Smart Strategies for Health Care Reform and Human Services Integration: Promoting the Health and Well-Being of America's Low-Income Families

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Executive Summary

More than 46 million people live in poverty in the United States. Quality employment should be the first path to financial security and well-being, but when work alone cannot provide stability, jobs are scarce, or employment is not an option, there should be a coordinated system of supports that is easy to understand and access, free or low-cost, provided without stigma, responsive to economic hardship and open to all who need it.

This primer highlights how the federal government, states and community partners can use the opportunity of health care reform implementation to integrate health and human services (such as nutrition assistance and tax credits) to expand access to the full range of income and work supports and provide a more seamless consumer experience for low-income individuals and families.

The Patient Protection and Affordable Care Act (ACA) modernizes how consumers access health insurance and expands coverage. From streamlined applications to ensuring consumers have "no wrong door" to access Medicaid and the new premium tax credits, the ACA brings consumer-friendly health coverage to new levels. Moreover, implementation of the ACA is an opportunity to integrate the delivery of health care and human services programs so that families can connect to multiple supports at once, improving both physical health and financial well-being and providing administrative savings for government.

Given that all children in low-income families will be eligible for both Medicaid and Supplemental Nutrition Assistance Program(SNAP) benefits, and in Medicaid expansion states all low-income adults will be eligible for SNAP and Medicaid, advocates and policymakers have a tremendous opportunity to ensure that individuals and families in need access both of these vital supports and more. The strategies in this paper—ensuring continued use of consumer-friendly multi-benefit applications, supporting outreach and enrollment assistance, and leveraging existing programs and outreach efforts— will help to achieve the goal of ensuring that low-income families receive the range of supports for which they are eligible.

While the new coverage options under the ACA will take effect on January 1, 2014, the new "marketplaces" established by the ACA will begin enrolling consumers on October 1, 2013. This policy primer looks at five immediate opportunities to include coordination and integration across programs as the federal government, states, and community partners prepare for the changes this fall:

1. Adopt targeted enrollment strategies to facilitate enrollment of consumers with existing relationships

with government agencies.

2. Support states' continued and expanded use of multi-benefit applications.

3. Fully leverage the Navigator, In-Person Assister and Certified Application Counselor programs.

4. Empower existing (non-health) networks to engage in health insurance outreach and enrollment assistance.

5. Develop consistent standards across programs for telephonic signatures.

Federal: On the federal level, the Centers for Medicare and Medicaid Services (CMS), which is at the center of ACA implementation, has been listening to advocates and consumers and developing guidance and rules to encourage a successful implementation of the complex new laws that strikes a balance between uniform standards and flexibility. This primer highlights the work CMS has been doing, and suggests areas for additional CMS action. It also suggests roles for the U.S. Department of Agriculture (USDA) and the Internal Revenue Service (IRS).

States: States are at various stages of preparation for implementation, and a lot of variation exists in how they currently integrate health and human services, and how they are implementing the ACA reforms. This brief suggests a number of ways that states at all stages can achieve more seamless integration.

Community Partners: Finally, community partners involved in advocacy can work to educate federal and state policy makers about the opportunities described in this paper. Community partners involved in direct service can also play an important role in helping to successfully implement changes.

The following chart summarizes the actions that each of these stakeholders can take now to ensure that ACA implementation includes integration across benefit programs.

