Benefits Access and Enrollment During COVID-19: Findings from State Aging and Disability Agencies

ADVANCING STATES

Executive Summary

COVID-19 is a long-lasting and complex disaster situation involving a public health emergency and an economic crisis, with particularly acute impacts for older adults, people with disabilities, and others with certain health conditions. In response, the federal government and state and local agencies have sought to address basic needs (e.g. food), provide access to certain benefits, and modify service delivery for vulnerable populations. Due to changes in federal regulation and law, states are responding with changes in policies and procedures to ensure individuals have access to public benefit programs. 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. This issue brief provides a summary of changes that states have made to their systems for connecting individuals to benefits and explores options, developments, and challenges in responding to the COVID-19 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 state agency changes, challenges, and opportunities related to benefits access and enrollment during the COVID-19 crisis. The experiences of state aging and disability agencies in connecting older adults and persons with disabilities to benefits can inform current and future efforts to support individuals during major disaster situations.

A web-based survey instrument was used to collect survey responses. The survey was distributed to ADvancing States' members in May 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. Respondents were advised to engage additional state partners on the survey as needed. 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).
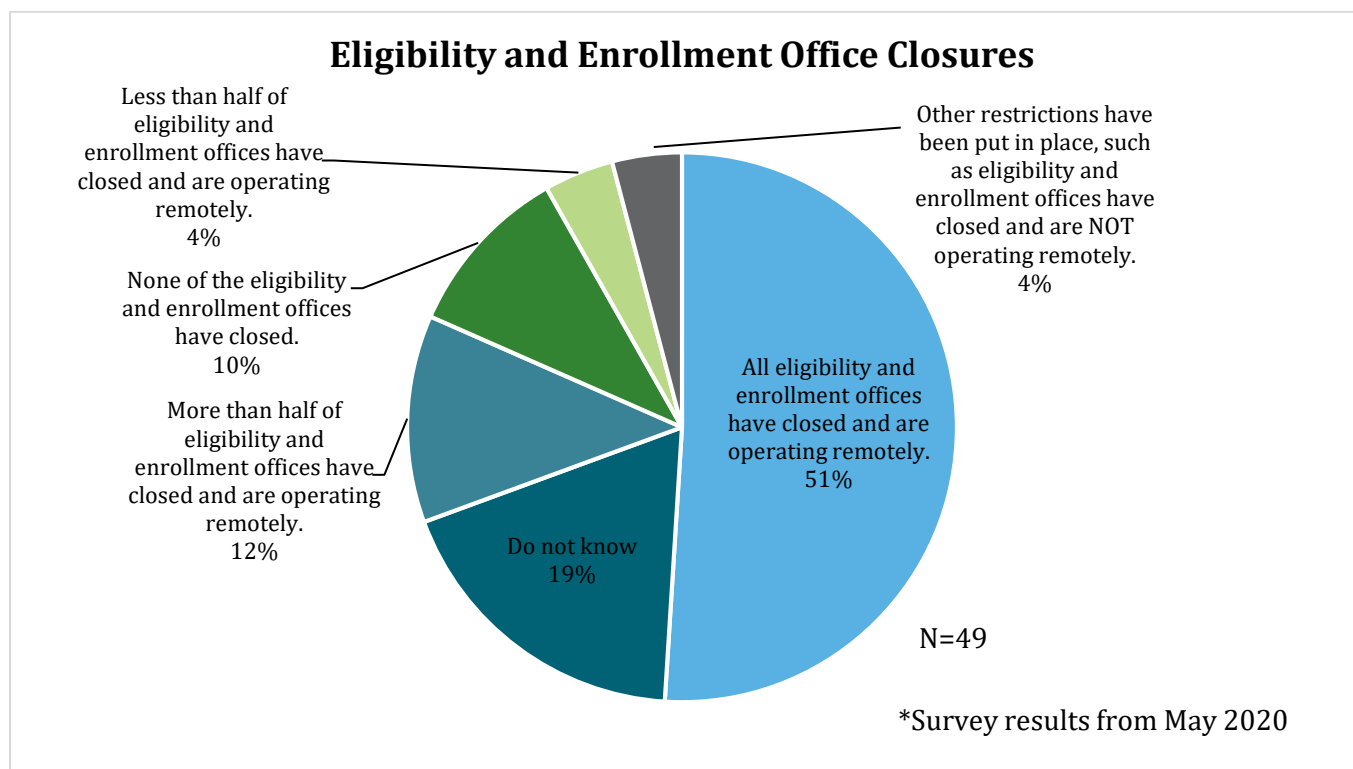
Benefits Enrollment Through Web Portals and Online Applications

