

Benefit Access and Enrollment Since the Onset of COVID-19



Executive Summary

The COVID-19 pandemic presented states with a challenge to continue providing benefit access and enrollment services. Without the option for in-person eligibility and enrollment appointments, states adapted benefit enrollment processes to continue providing services to older adults and people with disabilities. As states adjust to the ongoing impacts of the COVID-19 pandemic, new system changes have been implemented that may continue post-pandemic.

States have adopted new or strengthened existing flexible strategies to support benefit outreach and enrollment. This issue brief provides a summary of state initiatives to connect individuals with benefits, states' changes to screening and enrollment tools used to determine eligibility for benefits, and process changes during the COVID-19 pandemic. Findings are drawn from the ADvancing States 2021 COVID-19 Membership Survey, a follow up to the 2020 COVID-19 Membership Survey.¹

Background and Methodology

In the summer of 2021, ADvancing States, with support of the National Council on Aging (NCOA), surveyed its members to assess the impact of the COVID-19 pandemic on benefit enrollment systems more than a year after the beginning of the pandemic. Findings from this survey highlight changes states have made in their benefit enrollment systems since the onset of the COVID-19 pandemic. A web-based survey instrument was used to collect responses from state agencies. The survey was distributed to ADvancing States' members in June 2021. ADvancing States members include state aging and disability agencies that manage long-term services and supports (LTSS), including state-funded services, Older Americans Act (OAA) programs, and Medicaid-funded LTSS. A total of 47 respondents participated in the survey, representing 39 states. The survey was focused on gathering insight on access to several benefit programs: the Medicare Savings Programs (MSPs), Medicare Part D Low Income Subsidy/Extra Help (LIS/Extra Help), Supplemental Nutrition Assistance Program (SNAP), and the Low-Income Home Energy Assistance Program (LIHEAP) benefits.

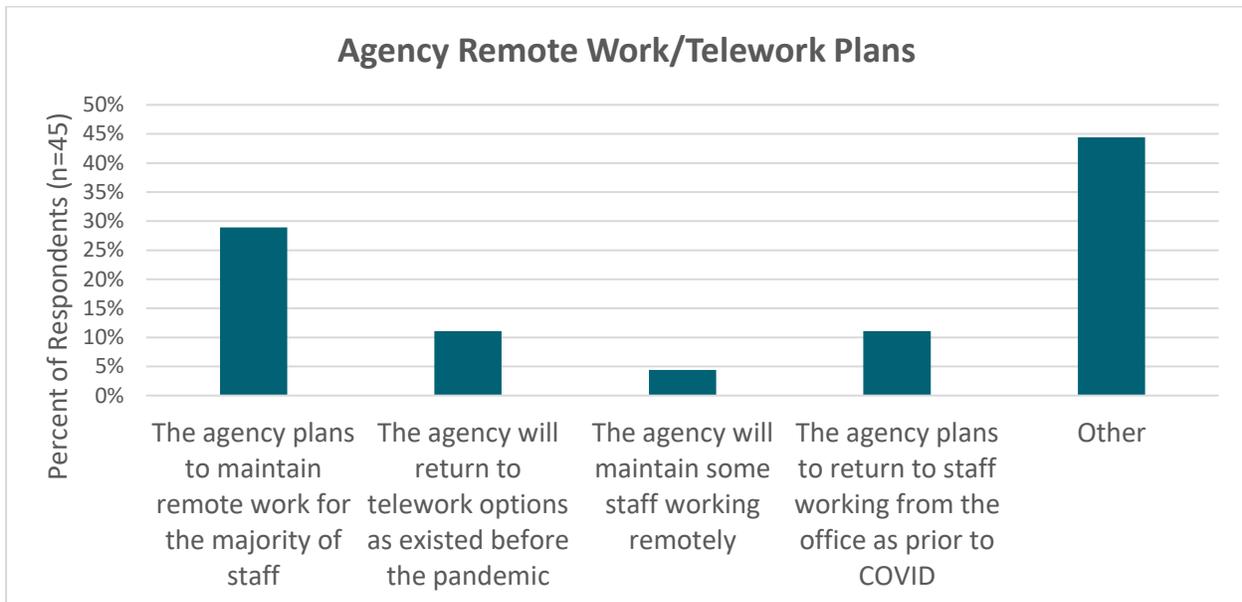
Agency Staffing

Continuing a trend since early in the COVID-19 pandemic, in-person appointments and meetings have been limited to slow the transmission of the virus. The spread of new variants of COVID-19 has also impacted the re-opening of benefit enrollment centers and other offices assisting individuals. States continue to adjust methods of client engagement and workplace operations. State agencies are continuing to use remote or telework options for staff. As shown in figure 1, almost 30 percent of state respondents reported that their agency plans to maintain remote work for the majority of its staff; 11 percent of respondents reported that the agency will return to telework options as existed prior to the pandemic; 11 percent responded that the state agency plans to return to staff working from the office

¹ A summary of data and findings from the previous survey can be found on the ADvancing States website here: <http://www.advancingstates.org/sites/nasud/files/Benefits%20Access%20and%20Enrollment%20Systems%20During%20COVID-19%20-%20Survey%20Findings.pdf>

as prior to COVID; 4 percent stated that some staff will continue to work remotely; and 44 percent of respondents had other expectations for remote work and telework as pandemic restrictions ease. The most common responses about other expectations for work included the introduction of hybrid models for remote and telework or that plans for working post-pandemic were still in development.

