

Process and Application Changes to Benefit Enrollment Systems During COVID-19: Findings from State Aging and Disability Agencies



Executive Summary

COVID-19 is a long-lasting and complex disaster situation, with particularly acute impacts for older adults, people with disabilities, and others with certain health conditions. The COVID-19 pandemic involves both a public health emergency and an economic crisis. As a result, millions of individuals and families face challenges accessing basic needs (e.g. food, health care, energy assistance, etc.). States are using new flexibilities in federal regulation and law to respond with changes in policies and procedures to increase access to public benefit programs that assist individuals with meeting basic needs.

This issue brief explores adjustments that states have made to processing eligibility and enrollment for benefits access, including changes to application and supporting document requirements. Process and application changes impact how state staff can connect individuals to benefits, as well as the ease with which individuals can complete and submit applications. Depending on the benefit program, states have responded in different ways. This issue brief highlights examples of opportunities and adjustments that states have made to ensure older adults and persons with disabilities have access to critical benefit programs during the pandemic. Data and findings are drawn from the ADvancing States 2020 COVID-19 Membership Survey.

Background and Methodology

In the Spring of 2020, ADvancing States, with support from the National Council on Aging (NCOA), conducted a national survey to assess the state of benefit enrollment systems during the COVID-19 crisis. Findings from this survey highlight changes, challenges, and opportunities that state agencies have experienced related to benefits access and enrollment. Some of these changes may be temporary, due to time-limited effectiveness of the authority used to implement them, while other changes may lead to ongoing alterations to the programs. As this pandemic is an ongoing crisis, much can be learned from the experiences of state aging and disability agencies in connecting older adults and persons with disabilities to benefits.

A web-based survey instrument was used to collect survey responses. The survey was distributed to ADvancing States' members in May of 2020 and data collection ended in June of 2020. ADvancing States members include state agencies responsible for a wide range of long-term services and supports (LTSS), including state-funded services, Older Americans Act (OAA) programs, and Medicaid LTSS. As survey questions spanned across several benefit programs, our state members were advised that they may need to engage additional state partners on the survey. A total of 55 respondents participated in the survey, representing 45 states.

This survey focused on the following benefit programs: 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). As these programs are often administered by a variety of state agencies, this issue brief highlights examples from state aging and disability agencies as well as other state agency partners.

