensure direct communication between partners and eligibility staff. In some states community partners provided important input on technology changes.

We heard mixed reviews of technological changes, with many respondents noting the importance of making sure the technology works and the staff are trained before full implementation. Among the most common concerns were problems with document imaging and wait times at call centers. The Florida and Texas experiences highlight the importance of having functioning technology in place prior to staff reductions.

Overall, states agreed that major changes to streamline eligibility and enrollment should be phased in. They also agreed that, to be successful, the changes require the full commitment and dedication of the state staff.

I. INTRODUCTION

California is planning for major changes in the enrollment process for public health and social service programs. Chapter 7, Statutes of 2009¹ authorizes the Department of Health Care Services and the Department of Social Services to develop a centralized, statewide eligibility and enrollment process for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, the Medi-Cal program, and the Supplemental Nutrition Assistance Program (SNAP) in California. The legislation describes six intended outcomes:

1. Facilitate better access to services and aid
2. Lower the costs of enrollment without reducing access
3. Improve consistency of eligibility determination and enrollment approach and processes across the state
4. Create a process that eliminates redundancies and inefficiencies
5. Employ state-of-the-art technology to improve efficiency of eligibility determination
6. Minimize the number of technology systems that the state supports for eligibility determination²

In addition, the Chapter 7 legislation directs the departments to develop the statewide eligibility and enrollment determination process and comprehensive plan in consultation with a Stakeholder Advisory Committee.

This report seeks to inform the California departments and stakeholders about the experiences of other states that have implemented similar initiatives to simplify the enrollment and eligibility process. A recent survey by the Urban Institute found that most states have adopted some streamlining changes, and a key motivation for those changes was caseload increases. Common changes include online applications, call centers, and community partners (Rowe et al. 2010). To inform California's planning, this report specifically examines Florida, Pennsylvania, Texas, and Washington. The report considers five areas of potential relevance to plans in California:

1. Staffing roles
2. Policy simplification
3. Technology
4. Community partners
5. Changes to program performance over time

¹ The statute is available at <http://www.assembly.ca.gov/acs/acsframeset2text.htm>, accessed on June 15, 2010.

² A recent report from the California Legislative Analyst's Office (2010) provides a brief description of the existing enrollment and eligibility systems and recommends an approach to navigating the choices in implementing Chapter 7.

The report draws primarily on interviews with statewide policymakers, local staff, and advocates in each state. We also consulted published reports of related activities in each state and gathered available performance data.

The purpose of this report is to use the experience of four states to raise issues and approaches for consideration by the California departments and stakeholders. We report the perceptions of those we interviewed as to the purpose and success of various changes to the enrollment and eligibility processes, as well as information we gathered from reviewing documents relative to the states' changes. We also report the advice offered to California by the interviewees. The report does not attempt to draw from this small sample of states the best practices in enrollment and eligibility, nor does it attempt to test statistically the impacts of the various strategies. We make no recommendations for specific approaches and processes, but rather raise issues and approaches for consideration based on the experiences reported by interviewees. This report is not intended to be comprehensive or exhaustive, nor is it intended to be a detailed accounting of all changes that each state implemented.

A. Methods

The methods of this study were designed to quickly provide California policymakers with general information on other states' experiences so they can be considered in the policy development process. The study relies on interviews with key respondents in each state, published reports and media accounts, and available performance data. This section briefly describes the process for selecting these four states and our approach to identifying the interviewees. We also describe the interview discussion guide, the additional information used in the study, and our process for gathering, analyzing, and reporting the study findings. Appendix A describes the methods in fuller detail.

In choosing states to examine, we first identified those with recent experience in making substantial changes to simplify their enrollment and eligibility processes, seeking input from national experts at the Center on Budget and Policy Priorities and Mathematica Policy Research as well as from members of the California Stakeholder Advisory Committee. We then selected four states that (1) have extended experience with simplifying enrollment and eligibility, (2) reflect a variety of types of changes, and (3) are most relevant to California, given the first two points.

To provide a broad set of experiences and perceptions, we conducted interviews with a wide range of respondents. To solicit perspectives of state officials, we identified department heads for social, health, and information services. For local eligibility staff perspectives, we identified managers of large local offices. For advocates' perspectives, we used media accounts and Internet searches to identify advocates who were participating in or commenting on changes in enrollment and eligibility. To identify additional respondents in each of these categories, we spoke with members of the Stakeholder Advisory Committee, staff from the Center on Budget and Policy Priorities, and state staff and advocates in each state.

Prior to conducting the interviews, we developed an interview discussion guide. The guide began with an introduction to the study and its intent. We informed respondents that they would be identified in a list of respondents but that we would not attribute specific statements to any individuals. We began our list of questions with introductory, broad queries about the nature and extent of changes in enrollment and eligibility in the state. Interviews then covered each of the five major areas of interest: staff roles, policy simplification, technology, community partners, and program performance. Within each topic area, we asked respondents to report the changes that were

“most significant” in their opinion and then to provide their perspective on any successes or challenges related to the specific changes. We concluded with the question, “What advice would you give California?” Appendix B provides the full discussion guide.

It should be noted that the primary information for this study, coming from interviews with key respondents, is subjective by nature. Given time constraints, we could interview only a relatively small number of respondents in each state. Respondents reported the changes they believed to be most relevant and/or those with which they were most familiar, and their own perceptions of the successes and challenges. Other respondents from the same departments, offices, or agencies might have reported different changes and perspectives. The respondents represented their own views, and we did not conduct a sufficient number of interviews to allow us to generalize their views to all state officials, all local managers, or all advocates. In reporting information from the interviews, we sought to highlight the information most relevant to California. Appendix C provides a fuller description of all comments for each state.

In addition to interviewing state officials, local staff, and advocates in each state, we collected data on program participation, payment error rates, and administrative costs for some programs. Our analysis is limited to measures that are readily accessible and well defined. To ensure cross-state comparability, we focus predominantly on measures that are reported by national sources (such as the federal government or research organizations). Due to the purpose and scope of this study, we did not collect state data that would require significant effort to assemble and validate. For example, we did not collect information on all state administrative costs or on application rates—neither of which is tracked by a national source—because such data can reflect different things in different states.

B. Overview of the Changes in the Four States

Before turning to the main chapters of this report, which provide detailed information on the experiences of each state and the perceptions of the respondents, we begin with a brief description of the time frame for and key components of the changes. We present the states in alphabetical order. Table I.1 summarizes specific changes in each state in four areas: staffing, policy changes, technology, and community partners. Further detail on state-specific experiences and perceptions of these changes is provided in Chapters II through V.

Florida began the process in 2003 and implemented most changes by 2005. Florida developed an electronic application so that clients could apply for benefits from any location with an Internet connection. The state also restructured local offices to encourage clients to apply online from the office lobby. To reduce redundancy in questions asked of clients, Florida changed eligibility rules to align programs. Most eligibility interviews are now conducted over the phone rather than in person. Rather than assigning each client to a caseworker, the state assigned eligibility workers to specific tasks so that several staff members now touch a case throughout the cycle of application, eligibility, enrollment, and redetermination. Florida also created a call center for clients to report changes that affected their case or to ask questions.

Pennsylvania began to simplify its enrollment and eligibility processes in 2001. The effort began with a web-based application system for Temporary Assistance for Needy Families (TANF), Medicaid, and SNAP. The state then introduced additional programs to the application system and opened a call center to handle client questions. Rather than a single caseworker, Pennsylvania made a team of caseworkers responsible for each client. The state also developed a more centralized system to facilitate cross-county management.

Efforts to simplify enrollment and eligibility in Texas began in 1997 with the design of the Texas Integrated Eligibility Redesign System (TIERS). Texas intended TIERS to integrate and partially automate the application and eligibility process for more than 50 health and human services programs. TIERS began a pilot phase in 2003. To date, about 12 percent of the statewide caseload for TANF, SNAP, and Medicaid is in TIERS; most counties still operate under the previous system. The state also began operating call centers in 2006 under a private vendor.

Washington began efforts to simplify social service delivery in 2000 with the implementation of an online application system and early call centers. In 2008, Washington began implementing its Service Delivery Redesign, which seeks to standardize eligibility determination for a range of health and social services across the state through the use of technology. Key factors were a new call center structure and more flexible staffing arrangements. Washington standardized staff roles across the state; no single caseworker is responsible for a case, instead staff are assigned to cases based on availability and the nature of the task at hand. Washington adopted a number of technological innovations, including equipping the eligibility determination system to share information across multiple programs.

C. Outline of the Remainder of the Report

The main chapters of this report (Chapters II through V) describe the changes implemented in Florida, Pennsylvania, Texas, and Washington, respectively. Each of the states restructured program operations and policies to streamline eligibility and enrollment; the chapters describe the specific changes and summarize the perceptions of respondents. Chapter VI highlights issues raised during our interviews that may be of particular salience to California.

The report contains three appendices. Appendix A describes the study methodology in detail. Appendix B presents the discussion guide used when interviewing respondents in each state. Appendix C summarizes the comments made by respondents in each state.

Table I.1 Matrix of Changes

	Florida	Pennsylvania	Texas	Washington
Staffing				
Change in Staff Roles	Centralized caseworker functions; specialized roles by task for enrollment and eligibility	Centralized caseworker functions; specialized roles by task for enrollment and eligibility	Initial privatization effort was canceled; specialized roles by task for enrollment and eligibility	Specialized roles and standardized tasks across offices
Call Centers	Call agents field inquires, process changes, and conduct expedited interviews	Call center staff process changes	Statewide call center system	Virtual statewide call center system
Reduced Staff Levels	Workforce reduced by 40 percent	Staffing reduction motivated changes	Substantial number of staff departures before partially replenishing	Full-time staff reduced by 10 percent
Office Closures	Almost half of offices closed	None	None (planned but not implemented)	None
Policy				
Change in Interviews	Waives face-to-face interviews for SNAP; Converted to abbreviated telephone interviews	Waives face-to-face interviews for SNAP; Examining whether to implement abbreviated interviews	Waives face-to-face interviews for SNAP recertification	Waives face-to-face interviews for SNAP;
Reduced Required Documentation	No documentation required for some income, most assets and expenses	Expanded Categorical Eligibility automatically makes TANF recipients eligible for SNAP. State is examining whether to simplify required documentation for other households	Some reductions for children’s medical programs	Expanded Categorical Eligibility eliminates asset test for families up to 130 percent of poverty
Alignment of Periods	Aligned redetermination periods among SNAP, TANF, and Medicaid	Reporting periods extended to semiannually for Medicaid and SNAP	Reporting periods extended to semiannually for Medicaid and SNAP	Aligned SNAP and SSI certification periods

Table I.1 (continued)

	Florida	Pennsylvania	Texas	Washington
Technology				
Online Application	Adopted online application for SNAP, TANF, Medicaid, and RAP	Adopted online application for SNAP, TANF, and Medicaid	Adopted online application for SNAP, TANF, Medicaid, and CHIP	Adopted online application for SNAP, TANF, Medicaid, and CHIP
Online Account Management by Clients	Online My ACCESS accounts for clients and partners	Online COMPASS accounts for clients and partners	Clients can check account status online	Online client accounts are being developed
Document Imaging	Document imaging used statewide	Document imaging used statewide	Document imaging used in counties using TIERS system	Document imaging used statewide
Case Management Software	The ACCESS Management System (AMS) routes work and streamlines case management	Dashboard manages worker caseload	None	Barcode system indexes documents and manages workload for staff
Data Exchange	Uses data exchanges to verify client information	Uses data exchanges to verify client information	Uses data exchanges to verify client information	Uses data exchanges to verify client information
Community Partners				
Uses Community Partners for Applications	Uses over 3,000 community partners for outreach, client access, and application assistance	Community partners can submit clients' applications through COMPASS accounts	Community partners perform outreach	Community partners prepare and submit applications for clients
Uses Community Partners for Eligibility Determination or Verification	Pilot program in limited areas	Community partners can verify application information using e-signatures	Pilot program in limited areas	No
Community Partners Receive Funding	Fewer than 5 percent of partners are compensated	No	Partners receive grants for outreach	Some partners receive performance-based compensation for submitting applications

II. FLORIDA

Beginning in 2003, Florida redesigned its enrollment and eligibility procedures for social service programs. Florida's Department of Children and Families (DCF) implemented these changes in part as a response to a legislative mandate to reduce program administration costs. Termed the Automated Community Connection to Economic Self Sufficiency (ACCESS) Florida, this redesign involved specializing worker roles, centralizing staff, encouraging self-service among clients and providing them with remote access through telephone interviews and online applications, partnering with community agencies to serve as intake locations, aligning policies across programs, and implementing new technology to make case processing more efficient.

This chapter describes Florida's efforts to streamline its eligibility determination and enrollment approach. It begins with an overview of the history of ACCESS Florida. Subsequent sections cover staffing functions, policy changes, technology, and community partners. Each includes a description of changes followed by a summary of the opinions of individuals interviewed for this study. Next, a section on program performance examines trends in caseload size, cost, and access since the early streamlining initiatives were implemented. The chapter closes with a summary of the key themes and recommendations from interviewees that are most relevant to California's situation.

A. Overview

DCF developed its statewide ACCESS Florida model in 2003 and 2004 (Table II.1). In 2003, the state legislature mandated that DCF find ways to achieve significant cost savings. Around the same time, administrators in one region of Florida (known as the "SunCoast" region) began experimenting with restructuring staff roles and functions as a way of achieving efficiency. State staff built on the experiences of the SunCoast region to design ACCESS Florida. In 2004, Florida began to implement many of the key features of ACCESS Florida, including changes to local office procedures and the creation of a customer call center. In 2005, the state launched web-based application for benefits and created a network of community partners, followed in 2006 by a document imaging system to create a paperless process for determining eligibility.

Table II.1 Chronology of Enrollment and Eligibility Changes in Florida

2003	<ul style="list-style-type: none"> • Florida Legislature mandates DCF cost savings • Key reforms piloted in one region of the state
2004	<ul style="list-style-type: none"> • Changes to Customer Service Center organization implemented statewide • Customer Call Centers are developed • Electronic (intranet-based) application developed
2005	<ul style="list-style-type: none"> • Staff roles restructured • Initial key policy reforms implemented (waivers about type and length of interviews) • Web-based application launched • Community Partner Network established • Customer Call Center accepts faxed verification documents • Internal Quality Management System (QMS) launched
2006	<ul style="list-style-type: none"> • Document imaging system launched
2007	<ul style="list-style-type: none"> • Food for Florida Disaster Food Stamp Program website launches
2008	<ul style="list-style-type: none"> • Clients can view their own current and historical benefit information online • ACCESS management system can register clients • QMS can help staff identify error-prone cases that need longer interviews • FLORIDA Operational Data Store, a new data repository for many programs, launches
2009	<ul style="list-style-type: none"> • ACCESS management system can help staff manage workload • "Case action" notices sent to clients are converted into plain language • Mobile outreach partnership initiative begins
2010	<ul style="list-style-type: none"> • (Planned) Clients scan and upload their own verification documents

B. Staff Functions

Prior to ACCESS Florida, DCF employed a traditional caseworker model that assigned each client to a caseworker who could handle all aspects of his or her case. The ACCESS Florida model introduced a working environment in which casework was assigned by function, such as intake interviews or eligibility determination, rather than by household or client. Simultaneously, DCF consolidated some back-office functions, such as performing case maintenance, in a small number of offices.

Under ACCESS Florida, DCF reduced its workforce by more than 40 percent, from more than 7,000 workers in 2003 to just over 4,000 in 2006 (Cody et al. 2008). DCF also closed nearly half its local offices, usually in areas with low volume.

With recent caseload increases, attributed by state staff to the recession, DCF has added about 150 staff members. One-third of these are temporary (funded by money from the American Recovery and Reinvestment Act [ARRA]); the rest are full-time employees who respond to queries from medical providers about client application status (medical providers fund these positions).

1. Changes

Changes to staff functions have included consolidating staff who handle customer telephone inquiries and case processing into a smaller number of locations. Staff who remain in local offices increasingly specialize by function rather than by caseload assignment. Specifically, DCF took the following steps:

Local office workers specialized by function replaced the caseload model. Instead of having a pool of multifunction caseworkers with specific case assignments, DCF moved to a model in which eligibility staff perform one or two specialized tasks on any case as needed. For example, members of the eligibility staff each have one of the following assignments: intake specialist (conduct eligibility interviews), processing specialist (processes case information and determine eligibility), case maintenance worker (monitors case over time), or call agent at a customer call center. Clients' face time with DCF staff has been reduced or eliminated, with self-service and technological advancements as alternatives for gathering client information, though intake specialists may still meet with some applicants. And, according to one state official, "The [processing specialist] never sees a customer face-to-face."

Restructured local offices allowed flexibility in where applications were processed and changed how clients apply for benefits. New technologies (such as document imaging and the online application) facilitated this change, permitting staff to process cases from any location. In 2004, DCF outfitted local offices with equipment—such as kiosks for applications and copiers for use when submitting verification—to enable client self-service. By 2006, when ACCESS Florida was fully implemented and some local offices had closed, DCF had begun using small, "storefront" locations with client self-service equipment but few staff. Some DCF staff now telecommute, rather than work in a service center.

Newly created call centers can answer client questions and accept change reports. All calls to a call center are first answered by an Automated Response Unit (ARU)—a computer phone system that answers common questions about office locations, the customer's benefit amount, and

application status. The ARU is intended to answer many clients' questions without having to transfer them to a live call agent. About one in four callers to a call center has his or her question resolved by the ARU. The rest are routed to agents at one of the four call centers.

Staff in three call centers field inquiries and process household circumstance changes for SNAP, TANF, Supplemental Security Insurance (SSI), Medicaid, and the state's Refugee Assistance Program (RAP). Agents also receive and process all case documentation submitted by fax. In a fourth call center, staff only conduct expedited interviews. Though DCF has assigned some new staff to the call centers, they struggle to keep up with the call volume.

As the caseload approximately doubled in recent years, call volume also almost doubled, with current volume near 2.5 million calls per month. Some calls are "repeats" from clients who could not reach an agent on the first try. Another large category of calls consists of Medicaid providers looking for information on client application status.³ State staff estimate that only 30 percent of the callers who request a live call agent actually reach one.

Some staff conduct ongoing case maintenance to monitor and update case files. Case maintenance staff monitor client information through data exchanges. Using this information, staff can apply or lift sanctions or change benefit amounts. Case maintenance functions are centralized, with staff in regional locations monitoring cases for all local offices in their region.

2. Perceptions of Respondents

Changes to staff functions and program administration received conflicting reviews from advocates and DCF staff.⁴

Advocates lamented the loss of personal interaction between staff and clients. Specifically, advocacy staff we interviewed expressed concern that the lack of face-to-face contact had eliminated the relationship that used to exist between clients and caseworkers. With interviews increasingly conducted by phone, they said, "there's no opportunity to meet with a worker face to face to resolve problems, questions, and barriers." Furthermore, advocates explained, without a designated caseworker assigned to each case, maintaining contact with DCF about their situations can be a challenge for clients. One advocate asserted that clients are more likely to be denied benefits because navigating the eligibility process under the new system is more difficult.

DCF staff believed these changes increased efficiency and were essential to handling a growing caseload. DCF staff asserted that, under the old caseworker model, they would not have been able to process the number of cases they are processing today. The recent recession has led to a doubling of the caseload. In the current economy, state staff claimed that under the old system lines of applicants would have stretched "around the block." They also stated that staff prefer the

³ To address the large number of calls from Medicaid providers, DCF is considering routing all such calls to agents who are funded by providers, and granting providers access to individual or summary application information via a secure web portal.

⁴ To maintain respondent confidentiality, we combined the comments of local office managers with those of state administrators under the general heading of "state staff."

ACCESS Florida model over the caseworker model. Staff from one local office said, “We produce far more than we did even when we had more staffing.”

Advocates called for more clear messaging. Implementing large-scale changes that affect staff and clients poses a communications challenge. One advocate reminded that “you’re changing the way of work for an entire system, so that created a shock for customers and workers... . Then you had people who were accustomed to working with the process applying for benefits [who] did not know where to go... . More resources and time need to be spent on educating folks on the ground level.”

Advocates and DCF agreed that call center wait times are a problem. DCF staff acknowledged that the long wait times at the call centers are a problem for clients seeking information about their cases. As one advocate explained, “At best, you’re lucky if you can get through to the automated system. The call centers are hugely overburdened and inadequate because our legislature has not provided the money it needs to be an efficient and adequate system.”

C. Policy Simplification

To reduce the burden placed on clients and staff by eligibility determination, DCF instituted changes beginning in the mid-2000s that aligned policies across programs and simplified requirements, and obtained waivers to streamline some areas.

1. Changes

Most policy changes focused on SNAP, or on aligning SNAP with other programs (Table II.2). Key changes:

- **Aligned policies across programs.** Aiming to reduce duplication of effort and eliminate slight differences across programs, DCF targeted areas where policies and requirements for TANF, SNAP, and Medicaid differed. Specifically, the agency aligned the rules for counting vehicle values, income verification, and redetermination periods across programs. Notably, DCF already had in place a combined application project for SNAP and SSI.
- **Shortened eligibility interviews.** Previously, the basic eligibility interview for SNAP and other programs lasted 45 to 60 minutes. Under ACCESS Florida, DCF was able to shorten it to about 7 minutes by moving some questions to the online application and eliminating nonessential questions (Cody et al. 2008). DCF conducts a longer follow-up interview with a small percentage of clients whose circumstances suggest the application may be “error prone.”
- **Implemented policy changes specific to SNAP.** DCF pursued SNAP-specific modifications, including adopting a simplified reporting option. The state also had a waiver, now expired, to skip interviewing clients who were recertifying for SNAP. A current waiver exists to approve expedited cases without an interview; clients are interviewed soon after benefits are determined to gather extra information. With support from the Food and Nutrition Service (FNS), DCF is developing a process to allow elderly and disabled clients to apply by phone. In addition to these changes, DCF

streamlined definitions of income and assets, instituted a standard utility allowance, and reduced the amount of documentation needed to verify some application information.

Table II.2 ACCESS Florida Policy Changes by Program

Program Category	Policy Change	Description
SNAP	Clients' vehicles excluded from SNAP asset test	Vehicle values are excluded based on TANF policy that has no resource or asset test. Does not apply to Medicaid.
	Expanded categorical eligibility	Families served by Healthy Families Florida, SSI, or TANF are categorically eligible for SNAP.
	Combined Application Project (CAP)	Florida has a Combined Application Project with SSI, called SUNCAP.
	Simplified SNAP application	Limited to using TANF work rules.
	No recertification interview	DCF had a waiver, now expired, to dispense with interviewing people recertifying for SNAP.
	Simplified reporting for income changes	Clients need not report changes that do not raise their incomes above 130 percent of the federal poverty level. In addition, Florida received a waiver in 2003 allowing DCF to make changes based on income information from other programs
	Telephone application*	DCF accepts applications by phone from elderly clients and people with disabilities, in collaboration with elder affairs offices. Supported by an FNS participation grant.
	Waiver to postpone expedited interview	For expedited SNAP applications, DCF can approve the case based on the application alone for the initial one- to two-month period, during which time they can try to reach the client by phone for a full interview and reach a decision about ongoing eligibility.
TANF	Redetermination period	Extended TANF redetermination period to align with Medicaid.
Medicaid/CHIP	Automated reviews	DCF automated some Medicaid reviews for known changes (e.g., SSA cost-of-living increases).
	Electronic income verification	Electronic income verification for CHIP began in 2009 and was already in place for Medicaid.
Multi-program	Telephone interviews	FNS waiver to conduct interviews at application and recertification by phone, regardless of hardship. TANF interviews are also by phone.
	Abbreviated interviews and error-prone profiling	Intake interviews, usually 10 minutes or less, gather information about the most questionable factors pertaining to eligibility. Cases that appear error prone may have longer interviews.
	Passive review	Eligibility for some cases can be determined from the application with no interview.
	Interim contact	Medicaid cases and simple SNAP households with only elderly or disabled members use this form of midcertification and recertification.
	Electronic application	DCF accepts applications with an electronic signature.
	Reduced verification documentation requirements	Documentation is not required for most expenses and assets, and some income. No verification is required for shelter, utility expenses, or assets unless within \$100 of the asset limit. Verification is done electronically, when possible.
	Simplified definition of income, resources, and assets	Many sources (educational income, interest and dividends, student earnings, earned income and child tax credit, retroactive SSI, and retirement accounts) are excluded from SNAP to a similar extent as for TANF and/or Medicaid.
	Standard utility allowance	DCF uses one standard for households incurring a heating or cooling cost and another for households with utility costs but no heating or cooling costs. Homeless individuals may use a standard shelter expense if they have a shelter cost.

* Telephone applications for elderly and disabled clients are planned but not yet in place.

2. Perceptions of Respondents

DCF and advocate staff both indicated that policy changes and simplifications contributed to making the eligibility process less burdensome.

DCF considered two policies essential to efficient and expedient case processing. In the opinion of DCF staff, the two most critical policies are the FNS waiver of face-to-face interviews and the SSI Combined Application Project (CAP). Together, these policies streamlined the intake process by reducing the amount of time workers interact with clients and by facilitating the specialization of case functions. Furthermore, for the benefit of elderly and disabled clients who may struggle more than others with the phone interview format, the SSI-CAP allowed DCF to process cases without interviewing clients whose income DCF already knows. One staff member said, “We wouldn’t be able to do all [the additional case processing] now without the changes.”

Advocates agreed that expanded use of telephone interviews reduces burden on clients. Advocates also supported a new policy that postpones interviews for expedited cases to speed benefits to clients in need. They were critical of FNS’s decision not to renew the waiver to dispense with recertification interviews, because the procedures were more streamlined for clients when that waiver was in place.