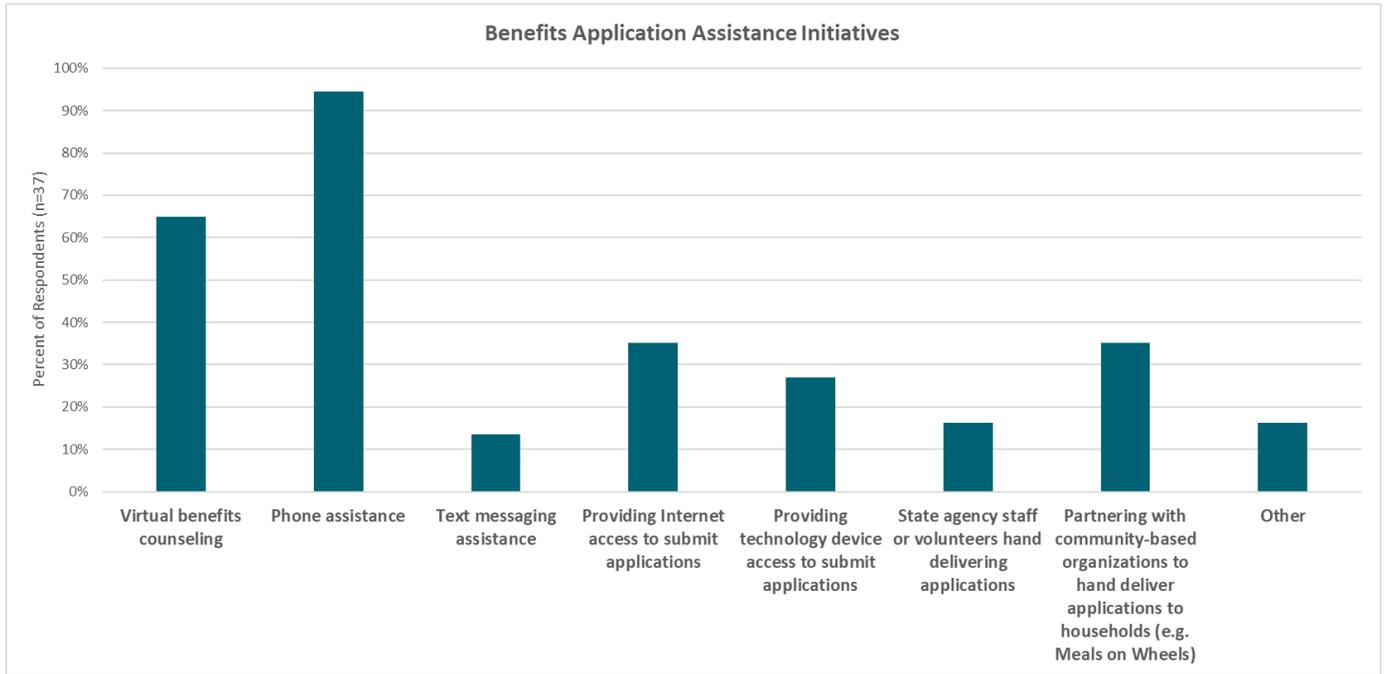
Figure 1



Application Access Initiatives

Along with providing flexibility for staff, state agencies have participated in benefit application assistance initiatives to ease access to benefits for vulnerable individuals. Respondents described using promising practices to assist individuals in applying for MSPs, LIS/Extra Help, SNAP, and LIHEAP benefits as shown in Figure 2. The most utilized initiative reported by around 95 percent of respondents was phone assistance. Virtual benefits counseling followed at 65 percent. Thirty-five percent of respondents provided Internet access to submit applications and partnered with community-based organizations to hand deliver applications to households, such as through Meals on Wheels. Sixteen percent of respondents reported state agency staff or volunteers hand delivered applications and 13 percent provided text messaging assistance.