Applying for Benefits

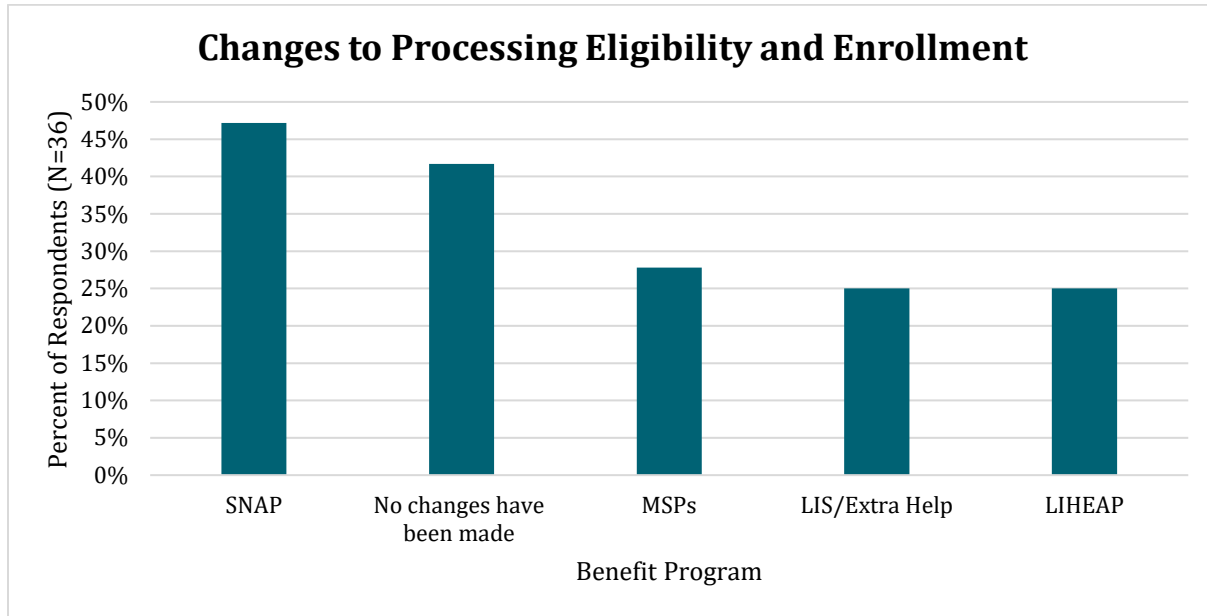
Since the onset of COVID-19, in-person interactions pose risks to older adults, people with disabilities, and those with certain health conditions due to possible spread of the virus. Therefore, states have made alterations to their benefit access and enrollment systems, including the ways in which individuals apply for benefits, while more staff work remotely. For instance, of the 55 survey respondents, 40 percent reported that 100 percent of their staff are working remotely. Additionally, historically many individuals and families applied for benefits through eligibility and enrollment offices, such as county social service offices, to comply with eligibility requirements. However, as of June 2020, 51 percent (of 49 participants) reported that eligibility and enrollment offices in their state have closed for in-person appointments or visits and are now operating remotely. With more staff working remotely, states are tapping into a variety of existing means to connect individuals to benefits, such as web portals and online, paper, and telephonic applications. Since the onset of COVID-19, 22 percent (of 51 respondents) reported that their agency or state partner agencies have increased the use of online applications for benefit programs such as the MSPs, LIS/Extra Help, SNAP, and/or LIHEAP. Four percent of states also indicated that they are currently developing online applications.

Process and Application Changes

In addition to the ways in which individuals apply for benefits, states are also making adjustments to the process and application itself for staff and beneficiaries. State and local agencies, as captured in the survey, have made several changes in order to increase access to benefit programs to those in need.

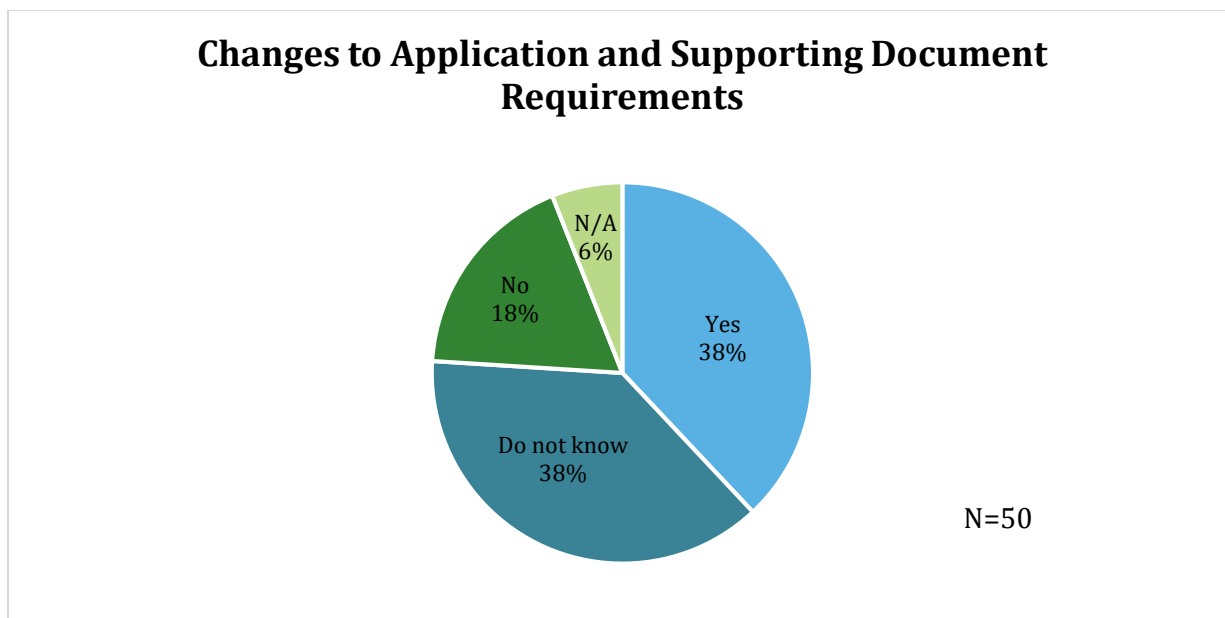
In some cases, states have made alterations to how they are processing eligibility and enrollment for multiple benefit programs, and in other states, changes have applied to just one program. For instance, as shown in figure 1, 47 percent of respondents reported making changes to how they process eligibility and enrollment for SNAP; 42 percent indicated that no changes have been made; 28 percent said changes have been made with the MSPs; and 25 percent said changes have been made with both LIS/Extra Help and LIHEAP. Of note, two states who reported that no changes have been made also commented that these programs are not administered by their agency. This may indicate that additional respondents who said no changes have been made are perhaps unaware or unsure of alterations made by programs administered by other state agencies.