D. Technology

Technological innovations for DCF programs fall into two categories: systems visible to the client and back-end systems that streamline work for staff but are invisible to the client. Client interface systems include the online application, the automated response unit, and the ability to scan or fax verification documents. DCF uses back-end systems for case management, document imaging, and eligibility determination.

1. Changes

We first provide details of changes to the client-facing systems that technology has enabled under ACCESS Florida.

ACCESS Florida features a multi-program online application. One of the most visible changes for DCF clients is the electronic application for SNAP, TANF, Medicaid, and RAP that became available in 2004. Florida already had a combined paper application in place for this group of programs. Clients may apply via intranet (from any computer in the lobby of a local office) or Internet (from a community partner site or any other location with Internet access). By early 2010, according to state staff, approximately 95 percent of DCF applications were submitted electronically, about 70 percent of them from outside of DCF offices.

To supplement the online application, DCF recently implemented the ACCESS Electronic Portal in three counties. With support from an organization called Solutions for Progress, and collaboration from other local agencies, the ACCESS Electronic Portal allows clients to apply for both DCF programs and other federal, state, and local programs for which they may be eligible. Clients can access the portal through local partner organizations.

Online accounts enable clients to track the details of their case. In 2008, DCF launched My ACCESS Account, which provides online account information for clients. This feature offers

views of current and historical benefit information (up to 12 months retroactively), household members' names, details on verifications submitted and outstanding, and appointment times. Clients can also print a temporary Medicaid card linked to their account. Prior to this, as early as 2006, providers could access limited information about online applications.

A planned enhancement to My ACCESS Account for 2010 will enable clients to submit changes by scanning and uploading verification documents that they link to their own case file. Currently, clients can report changes in their circumstances—including contact information, household composition, shelter and utilities, employment, and case closure—online via the Reported Changes System. (After reporting a change, clients must follow up the change report by faxing in verification documents for the call center staff to file with their case information.) The Reported Changes System routes changes to the appropriate call center for processing based on the client's zip code. A few assisted-service partners (see partner section, below) can access the My ACCESS Account partner view, enabling them to check the status of confidential client information after the client signs a release form.

Technology enhances self-service and paperless verification. Before ACCESS, clients had to bring their documents to a local office for photocopying and to be delivered to and acted upon by a specific caseworker assigned to their case. Beginning in 2005, clients could fax their verification to a call center from a local office, a partner, or any other location with a fax available. By 2006, document imaging and viewing software was in place throughout the state to permit staff to see and act on any document, either historical or recently submitted by mail, fax, or in person, attached to a given household's file.

Key back-end systems that provide technological support for ACCESS Florida are described below.

The ACCESS Management System integrates Florida's legacy eligibility system (FLORIDA) and multiple standalone systems. The system's features include client registration (implemented in 2008) and work management (implemented in 2009). Among its capabilities are streamlined processes, appointment scheduling and client notification, automated routing of work, round-robin assignments, and management reports. Staff originally had to type intensively into a mainframe "green screen" to register and process cases; a graphical user interface now facilitates processing with minimal keystrokes. Eventually, DCF would like the ACCESS Management System to evolve into a system that exists in a web environment, where information submitted by clients online gets moved and pushed through the legacy system without staff having to use "green screens" for intermediate steps. No resources are currently available to support this change, however.

The Quality Management System (QMS) and the FLORIDA Operational Data Store (FLODS) help DCF support use of new technology by staff and clients. DCF case reviewers and supervisors use QMS, an electronic case-reading tool, to measure worker, unit, circuit, regional, and state performance; to look for trends that might warn of program pitfalls before they become problematic; and to plan corrective action and training. The system has been in place since 2005; a 2008 upgrade has enabled staff to profile cases and identify cases that are error prone and may require longer interviews. The other tool, FLODS, is a relational database that forms the backbone of DCF's technological streamlining. Created in 2008, FLODS extracts information nightly about clients from legacy databases and supports My ACCESS Account and the ACCESS Management

System. FLODS is a data repository for 11.5 million public assistance cases, information on 17 million individuals, 16 million new applications, 50 million different eligibility budget records, and 17 million benefit records.

Back-end technology helps the state prepare for and recover from disasters. Through the Food for Florida Disaster Food Stamp Program—a web-based system in place since 2007—a resident with a valid Florida driver’s license or a State of Florida ID card who is affected by a federally declared disaster can apply on the internet for SNAP benefits. Florida has also developed a “buddy” state project. After hurricanes in 2008, the Louisiana Department of Social Services requested Florida’s assistance and use of the Food for Florida system to process applications and transmit electronic benefit transfer (EBT) files to the card vendor. DCF collaborated with Louisiana to develop a customized EBT interface process to issue Louisiana benefits using Florida’s computer systems. The next initiative in progress for this project is a shared clearinghouse of eligible individuals across states that runs against multiple databases. A data exchange pilot among five states in FNS’s Southeast and Southwest Regions uses agreed-upon standards for files and data to prevent duplicate issuance of benefits and to facilitate issuance of benefits in disaster areas.

Two new technological applications help DCF inform clients about how to access services. First, DCF uses the Community Partner Tracking System (CPTS) to store information on community partners, including their locations and the services provided. The CPTS also helps assign incoming public assistance applications to the correct processing center based on the partner site from which they originated. Second, part of the governor’s “plain language” initiative was a 2009 project that motivated major format and text changes to approximately 130 case action notices to clients, including cutting down the number of pages produced. This project moved the notices from the FLORIDA mainframe legacy system into web-based software and reduced postage costs, but it also required some reprogramming in an effort to make updates about DCF’s actions more useful for clients.

2. Perceptions of Respondents

DCF staff and advocates provided both positive and negative feedback about the new technology implemented through ACCESS Florida, and agreed on some pros and cons of the new systems.

Staff and advocates agreed that web applications have been essential to increasing access and their ability to handle a growing caseload. The recent increase in caseload has been a problem, and DCF and advocates agreed that current wait times for the call center and the absence of additional resources (such as phone lines and call agents) have strained the system and clients’ patience. Nevertheless, according to one advocate, “If we didn’t have a modernized system, [it] would have been a horrible scene.” Interviewees also commented that the availability of an online system (with document imaging and data exchange capabilities) is essential to processing and distributing benefits during a natural disaster.

Advocates and DCF differed on whether the web application and redesigned client notices were user-friendly. Advocates reported that the new notices still lack important details about what specific verification items are missing from applications, which they believed can confuse clients. Advocates would also like to see the online and phone systems become more accessible for people with limited English-language proficiency or disabilities.

E. Community Partners

Community partner organizations share a client base with DCF and serve as access points in the community for clients wishing to apply or recertify for programs administered by DCF. State staff report that since 2005 DCF has accumulated a partner list of about 3,200 locations. Clients can locate partners using the Community Partner Search Engine, an online system that allows them to search by zip code or county.

1. Changes

The entire partnership system is an innovation under ACCESS Florida. Some aspects of this new system are described below.

Participating partners sort into three levels. At the first level, *informational sites* simply distribute paper applications and brochures. Second level *self-service sites* offer access to self-service equipment such as computers, printers, faxes, copiers, and telephones. At the third level, *assisted-service sites* offer all of the above services as well as assistance in completing the application or submitting verification documents. All partners establish a cooperative agreement with DCF defining their service level.

Some partners share the cost of space and staff with DCF. A small number of partners are establishing a new model in which they offer space for DCF to install equipment and have staff available to help clients. Under this arrangement, providers or partners contribute half the salary and benefits of an eligibility worker, who may be stationed at a partner site or a local office, as well as workspace and equipment. DCF funds the remaining half and hires, places, trains, and supervises the workers. The Second Harvest Food Bank, for example, has partnered with private organizations to fund a mobile outreach team of four staff members that works in dozens of venues over a six-county area. These staff complete online applications on laptops, conduct interviews, and scan all documents provided in the field. Since the arrangement began in 2009, state staff reported that this partnership and others like it have placed 153 eligibility case workers throughout the state in various medical and community-based service organizations, with plans to place an additional 56.

DCF selects and supports participating partners. When recruiting partners and maintaining partnerships, DCF focuses on their ability to provide client assistance, with the goal of reducing traffic into DCF storefronts. This is a change from the original approach of trying to sign up as many partners as possible at any level. In some cases, a cooperative agreement calls for DCF to pay a fee to maintain the partnership, but fewer than five percent of partners are compensated. According to state staff, a typical arrangement pays partners \$30 to \$60 per day to offset the cost of ACCESS Florida equipment and resources. DCF has also supported partners by offering surplus equipment that became available after staff reductions (with the understanding that DCF clients would use it at the partner locations) and by providing training and oversight through routine monitoring visits.

2. Perceptions of Respondents

DCF staff and advocates both thought that partner locations had become integral to accessing benefits, but they differed in their enthusiasm for this approach.

DCF staff believed that having assistance available for clients at partner sites improves access. DCF liaisons work to maintain strong partnerships with several sites that have staff to assist clients. In an atmosphere of reductions in labor force, supporting partners' employees to provide client assistance could be a sensitive issue for state employees. However, while unionized staff were sensitive about the possibility of layoffs early in ACCESS Florida, state staff did not believe that the unions were especially bothered by implementing a partner network. Instead, state staff reported that the assistance to clients that partners offer is a useful supplement to their services.

Some advocates were concerned that DCF was exploiting partner resources with this approach. They advised: "Don't rely on the community or nonprofits to take the place of what the agencies are supposed to do. School and library staff are simply not trained to do the job.... You could still save money if you out-stationed your own employees to those existing offices rather than just putting a computer there." One advocate said, "I've heard from partners that they need more state support, [such as] having a phone line for community partners to call while they have a potential client right there."

Other advocates viewed the partnership network positively. One advocate asserted, "I think it's helpful for folks in the community. It's like having more DCF sites than before, closer to them." Another reported "Most [partners] have been a big help. They're generally trusted."

F. Changes in Program Performance

The program performance trends reported in this study are descriptive in nature and do not allow us to conclude that ACCESS Florida was the cause of any changes observed. Other factors, including economic conditions, changes in federal policy, changes in state policy, and so on, could help explain these trends. Still, examining these trends is a first step in assessing how streamlining changes might affect key outcomes.

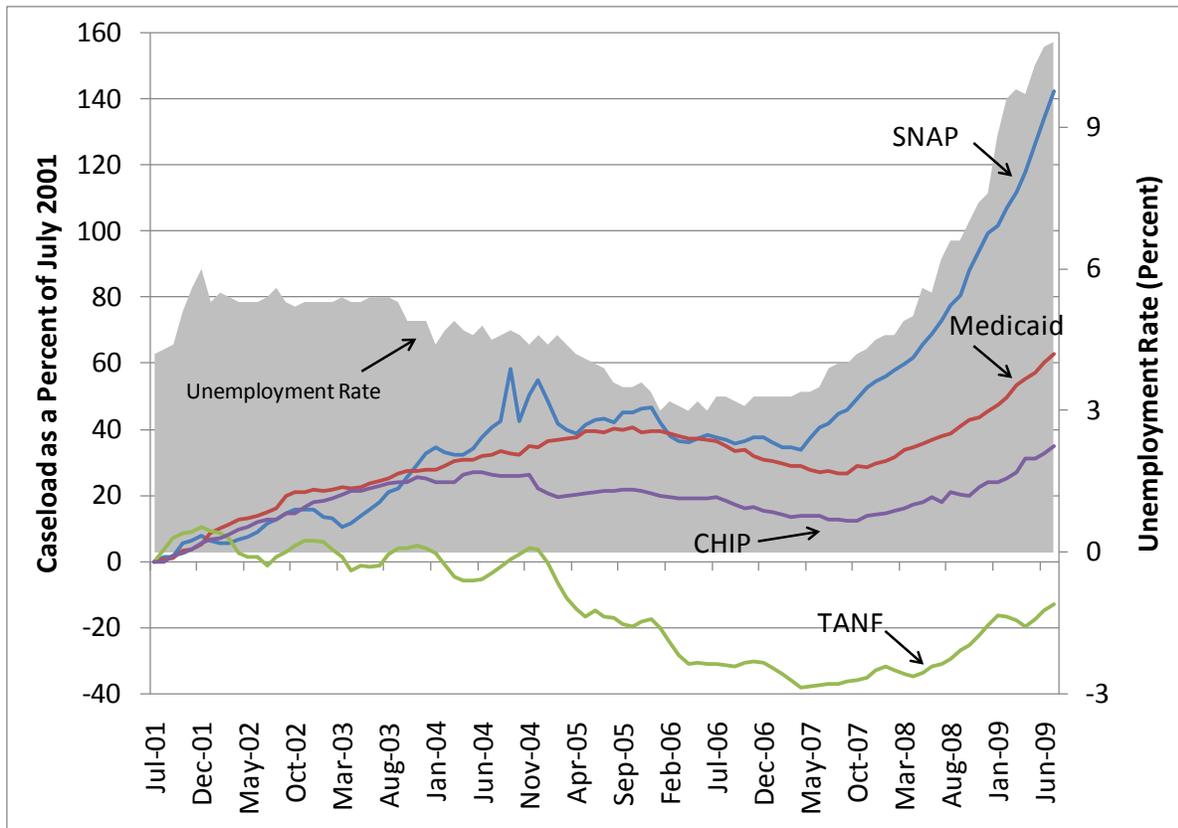
This section illustrates some changes observed in caseload size, administrative costs, client access to benefits, and program accuracy since ACCESS Florida began. Because we do not have sufficient information to separate the effects of streamlining efforts from the effects of other factors, we simply discuss the trends without assigning causality.

1. Caseload Trends

Florida experienced a steady increase in caseloads for SNAP, Medicaid, the Children's Health Insurance Program (CHIP), and TANF since the middle of 2007 (Figure II.1). The increase was most pronounced in SNAP, where the caseload nearly doubled, from 1.3 million to 2.2 million, between June 2007 and July 2009. This followed a period of steady or slightly declining caseloads between 2004 and 2007. This caseload pattern closely tracks unemployment rate trends for the same period. Florida's unemployment rate surged between 2007 and 2009, more sharply than many other states.

TANF caseloads in Florida followed a different trend than caseloads for other programs. Where other caseloads grew, TANF caseloads declined relative to 2001 levels. A similar pattern is seen in the other states examined in this report. The reasons for this divergent trend for TANF caseloads are unclear. The decline may reflect, in part, the provision of non-TANF cash assistance to some families to divert these families from the TANF rolls (Pavetti et al. 2009).

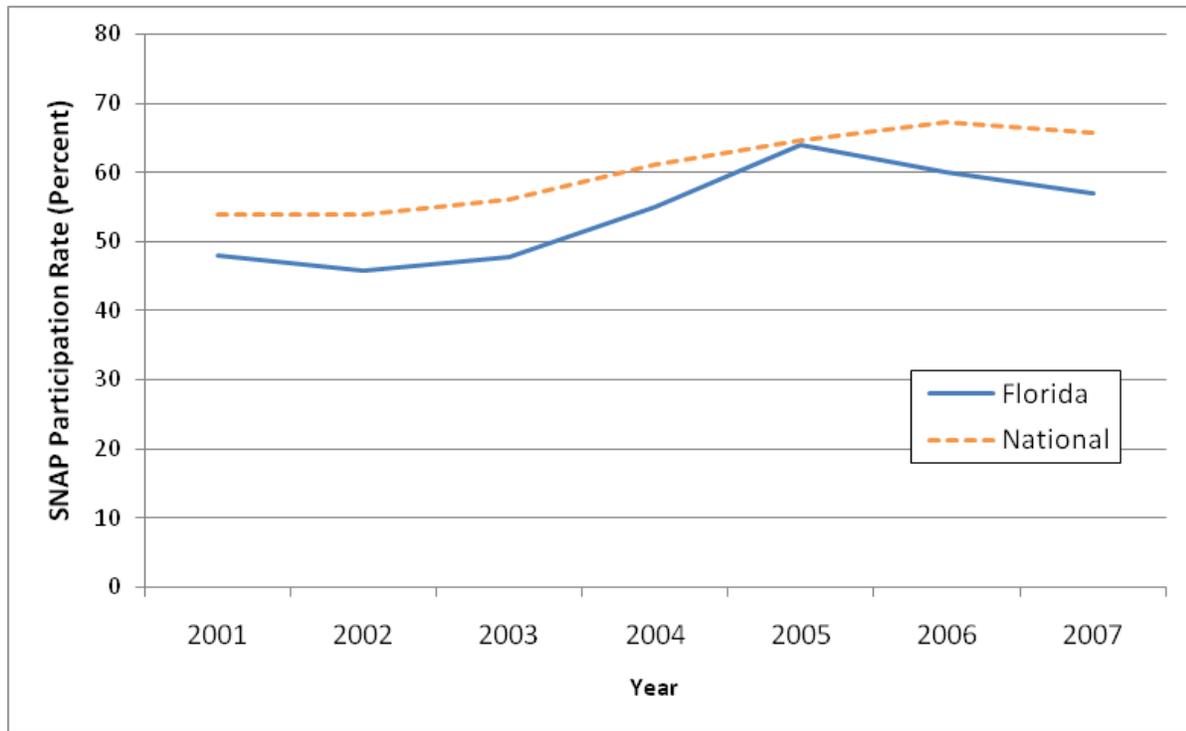
Figure II.1 Caseload Trends During ACCESS Florida



Sources: Florida Department of Children and Families; U.S. Department of Health and Human Services, Administration for Children and Families; U.S. Department of Labor, Bureau of Labor Statistics.

The SNAP participation rate reflects the percentage of eligible individuals that receive SNAP benefits. Fluctuations in SNAP participation rates can reflect changes in both the number of individuals eligible for benefits as well as the number of eligible individuals participating. State-level SNAP participation rates are available through 2007. Prior to streamlining efforts, participation rates in Florida were below national levels but rising (Figure II.2). After streamlining, participation rates declined, possibly reflecting decreased access and/or increased numbers of eligible individuals concurrent with increases in the unemployment rate.

Figure II.2 Florida and National Annual SNAP Participation Rates



Source: Florida Department of Children and Families.

2. Program Costs

DCF administrative costs fell by one-third between 2001 and 2006 (Cody et al. 2008). SNAP certification costs alone declined by half between 2001 and 2006. Reductions in salaries and benefits account for the bulk of the cost savings. While more recent DCF cost data by category were not available for this study, we did obtain data on Medicaid and CHIP expenses over time. Illustrated in Figure II.3, total Medicaid expenses increased by one-third during the 2006 to 2008 period that included high unemployment (as depicted in Figure II.1).

Figure II.3 Annual Florida Medicaid and CHIP Expenses, 2001–2008

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Sources: Kaiser Family Foundation (2010); National Association of State Budget Officers (2010).

3. Additional Performance Measures

This analysis identified several other performance measures. While not all of the data are recent, some older results illustrate the possible benefits and challenges clients may observe early in the implementation of a new initiative:

Client satisfaction with online application. In a prior study, Cody et al. (2008) examined responses to a 2006 client satisfaction survey about DCF’s online application and found that 9 percent of users rated the process difficult (although 22 percent reported needing help), more than half of respondents were able to complete the application in less than 30 minutes, and 93 percent said they would use the feature again.

Resolution of questions by call centers. The same study analyzed data from call center client surveys conducted from 2005 to 2006 and found that 15 to 20 percent of callers had their question resolved by the ARU, half of calls were transferred to a call center staff person, and the remaining callers either had their question answered by basic prerecorded messages or hung up before their question was resolved (Cody 2008).

Call center wait times. Wait times to speak to an agent at a call center were three to eight minutes in 2005 and 2006 (typical wait times were three to five minutes, but a change in Medicaid policy related to citizenship may have prompted more—and more complicated—inquiries in one month that had longer wait times) (Cody 2008). State staff reported that wait times are longer in 2010 as a result of the caseload increase, but data on average waits are not available for this year.

Payment error rates. More recent data were available to illustrate SNAP payment error rates during the period in which ACCESS Florida was implemented (Figure II.4). Overall, payment errors in Florida declined relative to their 2001 (pre-streamlining) levels. A two-year upward trend just after most ACCESS Florida changes began, in 2004–2006, also coincided with hurricane seasons that caused the state to run large-scale disaster benefit programs disruptive to normal operations. Since 2006, payment error rates in Florida have fallen markedly.

Figure II.4 Florida and National Annual SNAP Payment Error Rates

Source: Mathematica tabulations of data from the USDA Food and Nutrition Service.

G. Suggestions for California

During interviews with state and local officials and advocates, we asked interviewees what advice they would give California in exploring simplification of enrollment and eligibility. The respondents' key suggestions included the following.

Be serious about streamlining. DCF staff pointed out that change of this magnitude is difficult for managers, systems, and staff. Leaders who have a vision for next steps and the will to complete the project are critical to a successful redesign. Leadership alone is not enough, though, and DCF suggested that streamlining not be “a top down thing, it’s an everybody thing ... your local people have to buy into it or they will sabotage it.” DCF also cautioned about the importance of striking a balance between appropriate planning to make transitions smooth (see the third point, below) and spending so much time on planning that the project seems too large to begin.

“If you build it, they will come ...” DCF staff asserted that clients will begin to use new access points (including online applications, call centers, and community partners) once they are created.

“... but be ready for them when they arrive.” Both DCF staff and advocates described challenges in being ready to handle changes as they rolled out. For example, one person from the state staff advised to not “give up staff unless you have a new process in place.” Similarly, an

advocate suggested that fully staffing client service centers to ease the transition and prevent a backlog would have been a better transition strategy than cutting staff immediately. That is, having partners and new technologies readily accessible to clients can reduce workload and ease the transition, but only if those features are ready to use when clients need them. One advocate also cautioned about the importance of careful planning to maximize efficiency, saying, “Don’t pay [for] a lot for things that could have been avoided.”

Don’t try to do it alone. State staff recalled that trying to streamline in Florida, before most other states had done anything similar, made it hard to see the road ahead. They said that states streamlining now that have the opportunity to learn from one another should take advantage of it.

Standardize first, then customize. Redesigning and implementing new procedures can be daunting, so DCF took the approach of first piloting its new efforts in a small area of the state, then rolling the change out statewide after addressing any problems from the pilot, and, finally, after the new approach was established for a period of time, allowing for some local variations in procedures or approaches if such variations were warranted. The state also continued to make improvements and adjustments as ways to improve the initial approach were identified.

III. PENNSYLVANIA

Since 2001, Pennsylvania’s Department of Public Welfare (DPW) has taken steps to streamline the way it administers social service programs. By design, this streamlining process was incremental, beginning with building one common, web-based application for TANF, Medicaid, and SNAP benefits. The new system was named the Commonwealth of Pennsylvania Access to Social Services, or COMPASS. DPW’s principle motivation for COMPASS was to update aging technology and increase access for clients by making available 24 hours a day an application that would not require an in-person visit to a County Assistance Office (CAO).

Since deploying COMPASS, DPW has adopted other streamlining initiatives. In particular, the state changed its business model for administering social service programs, restructuring the way applications are processed and caseloads are managed. A team of caseworkers is now responsible for individual cases. With new technology and filing systems, most (but not all) case information is available electronically and caseloads can be shared across caseworker teams without regard to location. The state has also expanded the number of social service programs that can be accessed through COMPASS.

This chapter presents several key changes implemented in Pennsylvania to streamline social service programs related to staffing, policy and procedures, technology, and the relationship of DPW with community partners. A section on program performance examines trends in caseload size, cost, and access since the early streamlining initiatives were implemented.

A. Overview

Pennsylvania’s efforts to streamline social service programs were motivated by three goals, to (1) help clients and increase their access to services, (2) decrease caseworker workloads by reducing or eliminating some tasks while automating others, and (3) save money on administrative costs. According to state staff and advocates, the governor’s office was wary of the budgetary implications of a massive technology overhaul. As a result, DPW pursued incremental changes as a way to manage risks and ensure successful implementation (see Table III.1 for a timeline of changes).

Key streamlining milestones included the initial rollout of COMPASS in 2001, followed by the SNAP simplified reporting waiver adopted in 2004. In 2006, DPW rolled out their initial office restructuring plan, called “Model Office,” and in 2007, the state implemented a SNAP waiver of face-to-face interviews. In 2008, DPW revised the Model Office plan in part to include separate front-end and back-end office teams. The revised plan was renamed the “Modern Office” plan.

Table III.1 Chronology of Enrollment and Eligibility Changes in Pennsylvania

2000	<ul style="list-style-type: none"> Outstationed SNAP workers are already in place.
2001	<ul style="list-style-type: none"> COMPASS online application is launched for CHIP and Medicaid
2003	<ul style="list-style-type: none"> Partner enrollment campaign begins
2004	<ul style="list-style-type: none"> SNAP waiver for simplified reporting is approved Partner enrollment campaign ends
2006	<ul style="list-style-type: none"> Initial office restructuring plan (“Model Office”) implemented
2007	<ul style="list-style-type: none"> Several local offices are already closed or consolidated, remaining ones adopt more flexible hours Waiver of face-to-face interviews at initial application is approved Regional call centers receive case changes Document imaging initiative is nearly fully implemented
2008	<ul style="list-style-type: none"> Revised “Modern Office” restructuring plan pilot begins Waiver for expanded categorical eligibility is approved Waiver of face-to-face interviews at recertification is approved

B. Staff Functions

In response to a decrease in staff statewide across all departments due to budget constraints, and to contend with the resulting increase in workload for remaining caseworkers, DPW restructured how workers managed caseloads in CAOs across the state. Additionally, the state implemented call centers to help ease caseload demands and process client changes more quickly.