Figure 2

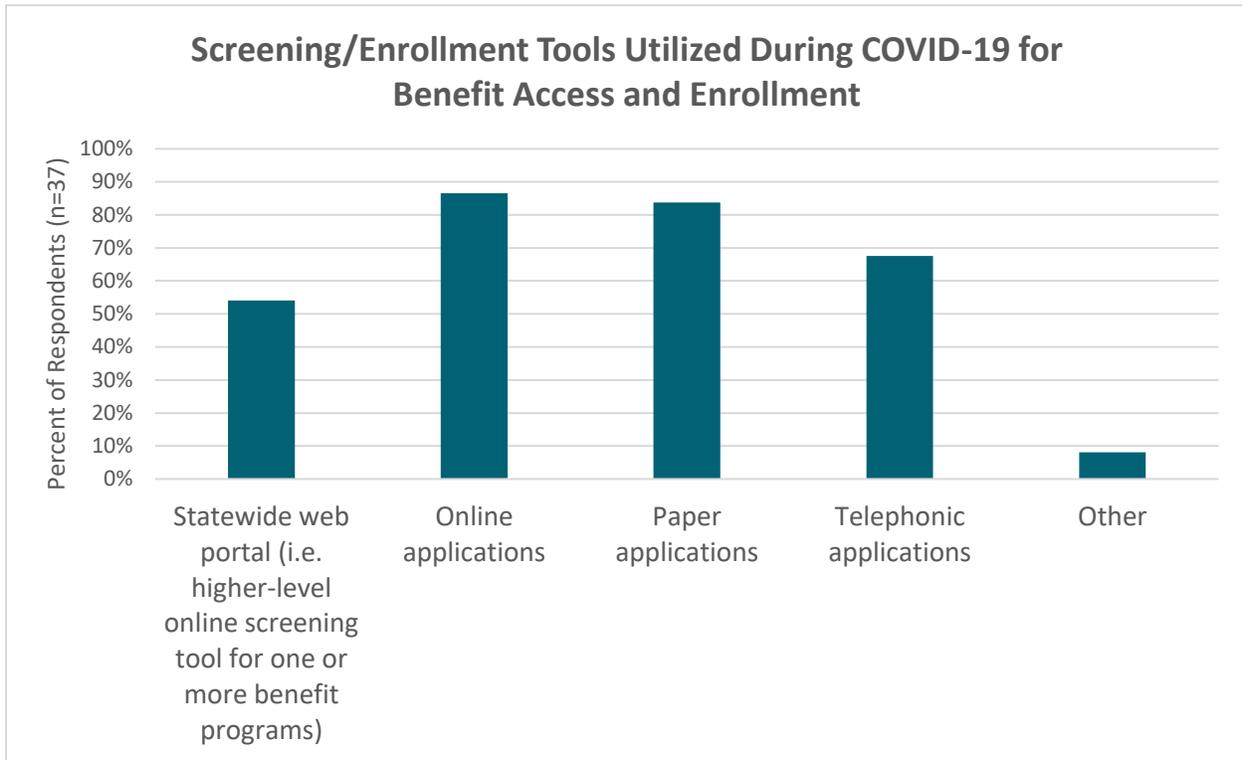


Respondents provided comments on promising practices used in their assistance initiatives. For example, one state shared that for the SNAP program, “efforts included implementing administrative flexibilities approved by the USDA Food and Nutrition Service (FNS) such as waiving interview requirements for applicants that provided the necessary verification with their application and allowing flexibility to more easily accept telephonic or electronic signatures.” Some states had processes in place before the onset of the COVID-19 pandemic. One state responded that electronic processes for benefit programs were established prior to the pandemic but found an increase in phone communication in lieu of home visits. The increased use of remote and virtual options to provide assistance to vulnerable populations may be a long-term change in benefit access and enrollment.

Screening and Enrollment Tools

States utilized remote options for screening and enrollment tools to determine eligibility for benefits programs. Survey respondents shared that many of these screening and enrollment tools were in place before the COVID-19 pandemic, but processes may have changed during the public health emergency. Eighty-seven percent of state respondents reported using online applications to facilitate benefit access and enrollment, as shown in Figure 3. Following online applications, 84 percent of respondent agencies are using paper applications, 68 percent are using telephonic applications, and 54 percent are using a statewide web portal used to screen for one or more benefit programs. States also shared responses regarding the changes in processes for screening and enrollment tools in the 2020 survey. For the SNAP program one state shared that waivers from the USDA allowed the facilitation of program eligibility through remote processes, extended recertification periods, and periodic reporting.