Figure 1



In addition to eligibility and enrollment processes, states have also adjusted application and supporting documentation requirements for participants for eligibility for the MSPs, LIS/Extra Help, SNAP, and LIHEAP. As shown in figure 2, among survey respondents, 38 percent said that changes to application and supporting document requirements have been made; another 38 percent indicated that they did not know if changes have been made; 18 percent said that no changes have been made; and 6 percent said that it was not applicable to them.

Figure 2



Federal Authorities and COVID-19 Relief Legislation

States are responding to this crisis with temporary and ongoing alterations in policies and procedures to increase access to public benefit programs during the pandemic. Of note, several of the process and application changes highlighted in this brief required federal waivers, and when the public health emergency ends, these flexibilities will end as well.¹ However, it is important to recognize that the end of the formal emergency may occur before some vulnerable populations, such as older adults and persons with disabilities, are able to engage in the community once again. This is a consideration to keep in mind as states plan for re-opening in various capacities.

The Families First Coronavirus Response Act (FFCRA) includes funding for a wide range of services, supports, and relief for communities, families, and individuals impacted by the COVID-19 pandemic. Additionally, the Coronavirus Aid, Relief, and Economic Security (CARES) Act includes a wide range of funding and policy to respond to the pandemic. Many of the process and application changes described in this issue brief are possible because of flexibilities in the FFCRA and CARES Act.

Medicare Savings Programs

Under FFCRA, in order to receive increased Federal funding, a state must maintain Medicaid eligibility for each individual for at least the same amount, duration, and scope of the benefits as the program for which they are currently enrolled. This requirement includes eligibility for MSPs.² For instance, a Qualified Medicare Beneficiary (QMB) who is determined to no longer meet QMB eligibility requirements may not be moved to the Specified Low-Income Medicare Beneficiary (SLMB) group, because the SLMB group offers a lesser amount of assistance with Medicare premiums and cost sharing than the QMB group. Furthermore, under the CARES Act, federal unemployment benefits and stimulus payments will not impact eligibility for the MSPs.³ Of note, regardless of the existing crisis, under Section 1902(r)(2) of the Social Security Act, states also have eligibility flexibilities that include the option to disregard certain income and assets when determining eligibility for the MSPs, which can result in expanded income and asset levels for eligibility.⁴

¹ For more information about the Medicaid and Older Americans Act relief flexibilities:

<http://www.advancingstates.org/sites/nasuaad/files/u24453/Medicaid%20Disaster%20Relief%20Authorities%20FINAL%202.pdf>;