Recommendation	Audience	Actions
1. Adopt Targeted Enrollment Strategies to Facilitate Enrollment of Consumers with Existing Relationships with Government Agencies	States	Request a waiver to use SNAP data to enroll eligible individuals in Medicaid
		Request a waiver to identify and enroll parents in Medicaid based on children's income eligibility
		Without a waiver, states can streamline parents' enrollment in Medicaid based on children's Medicaid cases
2. Support States' Continued and Expanded Use of Multi-Benefit Applications	Federal-CMS	Grant conditional approval to states that modify their existing multi-benefit applications
		Share examples of approved multi-benefit applications with other states
	States	Review the "Integrated Human Services Application Analysis" provided by CMS
		Modify existing multi-benefit applications to include questions related to health coverage
		Consider screening for other programs on health care only application
	CBOs	CBOs who offer multi-benefit screening and applications should use CMS' "Integrated Human Services Application Analyses" to update their multi-benefit screeners and applications
3. Fully Leverage the Navigator, In-Person Assister and Certified Application Counselor Programs	Federal	Integrate information about human service programs in the Navigator and Certified Application Counselor training modules
		Develop a web portal for assisters to help manage eligibility, enrollment, and renewals
	States	Implement CMS's suggestion to have a single set of trainings for Navigators and other assisters
		Avoid imposing additional licensing or certification requirements
		Create state-specific training modules for all assisters on use of multi-benefit tools and/or on how to make referrals for other benefits
		Adopt the CMS model application
	CBOs	Apply to be Navigators, In-Person Assisters, and Certified Application Counselors and use cross-program knowledge and new health program training to fully educate and enroll consumers
		Encourage states to implement trainings that are fair and informative, and to avoid additional licensing or certification requirements
		Share knowledge about benefits with new health care assisters
		Encourage states to educate health care assisters about referrals for other benefits
		Educate consumers about new health coverage options, assist with enrollment and renewal

		Share knowledge about benefits with new health care assisters
		Encourage states to educate health care assisters about referrals for other benefits
4. Empower Existing (Non-Health) Networks to Engage in Health Coverage Outreach and Enrollment Assistance		
VITA	Federal-IRS and CMS	Encourage health coverage assisters to co-locate at VITA sites
	States	Support co-located sites for tax preparation, health care, and other benefits
		Encourage VITA sites to become Certified Application Counselors
		Make Navigator and other assister training materials available to VITA sites
	CBOs	VITA providers can learn more about the connections between VITA and health insurance
SNAP	Federal-FNS	Clarify to outreach contractors that SNAP can share information about health insurance
		Provide guidance to states on cost allocation for outreach; encourage states to include discussion of health insurance in SNAP outreach
	States	Raise an extra non-federal match to pay for time spent on outreach for SNAP and health insurance
	CBOs	Work with states (CBOs who do outreach) to raise money to add health insurance outreach to their work
5. Develop Consistent Standards Across Programs for Telephonic Signatures	FNS	Follow CMS' lead and adopt rules that allow only one agency to collect telephonic signatures for multiple benefits
	States	Prioritize the adoption of telephonic signatures as soon as possible
	CBOs	CBOs that have call centers can work with states to provide guidance on adopting telephonic signatures

Introduction

The Patient Protection and Affordable Care Act (ACA) modernizes how consumers access health insurance. From streamlined applications to ensuring consumers have "no wrong door" to access Medicaid and the new premium support tax credits, the ACA brings consumer-friendly health care access to new levels. Moreover, ACA implementation is an opportunity to integrate the delivery of health care and human services programs so that families can connect to multiple supports at once, improving both physical health and financial well-being and provide administrative savings to government. For more information about these opportunities, see Stan Dorn's paper "How Human Services Programs and Their Clients Can Benefit from National Health Reform Legislation," commissioned by the Coalition for Access and Opportunity.

Given that all children in low-income families will be eligible for both Medicaid and Supplemental Nutrition Assistance (SNAP) benefits, and in Medicaid expansion states all low-income adults will be eligible for SNAP and Medicaid, advocates and policymakers have a tremendous opportunity to ensure that individuals and families in need access both of these vital supports and more.

The goal of this brief is to promote an integrated and streamlined outreach and enrollment process for health insurance with Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF), tax credits, and other programs that support low-income families and individuals. Such efforts can and must be done in a way that enhances the successful implementation of health care reform.

For the last decade, benefits delivery has been moving from a 20th century model based on paper applications to a 21st century model that leverages electronic verification and data sharing among programs. Several states and the federal government have already made progress modernizing health and human service programs. ACA implementation represents a chance to build on these advances.