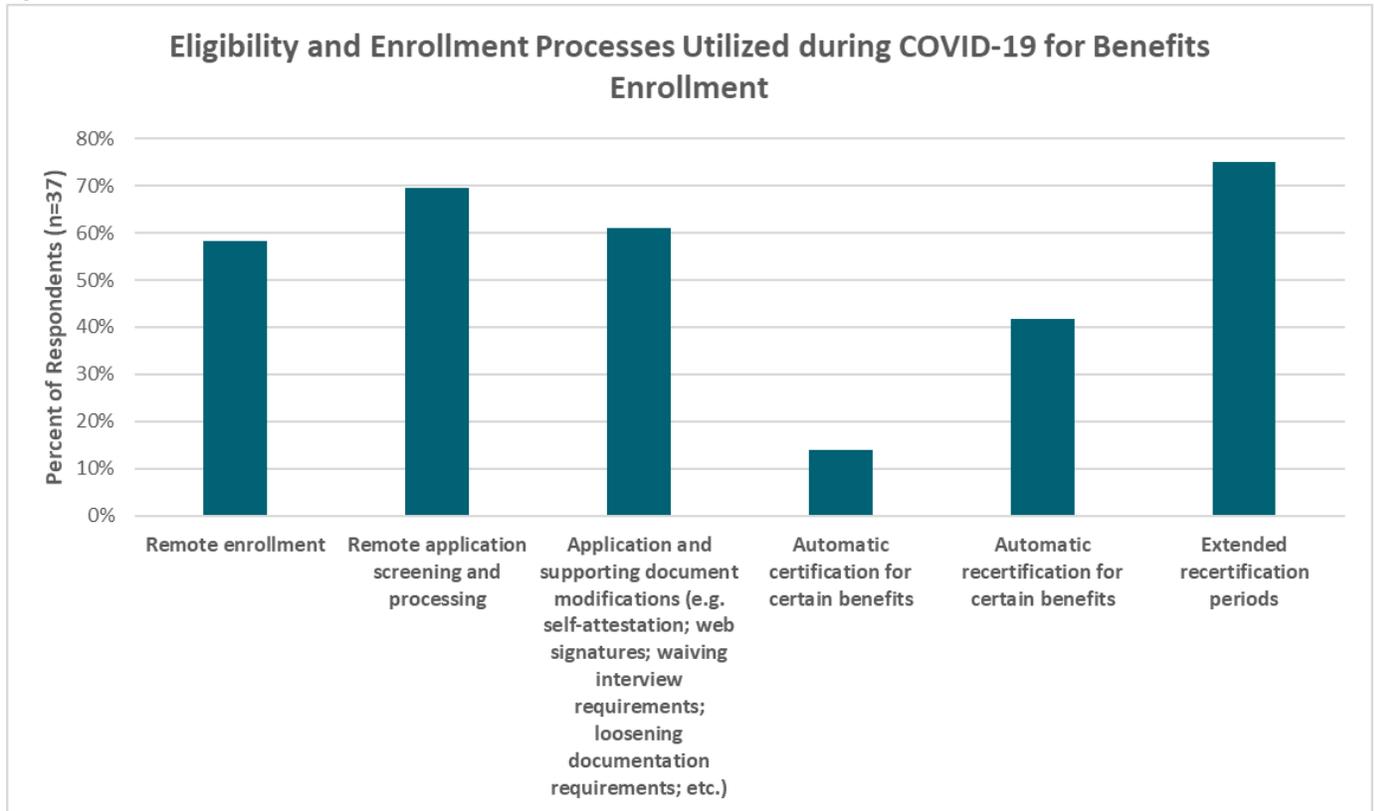
Figure 3



Eligibility and Enrollment Processes

Along with the changes in screening and enrollment tools, states also relied on using flexibility in eligibility and enrollment processes. The most implemented process change was extending recertification periods for the core benefit programs, as indicated by 75 percent of survey respondents (figure 4). Sixty-nine percent of respondents are using remote application screening and processing; 61 percent are utilizing application and supporting document modifications such as self-attestation, web signatures, and waiving interview requirements; and 58 percent of respondents are using remote enrollment processes. Less than half of respondents indicated the use of automatic recertification for certain benefits at 41 percent and only 14 percent of respondents are using automatic certification for benefits. One respondent stated its State Health Insurance Assistance Program (SHIP) provides remote screening and enrollment through its Division of Aging Call Center. Another state’s SHIP program conducted drive-through counseling and enrollment statewide during Medicare Open Enrollment.