<http://www.advancingstates.org/sites/nasuaad/files/u24453/OAA%20Disaster%20Relief%20Authorities%20FINAL.pdf>

² <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-CARES-faqs.pdf>

³ <https://www.ncoa.org/wp-content/uploads/QA-CARES-Act-Eligibility.pdf>; <https://www.justiceinaging.org/wp-content/uploads/2020/04/Medicare-Coverage-and-COVID-19-4.14.20.pdf>

⁴ <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-01-23-2015.pdf>

Spotlight on Massachusetts: Executing Policies to Facilitate Access to Benefits

Massachusetts' SHINE (Serving the Health Insurance Needs of Everyone) program, within the Executive Office of Elder Affairs (EOEA), is the State Health Insurance Assistance Program (SHIP) that provides free health insurance information and counseling to all Massachusetts residents with Medicare, soon to become eligible Medicare beneficiaries, and their caregivers. SHINE counselors help individuals understand their insurance options, and apply for programs that can help lower costs, such as the Medicare Savings Programs (MSPs).

While the MSPs are administered by Massachusetts' Medicaid program, MassHealth, the SHINE program works closely with MassHealth to share knowledge with their Certified Application Counselors (CAC) and Health Navigators about Medicare and the MSPs. The SHINE program serves as a liaison to the older adult community and specifically educates older adults about available benefits and helps them complete applications. MassHealth determines eligibility for the MSPs.

Prior to COVID-19, the state and advocates had been working to expand access to the MSPs. Beginning on January 1, 2020, the income and asset limits for the MSPs (also known as "MassHealth Buy-In" programs in Massachusetts) increased. As a result, more individuals are eligible to receive help paying for Medicare. Massachusetts also recently added the Qualified Medicare Beneficiary (QMB) program to the same three-page application that includes the Specified Low-Income Medicare Beneficiary (SLMB) program and the Qualifying Individual (QI) program, which further streamlines access to all three programs. When the state expanded access to the MSPs at the beginning of 2020, the SHINE program was responsible for educating older adults and raising awareness about the new income and asset limits. Additionally, EOEA's Communications Department created flyers and brochures in several languages for the aging network and other community partners.

Additionally, there are time-limited flexibilities that impact benefits access and eligibility due to COVID-19. The SHINE program takes account of these changes while they continue to engage with partners and assist older adults. As discussed earlier, for the duration of the public health emergency, a state must maintain an individual's eligibility for the MSP in which they are enrolled. Furthermore, in some cases, if a consumer missed a Medicare enrollment period, equitable relief is available to eligible individuals who could not submit a timely enrollment due to COVID-19.

In addition to adapting to new policies and flexibilities with COVID-19, the SHINE program also quickly made adjustments to keep counselors and consumers safe throughout the pandemic. SHINE is now asking individuals to complete MSP applications online. If that is not an option, they can also mail, email, or fax applications. Additionally, 60 percent of SHINE counselors are volunteers, and many of them are older adults themselves. Rather than using their personal home phone numbers and emails, some are now using Google voice and agency email addresses. In this new environment, all counselors need to be technology capable. If some counselors struggle with technology, the program transitions them to other roles less reliant on technology. The SHINE program also recognizes that there is a digital divide, and not all older adults are connected to internet or technology devices. Prior to the pandemic, they were seeing consumers face-to-face 70 percent of the time, and they are now working with consumers via technology, phone, and mail. SHINE is collaborating with a trainer's work group to assess the ways in which they can continue to assist older adults both now and for Medicare Open Enrollment.