At the federal level, the Centers for Medicare and Medicaid Services (CMS) have made great strides in developing health insurance enrollment systems that are "easy to understand, welcoming for families from every background, underscore privacy protections, and which utilize technology whenever possible to ease the administrative burden on families." CMS is continuing to finalize the rules and regulations, while states have been planning to implement the changes, and some are beginning the implementation process. The urgency is that on October 1, 2013, exchanges will begin enrolling individuals and small businesses into qualified health plans, and most remaining provisions of the new law will go into effect on January 1, 2014. With this short timeline, now is the time for engaged stakeholders (including the federal government, state leaders, and community-based partners) to come together to ensure that ACA implementation includes coordination across health and human service programs.

The strategies in this paper—ensuring continued use of consumer-friendly multi-benefit applications, supporting outreach and enrollment assistance, and leveraging existing programs and outreach efforts— will help to achieve the goal of ensuring that poor families receive the full range of supports for which they are eligible. This brief highlights five immediate and specific opportunities through ACA implementation for a seamless consumer experience with both health and human services. The opportunities for action are at both the federal and state level and include actions for community partners as well.

Five Immediate Opportunities to Promote Health and Human Services Coordination

1. Adopt targeted enrollment strategies, outlined by CMS, to facilitate enrollment of consumers with existing relationships with government agencies.
2. Support states' continued-and expanded-acceptance of multi-benefits applications.
3. Fully leverage the Navigator, In-Person Assister and Certified Application Counselor programs.

4. Empower existing (non-health) networks to engage in health insurance outreach and enrollment assistance.

5. Develop consistent standards across programs for telephonic signatures.

At this stage of ACA implementation, states and the federal government are at a crucial juncture with the potential to make real progress in integrating health and human services, because:

- The ACA will cover more low-income households than any need-based program in American history. Some individuals who are newly eligible for health insurance already participate in human services programs, while others may have never interacted with public benefits previously.
- Nonprofits, states and the federal government are aiming to reach and enroll millions of uninsured people. Human services programs can be sources of outreach and doors to enrollment.
- The ACA requires states to make improvements in the systems for enrolling consumers in health coverage from a single streamlined application for all health care programs, to requirements for online, in person and telephonic applications, as well as establishing Navigator and other application assister programs to conduct outreach and help consumers enroll. The federal government will also provide most of the funding for these improvements. These modernization measures are also opportunities to improve the way low-income families connect with human services programs.
- The overlap between those eligible for Medicaid and SNAP is nearing 100 percent – suggesting a perfect opportunity to ensure that all of those eligible for both are receiving both. The Center on Budget and Policy Priorities (CBPP) and the Urban Institute have found that in states that are expanding their Medicaid eligibility under the ACA, 97% of SNAP recipients will qualify for Medicaid. Even in states that do not expand Medicaid eligibility, 90-95% of non-elderly SNAP recipients will be eligible for Medicaid.
- Open enrollment in health coverage begins on October 1, 2013 and coverage begins on January 1st, 2014. Mandatory changes to the Medicaid program also begin on January 1st. 2014.

1. Adopt Targeted Enrollment Strategies, Outlined by CMS

CMS released guidance for states on May 17, 2013 regarding targeted enrollment strategies to facilitate enrollment of consumers with existing relationships with government agencies in health coverage. States who adopt these strategies will make great progress enrolling uninsured people and integrating the delivery of health care and human services programs. They will also see administrative savings. Among other actions, CMS encourages states to consider:

- Enrolling individuals into Medicaid based on Supplemental Nutrition Assistance Program (SNAP) eligibility; and
- Enrolling parents into Medicaid based on children's income eligibility.

These suggestions are particularly salient opportunities to work across programs in order to ease access to Medicaid.

Enroll individuals in Medicaid based on SNAP eligibility

In order to facilitate SNAP participants enrolling in Medicaid and reduce administrative costs, states can use information from a SNAP participant's application to determine and renew eligibility for Medicaid. This opportunity is available through 2015. CMS cites the fact that many states already consider SNAP data to be reliable for renewing Medicaid eligibility and some use SNAP data to make initial Medicaid determinations for children under the Express Lane Eligibility option.