The COVID-19 pandemic has made in-person interactions challenging due to the possible spread of the virus. As a result, many states had to scale back opportunities for individuals to receive assistance and apply for public benefits in-person. Additionally, many state agencies have transitioned to remote

work. For example, 40 percent of survey respondents reported that 100 percent of their staff are working remotely; 53 percent indicated that around 75 percent of their staff are working remotely; 2 percent said that around 50 percent of their staff are working remotely; and 6 percent reported that around 25 percent of their staff are working remotely.

As shown in figure 1, as reported in May of 2020, 51 percent of survey participants reported that eligibility and enrollment offices in their state (such as county welfare offices) have closed for in-person appointments or visits and are now operating remotely. Although many offices have closed, some respondents commented that if necessary, clients can schedule in-office appointments. For example, one state respondent shared that, "all offices are closed and operating remotely, but there are options for some in-person support services (for example, EBT card pick-up)." Eligibility and enrollment offices operating remotely can create some unique challenges. For instance, another survey participant reported that in their state, the MSPs require a paper application, and that process typically takes six to eight weeks. However, "the actual receipt of the applications may be delayed, as these offices are currently closed to the public and [staff] may be working remotely. During COVID, there are reports of beneficiaries waiting more than 90 days for a response regarding MSP applications."

Figure 1

Eligibility and Enrollment Office Closures

Less than half of eligibility and enrollment offices have closed and are operating remotely. 4%

None of the eligibility and enrollment offices have closed. 10%

More than half of eligibility and enrollment offices have closed and are operating remotely. 12%

Do not know 19%

All eligibility and enrollment offices have closed and are operating remotely. 51%

Other restrictions have been put in place, such as eligibility and enrollment offices have closed and are NOT operating remotely. 4%

N=49

*Survey results from May 2020

While state and local agencies had to adjust to offering services remotely, one tool that many states already had in place was a statewide web portal (i.e. a higher-level online screening tool for one or

more benefits programs) that can assist individuals with benefits and/or services screening and enrollment. Fifty-six percent of respondents reported that their state currently has a statewide web portal for benefits. Depending on the state, there are a range of benefits that are included within a statewide web portal. For example, 77 percent of respondents said that SNAP is included; 58 percent of respondents said Medicaid LTSS; 48 percent said LIHEAP; and 39 percent said the MSPs are included. Additionally, 16 percent of respondents indicated that the LIS/Extra Help program is included, and 10 percent said that OAA services are included (see figure 2). Web portals offer an opportunity to remotely apply for benefits, though it is likely that not all benefit programs are included within a web portal or that there may be multiple portals in a state. For instance, one respondent indicated that, "Medicare and SNAP have separate portals. There is no online portal for LIHEAP."