Supplemental Nutrition Assistance Program

The FFCRA provides temporary new authority and broad flexibility to the U.S. Department of Agriculture (USDA) and states to ensure access to SNAP during the pandemic. Most of these flexibilities are temporary and there must be a federal public health emergency and a state declaration of an emergency or disaster declaration to use them.⁵ With many of the SNAP waivers, states were originally approved through May 2020, and were then required to request extensions for additional months.⁶ The FFCRA allows states the opportunity to: grant waivers that allow for the issuance of emergency allotments (supplements); extend certification periods and adjust reporting requirements; adapt telephonic signature requirements; conduct quality control interviews by phone rather than in-person and extend and waive deadlines for reporting findings; and waive application and recertification interviews.⁷

In addition to provisions under the FFCRA, states can use existing SNAP program flexibilities. These flexibilities include allowing applications online, by mail, or telephone; extending certification periods to the maximum available; and streamlining the program by exempting households from certain requirements for good cause.⁸ There are also additional waivers from certain program requirements that the USDA may grant states. This can happen even without a disaster declaration, though these options become more robust in the event of a Major Presidential Disaster Declaration. For example, this can include opportunities and flexibilities to help states streamline program administration and provide access for SNAP participants.

⁵ <https://www.cbpp.org/research/food-assistance/most-states-are-using-new-flexibility-in-snap-to-respond-to-covid-19>

⁶ For more information about state by state SNAP COVID-19 waivers:

<https://www.fns.usda.gov/disaster/pandemic/covid-19/snap-waivers-flexibilities>

⁷ <https://www.cbpp.org/research/food-assistance/most-states-are-using-new-flexibility-in-snap-to-respond-to-covid-19>

⁸ <https://www.fns.usda.gov/disaster/pandemic>

Spotlight on Texas: Increasing Access to SNAP through COVID-19 Waivers

At the onset of the COVID-19 pandemic, Texas was looking for a way to ensure that individuals still had access to food, while also balancing the safety of staff and consumers. While many state staff transitioned to remote work, the demand for SNAP benefits increased simultaneously. In April 2020, Texas saw a 263% increase in new SNAP applications compared to April 2019. As a result, Texas pursued three SNAP waivers from the U.S. Department of Agriculture, Food and Nutrition Service (FNS). The waivers intend to lessen the burden on households as well as help staff process applications efficiently. The Texas Health and Human Services Commission (HHSC) was able to meet the increase in SNAP applications by leveraging the waivers, telecommuting, and utilizing technology available to ensure Texans received timely access to critical SNAP benefits during the pandemic.

With an active state declaration of disaster in Texas, and with the Governor's approval for the SNAP waivers, Texas received final approval for the waivers from FNS. The three SNAP waivers Texas pursued issue the maximum SNAP allotment; automatically extend SNAP benefits (extended certification); and waive interview requirements.

With these waivers came the need for IT support. IT changes were needed in order to issue the maximum SNAP allotments. Additionally, staff time was required to issue guidance on the waivers to staff and stakeholders.

As noted earlier, the SNAP waivers are time-limited and are intended to be responsive to evolving needs during the pandemic. At the time of the response to the Advancing States survey, Texas received approval of these waivers through June 2020. With an ongoing need for affordable food present in communities, Texas submitted a request and received approval to continue the three waivers through August 2020.

In making these changes, the Texas Health and Human Services Commission, Access and Eligibility Services tapped into their close relationships with their community partners and agencies, such as grocery retailers and advocacy stakeholders. Texas has a Community Partner Program (CPP), a statewide network of community partner organizations, and the state communicates and engages with these partners through various forums making sure they are aware of eligibility changes.

Prior to the pandemic, Texas already had simplified applications and renewal forms for Supplemental Security Income (SSI) recipients under the SNAP Combined Application Project (CAP) and SNAP-SSI waiver. These waivers help make SNAP more accessible for older adults and persons with disabilities.