This strategy is beneficial for a number of reasons. First, using this method simplifies health coverage enrollment for consumers as well as for eligibility workers, because it does not require a separate income determination. It essentially makes the application shorter. This will help ease the administrative burden on the states as they make the transition to the new rules, and absorb many more participants into their systems. Second, in states that integrate their health and human services systems, this strategy helps avoid the duplicative and unnecessary effort of entering the same information about the same households and families into two different systems. In order to implement this strategy, states will need to request a waiver under section 1902(e)(14)(A) authority.

What can states do?

- States could request a Medicaid waiver so they can embrace CMS' recommendation to use SNAP data to enroll eligible individuals in Medicaid and take advantage of this opportunity as soon as possible since it is currently time limited through 2015. The vast majority of non-elderly, non-disabled individuals who receive SNAP benefits are very likely to be financially eligible for Medicaid.
- Alternatively, also using a Medicaid waiver, states can use this strategy for a subset of SNAP households based on their confidence about the financial eligibly of the included individuals.
- For more information and ideas, see the Center on Budget and Policy Priorities (CBPP)'s "A Technical Assessment of SNAP and Medicaid Financial Eligibility Under the Affordable Care Act (ACA)."

Enroll parents in Medicaid based on children's eligibility

Another important strategy presented by CMS is enrolling parents into Medicaid based on children's income eligibility. States will already have verified the individual's household income as part of the eligibility determination process for children's coverage (through Medicaid or the Children's Health Insurance Program (CHIP)). This same income finding can be used to help determine the parent's eligibility. This strategy is another excellent example of how states can use existing data from one program to enroll participants in another program. States that capitalize on this opportunity will find that it is efficient, simplifies the enrollment process, and can lead to administrative savings.

What can states do?

- States that are expanding Medicaid eligibility will find that a large number of parents whose children are already enrolled in Medicaid or CHIP are likely to meet the new income eligibility standards. These states can request a Medicaid waiver and, once granted, identify and enroll eligible parents in households with income up to 138 percent of the federal poverty level.
- Even without waiver authority, states can streamline the enrollment of eligible parents by reviewing the current children's Medicaid cases to identify families in which parents are likely eligible. States could send these families a pre-populated application based on the information from the child's enrollment and request additional information needed to complete a full health coverage eligibility determination.
- Also without a waiver, states can take advantage of the moment when children's Medicaid is renewed to request information from the parent to allow states to check for eligibility and enroll them then.

2. Support States' Continued and Expanded Use of Multi-Benefit Applications

At least 17 states offer integrated online applications for SNAP and at least one other benefit such as Medicaid. These multi-benefit applications ease access to the full range of supports for low-income families and create administrative efficiencies.

CMS has said that states must adopt a single streamlined application for health coverage by January 1, 2014. In addition, in guidance released June 18, 2013, CMS wrote that states can continue to use multi-benefit applications under the ACA as long as they also provide a health-only application. Multi-benefit applications that include health coverage must ask all of the questions required for health insurance and indicate which questions are optional for determining eligibility for health coverage.

CMS is requiring that states submit multi-benefit applications for approval as alternatives to the CMS model application. As mentioned previously, open enrollment in health coverage begins on October 1, 2013. Because of the short time frame, many states may not be prepared to develop new multi-benefit applications that account for new health coverage options in time to get CMS approval and update necessary systems. Consumer advocates are concerned that, given the time constraints, states may simply abandon their existing multi-benefit applications. For example, in Maryland, consumers can now screen and apply for multiple benefits, including Medicaid, using the state's Service Access and Information Link (SAIL) portal. However, starting October 1, consumers will need to go through the new Maryland Health Information Exchange to complete the single, streamlined application (which connects consumers to coverage available through the marketplace and premium tax credits, as well as Medicaid and the Children's Health Insurance Program, where applicable). Maryland's intention is to eventually use the Exchange as the backbone of a new multi-benefit eligibility system; however, this will not occur for several years.