Figure 2

**Benefits Included in Statewide Web Portals**
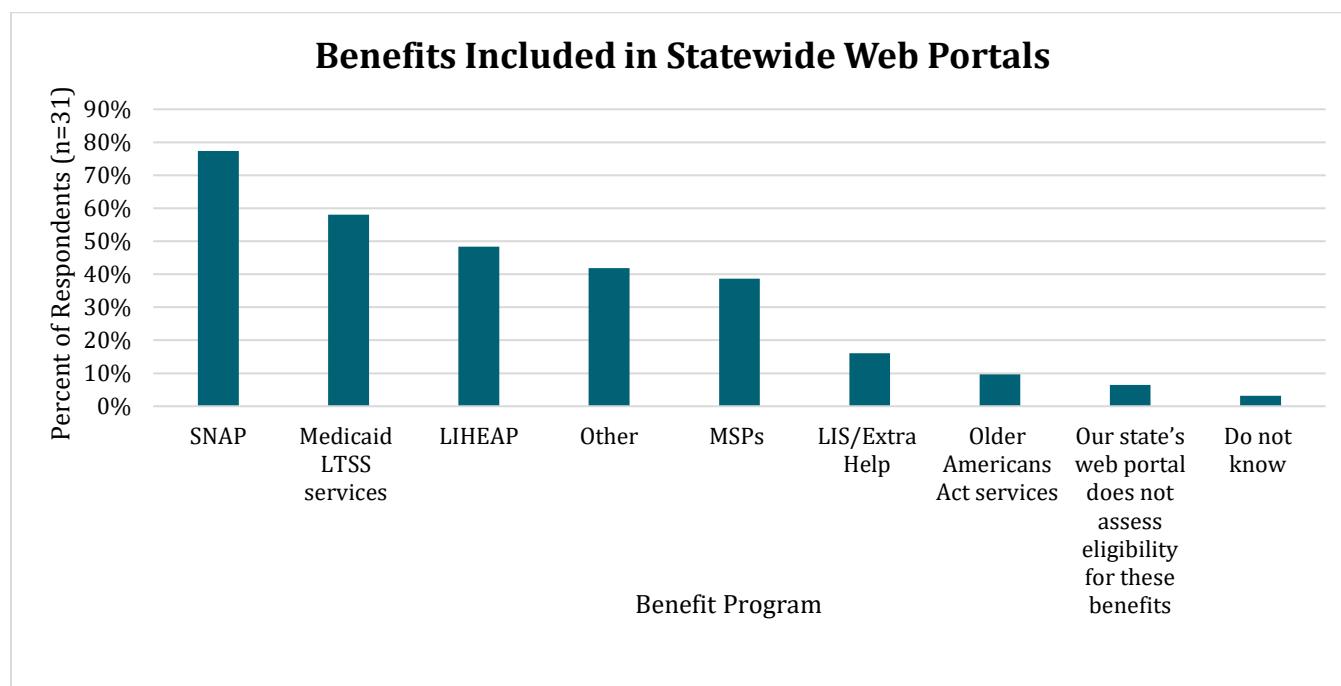
While web portals may offer access to some benefits, states are also turning to other means for connecting individuals to benefits such as online, paper, and telephonic applications. For example, since the onset of COVID-19, 22 percent of respondents have seen an increase in the use of online applications for benefit programs such as the MSPs, LIS/Extra Help, SNAP, and/or LIHEAP. Additionally, 33 percent of respondents reported that their state already uses online applications. Conversely, 14 percent of respondents shared that they are not seeing an increase in the use of online applications. Some state respondents commented that they are strongly encouraging individuals to apply online during this time. One state also said that, in addition to using online applications, they are also expanding the use of telephonic applications.

The rapid implementation of physical distancing and the use of online applications could raise the possibility of issues with the security and privacy of information related to connecting individuals to benefits. However, only 8 percent of respondents indicated that they have experienced challenges with security and privacy and 48 percent said they have not experienced any challenges. With that said, 34 percent of participants also shared that they did not know, indicating there may be potential challenges not reported in this survey. In addition to possible security issues online, one respondent stated that, "since we do not have an online application system, security of paper documents in a telework environment is a barrier."

Process and Application Changes

As the COVID-19 crisis has led to changes in federal regulation and law that are altering flexibilities with benefit programs, states are responding with temporary and ongoing alterations in policies and procedures to help ensure individuals have access to public benefit programs during the pandemic. With several benefit programs, some states have reported making changes to how staff are processing applications and eligibility and enrollment. For instance, 47 percent of respondents reported making changes to how they process eligibility and enrollment for SNAP; 42 percent reported that no changes have been made; 28 percent said changes were made with the MSPs; and 25 percent said changes have been made with both LIS/Extra Help and LIHEAP (see figure 3).