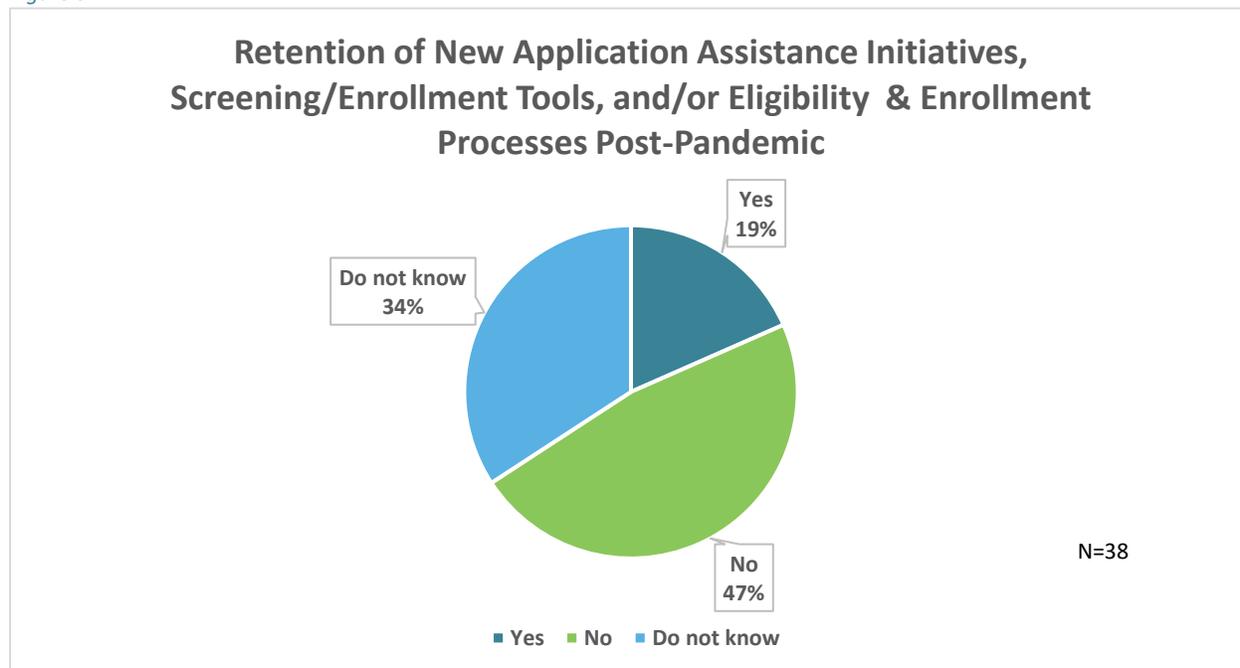
Figure 4



Application and Assistance Initiatives

The COVID-19 pandemic provided an opportunity for states to use new flexibilities for helping vulnerable populations apply for benefits. As pandemic conditions change and agencies are at various stages of re-opening, states are deliberating on which flexible processes should remain after the public health emergency. Maintaining certain flexibilities may also be conditioned on federal policy, guidance, and financing. At the time of the survey, 19 percent of respondents said they anticipate maintaining new application assistance initiatives, screening/enrollment tools, and/or eligibility processes post-pandemic (figure 5). Forty-seven percent of participants responded their state will not be continuing processes and tools used during the COVID-19 pandemic and 34 percent of respondents did not know if they would continue to use COVID-19 initiatives.

Figure 5

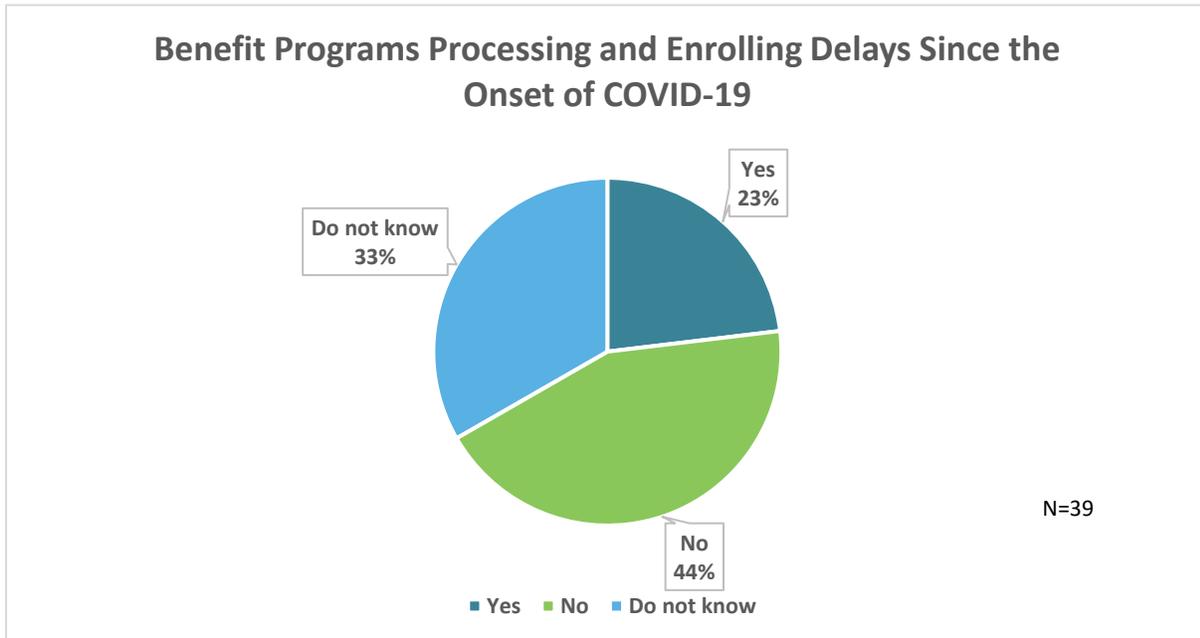


When asked to describe which initiatives, tools, and/or processes their state would retain following the COVID-19 pandemic, one state responded that certain changes would remain for different benefit programs and not others, “telephonic signatures will continue to be allowed for LIHEAP programs, MSP, and LIS programs.” Other state respondents anticipate continued use of self-attestation for eligibility, issuing remote technology for individuals seeking benefits, and using online applications. Survey respondents indicated they are analyzing the continuance of these initiatives through flexibilities offered by the Administration for Children and Families (for LIHEAP) and potential amendments to Medicaid 1115 Demonstration waivers.