What can the federal government do?

- In recognition of the short time remaining for states to develop new applications and systems, and the importance of supporting state efforts to use multi-benefit applications, CMS could grant conditional approval to states that modify their existing multi-benefit applications to capture additional data rquired for health coverage determination. This would make it easier for states to preserve the gains they have already made in streamlining access to multiple health and human service benefits.
- Once CMS has approved multi-benefit applications for a few states as alternate applications, CMS could share those applications with other states as examples of how states can continue to use multi-benefit applications.

What can states do?

- Review and use the "Integrated Human Services Application Analysis" provided by CMS on Medicaid.gov, which includes specific suggestions on ways to collect data and a toolkit of options.
- States could modify their existing multi-benefit applications to include questions related to health insurance eligibility under the new rules and indicate which questions on the multi-benefit application are not related to health coverage. States can then submit their revised multi-benefit applications as alternative applications to CMS for approval. States can use the following options to modify the current multi-benefit applications to submit as alternative applications:
  - Add an additional short form to existing paper applications to capture additional necessary information for health coverage, such as a household's tax-filing details. This will enable applicants to initiate a multi-benefit application and only have to provide information about key household and individual

details once.

- Add one or more additional modules, either as extra pages or fields on an existing page, to existing online applications, without redesigning the entire data collection process.
- States that have already made progress in accepting electronic submissions of Medicaid, CHIP, and especially multi-benefit applications can continue to do so, both through their self-serve systems and through systems that support third-party assisters. They may need additional data for whatever addendum modules are developed to capture information for health coverage determination.
- In addition, the requirement that consumers be offered a health care only application does not prevent states from building screening for other programs into their health care applications. States can inform consumers that they are likely to be eligible for other benefits based on the information provided on their health care only application and asked if they want to apply for other non-health benefits. They can also integrate multi-benefit information into the online application for health coverage, and the scripts for telephone operators who assist people applying by phone.

What can community partners do?

- Community partners who offer multi-benefit screening tools and applications should work with states (and many already are) to make sure that they will be able to continue to serve consumers in a comprehensive way.

3. Fully Leverage the Navigator, In-Person Assister and Certified Application Counselor Programs

The ACA and its implementation guidance recognize the need for in-person assistance for health care outreach and enrollment. This help is crucial because (1) so many people are newly eligible for health insurance coverage, and the goal is to enroll the maximum number of consumers; (2) additional assistance can help address accessibility and language barriers (particularly for people with disabilities and limited English proficiency); (3) it allows for provision of culturally and linguistically appropriate services; and (4) in-person assistance organizations can help connect families to additional human services programs.

The Department of Health and Human Services (HHS) has made significant progress in creating a simplified online and paper health insurance application. However, in-person assistance will continue to serve a crucial role for consumers who still find completing applications challenging. Research by Enroll America found that people describe feeling confused, overwhelmed, worried, and helpless about the process of getting health insurance. Enroll America also found that three out of four of those surveyed would like personalized assistance with the application and enrollment process.

Many different types of entities will be available to help with enrollment and in some cases outreach, including Navigators, Certified Application Counselors, In-Person Assisters, and agents and brokers, among others. The entities available to provide assistance will vary by state. See Enroll America's "How Can Consumers Get Help Enrolling in Health Coverage?" and Appendix B of this brief for more details on each program. Here, we focus on the first three.

The following recommendations support high quality in-person assistance to ensure integrated, consumer-friendly access:

Support effective training and certification processes: The groups and individuals who serve in assistance roles will need ongoing training to ensure they are well equipped to serve consumers. CMS has released a final rule with standards to ensure that both Navigators and other assisters will be "appropriately trained, and will provide services and information in a manner that is accessible to persons with limited English proficiency and persons with disabilities." The CMS rule on Navigators makes clear that topics to be covered in the training include confidentiality, selection of qualified health plans, understanding of advanced premium tax credit and cost sharing and understanding the public policy eligibility rules. The final rule also makes clear that state training and certification or licensing standards must not interfere with assisters fulfilling their duties as described in the ACA.