Low-Income Home Energy Assistance Program

LIHEAP is a program that assists families with energy costs such as home energy bills, energy crises, and weatherization and energy-related minor home repairs. This program is a block grant administered by the Administration for Children and Families (ACF), Office of Community Services (OCS). The CARES Act appropriated an additional \$900 million for LIHEAP to remain available through September 30, 2021. OCS states that, "Grantees may use these funds for any purpose normally authorized under the

federal LIHEAP statute (42 USC 8621 et seq.), including heating, cooling, crisis, weatherization assistance, case management for the reduction of home energy burden, and administrative costs.”⁹ Additionally, in an information memorandum, ACF provides guidance and describes grant flexibilities in conducting human service activities related to or affected by COVID-19.¹⁰ Entities affected are asked to provide documentation describing the effects of COVID-19 to their ACF Program Office. Under existing law, LIHEAP grantees have flexibilities to address recipient needs and shift operations during COVID-19, as long as they do not exceed federal statute limitations.¹¹ This includes the authority to adjust policies and procedures to allow for remote application intake and processing, and to shift eligibility and documentation requirements. The National Energy Assistance Directors’ Association surveyed and documented modifications states have made to their LIHEAP programs to meet the growing need.¹² Some common modifications include waiving in-person interview requirements; expanding processes for applications by phone, mail, or online; revising eligibility requirements, such as loosening documentation requirements; and adjusting programs to assist customers during the spring and summer.

⁹ <https://www.acf.hhs.gov/ocs/resource/liheap-dcl-2020-10-cares-act-supplemental-funding-release-ffy20>

¹⁰ https://www.acf.hhs.gov/sites/default/files/ocs/im_acf_0a_2020_01_acf_covid_flexibilities.pdf

¹¹ <https://neuac.org/wp-content/uploads/2020/05/LIHEAP-one-pager-5.11.20.pdf>

¹² <https://neada.org/statecovidresponse/>

Spotlight on California: Seizing Opportunities to Increase Access to LIHEAP

The Low-Income Home Energy Assistance Program (LIHEAP) assists families with energy costs, providing a critical resource when economic needs are high. The California Department of Community Services & Development (CSD) is capitalizing on new funding opportunities to implement system changes and outreach efforts to increase access to LIHEAP, particularly for employment impacted low-income households. Traditionally, California's LIHEAP places emphasis on serving families with high energy burdens and with members of the at-risk populations such as older adults, persons with disabilities, and children.

CSD is continuing discussions with local LIHEAP Service Providers and third-party technology providers regarding the use of online applications to support the enrollment of participants for LIHEAP energy assistance services. This will allow participants to apply online and remove the need for in-person enrollments. Prior to COVID-19, some local LIHEAP agencies transitioned to using electronic forms to facilitate enrollment into the home weatherization program, which falls under LIHEAP. With the onset of COVID-19, CSD sees these improvements as even more valuable, and they are now exploring opportunities to integrate an online application for LIHEAP utility assistance. Local service providers retain the services of third-party technology vendors to provide automated solutions that assist with program administration and management at the local level. Because of this, technology vendors may also be positioned to offer an online application solution that support different methods of enrollment and program administration at the local level. CSD has allocated a portion of the CARES Act funding to support these business continuity improvements. This includes supporting online applications as well as enabling an agency to allow staff to work remotely so that business operations at the local level can continue during the COVID-19 pandemic as well as future emergencies. CSD is providing guidance, and the local agencies are managing the process based on their priorities and local needs.

CSD is also engaging in conversations about CARES Act funding with partners across the state to explore outreach opportunities to increase awareness of LIHEAP assistance. With that said, it is also a challenging time to encourage enrollment in LIHEAP because there are service disconnection moratoriums across the state for 12 months. The concern is that when the moratoriums are lifted, many individuals will have accumulated additional debt by not paying energy bills throughout the moratorium. CSD is working closely with utility companies so that when disconnection moratoriums cease, they are prepared to collaboratively address this issue.

Furthermore, in collaborating with sub-grantees, CSD identified utility and financial assistance, as well as the ongoing need for emergency energy services, as the most prevalent needs during the pandemic. Therefore, CARES Act funding is being used to primarily address these needs. However, in addition to service moratoriums, people have concerns with possible infection from service providers being in their homes and are thus delaying weatherization improvements. As a result, CSD is assessing near-term needs for weatherization services that will result from the current environment and if they need to redirect funds primarily to utility assistance for the time being.