1. Changes

DPW reorganized case management and caseworker functions in a series of incremental changes that shifted from the traditional model of one case per caseworker to an initial structure they called “Model Office.” Under the Model Office plan, caseworker tasks were specialized, with staff in one department handling new applications and those in another dealing with ongoing case management. Both intake and ongoing casework involved a combination of face-to-face client activities, paperwork, and back-end functions (i.e., functions that do not involve client interactions) required for case management. When DPW implemented this model, caseworkers already faced backlogs resulting from a decrease in staff. According to state staff, this first attempt and the new division of labor did not help decrease the backlogs and caseworker productivity suffered. Because both intake and ongoing case management involved face-to-face client time as well as telephone inquiries and correspondence, caseworkers found themselves unable to both process cases and respond to client communication in a timely fashion. For example, a caseworker working on an income change might be interrupted to meet with a client in the office or to answer the telephone.

By 2008, DPW concluded that the Model Office approach improved neither caseworker productivity nor the accuracy of case management. The state began piloting a revision to the Model Office approach, which they called the “Modern Office” approach. Key features of the Modern Office approach include:

- **Front-end and back-end departments are separate.** CAOs are physically divided in their layout. The front-end department handles all face-to-face activity and includes the application kiosk, self-service area, greeter, floater (a person whose job is to “float” around the lobby and check in with waiting clients), customer service representative, and intake processors. The back-end department handles caseworker tasks related to current applications, recertifications, verifications, and client changes (e.g., address changes and changes in income) that do not involve face-to-face interactions with clients. DPW cross-trains staff for all caseworker functions and rotates them through different roles to avoid burnout and to shift resources where they are needed most. Still, CAO staff have some input into their assignments at different points in time. DPW’s intent in specializing tasks in this way and in handling intake separately was to facilitate customer service, increase accessibility of caseworkers to clients, and increase caseworker productivity by reducing interruptions. Because clients do not need to schedule appointments with specific caseworkers, DPW anticipated that this structure would allow clients to access a CAO at their convenience.
- **The model is team-based.** Under the Modern Office, an individual caseworker no longer “owns” an individual case. Instead, teams of caseworkers share responsibility. DPW implemented this change to maximize staff resources and alleviate growing

backlogs. The Modern Office allows work to be shared across counties and to shift it as needed from busier (urban) counties to smaller ones.

- **Self-service options are more numerous.** DPW has equipped office lobbies with self-service options for clients, including an application kiosk, copiers, document drop-off locations, and phones that clients can use to reach customer service and EBT staff. A reception greeter in each local office helps clients decide whether they can serve themselves or whether they need to see a caseworker.
- **The Service Center fields client calls.** In addition to the Modern Office model, DPW developed a statewide network of call centers—referred to as the Service Center—in 2006. Clients access the Service Center through one toll-free number for basic inquiries and to report case changes. One call center in the Service Center network is dedicated to Spanish-speaking clients.

2. Perceptions of Respondents

State staff report that these changes had positive outcomes, most notably, a decrease in client wait times.⁵ However, advocates still have concerns about the accessibility of caseworkers.

State staff were generally satisfied with the Modern Office model, reporting that it contributed to staff productivity, timeliness, and accuracy. Specifically, state staff reported that initial performance measures showed the average client wait time at the pilot offices decreased after the implementation, from over 50 minutes to 12 minutes. They also reported a decrease in backlogs and an increase in accessibility of caseworkers to clients. Nevertheless, state staff indicated they were continuing to examine their business practices and procedures, especially focusing on any remaining need for technological improvements.

State workers reported that a key challenge was winning over staff to a change in processes. State staff noted that communication with the unions was essential to successfully implementing the Modern Office approach. They also described that a shift in office culture facilitates cross-county processes. For example, one person said that “if you come from an environment where you own your own work for your own county, enlarging that focus to the state ... [is] a real culture shift.” To contend with this, DPW reported success stories on the internal website and showed staff data demonstrating that new processes were more efficient. They also conducted surveys to collect staff input. One state staff member mentioned that formal training is not enough and that holding group meetings for feedback and soliciting staff suggestions before and during the implementation process are essential.

Advocates supported the call center in principle but reported ongoing concerns about accessibility of caseworkers. Advocates reported that they had initially pushed hard for call centers because they believed the centers would alleviate what they perceived to be a troubling lack of access to caseworkers. However, they continue to have concerns about access because clients

⁵ To maintain respondent confidentiality, we combined the comments of local office managers with those of state administrators under the general heading of “state staff.”

cannot get through to the call center at times of high call volume. The state mandated that telephone wait times cannot exceed eight minutes; the phone system enforces this by only accepting phone calls when the wait time is eight minutes or less. When the call volume is high, clients receive a message to call back at another time. Advocates would prefer that call center capacity be increased. They approved of client ability to report required changes in status by phone but also expressed frustration over the limited authority of the call center staff to help resolve problems.

Some advocates also expressed concerns about accessibility of caseworkers in the wake of DPW's move from an individual caseworker to a team approach. They argued that the change reduced accountability because no one individual is responsible for a case. State staff noted, however, that case management software allows supervisors to see easily when caseworkers are falling behind on customer service and that the team approach actually makes it easier to respond to clients in a timely fashion.

C. Policy Simplification

In addition to reorganizing staff functions, the state sought to streamline the application process across programs to make it less complex for both clients and caseworkers.

1. Changes

Key policy simplifications include the following:

- **Expanded categorical eligibility.** Under federal rules, DPW established a policy that permits everyone in a household where some but not all household members receive TANF to be automatically eligible for SNAP, thus eliminating the resource test for almost all TANF households.
- **Combined Application Project.** The state created the Pennsylvania Combined Application Project (PA CAP), under which the Social Security Administration sends eligibility information about SSI households to DPW. Staff then use that information to determine those households' eligibility for SNAP.
- **Telephone interviews at initial application.** Pennsylvania applied for, and FNS approved, two waivers of face-to-face interviews at initial application. The state is currently examining whether there is a client population for which the interview can be abbreviated, but this has not yet been implemented.
- **Telephone interviews at recertification.** Pennsylvania applied for, and FNS approved, a waiver of face-to-face interviews at recertification.
- **Simplified reporting waiver.** FNS approved a waiver to change reporting from a monthly to a semiannual process in Pennsylvania, reducing the burden on clients and caseworkers. DPW is currently assessing what documents are required and whether the verification system currently in place is as efficient as possible. In one step toward simplification that does not require a waiver, DPW has created an Income Verification Guide to facilitate the verification process for caseworkers.

2. Perceptions of Respondents

State staff reported that policy simplification is an ongoing process. One state official said, “Alignment and streamlining outside of COMPASS, it’s always the goal ... we do that all the time.”

Advocates described that policy simplification is not *dependent on* radical changes in business practices, but rather that policy simplification *assists with* streamlining business practices. Advocates don’t see the adoption of efficient technologies as requiring policy changes; as one advocate asserted, “There haven’t been major policy changes as a result of COMPASS.”

Advocates say that consistent implementation of new policies is needed across local offices. Citing differing local office “cultures,” advocates assert that local offices implement new policies inconsistently. They contend that it is a challenge to help families navigate new rules when the new rules are interpreted differently by different workers.

D. Technology

Technological changes have been central to generating efficiencies and cost savings in the intake and case maintenance processes. Some technological changes have affected clients directly, while others were designed to make application processing and case maintenance tasks more efficient for staff. Most of the technological changes were developed by a contractor with significant input from state staff, including information technology staff familiar with the existing technological infrastructure and teams of program specialists throughout the state with knowledge of eligibility rules and regulations across various programs.

1. Changes

Key technologies adopted in Pennsylvania included the following.

DPW developed the COMPASS web application in part to increase access to clients. Online applications reduce the time clients spend in CAOs and traveling to and from them. In addition, state staff report that the web application helps increase the efficiency of the application process by reducing the amount of time workers spend keying client information into the computer. It is also accessible at offices of community partners, where staff can help clients with applications and initiate an account with the state to monitor progress on the applications they help process. Currently, DPW receives approximately 28 percent of all applications through COMPASS (and one-quarter of those are submitted through community partners).

COMPASS includes a web-based reporting tool that allows clients to use the Internet to notify DPW of a change in income or household composition. This gives clients an alternative to the Service Center call center for reporting changes. Clients maintain their information in an online “account” and do not need to re-enter key case details at every recertification.

The COMPASS web application collects the necessary information to apply for SNAP, TANF, and Medicaid, as well as a number of additional social service programs. DPW frequently updates the web application in response to problems experienced by clients, community partners, or DPW staff. For instance, the state has made wording changes to clarify statements and questions, and has inserted features that were not part of the initial application into subsequent versions.

The Worker Dashboard system, a desktop application, manages and tracks tasks assigned to caseworkers. It allows caseworkers on a team to share the workload. The Worker Dashboard also allows supervisors to monitor the performance of individual caseworkers and teams of caseworkers, and to redistribute work across workers. Similarly, local office administrators use the Dashboard to redistribute workloads across supervisors, and state staff use it to redistribute caseloads across counties or regions. The Dashboard also serves as a data tool to measure performance in key areas, such as application timeliness, accuracy, work participation rate, customer service, efficiency, and leadership development.

A document imaging initiative is used to scan all client documentation and store it electronically. DPW anticipates that this effort will make documentation accessible to any caseworker in the state and facilitate the submission of documentation by clients. This includes the scanning of clients' permanent records, such as birth certificates and verification documentation. Eventually, the state wants to scan all documents that clients submit. Additionally, caseworkers who work the Service Center call line would potentially be able to do more than simply process changes, because they would have access to documentation allowing them to carry out more complex tasks.

Automated renewals inform clients of recertification requirements. Pennsylvania has shifted from a manual process, in which staff stuff envelopes and mail client recertification information, to a computer-based process where they simply select the packets and designate the clients to receive them. The computer system then prepares and sends the packets to the clients while eligibility staff focus on other tasks. The state is planning similar automation for the letter indicating clients' verification is pending.

Cross-program data sharing streamlines the verification process. Data for four programs—cash assistance, SNAP, Medicaid, and Pennsylvania's Low-Income Home Energy Assistance Program—are shared through a central system. Additionally, COMPASS can access information from an employment database, a child care database, and the national school lunch system. COMPASS applications automatically check for eligibility for CHIP and forward eligible cases to the Pennsylvania Department of Insurance.

2. Perceptions of Respondents

Respondents reported that technology enabled many streamlining changes, but that technological solutions must be fully functional before being rolled out.

State staff viewed technology as critical to their ability to rethink their business model. However, several also thought that DPW should not adopt a new system “just because it's there” or because “it's sexy.” They believed that while technology helps improve efficiency, it has to be ready before it is rolled out. Premature rollout contributes to backlogs and increases dissatisfaction among caseworkers and community partners. As one state official put it, “Don't promise what you can't deliver.”

The incremental rollout of new technologies eased transitions. The state made the decision to roll out COMPASS incrementally. In the view of state staff, the incremental approach minimized disruptions to provision of benefits to clients and compliance with federal reporting requirements.

The state has experienced problems tracking electronic documentation. State staff reported that DPW has lost some documentation, either because it was not scanned or because it was not properly matched to a client’s case record. The state and advocates both attributed this problem to the original Model Office approach, in which the tasks of scanning, attaching, filing, and indexing documents were not assigned to a specific caseworker role. Without a specific staff member being accountable for these tasks, they sometimes were not completed.

Advocates suggested system improvements to reduce paperwork. Advocates see improving the document imaging system as crucial to a streamlined system. Because problems with document imaging have resulted in lost paperwork and delayed case processing, advocates suggested giving clients the ability to submit verification documentation online. They also recommended using more data exchanges to verify income rather than having clients do this individually, arguing this would be easier on clients, lessen caseworkers’ workloads, and increase the accuracy of the verification process.

Some advocates suggested improving the web application. Currently, advocates contended, COMPASS requires answers to unnecessary questions. One advocate described as an example, “The online [application] asks a question, a required question, ‘Do you have a criminal history,’ which is not relevant for a food stamp application. You can ask if someone is currently fleeing from the law, but you don’t have to ask everyone if they have a criminal history.” Advocates would prefer that these types of questions be eliminated. However, at the same time, advocates note, COMPASS does not collect important information, such as what applicants pay for child care expenses or medical expenses, which would better illustrate household budgets and could potentially help clients qualify for additional benefits.

E. Community Partners

Community partners serve as supplemental access points for clients to apply for benefits. These organizations (typically clinics, family planning organizations, and emergency food providers, among others) conduct outreach, assist clients with applications, and streamline benefit enrollment.

1. Changes

Since 2001, when the state created a formalized role that involves registering with DPW and opening a COMPASS account, approximately 500 organizations have registered as community partners. We describe some typical partner activities below.

Community partners are access points. Community partners with a COMPASS account can help clients apply online and can access clients’ case information. They can also view aggregate statistics on how many of the applications they submitted have been processed, are pending, or require information from clients. Community partners that participate in the program must sign an agreement stating they will share information about their clients with the state.

Partners may verify some application information. Organizations may also submit an e-signature on behalf of the client, confirming the accuracy of the information provided in the application. Some organizations provide clients help with the COMPASS application by telephone and therefore cannot (or do not want to) confirm the accuracy of the information provided by the

client. In these cases, the organizations complete the application up to the e-signature point and print it out and mail it to the client to be signed on hardcopy and returned by mail to DPW.

2. Perceptions of Respondents

In considering the role of community partners, state staff and partners focused on how communication between them has changed since DPW implemented several of the initiatives described in this chapter.

State staff and partners asserted that community partners' active participation in DPW policy- and procedure-making processes is helpful. State staff solicited recommendations from partners at community meetings and in the course of other formal contact. But between these formal opportunities, partners also submitted recommendations about the application process, the content or wording of the application itself, and the usability of the COMPASS system or other technology tools, as well as ideas about the business practices of the CAOs. These proved helpful; for example, DPW staff reported that only after receiving feedback from community partners about the wording of some items in the COMPASS application were they made aware that the language could be confusing or misunderstood by clients. DPW staff note this interaction pushed them to consider simplifying questions on the application. For their part, community partners reported encouraging DPW to introduce call centers as a means of increasing access for clients and efficiency for the department.

One state staff member reported that communication with community partners had improved since DPW implemented streamlining initiatives. This was attributed partly to the automation of some data requests to community partners who are registered with the state. For example, partners that are registered “power users” for COMPASS can log in to their accounts and get aggregate figures on the applications they submit. Respondents also believed, however, that communication with community partners had improved as a result of the state’s better performance with regard to client customer service.

F. Changes in Program Performance

The program performance trends reported in this study are descriptive in nature and do not allow us to conclude that streamlining in Pennsylvania caused any of the changes observed. Other factors, including economic conditions, changes in federal policy, changes in state policy, and so on, could help explain these trends. Still, examining these trends is a first step in assessing how streamlining changes might affect key outcomes.

This section illustrates some changes observed in caseload size, administrative costs, client access to benefits, and program accuracy since 2001. Because we do not have sufficient information to separate the effects of streamlining efforts from the effects of other factors, we simply discuss the trends without assigning causality.

1. Caseload Trends

Pennsylvania has experienced a steady increase in caseloads for SNAP, Medicaid, and CHIP (Figure III.1).⁶ As with other states, the increase was most pronounced with SNAP, which increased by over 60 percent after 2001. Over the same period, the Medicaid caseload increased by about one-third. These caseload increases persisted as the unemployment rate dropped from over 6 percent to under 4 percent, and then returned to almost 6 percent by 2008.

As with other states, the TANF caseload dropped while caseloads for other programs rose. In Pennsylvania, the sharp decline in TANF participation occurred in 2006. The reasons for the divergent trend between TANF caseloads and those of other programs are unclear. The decline may reflect, in part, the provision of non-TANF cash assistance to some families to divert these families from the TANF roles (Pavetti et al. 2009).

The SNAP participation rate reflects the percentage of eligible individuals that receive SNAP benefits. Fluctuations in SNAP participation rates can reflect changes in both the number of individuals eligible for benefits as well as the number of eligible individuals participating. State-level SNAP participation rates are available through 2007. Participation rates in Pennsylvania were close to or above national levels (Figure III.2). Starting in 2002, Pennsylvania's participation began an upward trend, reaching 76 percent by 2007. The largest increase in the participation rate occurred between 2003 and 2005.

2. Program Costs

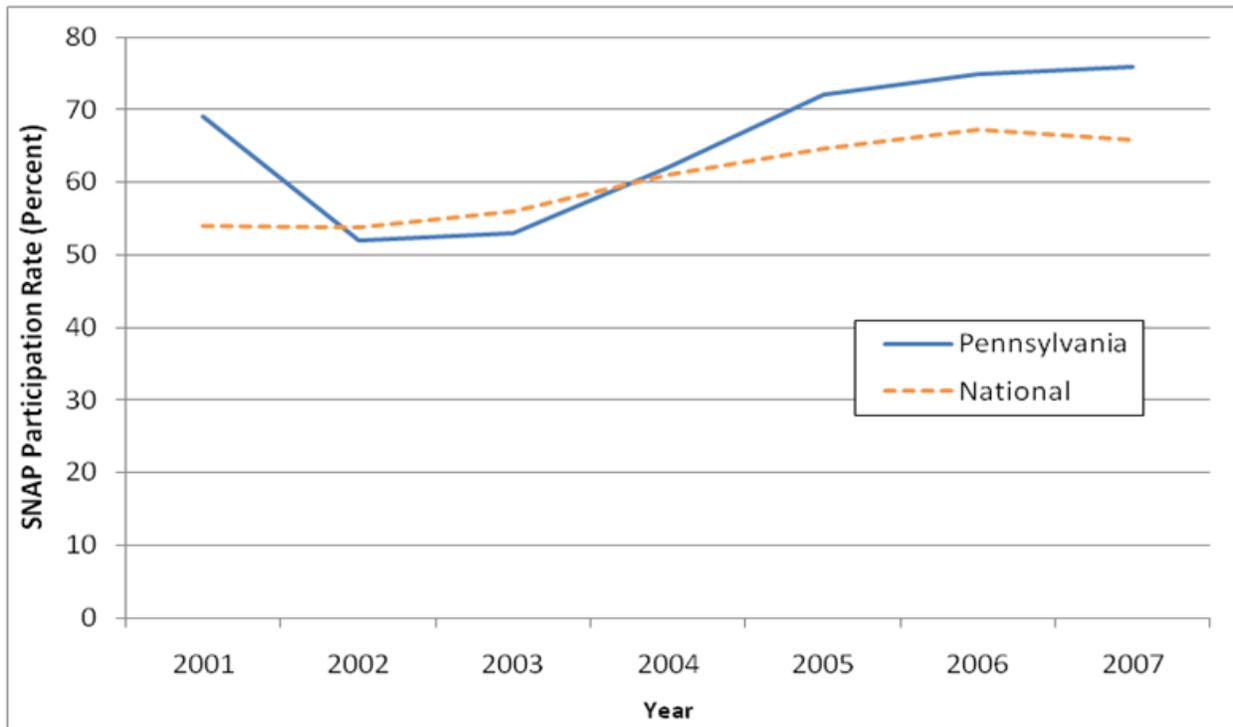
Data on DPW administrative costs were not available for this study. However, we did examine trends in Medicaid and CHIP expenses. Expenses for both programs have steadily increased since 2001. CHIP expenses have more than doubled, while Medicaid expenses have increased more modestly (Figure III.3). The increases occurred over the period of caseload increases for both programs.

3. Payment Errors

Similar to the national trend, SNAP payment error rates in Pennsylvania have declined since 2001. Rates fell from nearly nine percent in 2001 to less than three percent in 2007, and then rose to over three percent in 2008.

⁶ Mathematica produces annual reports of SNAP caseload trends for FNS. We used several of those to produce the caseload figures for this report, of which the most recent was by Cunyningham and Castner (2009).

Figure III.1 Caseload Trends During Pennsylvania Modernization, 2001–2008



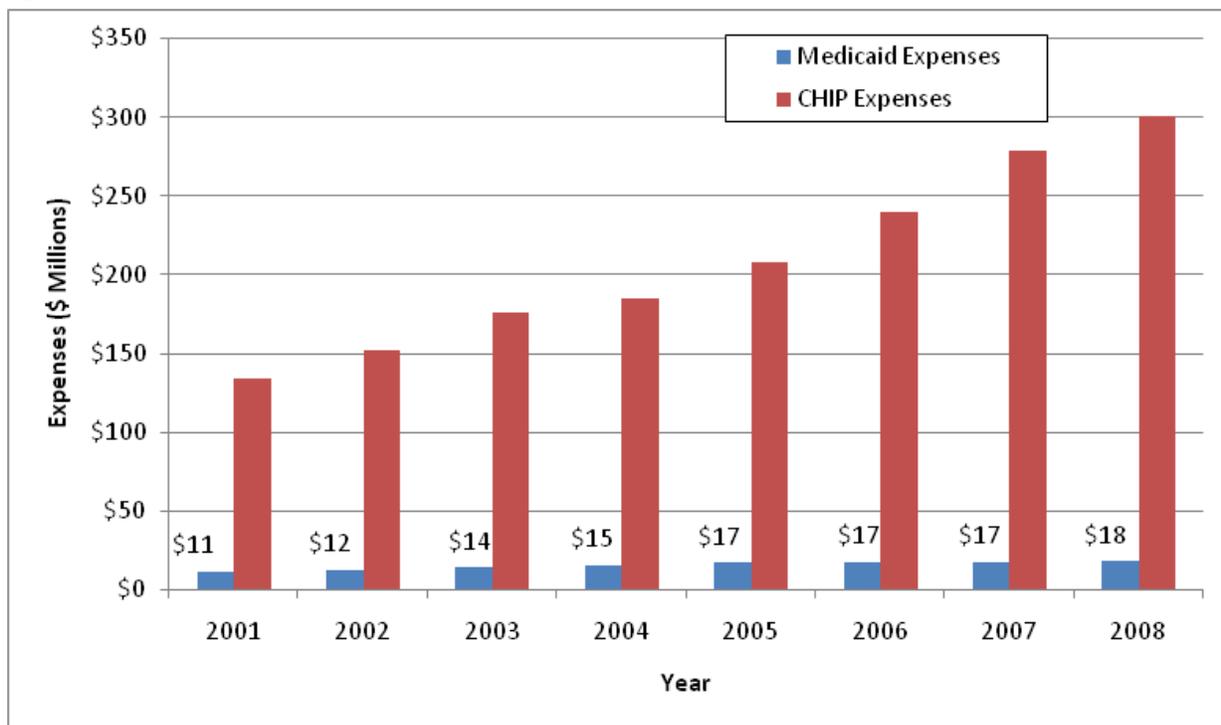
Note: Between December 2006 and March 2007 there was an unexplained drop in Medicaid cases and we smoothed out the trend.

Source: Mathematica Policy Research (2009); Pennsylvania Department of Public Welfare; U.S. Department of Health and Human Services, Administration for Children and Families; U.S. Department of Labor, Bureau of Labor Statistics.

Figure III.2 Pennsylvania and National Annual SNAP Participation Rates, 2001–2007

Source: USDA, Food and Nutrition Service.

Figure III.3 Annual Pennsylvania Medicaid and CHIP Expenses, 2001–2008



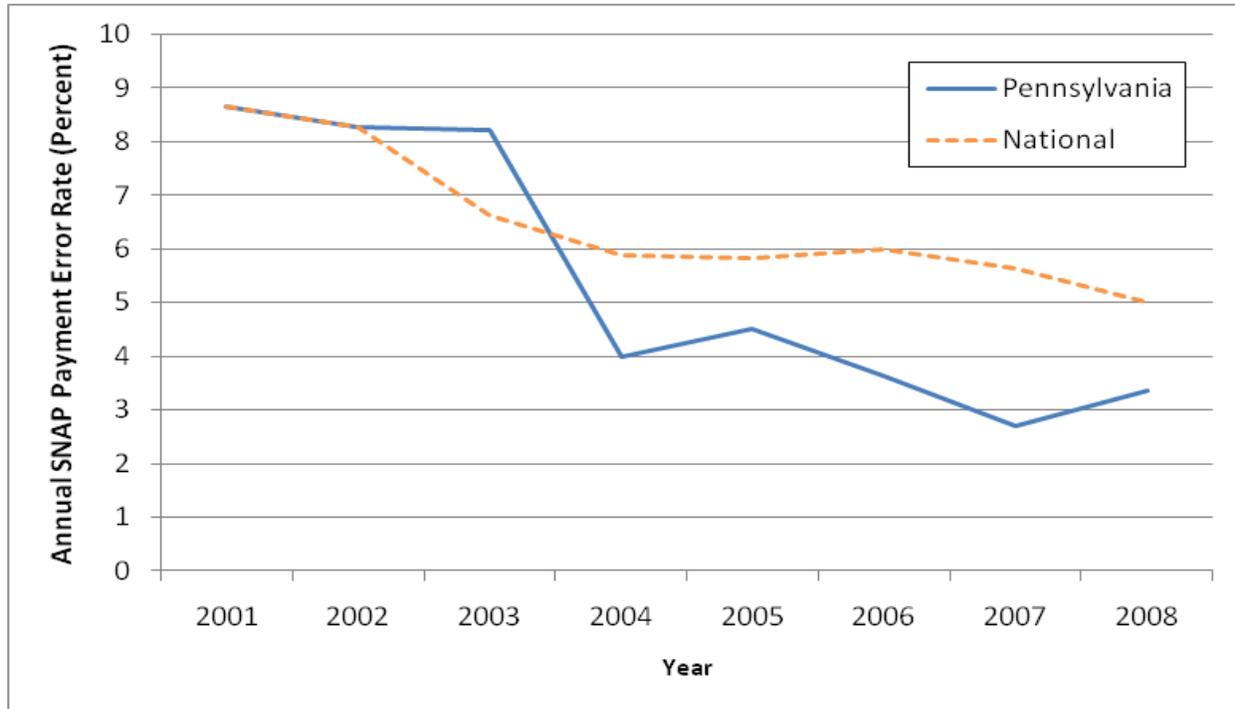
Source: Kaiser Family Foundation/statehealthfacts.org, National Association of State Budget Officers.