Process Changes

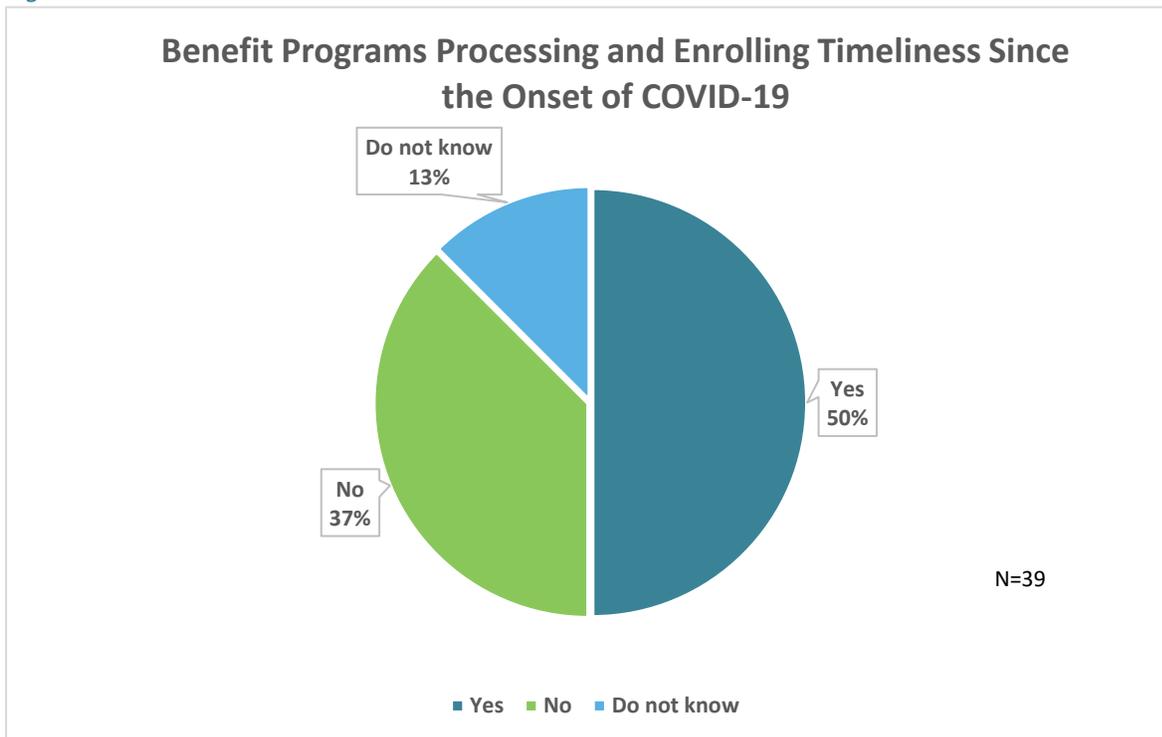
States are seeing improvements in processing delays since the onset of COVID-19. Twenty-three percent of respondents reported a delay in processing individuals for benefit programs since the beginning of the pandemic. Forty-four percent of respondents reported they have not experienced processing delays since the last survey and 33 percent did not know (figure 6). Challenges in timely processes included an increased number of applications, delays in the Social Security Administration processes, and other natural disasters such as winter storms and hurricanes. One state that reported it was not experiencing delays commented that self-attestation helped with processing times for “SSI-related Medicaid applications.”

Figure 6



Fifty percent of respondents found that application processing and enrollment times have improved since the onset of the pandemic (figure 7). Thirty-seven percent of respondents did not see improvements in application processing and enrollment times and 13 percent did not know. Strategies for states who saw improvements included hiring temporary staff, implementing remote work, and staff training for updating methods for processing applications.