What can the federal government do?

- Integrate information about multi-benefit programs in the Navigator and CAC training modules.

What can states do?

- CMS encourages states to develop a single set of training materials for Navigators, In-Person Assisters, and Certified Application Counselors. States should follow this suggestion. CMS has also said that federal Certified Application Counselor training materials will be made available to states.
- Create optional state-specific training modules for all assisters on state multi-benefit programs and rules.
- While some entities have suggested a formal licensure process for all Navigators and other assisters, federal training will be sufficient to assure designated assistance organizations are trained and well prepared. CMS has made clear that states should avoid imposing additional training, licensing or certification requirements that would act as barriers to trusted community organizations serving in these roles.

What can community partners do?

- Apply to be Navigators, In-Person Assisters, and Certified Application Counselors, or partner with organizations that are doing so, to bring application assistance into low-income communities in convenient and trusted settings.
- Encourage states to implement assister trainings that are fair and informative, to develop training modules on how to connect consumers with other human services benefits, and to avoid additional licensing or certification requirements.

Provide opportunities for multiple benefits outreach: Having in-person help provides an excellent opportunity to connect consumers with the range of non-health benefits for which they are eligible. Navigators, In-Person Assisters and Certified Application Counselors should also be trained in application or referral processes for other benefits and encouraged to connect with providers of human services programs.

What can states do?

- In states that have electronic systems that allow consumers to screen and apply for multiple benefits, the entities helping individuals apply for health insurance should be trained in the use of these tools to inform consumers of all the supports they are eligible for, and potentially help them apply.
- In states without multiple benefits tools, these helpers can be educated about how to make referrals to other benefits programs and incorporate those referrals into their assistance process.

What can community partners do?

- Become Navigators, In-Person Assisters and Certified Application Counselors, or partner with entities that have done so, and use their cross-program knowledge and new health care training to fully educate and enroll consumers.
- Share their knowledge with these health care helpers.
- Encourage states to educate health care helpers about multiple benefits referrals.

Provide appropriate supports for application assistance: To successfully assist eligible individuals and families in enrollment, application assistance entities need clear directions on the health insurance application that recognize their unique role in the application process.

What can the federal government do?

- For consumers who want assistance, it will be most beneficial if they can rely on those assisting them to help them with all aspects of the process from eligibility determination through renewals. Assisters would ideally have access to a dedicated portal that will allow them to submit applications on behalf of consumers and manage cases (with consumers' permission). CMS has indicated that they do not have a timeframe for developing such a portal, but will consider and explore the option down the road. While the portal may take time to develop, it will be a critical tool for assisters to effectively manage support consumers.

What can states do?

- Adopt the CMS model application, including language that makes clear that assisters are a part of the process and that indicates whether the applicant wants the assister to receive notices.
- Develop their own dedicated web portals for assisters.

What can community partners do?

- Educate consumers about how they can access the help available to them as they make choices about their health coverage; enroll and renew consumers.

4. Empower Existing (Non-Health) Networks to Engage in Health Insurance Outreach and Enrollment Assistance

While the new investments in Navigators, In-Person Assisters, and Certified Application Counselors help millions of Americans, the resources available for these helpers are limited. States will vary in how much federal money they receive and how much they invest of their own money. For example, if you factor in funding for community health centers, navigators and in-person assisters, nearly $20 will be available for each non-elderly uninsured person in Illinois, but only about $4 will be available for each non-elderly uninsured person in Florida. In order to reach and assist more consumers, it will be important to expand beyond those categories to others who can help. Many networks already do outreach to the population who will be enrolling in health insurance programs. The IRS and the U.S. Department of Agriculture, for example, have opportunities to specifically connect the outreach work done for free tax preparation and SNAP to Certified Application Counselors and other assisters enrolling in health insurance.