G. Suggestions for California

When interviewing staff and advocates, we asked what advice they would give California in streamlining enrollment and eligibility. Key suggestions included the following.

- Engage with eligibility staff and advocates early and often.** Advocates pointed out that any change in business practices will affect a large number of people who are critical to the process of social service delivery, including staff and advocates. Communicating with caseworker representatives is critical to establishing good relations with staff during the process. Soliciting feedback from advocates will help improve the efficiency of new systems—of which advocates will be significant users. Piloting programs and getting feedback from groups will help avoid major stumbling blocks that might arise.
- Think big.** State staff in particular encouraged policymakers in California to “think outside the box” and to start by thinking about their ideal system rather than limiting themselves to what they think is feasible. They argued that this kind of big thinking forces a reexamination of many assumptions about business practices that might otherwise be taken for granted.

Figure III.4 Pennsylvania and National Annual SNAP Payment Error Rates, 2001- 2008



Source: Mathematica tabulations of data from the USDA Food and Nutrition Service.

- **Don't skimp on planning.** Advocates noted that successful implementation of large, complex systems requires significant planning resources. In Pennsylvania, this included having several taskforces examine such issues as how to integrate applications across programs or how to change the county assistance office model. These taskforces included people from different departments, among them policy experts as well as technology experts. Where the state did experience problems, such as with the implementation of the Model Office or document imaging, state staff and advocates attributed them to poor planning about process.
- **Simplify policy first, and simplify it as much as possible.** State staff and advocates asserted that policy simplification should be the first step in streamlining enrollment and eligibility because it reduces the complexity of systems changes and saves time and money. Advocates argued that simplification has the largest impact on the increase in the proportion of the eligible population being served. They also noted that some policy simplification is not dependent on radical changes in business practices or technology.
- **Reduce paperwork but not staff.** State staff and advocates strongly endorsed reducing paperwork burdens on both clients and caseworkers. Advocates, however, worried that changes that included staff reductions might decrease the accessibility of caseworkers to clients, with changes in the business model of service delivery not necessarily compensating for this.

IV. TEXAS

Texas followed a path to streamlined eligibility and enrollment different from that of other states. In 2003, the state launched an initiative to replace local office eligibility workers with privately run call centers to accept applications. Texas then canceled the initiative, after data system problems and an exodus of state eligibility workers contributed to application delays, erroneous application denials, and (according to auditors) wasted taxpayer money.

After canceling the privatization initiative and working to restore timeliness and accuracy to the eligibility determination process, Texas recently pursued streamlining efforts resembling those in states like Florida and Washington. These efforts are relatively new, however, and in many cases have been implemented in pilot efforts only (Table IV.1).

This chapter focuses primarily on Texas's experience prior to its more recent streamlining efforts.⁷ The state's experiences are relevant to California even though the California Health and Human Services Agency is not considering privatization of eligibility and enrollment. Texas' privatization problems were intertwined with problems in developing an integrated eligibility computer system: California is considering embarking on a major effort to combine eligibility systems as part of a streamlining initiative. In addition, the Texas experience demonstrates the critical importance of eligibility staff buy-in. This chapter also describes staff and advocate reactions to the changes in Texas. A section on program performance examines trends in caseload size, cost, and access over time. The chapter closes with specific advice to California drawn from the Texas experience.

A. Overview

In 1997, the Texas Department of Human Services began an effort to develop the Texas Integrated Eligibility Redesign System (TIERS). The goal of TIERS was to generate efficiencies by replacing the outmoded System of Application, Verification, Eligibility, Referral and Reporting (SAVERR). Where the 1970s-era SAVERR system handled program eligibility one program at a time, TIERS was intended to link eligibility determination across 50 programs and 25 agencies. The Department intended TIERS to be easier to use, allow real-time processing of eligibility, and generate historical records of client information. They tasked a private vendor with developing TIERS.

Initial development of the TIERS model took four years. Although its blueprint was developed by 1999, the actual system was not ready for piloting until 2003. The TIERS pilot effort identified initial problems. In particular, data entry took longer than expected, and the system was unable to

⁷ In interviews with state officials and advocates, the research team focused mostly on issues related to the development of the Texas Integrated Eligibility Redesign System (TIERS) as well as the state's efforts to privatize. However, we asked some questions about other, more recent efforts to streamline eligibility and enrollment. This chapter focuses mainly on TIERS and privatization, but we also provide what details we have about other changes and the respondents' perceptions of those changes.

generate case history files that complied with federal rules (Texas Health and Human Services Commission 2007).

Table IV.1 Chronology of Enrollment and Eligibility Changes in Texas

1997	<ul style="list-style-type: none"> • TIERS eligibility database is commissioned
1999	<ul style="list-style-type: none"> • TIERS blueprint is developed
2001	<ul style="list-style-type: none"> • Simplified policies for children’s medical programs
2002	<ul style="list-style-type: none"> • Expanded SNAP categorical eligibility
2003	<ul style="list-style-type: none"> • TIERS pilot begins • Texas Legislature restructures Department Services, mandates streamlining and call centers • Waiver of SNAP face-to-face interview at recertification
2005	<ul style="list-style-type: none"> • Integrated Eligibility and Enrollment System (IEES) contract begins • Staff layoffs announced, workers begin to resign
2006	<ul style="list-style-type: none"> • IEES pilot begins, is then canceled • Layoffs canceled
2007	<ul style="list-style-type: none"> • IEES contract terminated • New hiring begins
2009	<ul style="list-style-type: none"> • FNS waiver allows partners to perform some intake functions

In 2003—the same year as the initial TIERS pilot—the state legislature took additional steps to make eligibility determination more efficient. New legislation restructured the Department of Human Services into the Health and Human Services Commission (HHSC) and mandated a streamlined approach to enrollment, including replacing face-to-face interactions with telephone, online, and fax applications. The legislation specified that HHSC “establish at least one but not more than four call centers for the purposes of determining and certifying or re-certifying a person’s eligibility ... if cost-effective,” and contract with at least one but not more than four private entities for the operation of call centers, if cost-effective (Texas Health and Human Services Commission 2007).

In response, HHSC developed a new model—the Integrated Eligibility and Enrollment System (IEES)—and, in 2005, a consortium of private vendors led by one lead contractor won the resulting contract to run IEES.

To operate within the new call center-based IEES model, and to address problems identified in the 2003 pilot, TIERS required substantial revisions. HHSC canceled its contract with the original TIERS software vendor and awarded the remaining TIERS development work to the consortium of vendors. (The consortium’s lead contractor then awarded a subcontract back to the original software vendor at an increased cost to Texas taxpayers, according to the HHSC Inspector General; Texas Health and Human Services Commission 2007).

In September 2005, HHSC announced its intention to lay off substantial numbers of employees on or after May 2006 as a result of the new IEES model. According to both state staff and advocates, this led thousands of eligibility workers throughout the state to leave their jobs before that May 2006 deadline.

At the same time, it became clear that the call center software and TIERS were not compatible. The vendor consortium’s original model planned to have private-sector employees enter client data into a proprietary system that would transfer the data into TIERS. State eligibility workers would

then use TIERS to determine eligibility. To allow the IEES pilot to begin in 2006, the state approved an approach that differed from this original model. The consortium hired additional call center staff and had them enter client data both into the call center software and directly into TIERS (Texas Health and Human Services Commission 2007).

The confluence of TIERS problems, the implementation of the IEES model, and the loss of state staff resulted in substantial problems. The timeliness of application approvals suffered and the backlog of cases grew. This problem was made worse by the fact that new private-sector staff at call centers had no prior knowledge of TIERS. In addition to the backlog, inaccurate eligibility denials created a high-profile problem for IEES and HHSC. In May 2006, HHSC suspended the pilot, canceled planned layoffs, and assumed more control over the IEES efforts. In March 2007, HHSC and the vendor consortium terminated the IEES contract by mutual agreement (Texas Health and Human Services Commission 2007).

The end of the privatization initiative left the state with fewer eligibility workers and no substantial gains in efficiency. At the same time, the economy was beginning to enter a recession. The state spent the next several years in a hiring phase to replace staff that had left in 2005 and 2006. The net effect was reduction in the collective institutional knowledge base even as the number of applications increased, contributing further to the backlog.

The balance of this chapter focuses primarily on reactions to the IEES privatization effort and the development of TIERS. While respondents spoke negatively of the privatization experience, both state staff and advocates noted that the situation in Texas has improved since 2007. The state has made progress in hiring eligibility staff and in complying with SNAP and Medicaid performance rules. Moreover, with reference to the use of new technologies, one advocate commented, “The state government agency and political leaders are finally approaching it with the resources and latitude it needs to be successful.”

B. Staff Functions

HHSC intended that the IEES model would alter staff functions, reorganize the process of eligibility and enrollment, and transfer functions of state staff to private vendors. When the initiative was canceled, the state continued to pursue some changes to staff functions.

1. Changes

The IEES model attempted to change the way staff determine eligibility. Instead of an environment where state eligibility workers processed applications face-to-face in local offices, the state attempted to move to a model where applications were processed by private-sector workers at centralized call centers. In the end, the system did not work, and today, most applications are still processed by state staff in local offices.

The state still uses call centers as a central component of streamlined enrollment procedures. The state operates two types of call centers: (1) vendor-operated call centers and (2) state-operated customer care centers. The two types of call centers are co-located but handle different functions. Vendor-operated centers are responsible for the interactive voice response (IVR) system used to provide pre-recorded information. Vendors also answer basic inquiries about

programs, and field customer complaints. The second type, customer care centers, handles case changes and eligibility determinations that do not involve an in-person interview.

The state has also shifted to a task-based model of assigning work. At call centers and at local offices, work is assigned to staff based on the tasks that need to be completed rather than a caseworker-caseload model.

2. Respondent Perceptions⁸

Respondents agreed that staffing problems contributed to the failure of privatization as well as to the backlog of applications that the state faced in the aftermath of the privatization effort. With respect to IEES, an HHSC Inspector General’s report cites the new private-sector staff as having contributed to the problems: The private vendor consortium hired additional staff the same month the system “went live,” and the new staff lacked sufficient program policy knowledge necessary to enter data correctly into the TIERS application (Texas Health and Human Services Commission 2007). With respect to the backlog that persisted after privatization ended, one advocate noted, “When you overlay technology problems with staff cuts from 12,000 to fewer than 6,000, now hovering around 8,000 workers, people’s paperwork has been sitting untouched literally for months.”

Since terminating IEES in 2007, the state entered what one staff member called “a continual hiring and training schedule, which we’re just now getting out of.” Since September 2009 alone, the state has hired over 700 new eligibility workers. Advocates and state staff noted that the loss of institutional knowledge has hindered productivity and application processing. According to staff in Texas, new hires need at least one year of experience to perform the process accurately and quickly. The experience led another advocate to conclude, “The big overarching message ... is don’t embark on a modernization effort that is just a major staffing cut masquerading as a modernization effort because you can’t be successful unless you take a realistic approach to staffing needs and are willing to make policy changes.”

In the rush to streamline, advocates and some staff worried that the state could lose its social worker approach and local presence. They felt that the “one-size-fits-all approach” of the call center system could not effectively replace county assistance offices. They argued that having caseworkers sitting face-to-face with clients is necessary to the smooth functioning of any large-scale social service program. One staff member agreed that streamlining the way cases are processed runs the risk of distancing clients from a person who understands the nuances of how program policies interact and can explain those nuances to clients. This staff member said, “You need to have a person that someone who wants benefits can come see.”

Advocates were particularly concerned about the ability of some groups—such as pregnant women, seniors, and individuals with disabilities—to get access to benefits under the IEES model. They unsuccessfully lobbied the legislature to include benchmarks related to

⁸ To maintain respondent confidentiality, we combined the comments of local office managers with those of state administrators under the heading “state staff.”

serving these populations. How these groups fared is unclear. As one advocate noted, “Everything went so wrong, so quickly, that it was hard to know who was being harmed most.”

C. Policy Changes

According to respondents, the state has undertaken limited efforts to streamline eligibility policies.

1. Changes

In Texas, key policy changes intended to streamline the enrollment and eligibility determination process include:

- Simplifying income reporting for children’s medical programs in 2001
- Extending certification periods for children’s medical programs from one month to six months and eliminating face-to-face application renewal requirements in 2001
- Expanding categorical eligibility for SNAP in 2002
- Waiving the SNAP face-to-face interview requirement for recertifications in 2003
- Adopting semiannual reporting for SNAP
- Implementing a combined application project (CAP) for SNAP and SSI participants, and extending the SNAP certification period to three years for households receiving SSI (but not in the CAP program)

Some respondents asserted that other policies, such as new, stricter rules with respect to TANF sanctions or existing fingerprint imaging requirements, serve to make eligibility determination more complicated, not streamlined.

2. Respondent Perceptions

While policy changes were not the primary focus of interviews in Texas, some respondents commented on their importance. In particular, advocates noted that policy simplification can contribute to several of the goals of streamlining, such as simplifying the application process for clients and reducing the workload burden for caseworkers, without necessarily having to overhaul the system or create new technologies.

D. Technology

Texas has adopted new technologies to streamline the eligibility and enrollment process. These technologies include, but are not limited to, the TIERS software and the call centers.

1. Changes

Texas’s experience with using technology to streamline has been problematic. The development of TIERS, which started in 1997, is still not complete. Many counties still use SAVERR as the primary data entry program, requiring other staff to re-enter data into TIERS for

reporting. Staff in Texas reported that about one in five cases are in the new system and that, while it works accurately, TIERS is much slower than their old way of processing cases.

While TIERS has been problematic, Texas has adopted several other technologies intended to promote client self-service and streamline the eligibility and enrollment process. According to a recent survey of state streamlining efforts (Rowe 2010), these changes include:

- An online application that can be used to access multiple programs
- Document imaging
- Client access to online account history and benefit status
- Data sharing with the Social Security Administration and other programs

Additionally, clients can check on their application status through the IVR system at call centers. When clients call, they listen to a menu that gives them the option of hearing what documentation they have sent, their benefit levels, and their eligibility.

2. Respondent Perceptions

State staff and advocates assert that problems arose because the goal of the technology has been a moving target. With delivery models and program rules changing, HHSC was not able to transition to TIERS and have staff get accustomed to the new system before legislative action prompted additional major modifications to the system.

State staff believe that staff buy-in has been a problem with rolling out TIERS. The SAVERR system has been in place since the 1970s and “it’s what people are used to. They like it, they think it works, it’s familiar, and they don’t want to change.” State staff also believe that caseworkers view the automated features of the eligibility determination process “as a big waste of time.” From the state’s point of view, however, these features ensure that “every client gets treated fairly and gets the benefits they’re eligible for.”

E. Community Partners

In addition to providing community-based organizations (CBOs) with grants for outreach, Texas recently started a pilot to allow some CBOs to accept applications, conduct interviews, and collect verification information. State staff reported that in November 2009, Texas began implementing an FNS waiver to allow staff at some food pantries to serve these key intake functions. HHSC is piloting this program in Dallas-Fort Worth, San Antonio, and Houston (as of March 1, 2010). The state will assess the accuracy and completeness of information collected by CBO staff and whether the program reduces the workload of state eligibility workers. Eligibility staff expressed concern about this new effort, saying that having applications completed by CBO staff who are not experienced in the eligibility process would reduce efficiency and accuracy.

To supplement their work with food pantries, HHSC is investigating options of expanding the use of partners to enroll children into CHIP and Medicaid. Specifically, HHSC is examining whether CBOs can collect applicant information that can be directly imported into TIERS.

F. Changes in Program Performance

The program performance trends reported in this study are descriptive in nature and do not allow us to conclude that TIERS or other efforts caused any of the changes observed. Other factors, including economic conditions, changes in federal policy, changes in state policy, and so on, could help explain these trends. Still, examining these trends is a first step in assessing how streamlining changes might affect key outcomes.

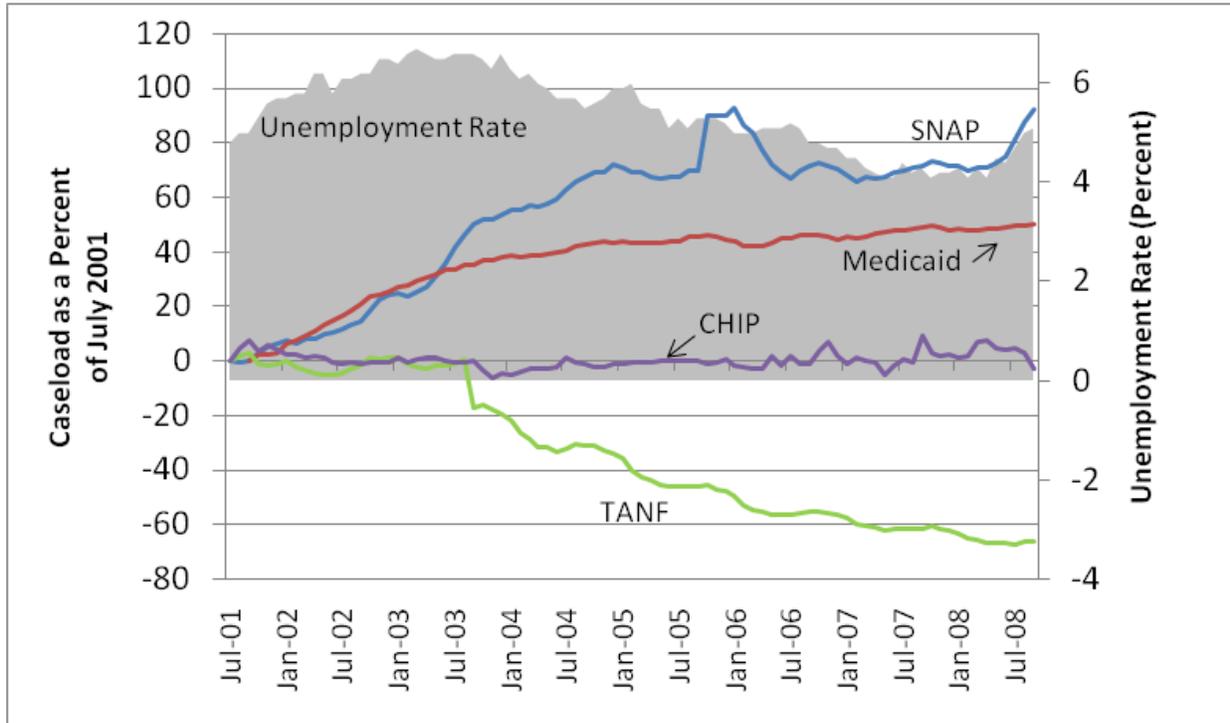
This section illustrates some changes observed in caseload size, administrative costs, client access to benefits, and program accuracy since 2001. Because we do not have sufficient information to separate the effects of streamlining efforts from the effects of other factors, we simply discuss the trends without assigning causality.

1. Caseload trends

The SNAP and Medicaid caseload in Texas steadily increased between 2001 and 2008, with the largest increase occurring in SNAP (Figure IV.1). Relatively no change occurred in the CHIP caseload. The TANF caseload started to decrease sharply in September 2003. As with other states, the decrease in the TANF caseload may have been due to increases in the use of non-TANF cash assistance for some families (Pavetti et al. 2009) and should not be attributed to enrollment simplification and streamlining efforts. The participation rate for SNAP increased, from 45 percent of eligible individuals being served in 2003 to 64 percent in 2006, and then declined to about 55 percent in 2007 (Figure IV.2).

Annual SNAP payment error rates in Texas have largely increased over the past eight years. At first, 2003 saw a slight reduction in payment errors down to three percent, but the rate rose to seven percent in 2008 (Figure IV.3). A particularly steady increase in payment errors occurred from 2003 to 2006. Of the four states in this study, Texas had the lowest payment error rate in 2001 but the highest error rate in 2008.

Figure IV.1 Caseload Trends During TIERS

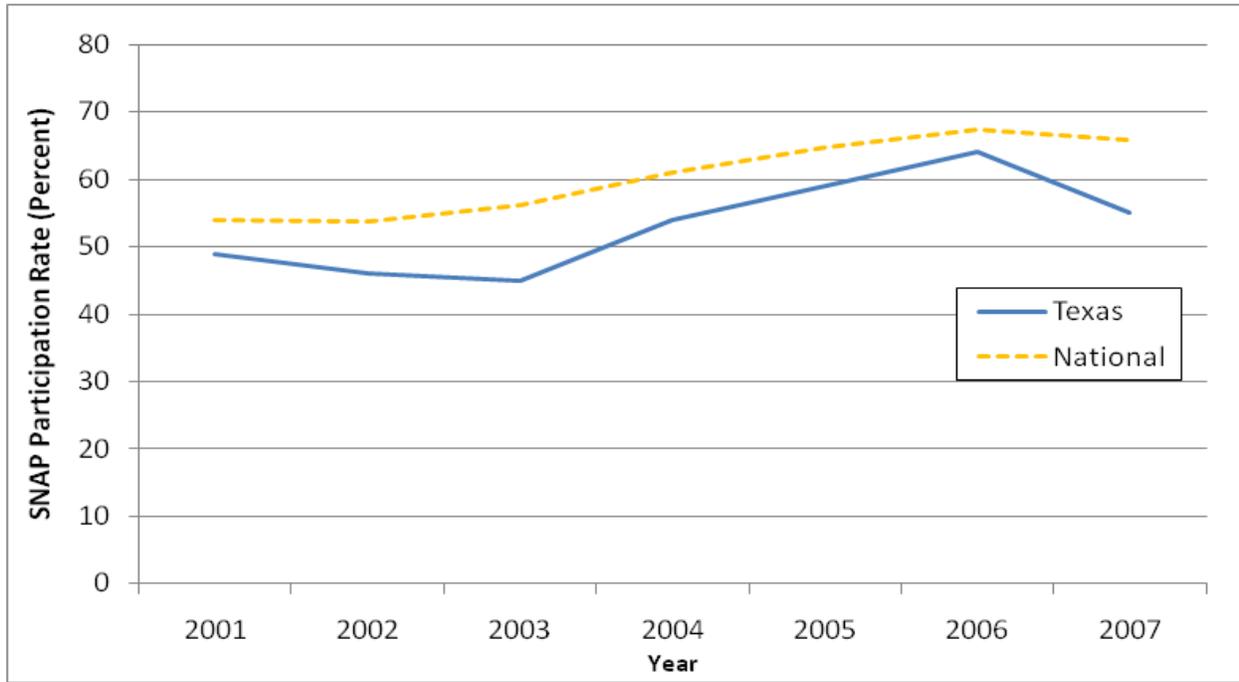


Sources: Mathematica Policy Research, Inc. (2010); Texas Health and Human Services Commission; U.S. Department of Health and Human Services, Administration for Children and Families; U.S. Department of Labor, Bureau of Labor Statistics.

2. Program costs

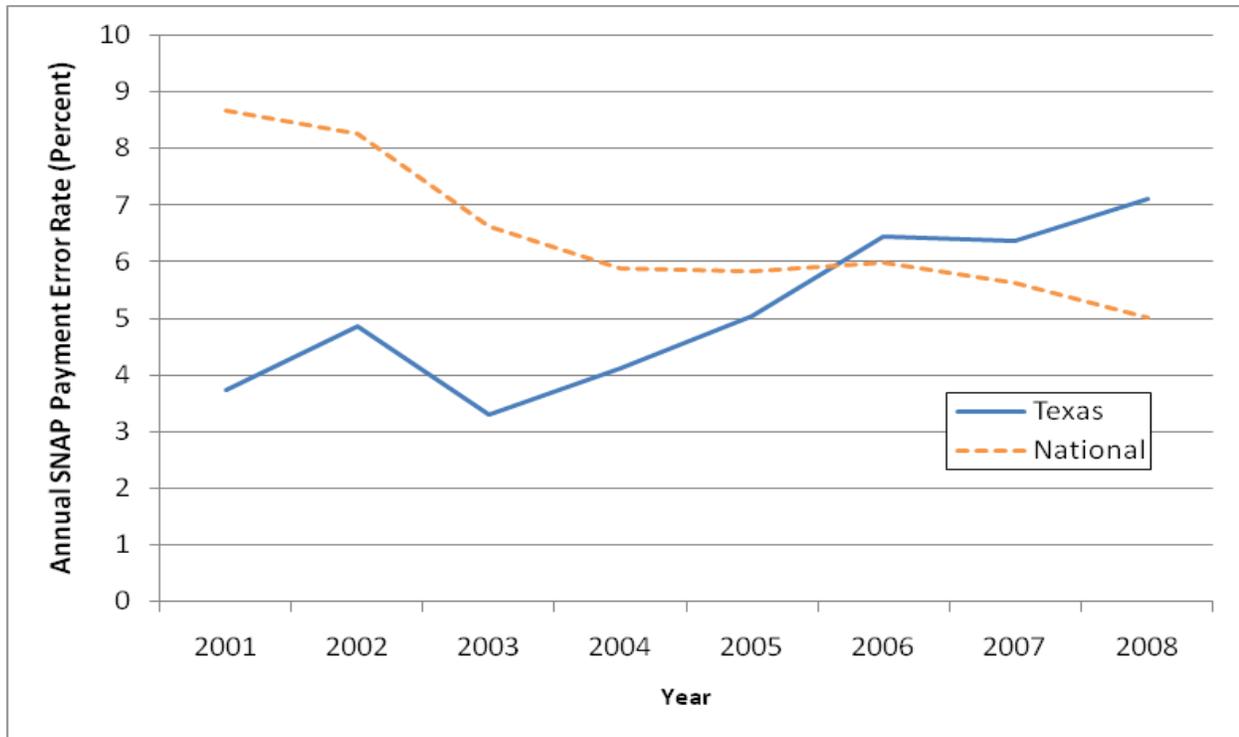
Data on administrative costs were not available for this study. However, we did examine trends in Medicaid and CHIP expenses. Even though the CHIP caseload remained fairly steady between 2001 and 2008, expenses increased (Figure IV.4). CHIP expenses fluctuated from 2001 to 2006, with a sharp increase between 2001 and 2002, then a decline until 2004, and a sharp increase between 2007 and 2008. Medicaid expenses, in contrast, were only modestly higher in 2008 than in 2001, with a small increase from 2006 to 2007, and then a decrease of about \$7 million in 2008.