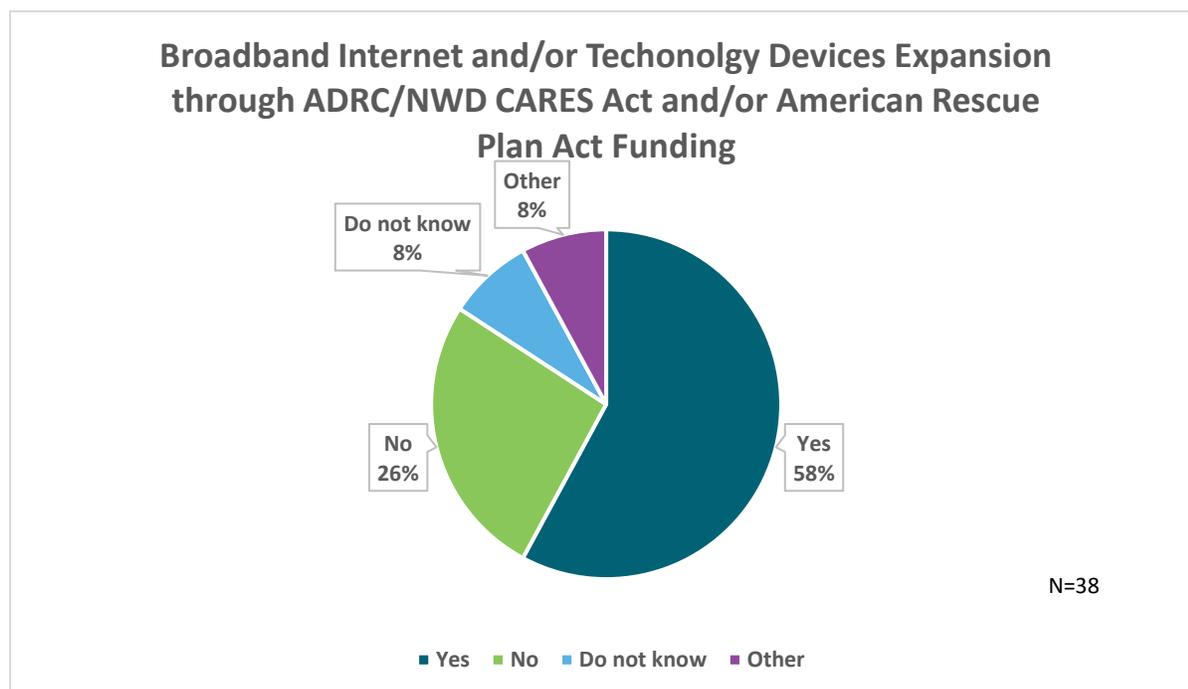
Figure 7



Broadband Internet and Technology Access

Access to broadband Internet and technology devices can be crucial for older adults and people with disabilities to apply for benefit programs. The CARES Act funding for ADRC/NWD and American Rescue Plan Act funding provide opportunities for states to support expanded access to broadband Internet and/or technology devices. Fifty-eight percent of respondents (figure 8) reported that their state agency has expanded access during the COVID-19 pandemic and 26 percent of respondent agencies have not expanded access. Some states that responded “no” to the question clarified that although their agency is not a part of this initiative, there have been efforts made by other state agencies. Eight percent of respondents either did not know of their state agency’s plans or had other responses, such as waiting for approval of a plan to strengthen access to technology devices and broadband Internet.

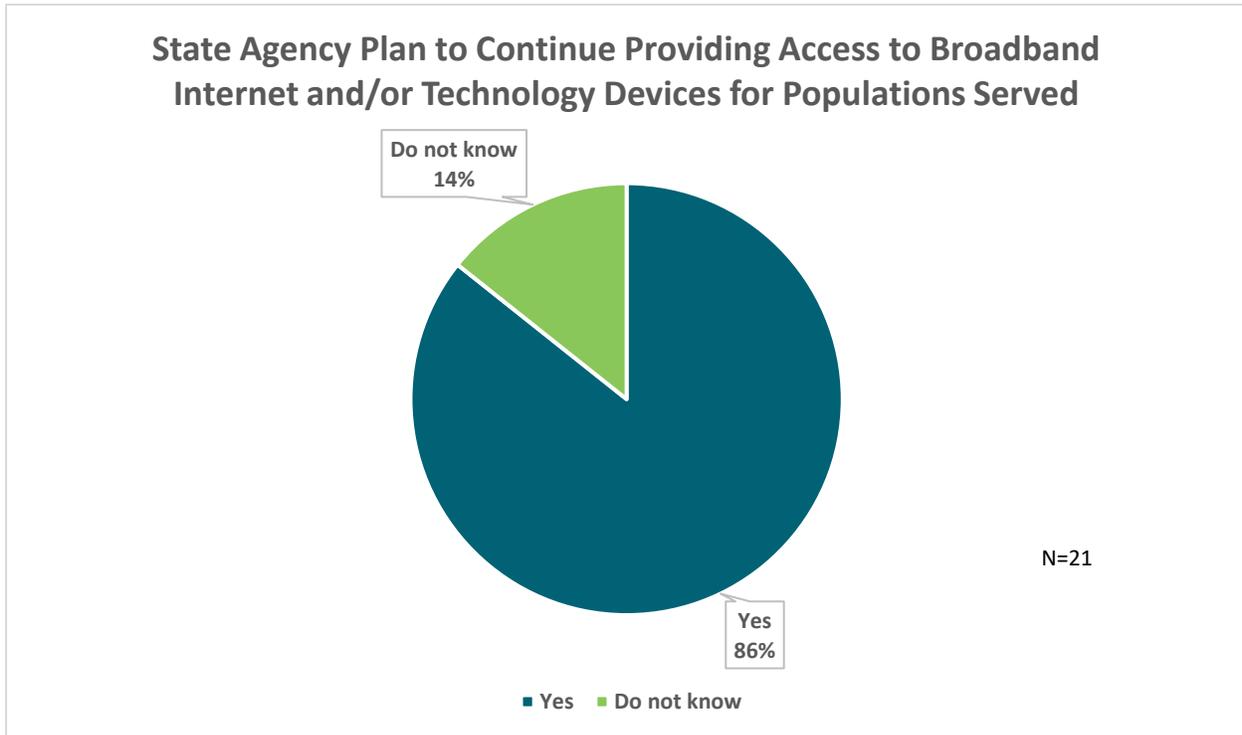
Figure 8



States provided different examples of initiatives to bring broadband Internet and technology devices to vulnerable populations. Examples from respondents included partnering with state assistive technology programs to provide technology devices and training, using technology to combat social isolation, using ADRC funds “to provide technological assistance to enhance telecommunications with clients/consumers,” and expanding broadband Internet access for rural regions.

