



HEALING POLICY PAPERCUTS

How Aligning Small Conflicts in Application Requirements Makes Benefits Easier to Access

By Angela Colter and Kelli Ho

Integrating eligibility and enrollment benefits is an increasingly important¹ undertaking for state governments around the country. People who qualify for multiple public benefit programs should not have to fill out multiple applications that require the same basic information to access these benefits. But states already in the process of integrating benefits² are encountering an issue—differing, and at times contradictory, submission requirements dictated by the federal agencies running these programs.

Let us take the hypothetical example of a state that wants to combine applications for health care and nutrition assistance programs. Ideally, an applicant would only need to complete one application that could be used by caseworkers to determine this applicant's eligibility for both programs. But when the state's digital team sits down to work on integration, they realize that one program only requires name, address, and signature in order to apply, while the other program requires additional information. Because these programs have different information needs written into their policies, integrating these applications suddenly becomes much thornier.

At Nava, where we partner with government agencies to build digital services that are simple, effective, and accessible, we have encountered this issue firsthand. We helped the states of Nebraska³ and Vermont⁴ in their ongoing effort to integrate public benefit programs. But in the process of working with these states, we saw how something as small as a single form requirement on an application has unforeseen impacts downstream.

This patchwork of compliance requirements across federal agencies creates a burdensome experience for applicants trying to access benefits. This makes it harder to integrate benefits, a worthy undertaking that falls in line with the President's latest executive orders on improving customer experience⁵ and improving equity⁶ when it comes to government programs. Aligning these fragmented requirements is one step toward building a truly human-centered process for state benefits programs.

How Conflicting Requirements Burden Applicants

The process of applying for multiple public benefits can be a cumbersome experience. Applicants might need to fill out the same information over and over again, or need to fill out forms that

require unique information, forcing applicants to pause to hunt down their net monthly household income for one application and gross monthly income for another. It could also mean keeping track of login information for multiple online accounts if they need to stop and complete the application later.

These differing requirements might seem at first like small burdens. In reality, they are policy papercuts that, when added up, create a much bigger pain point for many applicants. For populations that are often the most strapped for time and resources, these obstacles are even more acute. It is what makes these policy papercuts more than an issue of inconvenience—it is about ensuring equity in access to benefits.

In an ideal integrated experience, an applicant could log in to one location and apply for multiple benefits, such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP), using a single application. This makes it easier for applicants to access benefits by reducing the need to submit multiple applications. It can also improve the accuracy of submitted information. As Dee Dee Recic, a product manager in Nebraska, one of our state partners, said, “[An integrated application] eliminates the need to enter the same information multiple times for each program...ensures that unnecessary questions are not asked, and provides the ability to edit information once for all programs—all of which significantly decreases the amount of time to apply for all benefits and improves the quality of the information provided.”

States, including Michigan, Minnesota, Louisiana, and more,⁷ have been working on and launching integrated benefits projects. With the availability of significant funding to modernize benefits programs from the American Rescue Plan, even more states could follow. But state-administered benefits are typically funded and regulated through federal agencies. That means that states looking to integrate benefits must navigate differing, and at times contradictory, funding and compliance requirements decided at the federal level.

For example, the Centers for Medicare & Medicaid Services (CMS) funds Medicaid while the Food and

Nutrition Service (FNS) funds SNAP; any state looking to offer applicants a single integrated application must account for both CMS and FNS application requirements. Often, these requirements are open to interpretation by the person charged with reviewing this work, such as a regional FNS officer. This can lead to even more confusion or inaccuracies when it comes to complying with federal requirements.

“The requirements for FNS and CMS were the drivers of the detailed requirements that the benefit application question flows had to meet,” said Recic, adding the example of differing requirements for whether an application must show privacy notices or disclaimers. “Many times, the requirements of each entity were in conflict, which presented a unique situation that had to be navigated.”