Figure IV.2 Texas and National Annual SNAP Participation Rates



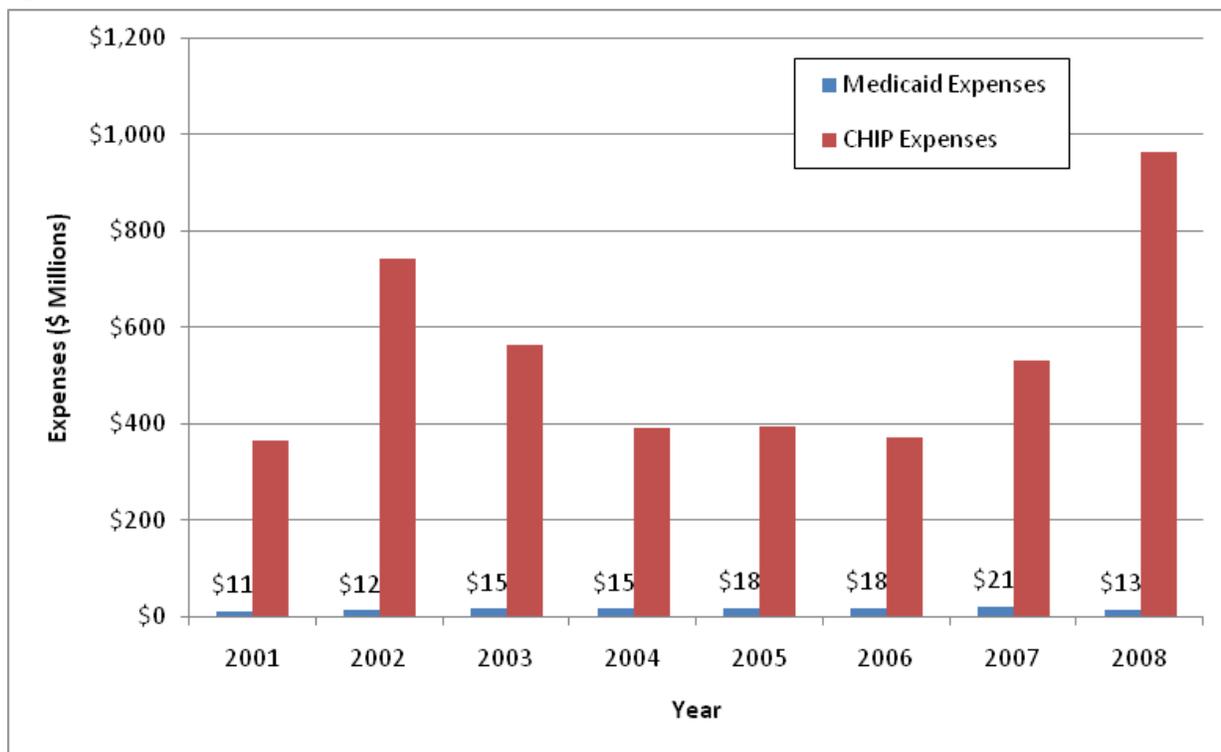
Source: USDA, Food and Nutrition Service.

Figure IV.3 Texas and National Annual SNAP Payment Error Rates



Source: Mathematica tabulations of data from the USDA Food and Nutrition Service.

Figure IV.4 Annual Texas Medicaid and CHIP Expenses, 2001–2008



Sources: Kaiser Family Foundation/statehealthfacts.org, National Association of State Budget Officers.

G. Suggestions for California

The structure of IEES and the problems encountered in Texas differ from the experiences of other states described in this report. Based on these experiences, state staff and advocates offered the following advice for California as it explores options for streamlining:

Phase-in streamlining changes. State staff suggested that California roll out system changes and then stick with them before implementing new reforms. One state staff member described each legislative change that required a rewrite of TIERS as being “like a giant step backwards for us in terms of implementing the TIERS system.” Another described feeling like “a moving target because we continually have to make changes before we’ve fully rolled out the TIERS system. We don’t have a stable system.” Advocates recommended that major changes be piloted before being implemented statewide.

Policy simplification generates efficiencies. One advocate asserted that “if a state does not have money to modernize, it should focus on policy changes to make enrollment easier and less time-consuming and they should wait until they have the money to modernize.”

State commitment is necessary. Advocates and state staff cited the need for the state to be committed to the process, even when progress is challenging. In particular, they believed the legislature needs to commit the planning, time, and funding to carry out modernization efforts. One state staff member said, “Leadership at the elected level has to buy in to the necessity to stop and stabilize ... as much as possible, to allow the technology to roll out and allow staff to learn it as well as possible.” An advocate noted, “Because we were facing budget cuts and needed to make certain

cuts by a certain date that was completely unreasonable, we rushed to do too much too fast with too little money.” Other advocates believed the legislature’s assumptions about the ability to generate cost savings in the short run were unrealistic from the start.

Include advocates. Advocates argued that they need to be included in the process from the start to facilitate adequate planning for implementation of streamlining initiatives.

In addition to these suggestions, the Texas experience also underscores the importance of eligibility staff buy-in with any reform, whether organizational or technological.

V. WASHINGTON

Although this was not the state’s first effort at modernization, increasing caseloads and decreasing budgets led Washington to implement a Service Delivery Redesign (SDR) in 2008. SDR is a comprehensive business re-engineering project designed to streamline outreach, intake, interviews, verification, eligibility decisions, maintenance, recertification, case management, and call centers. According to a state staff interviewee, before SDR, processing a case required an average of 7 to 18 days. Since the implementation of SDR, the average case processing time is 2.7 to 9 days.

This chapter describes changes Washington made to streamline enrollment and eligibility determination functions for social service programs. It focuses on changes made as part of SDR as well as changes leading up to that effort. The chapter summarizes our findings about changes related to staffing, policy and procedure, technology, and the relationship of Washington’s Department of Social and Health Services (DSHS) Community Services Division (CSD) with community partners. A section on program performance examines trends in caseload size, cost, and access since the early streamlining initiatives were implemented.

A. Overview

The 2008 SDR effort in Washington was predated by other changes intended to streamline enrollment and eligibility (Table V.1). For example, between 2000 and 2002 the state rolled out a statewide online application, began using interactive voice response (IVR) to give clients information about the status of their applications, and started developing call centers within local Community Service Offices (CSOs). In 2002, DSHS proposed a streamlined service delivery model that restructured CSO processes and operations, but not all aspects of this initial proposal were implemented.

Table V.1 Chronology of Enrollment and Eligibility Changes in Washington

2000-2002	<ul style="list-style-type: none"> • Washington has been partnering with community organizations for several years • Statewide online application • CSOs include call centers • Interactive Voice Response gives clients application status information • State proposes CSO restructuring
2003	<ul style="list-style-type: none"> • FNS grants waiver for face-to-face interviews at recertification
2004	<ul style="list-style-type: none"> • SNAP categorical eligibility is expanded to 130 percent of federal poverty level (FPL)
2005	
2006	
2007	
2008	<ul style="list-style-type: none"> • Virtual call center software links the six regional call centers • Washington adopts SNAP broad-based categorical eligibility up to 200 percent FPL
2009	<ul style="list-style-type: none"> • Service Delivery Redesign begins • Electronic signatures are authorized for online applications • Apple Health for Kids program begins • FNS grants waiver for face-to-face interviews at initial application • Legislature provides funding to partners for \$75 per successfully submitted application
2010	<ul style="list-style-type: none"> • (planned) Service Delivery Redesign completed
2011	<ul style="list-style-type: none"> • (planned) Express Lane Eligibility begins

The SDR initiative began in October 2008 as a response to growing caseloads and shrinking budgets. The goals of SDR included making local office processes more efficient, restructuring and specializing some staff functions, and standardizing the services clients received across the state by increasing the use of technology. As of April 2010, state staff reported that Washington had rolled out the redesign in 26 of its 62 offices. The state plans to implement the changes in all CSOs by October 2010.

B. Staff Functions

SDR changes the roles and responsibilities of CSD staff. These changes are intended to make enrollment and eligibility determination more efficient, in part by making staffing more flexible. In implementing it, Washington reduced full-time equivalent employees (FTEs) by 10 percent but did not close any CSOs. (Despite the overall decrease in FTEs, the state also added a small number of positions in anticipation of caseload increases that would be spurred by expanding categorical eligibility.)

1. Changes

The main changes that SDR makes to staff functions can be grouped in four categories:

1. **Work is assigned by task not by case.** Instead of assigning cases to workers, CSD supervisors assign individual tasks. Thus, each case is managed by a team of workers and staff have work assigned based on what needs to be done (rather than on the cases in their caseload). To facilitate this workload sharing, CSD has standardized functions across the state's approximately 2,800 social service staff and 100 call center staff. The state also relies on electronic case notes and documentation to share information across multiple workers. Tasks for an individual case can be shared across multiple offices, helping the state absorb high volume periods. Indeed, the state was able to process extra work without adding staff during the recent increase in SNAP applications.
2. **"Navigators" assist clients and protect processing time.** Navigators are specialized workers who perform application triage in the local office lobby, determining which interview track is most appropriate for each applicant. They also assist clients with using online applications and kiosks in local offices and they can authorize EBT cards. The scope of their tasks depends on the client traffic at any given time. Navigators are trained eligibility workers who rotate in and out of the navigator role.
3. **Local office lobbies offer multiple ways to enroll.** Most offices now offer three options to clients. Clients can (1) use computer kiosks to apply and to scan and submit verification documents, (2) use the phone in the office to speak with a call agent at a CSD call center, or (3) see a caseworker in person (some CSOs include stand-up windows where clients can interact with caseworkers). The choice is designed to offer faster options for some clients while ensuring that clients who need personal assistance can access it.
4. **Local office call centers were merged into one statewide virtual call center.** CSD has developed a virtual call center that links all call centers through one statewide toll-free number. Individual call centers are typically located within CSOs, and eligibility workers rotate into call agent roles on some days. Under the statewide call center system, when clients call the toll-free number, the system first attempts to route them to

an agent in their local area. If no local agent is available, they are routed to an agent within the region or, if no regionally based agent is available, to the next available agent. Clients unknown to the system are routed to local catchment areas based on the zip code the caller enters.

CSD call centers provide information and referrals and field calls regarding paperwork for child care, medical services, and case maintenance. Call centers can also give clients basic information about their case, play messages from a caseworker, provide appointment information, and report whether the clients' documents were received and processed.

Call centers have one statewide administrator and local supervisors. With the introduction of the statewide center, some employees are now dedicated only to call centers, where they handle several eligibility tasks. The performance of the call agents can be monitored from anywhere in the system by using routing and tracking software. Supervisors can move call agents among units as the workload fluctuates, so they can share work statewide.

The state reported that they were able to reduce FTEs by 10 percent by allowing the position vacancy rate to increase and then eliminating a significant number of the vacant positions, and by offering retirement incentives to retirement-eligible employees. Technological improvements also explain some of the workforce reductions. For example, when Washington began using an interface to verify citizenship and Social Security status, the state was able to decrease the number of employees verifying birth certificates from 38 full-time staff to one part-time staff member. Other staff reductions have occurred due to elimination of positions or scaling back of programs.

2. Perceptions of Respondents

Two main themes regarding staff functions emerged from the individuals we interviewed in Washington.

State officials and advocates seemed to agree that standardizing tasks across staff allowed more flexibility in managing the workload. One state official reported that 80 percent of staff say their workload has decreased as a result of the streamlined processes. Advocates also commented that having local office workers encourage clients to use online applications and kiosks in CSO lobbies has streamlined the application process. One advocate described the current workload for eligibility staff as “backbreaking,” and noted that any change to make the work more efficient would be welcomed.

While advocates supported the call center, they also had reservations about the implementation of staffing changes in waves and the structure of the virtual call center. One advocate believed that the staffing changes, and especially the reliance on the call center, might be successful for CSD in the long run. However, advocates noted some confusion and issues caused by CSD rolling out the staffing changes incrementally at local offices. According to advocates, clients are confused about what numbers to use for the call center and whom to contact at the state level to find up-to-date information, and they report that they do not know how to best advise clients. While all respondents acknowledged that the redesign is complex and change is difficult—even “clumsy”—for both clients and staff (especially when there are layoffs), they also agreed that the changes in staff roles and functions are helping to make the system work more efficiently.

C. Policy Simplification

Over the past few years, Washington has worked to simplify and align program eligibility rules. CSD intended these changes to make the process more efficient while at the same time increasing access to programs.

1. Changes

Most of Washington's streamlining policy changes have focused on SNAP and/or CHIP. They have included the following.

Washington received an FNS waiver to eliminate the requirement that interviews occur face-to-face. In 2003, Washington was permitted to waive the requirement for face-to-face interviews at recertification. In 2009, they were permitted to waive this requirement for interviews at initial application as well.

The state also has an interview scheduling requirement waiver. This waiver allows an alternative process to having a specific date and time scheduled for the required SNAP interview at application and recertification. Under this alternative, if the office is unable to conduct the interview at the time of application, clients are given a two-week window during which they can call the office at their convenience for the interview.

In May 2004, Washington expanded categorical eligibility for SNAP to 130 percent of the federal poverty level. Washington exercised a state option to confer categorical eligibility status to all SNAP households with gross income up to 130 percent of the federal poverty level that were not specifically barred from categorical eligibility status under federal regulations. This expansion of categorical eligibility initially eliminated the asset test for households with incomes up to 130 percent of the poverty level.

By 2008, Washington had instituted a broad-based expanded categorical eligibility initiative that included households with income up to 200 percent of the federal poverty level. To gain eligibility, clients whose gross income is at or below the 200 percent level are eligible to use a website for information and referral services. The website is funded by TANF Maintenance of Effort funds. CSD informs households of their eligibility for this service on the SNAP award letter. Because the clients receive this TANF non-cash service, they become eligible for SNAP without being subject to an asset test, or to the gross or net income test.

In July 2009, Washington authorized e-signatures for all online applications including those for food, cash, and medical services. The eligibility system is also now integrated with the online application. This legislation allows clients to submit applications online without having to print paperwork. Almost every respondent mentioned the e-signature legislation as an important policy change in the state.

The state created the *Apple Health for Kids* program in 2009 to coordinate children's assistance. Apple Health for Kids combines access to all children's programs and streamlines the application process for CHIP. As part of this initiative, which connects state programs, outreach organizations, and school districts, the state has also worked with the WIC program to obtain a data match with Apple Health enrollees. Washington found that over 10 percent of WIC recipients did

not have their children enrolled in Apple Health. State officials are working on a plan to determine how to ensure these children are served.

Washington is adopting Medicaid Express Lane Eligibility (ELE). ELE allows states to identify and enroll uninsured children into Medicaid and CHIP by relying on the eligibility findings of programs like SNAP and Head Start. The proposed state budget includes language directing agencies to have the capacity to perform ELE by June 30, 2011.

2. Perceptions of Respondents

Both state staff and advocates reported positive impressions of policy changes that accompanied SDR.

All respondents agreed that the policy changes Washington implemented were positive. State officials noted that gathering support for e-signatures was easy, and both state officials and advocates reported that the e-signature technology made it much easier for clients to submit applications because families were no longer required to print out forms to sign them.

Advocates approved of the changes in SNAP policy and the *Apple Health for Kids* program because they expanded eligibility. One respondent, however, reported some compatibility challenges with the bureaucratic data systems associated with implementing the *Apple Health for Kids* changes. Many respondents also expressed enthusiasm at the prospect of implementing ELE in the fall, though one local staff member noted that ELE had “run up against the state budget deficit.”

D. Technology

Technological improvements have played an important role in Washington’s streamlining process. State staff reported that savings from vacant staff positions enabled CSD to make new technology purchases. The new technology has made various enrollment steps more efficient and enabled the state to specialize worker tasks and create a call center.

1. Changes

Key technology changes include:

Washington implemented an online application for Medicaid, CHIP, SNAP, and TANF. In some local areas, the state has seen at least 80 percent of applications submitted online. On average, however, about 40 percent of applications are submitted via the Internet (according to a state staff interviewee). Washington’s goal is to have 70 percent of applications submitted online by fall 2010 and eventually to hand out paper applications only by request. Although clients can use the online application at kiosks in some CSOs and other locations, the state is still in the process of installing computers in all CSO lobbies.

The online application has been integrated with the eligibility system. This enhancement, implemented one year ago, has reduced data entry substantially. CSOs have also recently implemented as part of SDR a standardized client check-in process for clients who come to the office for service, which is integrated with the client’s electronic case record. Clients can also check

in using their EBT cards, in which case the caseworker immediately receives electronic information from the case record.

Washington has made use of automated response units (ARU) and interactive voice response (IVR) technology. When clients contact the call center, the ARU routes them through a prescribed process. It prompts existing clients to enter their date of birth, Social Security number, or client ID. When the call center worker receives the call, the electronic case record automatically pops up. The call center worker can then confirm the caller's identity and have all of the details of the case available quickly. DSHS is planning to launch a new Medicaid system this year with IVR. With the introduction of this technology, clients will be able to use the phone to check on the status of their eligibility and find out when they need to be recertified.

The state is planning to implement "interview wizard" technology later this year. The technology provides the worker with scripted interview questions tailored to the client's previous responses and will help streamline the interview process. The questions will follow the logical flow of an interview, as opposed to the current mainframe eligibility determination system in which staff must follow the order of screens.

Washington employs document imaging technology. Clients can take documents to the local office to be scanned by staff or can fax them to the state. These documents are then available electronically to workers.

The "Barcode" server-based software system helps to manage caseloads. Clients are given bar code identifiers to include with faxes and scanned documentation. The software then routes the scanned documents to one of six regional imaging hubs, where each application is linked to the client with a bar code that maps to a client identification code. The system then indexes the document using the bar code and creates a to-do list of work assignments for processing staff. Washington's document imaging unit processes the 10 million documents it receives every year through the Barcode system.

The eligibility determination system shares information across programs. The Automated Client Eligibility System (ACES) includes technology that allows workers to access client information in databases such as those for SSI benefits issuance, Employment Security employer files, Unemployment Compensation issuance, Department of Licensing vehicle match, and address match. The system also allows workers to see a federal database that tracks wages for federal employees and shows the receipt of public assistance and veterans' benefits. In addition, workers can observe whether the client has been sanctioned for failing to cooperate with any of these requirements: third-party liability insurance verification, child support collection, Work First participation requirements, and employment and training requirements for SNAP. The ACES page provides direct links to the interface associated with each database. Washington also made changes to citizenship verification. Under the current system, Social Security numbers are matched first; in the next overnight batch the state checks for citizenship, which currently has a 99 percent match rate. If an application is filled out online, ACES is automatically populated with the case information.

2. Perceptions of Respondents

State officials, advocates, and local staff had both positive and negative perceptions about the technological changes implemented as part of modernization.

On the positive side, advocates and state officials praised some technological innovations that they believed improve access and response time. For example, advocates and state staff agreed that verifying Social Security numbers and citizenship helped to break down barriers in the application process for families. State officials also praised the integration of the new online application with the eligibility system, and the feature of the call center software that automatically locates a caller’s case for the call agent. In general, respondents felt that most of the technological changes had led to quick savings and to accelerating the application process for families.

On the negative side, state officials noted that the state’s ancient computer system made it difficult to implement modifications. CSD can only implement changes during system downtimes, which do not occur often. Advocates reported that the state has faced challenges obtaining the resources to make technological changes in a timely fashion.

Advocates expressed concern about a few of the details of the new systems. One person noted that electronic improvements are sometimes implemented without clear goals. Another reported lag time with the document imaging software. At first, items did not appear correctly or at all in the system. In general, advocates and local staff would have appreciated more of an outreach effort by the state to describe the updated online application and other technological enhancements. Advocates also cautioned that some clients don’t want to use computers, so having several ways available for clients to apply is still important.

E. Community Partners

Over the past 10 years, Washington has had an evolving relationship with community partners. Currently, a large number of community-based organizations (CBOs) provide outreach to potential clients. The state also pays some CBOs to provide application assistance and provides financial incentives to these CBOs to submit accurate applications.

1. Changes

CSD began partnering with CBOs in the late 1990s and early 2000s when the CHIP legislation was passed. During this time period, great emphasis was placed on increasing knowledge about the children’s insurance program, and CBOs were paid to “get the word out” about CHIP. Since these efforts started, the state’s use of CBOs has evolved, as described below.

Currently, few of the state’s 504 partnering CBOs receive funding for basic outreach. Over time, funding available for basic outreach for SNAP and other programs has declined. The state uses funds from its 2007 CHIP expansion to provide outreach funding to less than 50 organizations. For CHIP applications, the bulk of the organizations that provide outreach (about 75 percent) are local health organizations. The state also has linkages with schools to provide outreach.

Many outreach organizations also work with clients to assist with the SNAP application process. Some of these organizations receive monetary incentives for submitting approved

applications. Over time, the amount of the incentives has decreased. At first the state paid organizations \$150 per successfully submitted application, but in the next legislative session that budget item was eliminated. In July 2009, the payments were reinstated at \$75 per successfully submitted application. Throughout the process, applications from CBOs are bar-coded so that successful applications can be tracked and credited to the CBOs.

In the coming fiscal year, other outreach activities, including a toll-free hotline for families to gather information on health and social services, may not be funded. One of the CBOs is working with the agency that runs the hotline to find another funding source for the coming year.

2. Perceptions of Respondents

State officials, local offices, and advocates all agreed that CBOs have provided valuable outreach and application assistance services. One state official summarized many of the respondents' views: "Our outreach efforts have made a difference, and our community organizations are key to that." Although the services provided by CBOs have been beneficial to clients throughout the state, a recurring issue has been the lack of consistent funding for the organizations. Many community partners would like to continue to provide outreach and application services, but several respondents voiced concerns about their ability to supply the same level of service with constantly declining resources.

F. Changes in Program Performance

The program performance trends reported in this study are descriptive in nature and do not allow us to conclude that SDR and other streamlining efforts were the cause of any changes observed. Other factors, including economic conditions, changes in federal policy, changes in state policy, and so on, could help explain these trends. Still, examining these trends is a first step in assessing how streamlining changes might affect key outcomes.

This section illustrates some changes observed in caseload size, administrative costs, client access to benefits, and program accuracy. Because we do not have sufficient information to separate the effects of streamlining efforts from the effects of other factors, we simply discuss the trends without assigning causality.

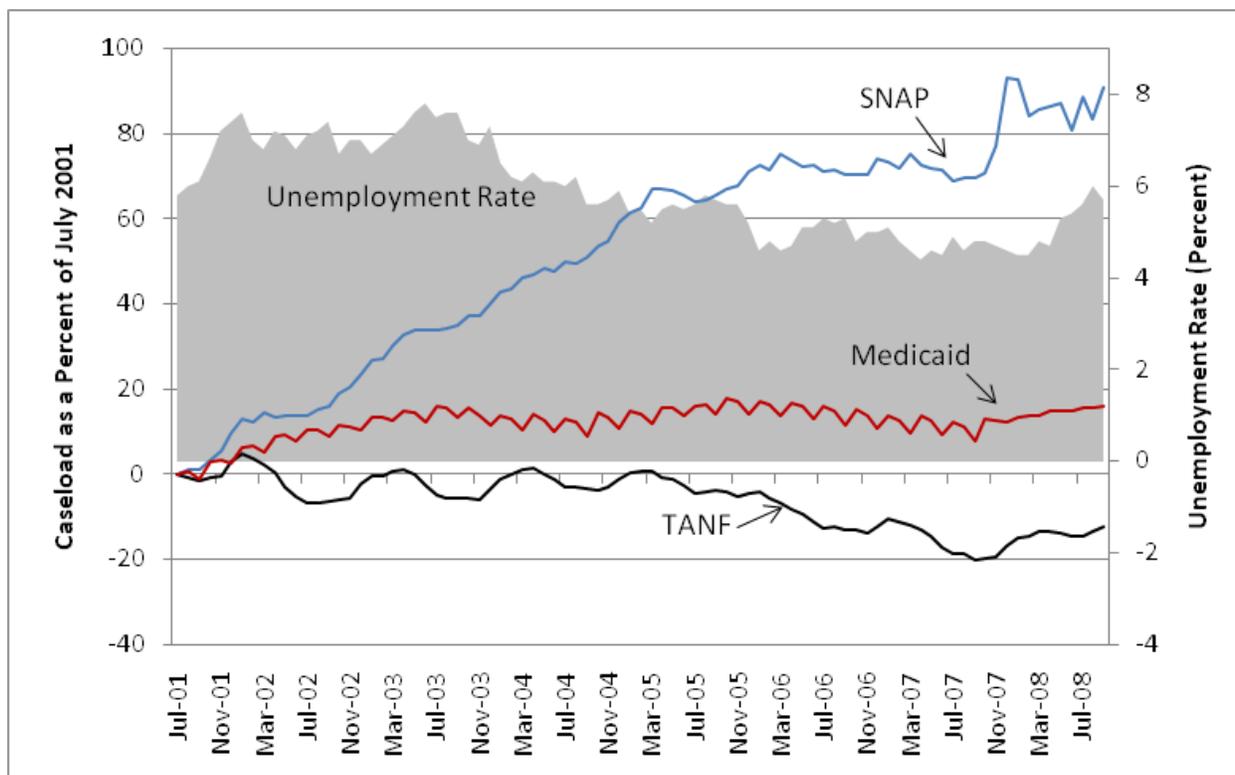
1. Caseload trends

Since 2001, SNAP enrollment in Washington has exhibited a markedly different trend than enrollment in Medicaid or TANF. The SNAP caseload grew from about 312,000 to almost 600,000 individuals between 2001 and 2008 (Figure V.1). A particularly sharp increase in the SNAP caseload occurred between June and December 2007, when it rose from 77 percent above its 2001 level to 93 percent above that level. During this time, the unemployment rate remained constant at around 5 percent.