Create linkages with the IRS VITA program and health insurance assisters: The Volunteer Income Tax Assistance (VITA) Program offers free tax preparation to people who make $51,000 or less and need assistance in preparing their returns. The IRS certifies volunteers to provide free basic income tax return preparation with electronic filing to qualified individuals in local communities. They are generally located at community and neighborhood centers, libraries, schools, shopping malls, and other convenient locations. VITA work typically runs from late January until the tax deadline, which overlaps with the first open enrollment period for the Exchanges.

What can the federal government do?

- The IRS can encourage the VITA network to educate consumers who come in for free tax preparation about their health insurance enrollment options. The IRS and CMS can work together to encourage Navigators, In-Person Assisters and Certified Application Counselors to co-locate at VITA sites. There are many successful models for this. For example, Single Stop USA, the Benefit Bank and community-based organizations throughout the U.S. offer VITA services and public benefits access in co-located, coordinated sites that successfully enroll consumers in benefits as part of a the free tax preparation process.

What can states do?

- States can support co-located sites for tax preparation, health coverage enrollment, and other benefits.
- Encourage VITA sites and other community partners to become Certified Application Counselors.
- Make Navigator and other assister training and educational materials available to VITA sites and other community partners who do not have an official outreach or enrollment assistance role, but who may receive inquiries about health coverage options.

What can community partners do?

- While the IRS has not indicated that they plan to play an active role in outreach, groups connected to the VITA program have been more engaged. For example, the National Community Tax Coalition has created a listserv for interested nonprofits, is hosting a series of webinars about the connections between health insurance and VITA and will feature the issue at their national conference in September 2013.
- For VITA sites that do not have a formal assister role, community partners can provide VITA workers with basic familiarity with health coverage options and prepare them to provide referrals for tax filers who have questions regarding health coverage.

- **Promote linkages with SNAP outreach**: As mentioned above, significant overlap exists between the population eligible for SNAP and the population currently or newly-eligible for Medicaid. Ideally, states will adopt cross-enrollment for SNAP and Medicaid. In addition, the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) provides grants to nonprofit organizations and others to improve access to SNAP for low-income families and individuals. States may also claim outreach expenses for partial reimbursement as SNAP administrative costs.

What can the federal government do?

- FNS could clarify that SNAP outreach contractors are permitted to share information about the availability of health insurance programs with consumers, even when clients come in seeking SNAP.
- FNS could provide clear guidance to states on cost allocation for outreach and application assistance efforts. Ideally, FNS would waive cost allocation for time spent collecting basic information about family composition and income that are needed for SNAP eligibility determination, even if that information is also used for other benefit programs.

What can states do?

- Adopt cross-enrollment strategies, as mentioned earlier.
- States and their contractors are required to provide a non-federal match to the federal outreach dollars. They could raise extra non-federal dollars to pay for the portion of their time spent conducting outreach about health insurance.

What can community partners do?

- Community partners who act as SNAP contractors can work with states to raise money to add health insurance outreach to their work.

5. Develop Consistent Standards Across Programs for Telephonic Signatures

The ACA requires that individuals be given the opportunity to apply for coverage online, in person, by mail and by telephone. As a result, states must be prepared to accept electronic and telephonic signatures to record an individual's assent (either electronically or verbally) in place of a written signature. A recent survey by Lake Research Partners found that nearly as many low-income people want help applying for the new health coverage options in-person as by phone and that almost twice as many people want help over the phone compared to those who want help online.

Enroll America and Benefits Data Trust have published a policy brief that focuses on the critical role that telephonic signatures, or "spoken signatures," can play in the success of each state's telephone application process. States should prioritize the adoption of telephonic signatures as soon as possible to ensure that new state IT systems will be able to develop this technology for use by exchange call centers, Navigators, and assisters before open enrollment begins in October 2013.

Provide guidance for telephonic signatures that aligns across programs: CMS is expected to issue detailed guidance for the use of telephonic signatures in the coming months, and it has stated that forthcoming regulations will allow states significant flexibility.

What can the federal government do?