This, and other related issues that impact how states interpret and implement federal agency requirements, were outlined in a recent report⁸ by the Beeck Center. “There are much-needed ongoing efforts to use human-centered design for improving single and multi-benefit applications and eligibility screening,” the report states. “However, the inherent complexity remains even as the service delivery improves, since the rules that govern the benefits are complex.”

What We Encountered Integrating Benefits in Nebraska and Vermont

In our work integrating benefits in Nebraska and Vermont, we mapped the requirements from both FNS, which runs SNAP and WIC, and CMS, which runs Medicaid, Medicare, and Healthcare.gov, in order to build enrollment tools that accommodate both. That is when FNS and CMS's differing application requirements became an obstacle.

For example, both FNS and CMS share a requirement that the only information necessary to apply for certain benefits are name, address, and contact information—sometimes called a “minimal submit” or “quick submit” requirement. But if an applicant submits more information in their application, FNS will accept whatever else they fill in. Then CMS



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will require the applicant to fill out all the remaining required information in order to submit the application.

That means an applicant, applying to Medicaid through CMS, who fills in their name, address, and contact information, but also enters in their household size, will not be able to submit it unless they track down and enter in everything else that the application requires. This can be a burdensome process for the applicant that might require tracking down unknown or hard-to-find information, despite the fact that only those three pieces of information are actually required to get an application in the door.

We experienced this while working with the state of Nebraska,⁹ where we helped to design an Integrated Benefits portal, launched this year. Nebraska's Integrated Benefits portal is a single place to log in and apply for, and eventually manage, enrollment in all state-provided income-based benefits programs. Through this work, we discovered that FNS and CMS applications had distinct submission requirements that not only created an unnecessarily complicated experience for applicants but created a challenge for designers working to integrate these applications. (It is also important to note that while minimal submit requirements might make it easier for applicants to get an application started, they create additional burdens for state agencies down the line. Agencies then must spend time contacting applicants for the rest of the required information.)

Rene LaRose, a Solution Architect on the Nebraska team, said, "The state coordinated and was often requested to demonstrate the implementation separately to each entity to vet the functional and technical approach to gain approval for CMS only, FNS only, and combined solution behavior. This added an extra burden

on the state to broker and resolve conflicts and gain approval."


Ultimately, we resolved these differing requirements with a temporary, workable solution—or minimum viable product. We displayed a message to applicants that outlined these differences, meaning applicants applying for a health care program and a non-health care program were recommended to apply for health care separately. This solution, while viable, also illustrates the limitations of technology and content in solving issues that exist on a policy level.

Another example is that FNS and CMS also have differing requirements for authentication—the process of creating an account so that applicants can log in to finish an incomplete application or check on their claim. In Vermont,¹⁰ we encountered this issue while helping to integrate the enrollment and eligibility processes for all of the state's 37 health care and financial benefit programs such as Medicaid, SNAP, and Temporary Assistance for Needy Families (TANF). Long term, the state's vision is to help Vermonters to understand, access, and maintain their benefits easily, in one place.

When it comes to authentication, CMS required everyone to create an account in order to access their portal while FNS did not. On the flip side, CMS required anyone who did create an account to do so with an email address, while FNS did not. In order to integrate the experience, we had to build a portal that could account for these conflicting requirements. We eventually solved this problem by requiring everybody to create an account with either an email address or username, meeting both minimum requirements. (Note that this solution was rolled out in an earlier version of the Vermont Customer Portal, which may no longer apply to the current Vermont Customer Portal.)

Why Agencies Should Align on Conflicting Requirements

The issues we encountered are likely being experienced by states across the country integrating benefits across their own agencies. As more states look to follow suit, this need will only grow. Meanwhile, applicants are stuck wading through multiple applications that make the process of getting help from these benefit programs grueling. Federal agencies can align on requirements, especially across programs with similar eligibility criteria, to help ease the process for states administering their programs.

Agencies and vendors starting their own integrated benefits projects should be aware of these patchwork compliance needs and plan accordingly. But fixing these issues will take coordination between agencies at the federal level. Avoiding many of these policy papercuts will help to create more human-centered government services. 

Reference Notes

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