The Medicaid caseload remained relatively steady from 2001 to 2008, with a modest increase of 16 percent from 2001. In 2001, roughly 823,000 individuals participated in Medicaid, compared to about 955,000 in 2008. While the overall percentage increase was much lower than that of the SNAP caseload increase, the Medicaid caseload began rising at a sharp rate in November 2007, coinciding with the start of the recession.

The TANF caseload remained steady and then started to decline steadily in May 2005. From 2001 to 2008, the TANF caseload decreased by about 12 percent, with 139,061 cases in July 2001 and 122,477 cases in September 2008. In view of the dramatic increase in SNAP caseload, the decline for TANF does not necessarily indicate a decreased demand for assistance. Instead, Washington state officials and advocates have speculated that it may reflect changes in classifications and requirements, or for example, diversion of some families to non-TANF cash assistance, as discussed for the other states in this study (Pavetti et al. 2009).

Figure V.1 Caseload Trends During Washington Modernization, 2001–2008

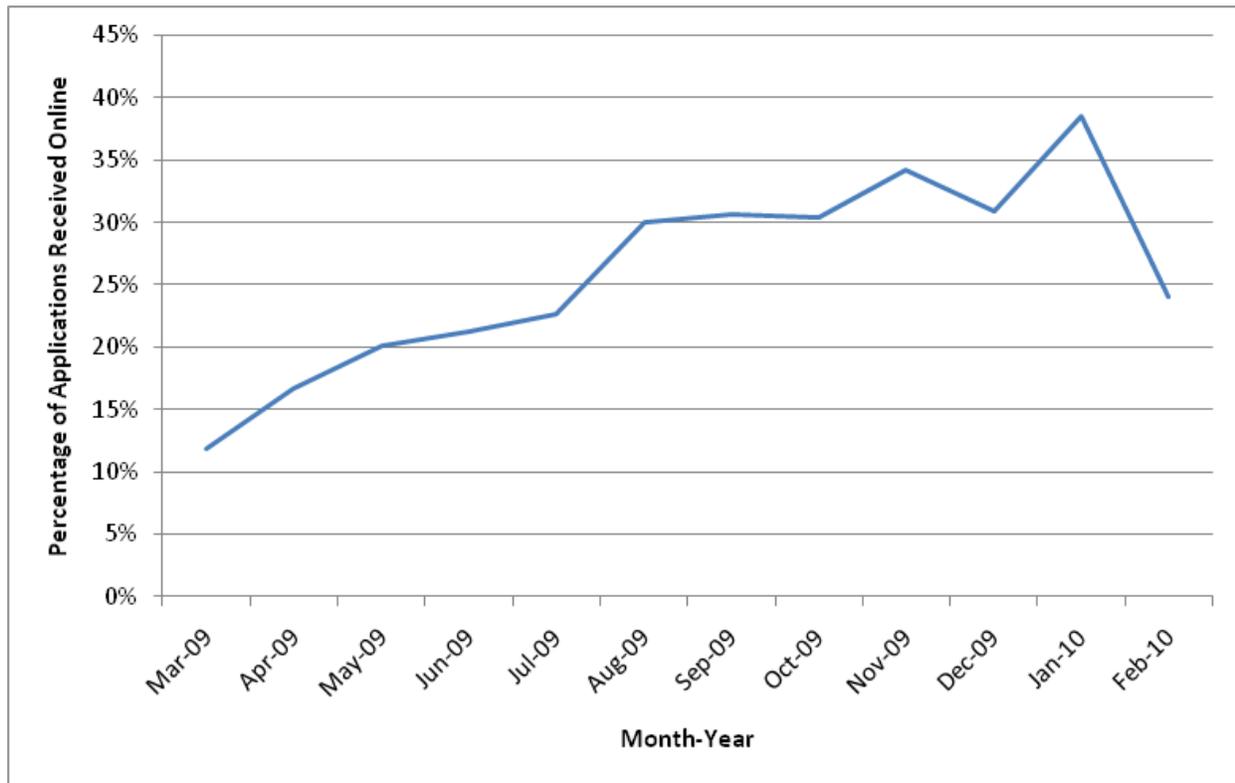


Sources: U.S. Department of Health and Human Services, Administration for Children and Families; U.S. Department of Labor, Bureau of Labor Statistics; Kaiser Family Foundation/statehealthfacts.org. Caseload information on CHIP was not available from DSHS CSD.

Statewide, the proportion of applications received online is growing, but remains less than half (Figure V.2). In March 2009, 12 percent of all applications were received online compared to 38 percent in January 2010. Respondents speculated that the number of online applications will increase as the SDR continues to be rolled out during 2010.

The SNAP participation rate reflects the percentage of eligible individuals receiving SNAP benefits. Fluctuations in SNAP participation rates can reflect changes in both the number of individuals eligible for benefits as well as the number of eligible individuals participating. State-level SNAP participation rates are available through 2007. Participation rates in Washington steadily increased starting in 2003, after a low during 2002 (Figure V.3). The largest increase in participation rates occurred between 2003 and 2006, a trend similar to those in the other three states in this study.

Figure V.2 Percentage of Washington Online Applications for SNAP, Medicaid, and TANF, March 2009–February 2010



Source: Washington Department of Social and Health Services, Economic Services Division.

Figure V.3 Washington Annual SNAP Participation Rates, 2001–2009

Source: Mathematica tabulations of data from the USDA Food and Nutrition Service.

2. Program Costs

State-funded expenses for CHIP, Medicaid, and TANF have grown since 2001. Costs for CHIP more than doubled between 2004 and 2005, whereas Medicaid costs increased the most from 2002 to 2003 (Figure V.4). The increase in Medicaid and CHIP expenses may be attributed to rising caseloads. Administrative cost data were available only for TANF. TANF administrative costs remained steady from 2001 to 2008 (Figure V.5). Since 2007, however, TANF these costs have increased to almost \$30 million.

3. SNAP Payment Errors

SNAP payment errors in Washington decreased from over eight percent in 2001 to less than three percent in 2006 (Figure V.6). Payment errors then increased from three percent in 2007 to almost four percent in 2008.

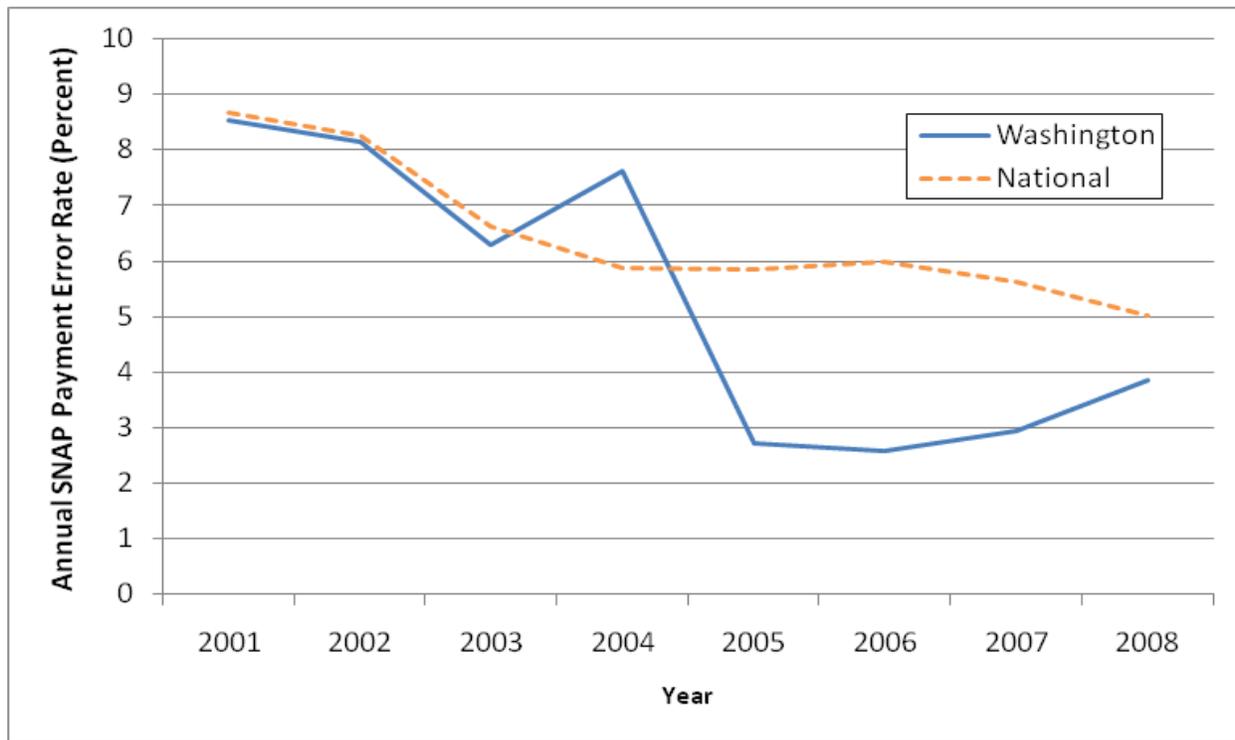
Figure V.4 Annual Washington Medicaid and CHIP Expenses, 2001–2008

Source: Kaiser Family Foundation/statehealthfacts.org, National Association of State Budget Officers.

Figure V.5 Annual Washington TANF Administrative Expenses, 2001–2009

Source: Washington Department of Social and Health Services, Economic Services Division.

Figure V.6 Washington Annual SNAP Payment Error Rates, 2001–2008



Source: USDA, Food and Nutrition Service.

G. Suggestions for California

State officials, local offices, and advocates in Washington learned several lessons that may prove useful to California as the state moves forward with modernization. Among the suggestions they offered were the following.

Engage with local community outreach groups early and often. Advocates pointed out the importance of having an avenue for sharing information with government employees who are making policy decisions. Several respondents emphasized the importance of state officials understanding how policies are affecting clients and staff “on the ground.” One person suggested that even a monthly check-in by phone could be useful, and one state official noted that “if there’s a way to find a little money to support activities at the community level, it’s worth the investment.”

Don’t just engage community partners, take them seriously. Several state officials noted the importance of not only communicating with partners about plans but also taking their input seriously. Several staff mentioned the importance of being upfront about what the state can and cannot do. Specifically, staff said, being as transparent as possible is important.

Start with what works in the current system. The strengths of the current system should provide the foundation on which to build. Advocates noted this does not always happen, as other people in the process may want to jump straight to large technological changes. They believe the SDR effort in Washington shows, however, that starting with what is currently in place and spreading those successful elements to create a standardized approach can lead to success.

Consider working closely with consultants to move processes forward more quickly. Washington used a consultant to conduct the business re-engineering of SDR, and the state did a large amount of the planning in-house. State officials noted that because states have so much going on, consultants can help to move the process along quickly.

One size does not fit all clients. Local staff and advocates continued to emphasize that there will always be individuals who need more help or who will need to be walked through the process. It is important to design a system that allows flexibility so that all individuals are able to navigate it.

VI. CONCLUSIONS

This report describes experiences with initiatives to streamline social service enrollment and eligibility processes in Florida, Pennsylvania, Texas, and Washington. Its purpose is to use the experiences of these four states to raise issues and approaches for consideration by the California health and social service departments and stakeholders. To do so, we have drawn primarily on interviews with statewide policymakers, local staff, and advocates in each state. We do not attempt to draw from this small sample the best practices in enrollment and eligibility or to make recommendations for specific approaches and processes. In keeping with the intended purpose of the report, we use this concluding chapter to highlight issues raised during our interviews that may be of particular salience for California.

These concluding summary statements do not substitute for the more valuable nuanced and detailed descriptions in the main chapters. Indeed, in our attempt to cover a broad range of issues, even the main chapters are not intended to provide the level of detail that may be most useful to inform specific elements of California's plans. As particular issues arise in California's planning process, following up with staff or advocates from other states, or a report that focuses exclusively on a specific issue, may prove valuable.

A. Staffing Functions

All four states went through a deliberate process to change the configuration of staff roles in attempts to create efficiencies. While their approaches varied in the level of specialization of staff tasks, all planned to use technology to share information so that several caseworkers could move a case forward rather than having each case assigned primarily to a single caseworker.

A common theme in our interviews was the importance of buy-in on the part of eligibility staff to the process changes. Some interviewees noted the importance of incorporating staff expertise in both the needs of clients and the existing process when designing the changes. Many noted that the success of the changes depends on staff implementation, which requires a commitment to the changes as well as to information and training.

Our interviews from Pennsylvania illustrate these issues. Interviewees from DPW noted that communication with eligibility staff unions was essential to success, and that the culture of case management had to shift from a single caseworker taking responsibility for a case within the same county to a team of caseworkers taking responsibility for cases across counties. To contend with this, the department provided training and developed a communication system for new information and to demonstrate successes of new processes. State staff noted the importance of eligibility staff debriefings and group meetings to seek feedback and suggestions.

Although the changes implemented in Texas differed from those in other states, the Texas experience underscores the importance of staff buy-in. When scores of eligibility workers left their jobs, the private employees and remaining staff struggled with the eligibility processes and systems. Approval timeliness and accuracy suffered, leaving many eligible families without benefits.

B. Policy Simplification

All four states implemented policy changes to simplify the enrollment and eligibility process and to align rules across public assistance programs. For example, Washington authorized e-signatures for online applications and received a waiver to conduct SNAP interviews by telephone, and is currently adopting a streamlined approach to enroll uninsured children into Medicaid and CHIP by relying on the eligibility findings of programs like SNAP and Head Start. Overall, the interviews with staff and advocates reflected fairly strong agreement that policy simplification had been successful, apparently improving efficiency and making it easier for eligible individuals to get access to benefits. In several cases, respondents expressed an interest in implementing additional policy simplifications (although some respondents also noted that policy changes can be difficult to properly program into automated eligibility systems).

C. Technology Changes

All four states adopted major technological enhancements to improve efficiency, including online applications, document imaging, electronic recordkeeping, enhanced record retrieval, data sharing across programs, and call center technology. We heard mixed reviews of technological changes, with many respondents noting the importance of making sure the technology works and staff are trained before full implementation. Among the most common concerns were problems with document imaging and with wait times at call centers. The Florida and Texas experiences highlight the importance of having functioning technology in place prior to staff reductions.

D. Community Partners

All four states use community partners for outreach and taking in applications. While the states differ in the degree of involvement of community partners (as well as in whether they receive state payments for their activities), our interviews found a strong consensus that community partners provide valuable outreach services and client assistance. Respondents also noted the importance of improving relationships with community partners by providing information and training, and offering partners opportunities for direct communication with eligibility staff. In some states, community partners provide important input on policy and technology changes.

E. Interviewees' Advice for California

Four common themes emerge from interviewees' recommendations for California's efforts to simplify eligibility and enrollment.

Buy-In. Respondents emphasized the importance of staff buy-in to the streamlining efforts. Changes require frontline staff to learn new tasks, take on new roles, and learn and implement new technologies. They also require staff to interact with clients in a new way. Staff buy-in, including an understanding of why the changes are being implemented and a willingness to implement them, appears to be crucial to ensuring that changes achieve their goals.

Phase-In. Many respondents suggested that ideal streamlining efforts phase-in their changes. This allows time to catch and address problems, and it helps ensure that the technologies that achieve efficiencies are working properly before staff roles change and/or the number of staff is

reduced. Respondents noted that in some cases, mandates or cost constraints could require changes to be implemented out of sequence.

Involve Advocates. State staff and advocates stressed the important role that advocates can play in developing a simplified eligibility system. Advocates can provide valuable information on the potential effects of changes to eligibility policies and enrollment procedures. Advocates can also provide a valuable outlet for disseminating information to clients. In addition, they can help develop stronger partnerships with community-based organizations.

State Commitment. Respondents also agreed that the state must be committed to the process of change, although they did not always provide specific advice on how to ensure or demonstrate commitment. In some cases, state commitment may mean the commitment of the legislature in ensuring sufficient time and resources. In other cases, it may mean providing clear and consistent information to all levels of staff. It may also mean being prepared for things not to go as planned.

In closing, we note that the experiences and advice of these four states can illustrate issues important to California planning efforts and could have important implications for the challenges and successes of its enrollment simplification efforts. While the specific political, economic, and demographic circumstances in California may differ, the state will need to grapple with many of the same concerns as these other states.

REFERENCES

- Cody, Scott D., Renée Nogales, and Emily Sama Martin. "Modernization of the Food Stamp Program in Florida." Report submitted to the U.S. Department of Agriculture, Food and Nutrition Service. Washington, DC: Mathematica Policy Research, February 2008.
- Cunningham, Karen, and Laura Castner. "Reaching Those in Need: State Supplemental Nutrition Assistance Program Participation Rates in 2007." Final report submitted to the U.S. Department of Agriculture, Food and Nutrition Service. Washington, DC: Mathematica Policy Research, November 2009. Available at [<http://www.fns.usda.gov/ora/menu/Published/snap/SNAPPartState.htm>].
- Florida Department of Children and Families. "Caseload Information." Available at [<http://www.accessfloridainnovations.com/>]. Accessed February 1, 2010.
- Florida Department of Children and Families. "Florida KidCare Statewide Enrollment Trends." Available at [<http://www.floridakidcare.org/images/data/KCenrolltrend.pdf>]. Accessed February 1, 2010.
- Kaiser Family Foundation. "Express Lane Eligibility Efforts: Lessons Learned from the Early State Cross Program Enrollment Initiatives." Available at [<http://www.kff.org/medicaid/upload/7956.pdf>]. Accessed August 2009.
- Kaiser Family Foundation. "Total Chip Expenditures." Online tool. Available at [<http://www.statehealthfacts.org/comparable.jsp?ind=235&cat=4>]. Accessed February 1, 2010.
- Legislative Analyst's Office. "Moving Forward with Eligibility and Enrollment Process Improvements." Sacramento, CA: California Legislative Analyst's Office, May 2010.
- Michels, Patrick. "Tale of TIERS." *Texas Technology*, July 17, 2007.
- National Association of State Budget Officers. (2010) *State Expenditure Report: Archives*. Available at [<http://nasbo.org/Publications/StateExpenditureReport/StateExpenditureReportArchives/tabid/107/Default.aspx>]. Accessed February 1, 2010.
- Pennsylvania Department of Public Welfare. Archives. Available at [<http://listserv.dpw.state.pa.us/ma-food-stamps-and-cash-stats.html>]. Accessed February 1, 2010.
- Pavetti, LaDonna, Linda Rosenberg, and Michelle Derr. "Understanding Temporary Assistance for Needy Families Caseloads After Passage of the Deficit Reduction Act of 2005. Report submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. September 2009.
- Rowe, Gretchen, Sam Hall, Carolyn O'Brien, Nancy Pindus, and Robin Koralek. "Enhancing Supplemental Nutrition Assistance Program (SNAP) Certification: SNAP Modernization

- Efforts.” Interim Report submitted to the U.S. Department of Agriculture, Food and Nutrition Service. Washington, DC: The Urban Institute, April 2010.
- Texas Health and Human Services Commission, Office of Inspector General. “TIERS/IEES Review.” April 18, 2007.
- Texas Health and Human Services Commission. *CHIP Enrollment*. Available at [<http://www.hhsc.state.tx.us/research/CHIP/ChipRenewStatewide.html>]. Accessed February 1, 2010.
- Texas Health and Human Services Commission. *Medicaid Enrollment*. Available at [<http://www.hhsc.state.tx.us/research/MedicaidEnrollment/meByMonthCompletedCount.html>]. Accessed February 1, 2010.
- United States Department of Agriculture, Food Stamp Program, Program Accountability Division, Quality Control Branch. “Food Stamp Program Error Rate History: FY1981–FY2006.” July 5, 2007.
- United States Department of Agriculture, Food and Nutrition Service. “Food Stamp Program: Payment Error Rates FY 2008.” Available at [<http://www.fns.usda.gov/snap/qc/pdfs/2008-rates.pdf>]. Accessed February 1, 2010.
- United States Department of Health and Human Services, Administration for Children and Families. “Caseload Data 2000-2008.” Available at [http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/caseload_recent.html#2008]. Accessed February 1, 2010.
- United States Department of Health and Human Services, Administration for Children and Families. “Total Number of Applications Received.” Available at [<http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/applications/application.html>]. Accessed February 1, 2010.
- United States Department of Health and Human Services, Administration for Children and Families. “Total Number of Applications Approved.” Available at [<http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/applications/application.html>]. Accessed February 1, 2010.
- United States Department of Labor, Bureau of Labor Statistics. Regional and State Employment and Unemployment Archived News Releases. Available at [http://www.bls.gov/schedule/archives/laus_nr.htm#2001]. Accessed February 1, 2010.

APPENDIX A
METHODS

METHODS

The study relied on interviews with key informants in four states, published reports and media accounts, and available performance data. This appendix describes how we chose the four states and identified the interviewees. We also describe the interview discussion guide (Appendix B), the additional information used in the study, and our process for gathering and analyzing data as well as for reporting the study findings.

To select study sites, we first identified states with recent experience in making substantial changes to simplify their enrollment and eligibility processes. In identifying them, we sought input from national experts at the Center for Budget and Policy Priorities and Mathematica as well as from members of the California Stakeholder Advisory Committee. We then selected four states that (1) have extended experience with simplifying enrollment and eligibility, (2) reflect a variety of changes (including privatization), and (3) are most relevant to California, given the first two points.

The choice to examine four states out of the many with experience in simplifying enrollment and eligibility was dictated by the level of resources and the timeframe for the study. After determining that the resources would support four states, we identified a set of states with substantial experience in adopting simplified processes. Of the states with substantial experience, we further identified those that implemented changes in enrollment and eligibility by 2008, giving them at least a year of experience with new systems. We also sought to include states in which the efforts were characterized both as positive and as negative. The process led to nine states: Colorado, Florida, Indiana, Massachusetts, New York, Pennsylvania, Texas, Utah, and Washington.

We next sought input on selecting among these nine states from national experts at the Center for Budget and Policy Priorities and Mathematica as well as from members of the California Stakeholder Advisory Committee. Based on the information and input, we chose to focus on four states for the following reasons:

- **Florida.** Florida underwent full-scale streamlining and centralization. Similar to California, it is a large state. Furthermore, Florida's efforts were mature enough to study.
- **Pennsylvania.** Pennsylvania has a strong streamlining effort. In addition, for some programs, it provides an example of county administration (as is the case in California). California stakeholders mentioned that Pennsylvania also provides a good example of front-end technology.
- **Texas.** Texas initially was not included because the state's approach relied heavily on privatization, an option which the California administration has said is "off the table." California stakeholders noted, however, that valuable lessons might be learned from Texas, as it is widely recognized as having a failed experience and, like California, has large caseloads. Furthermore, Texas showed signs of problems before the state adopted a private vendor for enrollment. For these reasons, we chose to include Texas. We initially planned to limit our focus to the period prior to privatization, but in conducting our interviews, we found valuable lessons from Texas in the period after privatization that are relevant even in the absence of privatization.

- **Washington.** Washington provides an example of an online tool that goes beyond SNAP, TANF, and Medicaid—something of particular interest to California. In addition, California stakeholders noted that Washington’s approach to recertifications is of interest.

After selecting these four states, we then identified people to interview in each state. We used Internet searches to identify state officials, generally department heads for social, health, and information services. We also used Internet searches to identify large local eligibility and enrollment offices. For advocates’ perspectives, we used media accounts and Internet searches to identify individuals who were participating in or commenting on the changes in enrollment and eligibility. To identify respondents in each category, we asked the Stakeholder Advisory Committee, staff from the Center on Budget and Policy Priorities, and state staff and advocates in each state to recommend knowledgeable informants. We interviewed nearly all of the recommended informants. In some cases, where multiple informants from the same department or other entity were suggested, we chose to contact only one. In a few cases, we interviewed someone that an original informant recommended as being more knowledgeable. Table A.1 provides the names of those we interviewed.

Before conducting the interviews, we developed a discussion guide (Appendix B). It began with an introduction to the study and its purpose. We informed respondents that they would be identified in a list of respondents, but that specific statements would not be attributed to any individuals. The questions began with introductory, broad queries about the nature and extent of changes in enrollment and eligibility in the state. Interviewers then covered each of the five major topic areas of interest: staff roles, policy simplification, technology, community partners, and performance measurement. Within each topic area, we asked respondents to report the changes that were “most significant” in their opinion and then to provide their perspective on any successes or challenges related to the specific changes. We concluded by asking, “What advice would you give California?”