- Any guidance for health insurance applications should be consistent with those for benefits programs like SNAP and TANF so that states that have multiple benefit applications only have to collect one telephonic signature. For the purposes of a multiple benefits, integrated approach, the guidance on this issue that comes from CMS should align with FNS and the Administration on Children and Families (ACF) at HHS. Ideally, only one agency should need to collect the signature, which could be shared with other agencies for multiple benefit applications. States have the flexibility to choose whether and how to accept telephonic applications for TANF, and can choose to accept one signature for multiple benefits.
- In terms of SNAP, FNS developed proposed telephonic signature rules in 2011, but states have not been given the leeway to broadly implement this policy. FNS should follow CMS' lead and adopt rules that both allow only one agency to collect telephonic signatures for multiple benefits, and match SNAP rules to health care rules.

What can states do?

- Prioritize the adoption of telephonic signatures as soon as possible to ensure that new state IT systems will be able to develop this technology for use by exchange call centers, Navigators, and assisters before open enrollment begins in October 2013.

What can community partners do?

- Community partners like Benefit Data Trust and others that have call centers can work with states to provide guidance on effective adoption of telephonic signatures.

Conclusion

As states and the federal government work to implement the Affordable Care Act, it is important to build on the advances that both have made in recent years to integrate across programs as well as the advances written in ACA statute and guidance. Federal and state policy makers, advocates and community-based organizations should act to ensure that these and other steps are taken to achieve integration across health and human services.

With key implementation deadlines fast approaching, federal and state policymakers have much to accomplish. Building cross-program integration in this phase will save time down the road. Coordinating across programs makes it easier for families and individuals to access the help that they need and creates administrative efficiencies for government. States that can act now should. Those that are not able to do so should build these types of integration strategies into their future planning. Ultimately, the goal is to better serve low-income families and individuals to improve their overall health and well-being.

Appendix A

List of Relevant Resources

CMS Rules, Regulations, Guidance and Letters (starting with the most recent):

- "Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application Counselors" CMS, July 12, 2013. http://www.ofr.gov/OFRUpload/OFRData/2013-17125_PI.pdf
- "Guidance on State Alternative Applications for Health Coverage," CMS, June 18, 2013. http://www.medicaid.gov/AffordableCareAct/Provisions/Downloads/Alternative-App-Guidance-061813-508-comp.pdf
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Appendix B

What are the different types of assisters who will help individuals enroll in health coverage?

Assister Type	
Navigators	• All exchanges (state-based, partnership, or federally facilitated) are required to establish a Navigator program. • Navigators will receive funding from the exchange to help individuals and small businesses enroll in health coverage. • All exchanges are required to select at least two entities to serve as Navigators - at least one must be a community-based and consumer-focused nonprofit.
In-Person Assisters	• IPAs are separate and distinct from Navigators. • States with consumer-assistance partneship exchanges are required to set up IPA programs. • States with state-based exchanges are allowed but not required to set up IPA programs. • States with federally facilitated exchanges will not have IPA programs.
Certified Application Counselors (CACs)	• CACs will provide information about coverage options as well as application and enrollment assistance, but are not required to conduct outreach. • CACs must provide information to consumers aboutt the full range of QHP options and insurance affordability programs. • CACs will not receive any public funding. • The Exchange may either directly certify CACs or designate organizations to certify their own staff and volunteers. • Being certified as a CAC helps organizations who would already be engaged in application assistance do this work in a formal capacity with training and support.

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The Coalition for Access and Opportunity

The Coalition for Access and Opportunity is a collaboration of advocates, researchers, and practitioners working to improve access to, and better coordination of, the range of federal income and work supports. Our effort is uniquely focused on coordination across programs. We hope to improve the processes by which millions of needy individuals and families access billions of dollars of resources for which they qualify. The Coalition is dedicated to alleviating poverty for millions of Americans by promoting federal, state and local policy agendas that facilitate comprehensive, coordinated access to underutilized public benefits and related resources. Quality employment should be the first path to financial security and well-being, but when work does not generate enough income, jobs are scarce, or employment is not an option, there should be a coordinated system of supports that is easy to understand and access, free or low-cost, provided without stigma, responsive to economic hardship, and open to all who need it.