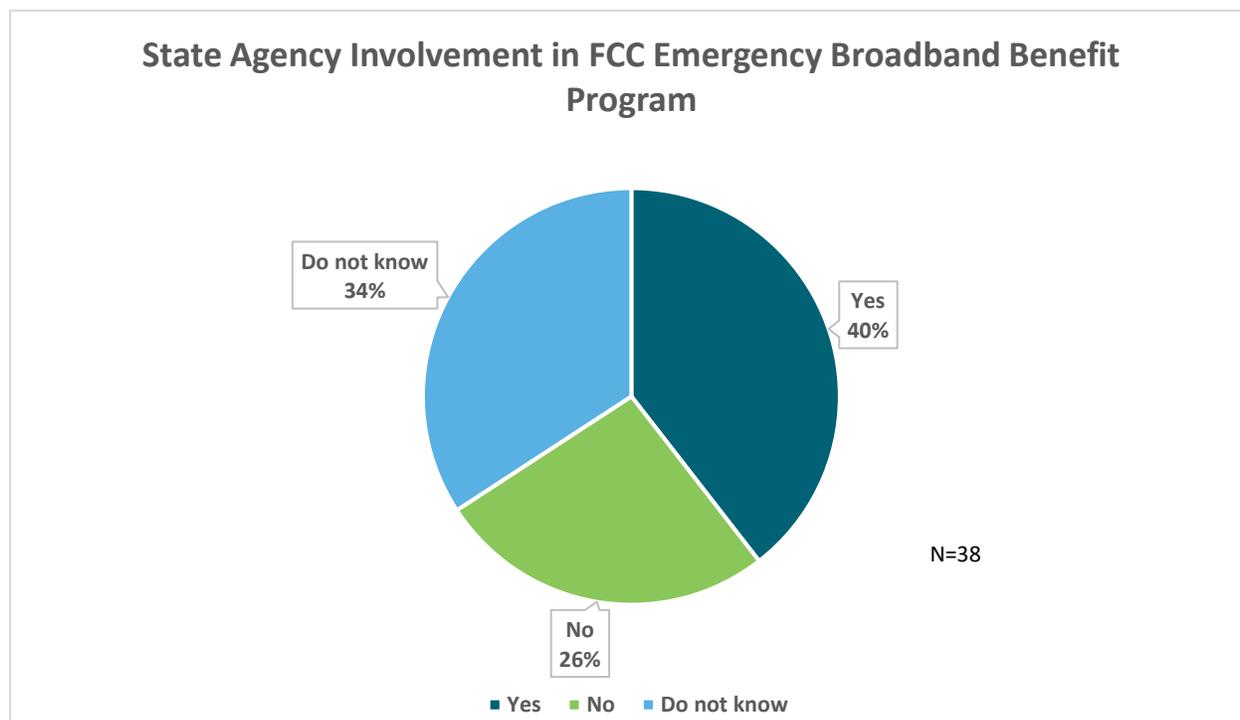
A majority of state respondents, 86 percent, indicated that their state agency is planning to continue providing access to broadband Internet and technology devices for the populations they serve (figure 9). States are considering how to use COVID-19 relief funding to ensure access to technology. For example, one state responded that it utilizes CARES Act and ARPA funding for “AAAs providing technology devices and support for virtual counseling, training, and programming.”

Figure 9



The Consolidated Appropriations Act of 2021 created the Federal Communications Commission’s (FCC) Emergency Broadband Benefit Program to subsidize broadband Internet access as well as devices for certain households. Forty percent of survey respondents are playing a role in the rollout of this program, 26 percent of respondents reported they are not involved in the program, and 34 percent did not know if their agency was involved in the program’s rollout (figure 10).

Figure 10



Respondents provided that although their agency is not directly involved, they are facilitating information and awareness about the program. For example, one state reported “we do not have a formal role in this rollout, but we have disseminated information on the program through our social media sites and other outlets, and we continue to do so.” Other state agencies mentioned sharing the information with Area Agencies on Aging and ADRC networks.

Conclusion

As the COVID-19 pandemic continues, benefit access and enrollment activities from state agencies have become more adaptable with their processes and tools in order to serve vulnerable populations. State agencies have developed innovative strategies to continue benefit access and enrollment and have also strengthened previous practices. Since the onset of the COVID-19 pandemic, states have enhanced the use of remote methods to ensure individuals have access to important benefit programs. Flexibilities granted to states at the onset of the pandemic have led to states deliberating the continued use of new initiatives for benefits access and enrollment post-pandemic. Additionally, state agencies are leveraging opportunities to expand access to broadband Internet and technology devices to reach older adults and people with disabilities in their communities to help with benefit access and enrollment and combat social isolation. Funding sources from the CARES Act, ARPA, Medicaid, and other programs will be important for continued efforts to improve benefits awareness and access in regular times and in emergency situations.

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