The discussion guide did not include specific phrasing of questions in each area. For the first interview, we used an interview protocol with specific questions, but found that the questions needed to be adjusted to account for prior responses. For example, if respondents described an important technological change in their introductory comments, this might address some of the questions in the technology section. The length and wordiness of the protocol with specific questions made it difficult for interviewers to adjust questions in real time. Following the first interview, we developed a more flexible discussion guide. The guide ensured that we covered key topics in every interview, without forcing a rote pattern on the interview.

We conducted interviews from February to April 2010, electronically recording each one to assist in accurate note taking and collection of quotes. For each state, an experienced researcher conducted all the interviews, with another researcher taking notes. For some of the early interviews with state officials, a senior Mathematica researcher with expertise in the relevant policy area was present to provide policy depth to the discussion. Due to scheduling difficulties, researchers assigned to other states or other project staff conducted a few interviews. In these cases, the assigned researcher provided context beforehand and listened to a recording of the interview afterward. In addition, the project director studied all of the interview notes.

Table A.1 List of Interviewees

	Florida	Pennsylvania	Texas	Washington
State Officials	<p>Nathan Lewis, Chief of Program Policy, Department of Children and Families, ACCESS Florida</p> <p>Jennifer Lange, Director of ACCESS Florida</p> <p>Eileen Schilling, Program Administrator, Food Stamps/SNAP, ACCESS Florida</p> <p>Florence Love, Medicaid Program Policy Director, ACCESS Florida</p> <p>Cathy Kenyon, Operations Manager, ACCESS Florida</p>	<p>Edward Zogby, Director, Bureau of Policy, Office of Income Maintenance</p> <p>Joanne Glover, Director of Operations, Department of Public Welfare</p> <p>Theresa Shuchart, Chief Information Officer, Department of Public Welfare</p> <p>Dennis Brown, former COMPASS Manager, Department of Public Welfare</p> <p>Linda Blanchette, Deputy Secretary, Office of Income Maintenance</p> <p>Eric Graves, Director, Division of Automation and Support, Bureau of Program Support</p> <p>Jerry Koerner, Program Executive, COMPASS</p>	<p>Kirsten Jumper, Director of Centralized Operations and TIERS lead, Texas Health and Human Services Commission</p> <p>Leslie DeHay, Director of Vendor Operations, Texas Health and Human Services Commission</p>	<p>Troy Hutson, Assistant Secretary of Economic Services, Department of Social and Health Services</p> <p>Mary Wood, Medicaid Director, Department of Social and Health Services</p> <p>John Camp, Administrator, Food Assistance Programs, Office of Programs and Policy</p> <p>MaryAnne Lindeblad, Director of Health Care Services, Department of Social and Health Services</p>
Local Staff	<p>Maria Brown, Program Administrator, Circuit 11 ACCESS Operations</p> <p>Roberta Zipperer, Call Center Manager, Jacksonville and Ocala Call Center</p>	<p>Tom Wombouth, Director of Operations, Philadelphia Local County Assistance Office, Kent District^a</p>	<p>Mike Gross, Vice President and Organizing Coordinator, Texas State Employees Union^a</p>	<p>Terre Penn, Senior Project Manager, Service Delivery Review, Department of Social and Health Services</p> <p>Lisa Podell, Program Manager, Children's Health Initiative, King County Department of Public Health</p>
Advocates	<p>Cindy Huddleston, Staff Attorney, Florida Legal Services</p> <p>Jodi Ray, Project Director, Florida Covering Kids and Families</p> <p>Ebony Yarbrough, Child Nutrition Coordinator, Florida Impact</p>	<p>Rachel Meeks, Policy Center Manager, Greater Philadelphia Coalition Against Hunger</p> <p>Ann Bacharach, Special Projects Director, Pennsylvania Health Law Project</p> <p>Louise Hayes, Supervising Attorney, Community Legal Services</p>	<p>Anne Dunkelberg, Associate Director, Center for Public Policy Priorities</p> <p>Celia Hagert, Senior Policy Analyst, Center for Public Policy Priorities</p>	<p>Linda Stone, Senior Food Policy Coordinator, Children's Alliance</p> <p>Annique Lennon, Health Policy Associate, Children's Alliance</p> <p>Patty Hayes, Executive Director, Within Reach</p> <p>Lan Nguyen, Health Policy Coordinator, Children's Alliance</p>

^a To maintain respondent confidentiality, we combined local staff comments for Pennsylvania and Texas with state official and state staff comments. This is appropriate for Pennsylvania and Texas because the local staff are state employees.

Along with conducting the interviews, the researcher assigned to each state read published reports and media accounts of the state's experience with changes in enrollment and eligibility and examined publicly available data on program performance. During interviews with state officials, the researcher requested additional performance data as necessary.

In writing about each state, chapter authors focused on an outline that covered each of the five main topic areas and, within each area, summarized the streamlining changes and reported the respondents' perceptions of those changes. Authors also gathered from the notes all perceptions and opinions offered by the respondents for each of the five main topic areas and reported the comments in a single table organized by their nature: positive, neutral, and negative (see Appendix C). The researchers drew on the context of the statement to characterize its nature (for example, whether the statement was offered as an example of successes or challenges).

APPENDIX B
DISCUSSION GUIDE

DISCUSSION GUIDE

INTRODUCTION (2 minutes)

Hello, this is [NAME] from Mathematica. Thank you for taking time to talk with us. [If relevant: Ask MPR content expert to introduce self.]

As we mentioned when we scheduled this call, we are talking to different stakeholders on behalf of the State of California. Policymakers in California are interested in how other states have experienced modernization of social service enrollment, specifically what worked well and what things to look out for. Your views and experiences with the process of modernization will help us learn what lessons there are for California.

[DEFINE MODERNIZATION IF NECESSARY] By modernization, we are referring to changes in the enrollment and eligibility processes for social service programs such as Medicaid, Temporary Assistance to Needy Families (TANF), and SNAP.

For example, modernization efforts sometimes include call centers, Internet applications, and other attempts to streamline. [Choose relevant program from below] is an example of modernization efforts.

[Examples to choose from:

- Texas's experience with TIERS
- Florida's experience with ACCESS Florida
- Washington's experience with the Service Delivery Redesign
- Pennsylvania's experience with COMPASS]

Before we begin, let me introduce [NAME] who is on the call for the purpose of taking notes. **If it is okay with you, I'd like to record this interview** for the purpose of completing our notes only. The recording will not be shared beyond the Mathematica project team. Is this okay?

[ACKNOWLEDGE ANY BACKGROUND EXPERIENCE MATHEMATICA HAS HAD WITH THE STATE AND THAT THIS PROJECT IS SEPARATE FROM THAT WORK] For example, "I've read a little of what's going on in Washington, and I know that Mathematica is doing other work with Washington. But this is a separate project, on behalf of the State of California."

Before we begin, I just want to let you know that if we get to any topic that you're not familiar with, feel free to say so, and we can just move on.

I. INTRO QUESTIONS (Up to 20 minutes if respondent chooses to go into detail in relevant areas)

I'd like to begin with some broad questions.

1. In your opinion, what were the key modernization changes in [NAME OF STATE]?
2. Why did [NAME OF STATE] decide to make these changes?
 - PROBE IF NOT MENTIONED: Access? Efficiency? Cost?
3. How long does modernization take from planning stage to fully implemented?

II. TECHNOLOGY (up to 7 minutes, only cover what has not already come up, be sure to cover highlighted topics)

Changes in technology are almost always a part of modernization efforts.

1. Is your state using any of the following technologies as part of its modernization initiative (ANSWER YES OR NO)
 - a. Online applications?
 - b. A joint application/renewal form for several programs?
 - c. A call center? Automated response for phone inquiries?
 - d. Document imaging systems?
 - e. Sharing of data and verification across programs? Across administrative districts?
 - f. Does the eligibility system link to other program databases (e.g., SSI, Social Security) to streamline verification?
 - g. Do online applications allow for families to update their information?
 - ...Check on the status of the applications and benefits?
 - ...Renew benefits?
2. What other key technologies is your state using to streamline the enrollment and eligibility determination process?
3. Did your state centralize data systems?
 - [IF YES: How did the state coordinate this across administrative districts?]
4. Are there challenges sharing data across districts?
5. Since adopting the new technology, what share of applications come in by person? By mail? By Internet?
6. Was the adoption of this technology successful?
7. What specific challenges were there related to new technology?

III. STAFFING CHANGES (up to 7 minutes, only cover what has not already come up, be sure to cover highlighted topics)

Modernization often includes attempts to make staffing more efficient.

1. Were there changes in staff roles?
2. Was there a centralization of some staffing functions? (PROBE: Moved to state or regional level)
3. Did these changes lead to a reduction in total staff? (About how big?)
4. Did these changes lead to closure of local offices? (About how much?)
5. How important is it that every office do the same thing with regard to eligibility and service functions? (Are there differences between rural and urban offices?)
6. How have staff responded to these changes?
7. Have the staffing changes been successful overall?
8. Were there any specific challenges with the staffing changes?

IV. POLICY CHANGES (up to 7 minutes, only cover what has not already come up, be sure to cover highlighted topics)

Sometimes modernization efforts involve policy changes to streamline applications or increase consistency across multiple programs.

1. Did [STATE] make changes to policies for Medicaid, TANF, and SNAP?
2. What were the changes?
3. [Probe if not mentioned: Changes to requirements for eligibility verification? Changes to frequency of verification for continuing eligibility?]
4. Were these policy changes successful?
5. Were there any specific challenges with policy changes? (Federal waivers required?)

V. PARTNERING WITH COMMUNITY- BASED ORGANIZATIONS USED? (up to 7 minutes, only cover what has not already come up, be sure to cover highlighted topics)

In some states, CBOs (or community-based organizations) are involved in enrolling clients in social services.

1. Do CBOs enroll clients in [STATE]? Is this a formal role?
2. What specific functions do CBOs carry out?
 - PROBE: Help with online application? Verification of eligibility documents?
3. How prevalent is the CBO role? (Most, some, or very little of the initial enrollment?)
4. Do CBOs receive public funding for this role? How much?
5. Has working with CBOs been successful?
6. Are there specific challenges in working with CBOs?

VI. MONITORING PERFORMANCE (up to 7 minutes, only cover what has not already come up, be sure to cover highlighted topics)

1. How is your state monitoring performance?
2. Is monitoring performance important to success?
3. Have there been changes for Medicaid, TANF, and/or SNAP (opinions okay)
 - ... in total enrollment?
 - ...program access? (for subgroups such as minorities, immigrants, elderly?)
 - ...application timeliness?
 - ...approval/denial rates?
 - ...case error rates?
 - ...client satisfaction?

[Encourage them to speculate as to the cause of any changes]
4. Have these changes made it harder or easier to comply with federal regulations?
5. [ASK FOR PERFORMANCE DATA: Before beginning your interviews, talk to Jordan Pedraza about the key performance data we are seeking for this state. Ask whether they know of a source for these data—on the web, published another way, or a person we can contact]

VII. COSTS (up to 7 minutes, only cover what has not already come up, be sure to cover highlighted topics)

A critical issue for California is how to pay for modernization efforts.

1. In general, were modernization efforts expensive?
2. What elements were the most costly?
3. Were costs much greater than initially estimated? Why?
4. How was modernization paid for?

Saving on administrative costs is one of California's goals.

1. Did modernization generate administrative cost savings in [STATE]?
2. What changes generated the most savings?
3. Did it take a while for the savings to outweigh the costs of changes? How long?
4. In the longer term, are the savings expected to continue at the same level?

VIII. CLOSING QUESTIONS (up to 10 minutes, cover all issues)

1. If you were to take a step back from all this and choose a few key lessons for California from your state's experience, what would they be?
2. In your opinion, have the modernization efforts been successful?
3. If you could do one thing differently, what would it be?

APPENDIX C
TABLES OF COMMENTS

TABLES OF COMMENTS

For each state, the researcher assigned to the state used the interview notes to gather all perceptions and opinions offered by the respondents for each of the five main topic areas. Each table of this appendix reports respondents' comments (either quoted, or paraphrased where a quotation does not make sense on its own) for one of the four states. The tables organize the comments by their nature into positive, neutral, and negative categories. We drew on the context of the statement to characterize its nature. For example, if a comment was offered as an example of a problem or challenge, it is characterized here as a negative comment.

Table C.1 Positive, Negative, and Neutral Comments on Streamlining Enrollment and Eligibility in Florida

	Positive Comments	Neutral Comments	Negative Comments
Staffing Changes			
State Officials	<p>Without the new staffing structure, the state could not have handled the doubling of the caseload that occurred in the recent recession. State staff suggested that lines of applicants would have stretched "around the block" under the old caseworker model.</p> <p>"No one" would want to return to the old caseworker model.</p>	<p>Three types of local facilities - Storefronts which are stand-alone facilities, Customer service centers which have staff with a web room out front, and processing center which has no lobby area although certain partners provide space to bring computers and personnel there to take applications and help clients.</p> <p>If the state didn't reduce the number of staff, they could not invest in more efficient technology</p> <p>"Don't try to give up staff unless you have a new process in place."</p> <p>Due to understaffing, DCF is using 100 provider-funded positions and ARRA/TANF funded facility with temporary staff.</p>	<p>The wait times at call centers are a severe problem. The Department of Children and Families has requested state funding for more call agents at call centers, but the positions have not been approved by the legislature.</p> <p>"It's not a top-down thing, it has to be an everybody thing. Your local people have to buy into it, or they will sabotage it."</p>
Local Staff	<p>"Because we don't actually see clients, they're able to do far more applications, and things are scanned in and online."</p> <p>About the call centers: "It's been good - staff don't get distracted. They used to complain they couldn't get work done because of answering calls all the time."</p>	<p>"We call the call centers the voice [of] the department."</p> <p>"With the [ARRA] money was started a call center...with 76 trained individuals...to help us get to an appropriate service level."</p>	<p>On staff reaction to telephone interviewing:" They didn't like it. For the past 10-15 years, they were used to face-to-face. They thought there would be more fraud, it wasn't the way to do the job...There aren't any stats to show that the fraud going on is any larger than when we looked people in the eye."</p> <p>"I underestimated the number of staff needed to do these things. We talked to the service center and asked how many [clients they had.] If your voicemail is full and you can't leave messages, you don't know how many people you're getting. It wasn't an accurate count."</p>
Advocates	<p>The staffing changes are successful. Clients have occasional complaints, but "the state has been working diligently" to resolve them.</p>	<p>Large reduction in staff due to many office closings, as a cost saving measure</p> <p>There are some counties in which there are no offices anymore</p>	<p>"There's no opportunity to meet with a worker face-to-face to resolve questions, problems, and barriers."</p> <p>No more relationship between clients and workers when the caseworker model disappeared</p>

Table C.1 (continued)

Positive Comments	Neutral Comments	Negative Comments
	<p>The customer call center does most of the client interaction now.</p>	<p>There need to be staff at local offices available to see clients face-to-face for special populations (cognitive abilities, mobility problems, homeless, etc.) who can't access the web or can't use a computer to apply for benefits.</p> <p>"At best, you're lucky if you can get through to the automated system. The call centers are hugely overburdened and inadequate because our legislature has not provided the money it needs to be an efficient and adequate system."</p> <p>Denial rates go up because people can't seem to get through the application process even though they are eligible</p> <p>Phone system/call center needs to be adequate – capable of handling caseloads</p>
Policy Simplification		
<p>State Officials</p>	<p>Vehicle values excluded based on the policy of TANF child care, which does not have a resource or asset limit.</p> <p>Automated some of the Medicaid reviews with things such as cost of living increases and social security.</p> <p>Extended TANF redetermination period to align more with Medicaid</p> <p>The waiver for the face-to-face interview is a critical policy change. Interviewing by telephone is central to streamlining.</p> <p>The SNAP-SSI Combined Application Project (CAP) helped pave the way for subsequent streamlining activities.</p>	

Table C.1 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Local Staff	<p>"We wouldn't be able to do all this now without the changes...So that's been a positive thing, with people who are hungry and need to eat today."</p>	<p>Aligned verification rules across programs</p> <p>We had waivers to accept client statements to verify information.</p> <p>We have a waiver to postpone interviews for clients applying for expedited SNAP benefits</p>	
Advocates		<p>Had a waiver to dispense with interviewing people recertifying but it expired and could not be renewed.</p>	
Technology			
State Officials	<p>Web applications increased access to customers, easing the tension created by the caseload surge during the recession</p> <p>Could handle more cases – "There's no way we could deal with this new caseload growth with the old system."</p>	<p>95 percent of applications are online – 85% Internet, 15% intranet</p> <p>"From our perspective, we could not see what we have today when we started to build the technology. Another state could look at what we have now and do it. But we built and designed piecemeal as we could envision it along the way."</p> <p>"If you build it, they will come."</p>	<p>Getting/having funding for upgrades or improvements– i.e. the capability to allow customers to upload & attach documentation to their account, linking to other databases to verify.</p>
Local Staff	<p>"We're reviewing and scanning, our files are virtual. You don't have to be in the same city [to process cases from that city]."</p> <p>About My Access Account: "It's a pretty good thing."</p>	<p>"The fact that they can report any changes and apply online. My ACCESS Account [lets clients see] status of pending applications, which documents, any appointment scheduled, print temporary Medicaid cards."</p>	<p>"I'm not sure we realized how antiquated our technology was...having someone who has knowledge about phone systems would be very helpful. Our foundation was not strong, we're going backwards to fix this. It would have been nice to have that up front."</p> <p>"We weren't prepared for the volume of work that came through. We didn't have enough storage capacity to handle that kind of thing."</p>

Table C.1 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Advocates	<p>Many more people applying – increased access to the system. A “skyrocketing demand for benefits.”</p> <p>“...an online system helps in a [natural] disaster, but it’s not the only thing you need to have in place.</p> <p>“If we didn’t have a modernized system, [the recent caseload increase] would have been a horrible scene if you weren’t able to apply online.”</p> <p>Regarding their perception of client reactions to new enrollment technology: “People are pleasantly surprised.”</p>	<p>Much of the software was developed in-house. That is, DCF “used their own people to develop the system. Not an out-source”</p> <p>Data sharing: “You can verify pieces of information with cross-referencing databases. They can tell if you’ve become employed, what cars you own by matching to other state systems.”</p> <p>“It took time to work out the kinks.”</p>	<p>Special populations’ inability to use or access a computer for the web application.</p> <p>“Interfacing the old computer system with the new one creates problems when someone does an online application, the information you submit isn’t automatically populated, so people have to re-key the info in.”</p> <p>“...make sure you have the capacity.”</p> <p>States need to have the capacity to react/handle the huge increase you’ve made due to increased access to the system – potential of backlog of applications and calls.</p> <p>“Let the system be client centered. That can help them plan well so implementation goes smoothly for the client and not pay extra money to change the system down the line because what you implemented is ineffective. Don’t pay a lot for things that could have been avoided.”</p>
Community Partners			
State Officials		<p>Three levels 1) informational sites which basically just gives out paper applications & brochures, 2) self-service sites that offer automated services (computers, printers, faxes, copiers, telephone) but you have to help yourself to them, 3) and assisted-service sites that have all the services of the self-service site but offer assistance</p> <p>Have partner network in place before you close sites</p>	<p>Challenge – Having enough quality partnerships (level 3) that will help the customer (i.e. devote a staff person to help people get through the application with verification), and help relieve demand on storefronts</p>

Table C.1 (continued)

	Positive Comments	Neutral Comments	Negative Comments
		<p>Administrative staff have learned they need to dedicate time to creating strong partnerships with organizations to ensure the benefits of CBO partnerships are realized.</p> <p>"You have to have the will to do it. If you don't really want to do it, you may not be successful."</p> <p>State staff do not recall resistance to the CBO partnerships by the employee union.</p>	
Local Staff			
Advocates	<p>Partnerships are successful in that they provide places for people to apply - so it works well for those who are mobile and know how to use a computer.</p> <p>"I think it's helpful for folks in the community. It's like having more DCF sites than before, closer to them."</p>		<p>"The problem is that those [partners] are not stepping up to bat to take the place of what a worker would do for a client." That is, few partners are volunteering to provide a staff person that can help clients apply.</p> <p>"I've heard from partners that they need more state support, having a phone line for community partners to call while they have a potential client right there."</p> <p>"Don't rely on the community or non-profits to take the place of what the agencies are supposed to do. Schools, libraries, they're simply not trained to do the job."</p>
Changes In Program Performance			
State Officials		<p>Enrollment for SNAP in January was 2.5 million people and 1.3 million households – up 114% since effects of recession in April 2007.</p> <p>Cost savings from staff reduction funded new technologies</p>	
Local Staff		<p>"A lot more people are applying, so the denial rate goes up. People are first time appliers [sic]. Certainly there's a question of whether they follow through, were they serious at the time.</p>	<p>"One of the mistakes we made initially is that you have to get some client input."</p>

Table C.1 (continued)

	Positive Comments	Neutral Comments	Negative Comments
		"It's a systems issue also, because if you don't have enough people in the systems center, there will be more calls in the call center."	
Advocates	Has decreased error rate from 8.59 percent to below 1 percent – 0.85 percent -by fiscal year 2008 (St. Petersburg Times)	<p>"Medicaid has risen, TANF has risen, doubled."</p> <p>Savings from not renting offices or space anymore.</p>	<p>More access to a "slightly more sophisticated client base" – people who are mobile, computer proficient, etc.</p> <p>Denial rates for people failing to submit verification went up 500% and denial rates for failure to participate in the interview also went up 500%</p> <p>Survey of ACCESS program only selected those who got through the entire application process, but did not survey those who did not finish, so results showed that people liked it.</p> <p>Need face-to-face contact, including CBOs that have dedicated staff that can help customers in-person</p> <p>Partners perceive less assistance available for special populations such as "people with disabilities [and] people who speak other languages....people who are deaf."</p>

Table C.2 Positive, Negative, and Neutral Comments on Streamlining Enrollment and Eligibility in Pennsylvania^a

	Positive Comments	Neutral Comments	Negative Comments
Staffing Changes			
State Officials and Local Staff	<p>Having a call center has helped County Assistance caseworkers. Before they were overburdened with phone calls.</p> <p>In some counties it's very hard to hire and retain staff... So we thought to move the work to where the staff is. Cross-county work has helped us to cope with hiring and maintaining staff... and build our concept of ourselves as a statewide organization with shared responsibility.</p>	<p>Since 2003, we lost 1,000+ caseworkers, from over 7,500 to 6,400. In one year, we lost 350 or so because of a mass retirement. Yet demand for services is going up, so we're looking to fill the gap with the modern office.</p> <p>We reduced administrative costs to maintain programmatic funding, so we did lay off caseworkers. While it has been a challenge, it has forced us to rethink the way we do work. In the long run, there will be a benefit to customers and workers because we're streamlining.</p> <p>Bargaining units for clerical and caseworkers were worried about our modernization efforts because of other states' experience with privatization and regionalization.</p> <p>In some of the major implementations, where we went with interactive interviewing, some of the older staff left because they couldn't adapt to the new business model. Over time, increased efficiency has decreased the need for staff (around a 30 percent decrease).</p> <p>Any time there are any type of changes, we have to deal with our unions. It was a tough thing for them to adjust.</p> <p>We had budget concerns. The state government departments were drastically reduced, but workloads were increasing, so we could not do things the way we were.</p> <p>If staff and unions are against it, they'll put negative spin on it. You want to start selling your campaign with staff and make sure they see it's going to help.</p>	<p>We've made great progress, but the transition could have benefited from more strategic planning and clearer communication. Then there would have been more buy-in.</p>

Table C.2 (continued)

Positive Comments	Neutral Comments	Negative Comments
<p>Advocates</p>	<p>If you come from an environment where you own your own work for your own county, enlarging that focus to the state is a real culture shift.</p> <p>The call centers have limited authority, so they can't approve applications or interviews, which we think is a shame; but they certainly have helped increase access to information directly from the department.</p>	<p>You don't always get to talk to your own caseworker, even though they have a deeper understanding of your case. And it's hard to get through to the call center.</p> <p>We're unhappy with the modern office model. What goes with that team approach is lack of accountability and lack of a phone number. We're advising our clients to go in person to the welfare office. We have to clog the waiting room because it's the only way to get someone to talk to a customer.</p> <p>Call centers haven't necessarily resulted in better access for clients. In some ways, they're harder for clients to get through to because there's not one person following their case all the way through.</p>
<p>Policy Simplification</p>		
<p>State Officials and Local Staff</p>	<p>You should consolidate and streamline policies first. That will make your eligibility process simpler. We have 138 flavors of Medicaid in Pennsylvania—slightly different eligibility criteria, serving different niche population groups. When you try to have an automated process that explores all the potential programs people can qualify for, it gets very complex.</p> <p>Some workers still set up face-to-face interviews, but the policy department very strongly encourages phone interviews. They're looking seriously at the waiver to eliminate the renewal interview for seniors and disabled people.</p>	