In order to advance improvements, CSD is coordinating with several partners. CSD consistently coordinates with utility partners and the California Public Utility Commission as they continue to explore ways that LIHEAP assistance can better target clients with financial needs during the pandemic. These relationships help coordinate LIHEAP assistance with existing services that utility companies offer, such as service disconnection moratoriums, flexible bill payments, and monthly discount programs for low-income customers. Furthermore, reaching at-risk populations requires partnerships with the aging and disabilities networks. The California Department on Aging (CDA) collaborates with the LIHEAP program through local level partnerships. For example, Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and other nonprofits foster cross department and agency partnerships to support access to LIHEAP for older adults and persons with disabilities.

Consumer Access Points

When rapid alterations occur to benefit access and enrollment systems, a key component to ensure that systems continue to operate effectively is to educate consumer access points (e.g. Aging and Disability Resource Centers (ADRCs), single entry point agencies, and No Wrong Door (NWD) partners) regarding operational and/or process changes related to benefit programs.

Of 45 survey respondents, over half (58 percent) reported that they are educating consumer access points in their state regarding operational and/or process changes related to benefit programs. States indicated that they are doing this via methods such as guidance memos, stakeholder calls, policy briefs, social media, website updates, emails, webinars, and meetings with AAAs and other partners. For instance, one state commented that, "The department is in contact with AAAs, SHIPs, MIPPA grantees, Medicaid MCOs, and County Welfare Agencies regarding flexibilities in service delivery."

Spotlight on Illinois: Serving as a Conduit of Information to the Aging Network

Though the Illinois Department on Aging (IDoA) does not administer the MSPs, LIS/Extra Help, SNAP, or LIHEAP, these programs are very important to the health and economic security of older adults. With several changes to policies and procedures in response to COVID-19, IDoA has served as a conduit of information to older adults, caregivers, and providers when new information and opportunities arise that impact their network.

For example, the SNAP program is administered by the Illinois Department of Human Services (IDHS). Under the FFCRA, IDHS received waiver approval from the U.S. Department of Agriculture Food and Nutrition Service that allowed them to extend the approval periods for SNAP for six months as well as allow an authorized representative to complete an application over the phone for a customer via verbal attestation. IDoA recognizes access to food as a critical concern for the aging network during the pandemic. As a result, IDoA informs older adults, caregivers, and their entire provider network (including AAAs, Adult Protective Services, in-home providers, adult day services, and long-term care ombudsman) about these new flexibilities that impact older adults' access to food.

COVID-19 is an ongoing public health crisis that poses several health risks. Consequently, many older adults are unable to resume their regular daily activities, such as visiting grocery stores and socializing with peers. IDoA regularly communicates with providers in their network through weekly and bi-weekly calls, and this offers an opportunity to inform providers to ensure that older adults can access benefits online and sign up for food delivery. As of mid-July, the agency had released close to 200 provider notices with temporary guidance. IDoA also has a webpage with COVID-19 resources specifically for their network (for more information, visit <https://www2.illinois.gov/aging/coronavirus/Pages/default.aspx>). All these communication efforts from IDoA are critical to guarantee the aging network is informed about changes to public benefit programs that support the health and economic security of older adults.

Conclusion

COVID-19 has engendered an unprecedented public health and economic crisis that has led to many barriers among older adults and people with disabilities in accessing basic needs. Public benefit programs, such as the MSPs, LIS/Extra Help, SNAP, and LIHEAP, support access to critical needs such as health care, food, and energy assistance. States are turning to new and existing flexibilities in federal regulation and law to adjust program requirements and processes so that more people can quickly access public benefits during the pandemic. These programs are often administered by multiple state agencies. State aging and disability agencies are uniquely positioned to work with state and community partners to establish, implement, and educate their constituents about new policies and procedures that increase access to benefits for older adults and persons with disabilities.

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