Table C.2 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Advocates	<p>Using COMPASS, you can update your case file without a caseworker and get updates on the status of your application. Advocates can call and leave a message for caseworkers or their supervisors. The technology enables call centers and caseworkers to assist people quickly.</p> <p>About two years ago, the auditor general issued a report claiming rampant fraud and abuse in the Medicaid system. That has heightened everyone’s scrutiny of streamlining and program simplification. We’re trying to promote electronic systems because they provide stronger verification than what the client would tell you.</p> <p>Taking applications over the phone has been an extraordinary advocacy opportunity. It’s certainly not a perfect system. It could be in wider use.</p>	<p>Because COMPASS is universal, the system prompts you when an application is complete, so that part is not subject to caseworker interpretation.</p> <p>There haven’t been major policy changes as a result of COMPASS, but there has been opportunity for tune-up.</p> <p>It’s always challenging when something new rolls out. In some ways it’s about the quality of the training or the quality of supervision of the rules and whether caseworkers get measured correctly on these new rules.</p> <p>Get your policy in order before you do anything. You can save a lot of time, energy, and money. Phase system in, if possible.</p>	<p>It’s difficult to implement new changes across all offices, since each district office has its own culture. It’s also challenging to help families navigate the new rules when they’re not always interpreted correctly by caseworkers.</p>
Technology			
State Officials and Local Staff	<p>Between 20 to 25 percent of applications are coming in through COMPASS. It reduces foot traffic in our office and it saves time on the administrative effort of workers.</p> <p>Get good help . . . We worked with Deloitte and Unisys. We had our own homegrown business analyst group that was also very important. They kept the process straight and contractors on task.</p>	<p>We’ve improved COMPASS over the years to make it an aid to close the gap between higher demand and fewer resources.</p> <p>We’re gradually seeing our COMPASS applications go up. And we’re improving it more, streamlining the questions, simplifying the language.</p>	<p>You still have to mail in your verification documents, and it’s cumbersome and counter-intuitive. So we want to have documents scanned and attached with applications.</p> <p>We have a two-step process: we scan it, and it goes into an imaging repository to be indexed and attached it to a record. We’re now working on the attaching piece. There’s a discrepancy between the number of documents indexed and the number attached.</p>

Table C.2 (continued)

	Positive Comments	Neutral Comments	Negative Comments
	<p>I think COMPASS is fabulous, wonderful. If you can get somebody to use it, it's great. I think where we went wrong, we didn't put enough emphasis in advertising to say you must use this. I think that's evident if you look at the percentage of applications that come in online.</p> <p>The advocates liked COMPASS. Governor's office liked it. There was a lot of positive publicity from federal SNAP and TANF offices.</p>	<p>We haven't gone as far as Florida has, exclusively online. We'd like to see the majority of applications coming in through COMPASS.</p> <p>There are a lot of people who think "my program's different and special, and I don't want to be a part of that state-wide effort." So the politics of integrating can be difficult, and we're picking our battles.</p> <p>The governor's office people thought another mega project was too much for our organization to handle. They indicated an incremental approach . . . So we started down that path—once we were invested in it, it didn't make sense to try to speed it up.</p> <p>Incremental implementation allows you to fulfill the core requirements of the system and do the federal reporting, without any interruptions to providing important benefits to customers.</p> <p>We looked at other states and industries for how to improve customer service. A key example we refer to is the banking industry. There was a time when we all had to go the bank to cash our checks. Now we can do telephone, online banking. We came up with different ways of using technology to give people options.</p>	<p>Having to scan documents has backed up an already busy front desk. We hadn't thought about how to fit scanning into the workflow.</p> <p>We haven't had a great rate on the in-office COMPASS station applications. We need to do more work around that.</p> <p>The process of moving the paperwork from the front to back and tracking it became a nightmare! We created a workload Dashboard, and it allows us to assign tasks to workers.</p> <p>That Dashboard was not ready for prime time when the model was implemented. So a lesson learned was don't make promises you can't keep.</p> <p>In reviewing changes, we've been able to point to policy pieces in COMPASS that are inserted incorrectly.</p>
Advocates	<p>The Medicaid program closed their gaps by the electronic handshake between Medicaid and CHIP so those applications are moving between Medicaid and CHIP much better than before.</p>	<p>They used about \$17 million for the ground floor to get into the idea of an online application.</p>	<p>Unless you do document imaging, you're really wasting time. It's such a hurdle in making this really work for Pennsylvania.</p>

Table C.2 (continued)

Positive Comments	Neutral Comments	Negative Comments
<p>There was extra money in PRWORA to make sure families stayed in Medicaid even after they left TANF. Pennsylvania didn't do that transition well—many lost Medicaid when they left TANF, children in particular. The state fixed that, mostly electronically.</p> <p>The electronic application is easier to read. All of the fields that are required have to be filled in, or you can't submit the application, so you know it's complete . . . So there are improvements on clerical errors that used to occur.</p>	<p>The first COMPASS iteration was for a small number of folks, so they tested it.</p> <p>They developed the text with a community partner so you could move through the application faster.</p>	<p>Scanning is the biggest challenge. [Several advocates said this.]</p> <p>I recommend that California not move forward until they can scan in verification with the application, otherwise catching up is a timing nightmare for things like expedited food stamps.</p> <p>DPW should focus on using existing data sources, like for income verification, and relying on them rather than continuing this cumbersome paper/scanning system.</p> <p>We had a lot of issues with the questions in COMPASS. For example, the online application asks a required question, "Do you have a criminal history?" which is not relevant for a food stamp application. Essentially computer programmers were setting policy by requiring questions on certain fields.</p> <p>The local office is supposed to sort all the paperwork and put it with the electronic application. It's extremely problematic . . . A lot of CBOs just prefer to bundle all the paperwork in one envelope and submit it all together.</p>
Community Partners		
<p>State Officials and Local Staff</p>	<p>We haven't done as much working with CBOs as access points as I thought we would.</p> <p>Philly has a very vocal advocate community. We meet regularly with them, we listen to their concerns. They're a source of information for executive staff.</p>	

Table C.2 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Advocates		<p>The communication with advocates has improved, but that doesn't mean there's not room for more improvement.</p> <p>Advocates have extraordinary insight into what's helpful and what's not. One of the pieces that worked very well for us is what the state did with literacy testing of the paper application, focusing on using appropriate and accessible language/terminology. We imported those improvements into COMPASS.</p> <p>More often we are pushing them to do something they wouldn't do on their own. But they do routinely give us an opportunity to weigh in before things are final.</p> <p>Involve CBOs from the beginning, people who actually talk to clients, anyone who will be participating in any system change. When community partners can't explain to clients why the system works the way it does, it causes a lot of distrust.</p>	
Changes in Program Performance			
State Officials and Local Staff	We improved our quality assurance process by employing a technical review database to review cases for program integrity.	People who previously would not have applied in person because of the stigma of receiving health and social services are now more comfortable and more likely to apply online.	
Advocates	We've been pleased the food stamp program is growing as well as it is. We ended some of the resource tests and bank account info and that's streamlined applications.		The DPW is open to requests for data, but because their system is so layered these are not easy data requests to obtain.

C.15

^a To maintain respondent confidentiality, we combined local office manager comments for Pennsylvania with state official and state staff comments. This is appropriate for Pennsylvania because the local staff are state employees.

Table C.3 Positive, Negative, and Neutral Comments on Streamlining Enrollment and Eligibility in Texas ^a

	Positive Comments	Neutral Comments	Negative Comments
Staffing Changes			
State Officials and Local Staff		<p>“The planned reductions in staff actually never occurred. There was sort of a self-selection. Staff began to attrit to the point where we were down to half of what we had prior to the legislation. So we halted all efforts to reduce in force, began an effort to beef staff levels up. ”</p> <p>“The staffing classification remained the same.”</p> <p>“We did not close any offices.”</p> <p>“When the timeline came out for the call centers and office closings, employees received a time-delayed pink slips . . . 2,500-3,000 people left when they found another job. ”</p> <p>It takes a year before new eligibility staff can process cases accurately and quickly.</p> <p>The current environment encourages fast processing, and it does not matter whether the eligibility staff are in the client’s community or 700 miles away. “It was an attempt to make processing more efficient.”</p>	<p>New people had to be trained on the new system, which continued to change.</p> <p>“We were in a continual hiring and training schedule, which we’re just now getting out of. And, then, there’s the fact that new staff is less experienced, and there’s less productivity there.”</p> <p>“The depth of the employee base almost disappeared. The most tenured person [in a unit] had two to three years, where before it was 10 to 12.”</p> <p>“It was a waste of \$500,000 and a disaster.”</p> <p>“ A professed strength but actual weakness [of having cases in a statewide bank where anyone can work them] is that Medicaid, TANF, SNAP are much more complex than that. You’re often dealing with people who aren’t very sophisticated and can’t handle modern concepts. It’s not a great idea.”</p> <p>“You need to have a person that somebody who wants benefits can come see.”</p>
Advocates			<p>“Modernization was designed badly and was sabotaged by a concurrent effort to privatize. Since the program tanked in 2007, we’ve been picking up pieces. We lost staff during privatization, and staff losses have undermined efforts to come up with a more modern system.”</p>

Table C.3 (continued)

Positive Comments	Neutral Comments	Negative Comments
		<p>“The big overarching message . . . is don’t embark on a modernization effort that is just a major staffing cut masquerading as a modernization effort because you can’t be successful unless you take a realistic approach to staffing needs and are willing to make policy changes.”</p> <p>Using call centers means the person helping you is not necessarily in your community, not always able to refer clients to local resources.</p>
Policy Simplification		
<p>State Officials and Local Staff</p>	<p>Part of our issue right now is that when we make changes now, we’re making changes to two systems, so I can’t really say how TIERS affected implementation of those changes.</p> <p>(Advice for CA): Choose a system, choose a process, get it implemented, and then wait for it to shake out before making changes.</p> <p>Regarding changes in income reporting requirements: “We only changed CHIP and Children’s Medicaid after 2001. There haven’t been any changes to SNAP or TANF.”</p> <p>In 2003, Texas implemented a fingerprinting requirement for applicants, with the goal of reducing fraud.</p>	<p>“Another consideration is elected leadership has to buy into the necessity, to stop making constant changes to allow the technology to roll out and allow staff to learn it as well as possible. By that I mean changing policy at state level. At some point you have to call a halt and let modernization efforts take place.”</p> <p>“Most of the changes in the last decade have not been helpful.”</p>
<p>Advocates</p>	<p>“I consider policy simplification necessary. Food stamps and Medicaid have had recent successes. In Medicaid it was moving from monthly to semi-annual process. Food stamps in 2002 switched from once every one or three months to semi-annual. Neither of these policy simplifications required any technology or business processes, but are responsible for the growth we’ve seen in these programs over the past 10 years.”</p>	<p>“Because we were facing budget cuts and needed to make certain cuts by a certain date that was completely unreasonable, we rushed to do too much too fast with too little money.”</p>

Table C.3 (continued)

Positive Comments	Neutral Comments	Negative Comments	
	<p>Political, ideological, and cost factors associated with different programs make it hard to advocate for aligned policies among these programs.</p> <p>(Advice for CA): You need adequate funding, adequate planning, and realistic timelines. Eliminate any idea of short-term savings, don't build your plan around that. And then finally piloting, so that you can compare systems before you change your old system.</p>		
Technology			
<p>State Officials and Local Staff</p>	<p>"In TIERS, you enter in all the household information and answer questions about the relationships between people, and the system makes the determination about which household members to consider in the determination process. [Staff who are used to the old system] see that as a waste of time. We see that as every client gets treated fairly and gets the benefits they are eligible for."</p>	<p>"We do have a link to an employer database, which does allow us to verify SSN. It's a database that large employers across the state are using."</p> <p>Clients can check their benefit levels and household eligibility status through the automated voice system at call centers.</p> <p>"We can image documents, which gives us an electronic case record for each application, with an application verification form and supporting documents."</p> <p>"Around 20 percent of cases are in the new system."</p> <p>"There are gateways between the child support system and the TX workforce commission on unemployment insurance. And a data broker to check credit status."</p>	<p>"We're still essentially working with two systems. Some counties are still using the SAVERR system and that's how they deliver the data to us, and then we have to essentially convert it to TIERS for our reports. It's incredibly labor-intensive. And it's also error prone."</p> <p>"Our issues continue to evolve around the fact that we're a moving target, because we continually have to make changes before we've fully rolled out the TIERS system. We don't have a stable system."</p> <p>"We've had issues on the provider side with buy-in. Providers do not trust the data."</p> <p>"This program works accurately, but it's extremely slow. It's slower than the previous system."</p> <p>"You can make a moral judgment that people who can't handle technology are not going to get benefits. ...If we're not, then let's deal with the needs that real people have."</p>

Table C.3 (continued)

Positive Comments	Neutral Comments	Negative Comments
<p>Advocates</p>	<p>We've been working to roll out this system for a decade and have not managed to get beyond a few counties in the state.</p> <p>"Maybe Texas started too early without learning from other states. They put a whole bunch of money into a system that was not set up to support internet operations."</p> <p>"There are gateways between the child support system and the TX workforce commission on unemployment insurance. And a data broker to check credit status."</p>	<p>"For a lot of families applying on line or over the phone or through the mail is reasonable, but there's always going to be a segment of the population that needs a hands-on, local office approach."</p> <p>"One of the big flaws for the state is that they never sought input from eligibility staff."</p> <p>"Clients are more confused. Depending on where you live in the state and whether you're in this new computer system or not, application avenues differ. You may be able to apply over the internet. You may be able to call a centralized call center to start your application. But enrollment channels have not improved, so you're putting in place more options, but not necessarily better options."</p>
<p>Community Partners</p>		
<p>State Officials and Local Staff</p>	<p>"If CBO data can be imported directly, then that saves on data entry functions. We anticipate at some point being able to do this."</p> <p>"In November we started working with food bank organizations. We requested a waiver to facilitate working with these organizations. They collect data and verification information from individuals. That process is . . . considered our interview, so we don't need the manpower associated with scheduling and conducting those interviews."</p> <p>"Well right now with the food bank pilot, CBOs will be evaluated based on their data quality and how much they reduce the interview flow for us, since their data collection and verification is hopefully going to supplant an interview on our end."</p>	

Table C.3 (continued)

Positive Comments	Neutral Comments	Negative Comments
	A lot of faith-based organizations and CBOs do outreach and help with applications.	Regarding applications that CBOs complete: "It's a mess . . . the applicants can do a better job. The person who has the proper tools and knows that they're doing is more efficient."
Advocates	<p>"There's a number of CBOs that have contracts with the state to do outreach and application assistance...we are failing to meet federal standards and applications have piled up and there are huge backloads, the state is looking to CBOs to help dig them out."</p> <p>CBOs should have a role in the troubleshooting process and should have "access to client files so they can help clients figure out what's going on with their application."</p>	
Changes In Program Performance		
State Officials and Local Staff	<p>"Access to services is now increasing. They're adding staff. They've opened offices so they're trying to build the system back up. It very nearly collapsed."</p>	<p>"We have reports out of both the legacy system and TIERS that monitor our performance on things like timeliness monthly. "</p> <p>Timeliness is an issue, because of the recession and the increase in applications.</p> <p>"Everything is falling apart, timeliness and accuracy, and we're facing federal sanctions."</p>
Advocates	"We really pushed the legislature to include benchmarks related to serving special populations, but to no avail. Then what happened is everything went so wrong so quickly, that is was hard to know who was being harmed most."	Modernization challenges for TX are: getting people enrolled on time and making accurate eligibility assessments, having a simple process that's easy to understand and takes limited worker time, and increasing the population eligible for service.

Table C.3 (continued)

Positive Comments	Neutral Comments	Negative Comments
	"It's pretty clear that federal enforcement levers are weak."	"We have been substantially out-of-compliance for Medicaid and food stamps going back to 2006. Only recently have we seen progress in turning that around, progress in terms of hiring more service eligibility staff." "I don't see modernization as an immediate way to reduce costs. I think you're dooming your efforts when you approach it that way."

^a To maintain respondent confidentiality, we combined local office manager comments for Texas with state official and state staff comments. This is appropriate for Texas because the local staff are state employees.

Table C.4 Positive, Negative, and Neutral Comments on Streamlining Enrollment and Eligibility in Washington

	Positive Comments	Neutral Comments	Negative Comments
Staffing Changes			
State Officials	<p>“Work is a series of tasks, and if we standardize those it gives us all more flexibility, it gives the clients more flexibility, the staff, and more options for managing our workload, and that’s the point.”</p> <p>80 percent of staff say their workload has gone down due to the streamlined processes.</p> <p>“You cannot afford to not do process re-engineering. Standardize [staff sub-tasks] as much as possible because if you don’t standardize, it’s going to be all over the board.”</p> <p>Advice to California: “This is a no-brainer, but having line staff involved in the development of changes. It’s been key getting in the long term success of these initiatives.”</p>	<p>There has been a 10 percent reduction in FTEs (200 FTEs) and a 10 percent decrease in operating and administrative costs.</p> <p>Because of the 30 percent increase in SNAP applications, CSD reassigned staff to the frontlines to increase the number of eligibility workers.</p> <p>Regarding Navigators: “They do not conduct interviews. Their whole responsibility is to act as a shield for the interviewer so the financial eligibility staff can concentrate on interviewing and only interviewing, rather than getting a series of interruptions. So but one key thing that the navigators do is what we call triage an application, so they’ll be able to determine what interview track, and we just have 2, is most appropriate for that applicant. And in order to do that, they need to have, to be a trained financial worker.”</p> <p>CSD secured approximately 23 new FTEs from the state legislature as part of the build up to increasing the SNAP eligibility limit.</p>	<p>“It is always challenging to staff impacted by position reclassification . . . because they are learning new skills.”</p>
Local Staff	No comments	No comments	No comments
Advocates	<p>Having local office workers use online applications and kiosks means that clients “haven’t had too much trouble” applying for benefits.</p> <p>“At some point, anybody that picks up the phone is going to be able to look up the case, know what they’re talking about, and give what information they need.”</p>	<p>“In the state system, there’s so much, the level of expectation of what they have to do is way enormous, it’s back-breaking. Any change in their workflow that can make it more efficient for them.”</p>	<p>The broader community does not understand why CSD is using a phased in approach rather than adopting the staffing changes all at once.</p> <p>“. . .but it’s still in the middle of being implemented so now there’s confusion about how it’ll get done, who to contact to get the right information from while the transition is happening.”</p>

Table C.4 (continued)

	Positive Comments	Neutral Comments	Negative Comments
			<p>"I think with any major changes it's always going to be a little clumsy, but I think the fact that these changes are rolling out at a time when the state is really short-staffed across the board has really contributed to the confusion."</p> <p>Both advocates and the clients they serve are experiencing some short-term confusion about what numbers to call for the call center or who to contact to get up-to-date information.</p> <p>"It's a difficult change and it has been tough with all the layoffs."</p>
Policy Simplification			
State Officials	<p>E-signatures were supported across the board because it was easy to justify making this kind of change.</p> <p>"Last year we passed legislation in Washington to authorize e-signatures for online applications, since last July. That helped reduced barriers. We had an online application before, but families had to print out the last page for the signature, which again, increased workload and placed a barrier there. Sometimes families would fail to return that, so we went to an e-signature."</p>	<p>When making the case for policy changes to the state legislature, it is important to show how changes will (1) reduce errors, (2) improve performance, and (3) determine if the state can allow waivers to make the change or not.</p>	
Local Staff	<p>No comments</p> <p>The children's health bill was "very effective [at] increasing eligibility levels."</p>	<p>No comments</p>	<p>No comments</p> <p>It was difficult to have schools work with DSHS to share data because these policies are "monitored by legalities and bureaucracies, "which makes implementing changes slower and more complicated.</p> <p>"We're trying to do the Express Lane [Eligibility] where you share eligibility information but have run up against the state budget deficit, so it's stalled."</p>

Table C.4 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Advocates	<p>“The most recent significant policy change was last year, when we finally got the electronic signature [policy approved] . . . That was a pretty big hurdle to the other improvements we were making. People could do a lot of things, they could get started and almost finish but then they find you actually can't really apply online, so that was definitely a positive improvement.”</p> <p>The change in food stamp policy increased eligibility, so it was important to show the legislature how the program would also result in cost savings. This helped increase support for the policy change.</p> <p>Implementing Express Lane eligibility will ease the enrollment process, but it is still in the early stages.</p>	<p>“In October 2008, [the SNAP eligibility threshold] was switched to 200% of the poverty level. And that was something that Oregon and some other states had done that as well, for the categorical eligibility process. It allows higher income families with significant expenses to qualify for food assistance. We had to go to the state legislature to do that.”</p> <p>“In 2004 we passed a law again that exempted Washington drug felons from the life-time ban from receiving food stamps, and it also obligated the state to implement transitional benefits for people leaving TANF and also to implement simplified reporting.”</p> <p>“When the governor put forward Apple Health [for Kids], it was a huge policy shift to have that come under one umbrella like other states.”</p>	
Technology			
State Officials	<p>Verifying Social Security numbers federally and in the next overnight batch checking for citizenship breaks down barriers in the application process.</p> <p>Integrating the new online application with the eligibility system has made a substantial difference. It has streamlined the process.</p> <p>One of the biggest successes has been implementing standardized templates for eligibility workers, such as “screen-pop,” an interactive application for call center workers. It has saved up to 3 minutes per call on finding clients in the system.</p> <p>Many clients have access to computers; they are more tech savvy. Even if you're a low-income family, you use the Internet and computer.</p>	<p>“We've seen as much as 80% of online applications in some local areas, it's not consistent across the board, but ballpark, about 40% consistently in online applications. That is going up fairly dramatically.”</p> <p>“We're using some vacant FTEs to buy the technology we need and we're trying to partner with non-profits.”</p>	<p>The state's ancient computer system makes implementing change slow and difficult because changes can only be made during system downtimes, which do not occur often.</p> <p>“The challenge with technology, as with everywhere, is getting enough resources to make the changes in timely fashion when you need it.”</p> <p>With technological improvements there is a risk of upfront investment and hoping it will pay off.</p>

Table C.4 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Local Staff	No comments	No comments	No comments
Advocates	<p>Verifying Social Security numbers federally and in the next overnight batch checking for citizenship also breaks down barriers in the application process.</p> <p>Washington has always been ahead of the curve in innovations and trying new things.</p> <p>Most technological changes have led to savings pretty quickly and to speeding up the process for families.</p>	<p>"Now that everything is scanned in, basically any worker can work on any case, which maximizes the amount you use."</p> <p>Just having an online system is no better than only having a local office. The state has to ensure they are still providing several options for applying for benefits.</p> <p>"One of the things we're pushing for is the state to open up their system so that people who are applying to a third party application system that can file their applications directly."</p>	<p>"From a user's perspective, because we're an agency that helps families enroll for these benefits, the technology is not where we want it to be. We want to be able to scan and send it to the state. We can't do that."</p> <p>Sometimes electronic ways to help people apply for assistance are used with unclear goals. For instance, I'm not sure of the goal of the mobile offices.</p> <p>"For a long time, documents would get scanned in but they wouldn't show up for some time or they'd somehow get lost."</p> <p>"There have been some hiccups and issues. Particularly with the online application, there could have been more of an effort to roll it out, let people know it's out there, get it out better."</p> <p>"There's been challenges because when a person comes in, they don't want to sit in front of a computer."</p>
Community Partners			
State Officials	<p>"There are clients that need help walking through it, and that's where community organizations come in. so you can sit with them at a terminal, make sure everything is done right the first time. There are folks that need assistance and support with that."</p> <p>"Government can't do everything. Having organizations that have a closer connection to clients in the field is a real benefit."</p> <p>"We need to rely on these local organizations and think of ways to better fund them. They can operate more efficiently than we can."</p>	<p>"When eligibility was expanded for children. There were a lot of programs for that. So the funding that CHIP supported, there was a push during the late 90s early 2000s about getting kids enrolled."</p> <p>There are not bonuses for partners who have 60 percent or more of their applications approved.</p>	<p>"The legislature just left town, and took \$400,000 that we were using to fund outreach and community organizations. That's a resource that's drying up- I don't know what the outcome will be."</p> <p>"It'll be interesting to see what happens when the outreach money goes away. They may not have the same capacity."</p>

Table C.4 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Local Staff		<p>"They had a pretty good pay-point, it was \$150 per accepted application, by their definition of accepted. That brought in the smaller counties that weren't doing the work anymore because they didn't have the funding. Then funding was cut and it went to 0, and in the next session it went back to 75."</p> <p>Most of the CBO involvement was formalized two to three years ago after the Apple Health for Kids legislation.</p> <p>"There's always people who need more help. 85% of our clients don't speak English as a 1st language. That's a main barrier."</p>	<p>As an agency that helps smaller CBOs with application assistance, it's hard to budget for this kind of service as an organization. Our staff spend at least half their time on this kind of work.</p> <p>"We can have 20 subcontractors, but we all have to use the same bar code, and we're the only ones who can communicate with the state, and so it makes it hard, impossible, to subcontract because it's not conducive. If they let everyone have their own bar code we could just coordinate the efforts but so far I just say we can't subcontract, which is difficult."</p>
Advocates	<p>The best part of coordinating with the state is our ability to share individual and family stories with policymakers about the recent changes.</p>	<p>"Then for the community orgs, the infrastructure grant was available to be applied for, and those years, the organizations would receive \$150 for a successful application."</p> <p>"From July 2009, the payments were reduced to \$75 per application and the infrastructure grants discontinued."</p> <p>"For the 2010-2011, the organizations won't receive any payment for successful applicants."</p> <p>In 2007, the state gave funds to CBOs for outreach. This funding has continued to decrease each fiscal year.</p>	<p>"We're concerned about organizations on the front lines helping families. Will they lose capacity? The infrastructure? That is a concern."</p>

Table C.4 (continued)

	Positive Comments	Neutral Comments	Negative Comments
Changes in Program Performance			
State Officials	"We're looking at our lowest food stamp error rates ever, so part of that is we've taken a systematic approach."	"When we did our extension and media campaign, in a 2 year period we were expecting 38,000 new clients, and have twice that many. At the same time as the economic climate changed, it's a combo of both."	
Local Staff	No comments	No comments	No comments
Advocates	"We know that the percentage of kids who have health insurance over the last few years has been consistent, which is something we see as a success." "If we are able to implement Express Lane, pick children up to renew coverage or sign up, that would be a great way to insure all the children, drive down the numbers that are not enrolled."		"For adults, that's going down. There's been a drop in employer-sponsored by private insurance, and offset by the increase in public programs."

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