Figure 3

Changes to Processing Eligibility and Enrollment
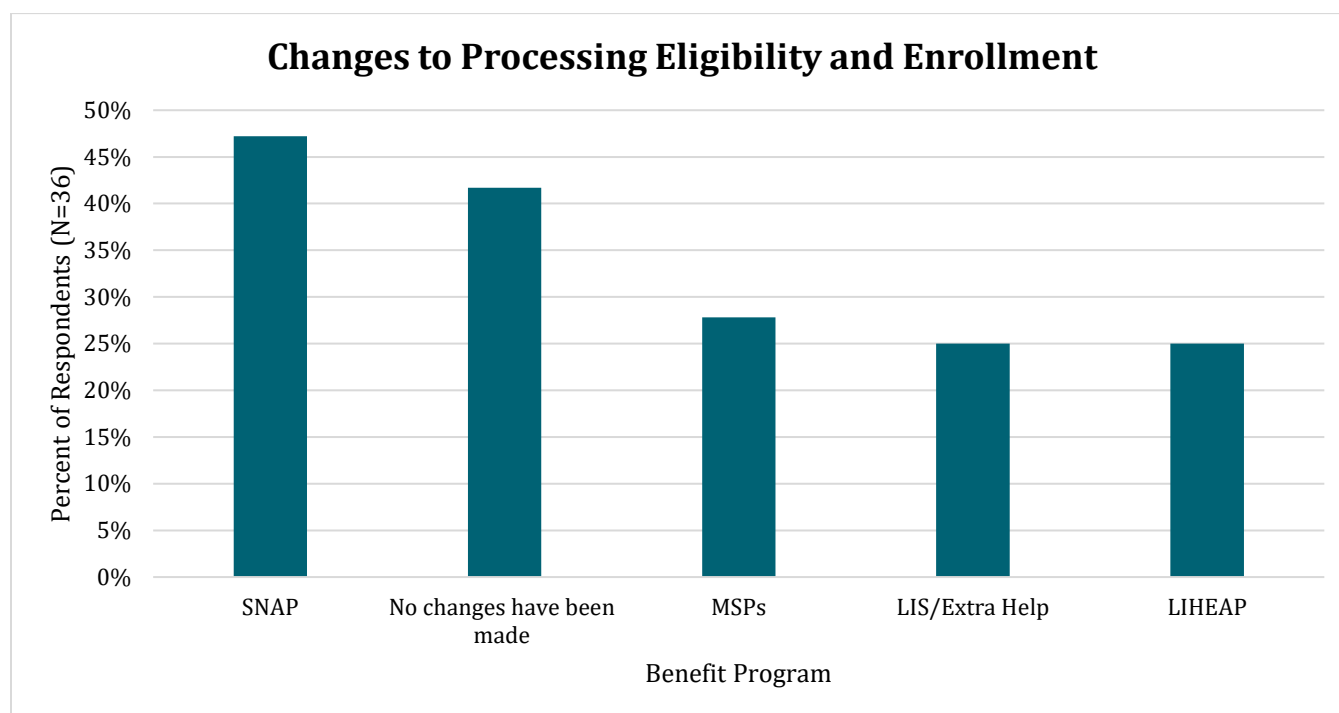
States reported that some of these changes include, for example, staff facilitation of program eligibility through remote processes, automatic certification and recertification for certain benefits, extended recertification periods, and phone assistance for benefits enrollment.

The following are just a few examples of specific process changes that states have made. Regarding SNAP, many states have been able to make changes due to COVID-19 SNAP waivers. For instance, one state reported that their "SNAP program has applied for and received multiple waivers from USDA [Food and Nutrition Service] to facilitate program eligibility through remote processes, extend[ed] recertification periods, and periodic reporting." Another state commented that they are offering remote enrollment for SNAP, the MSPs, LIS/Extra Help, and LIHEAP. Additionally, one state reported that, "phone assistance is provided for all services listed," and that a "SNAP benefits website is being developed." Another state shared that, "applications for healthcare programs, including MSPs and LIS, are being processed using self-attestation of financial and non-financial eligibility requirements from the applicant," and that their state also extended their "crisis fuel season to run until May 31, 2020 due to COVID-19." Finally, one state commented that they now have automatic certification or automatic re-certification at this time for the MSPs and SNAP.

In addition to gathering information on changes to eligibility and enrollment processes, the survey collected further information on changes to application and supporting documentation requirements for participants for eligibility for the MSPs, LIS/Extra Help, SNAP, and LIHEAP. 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.
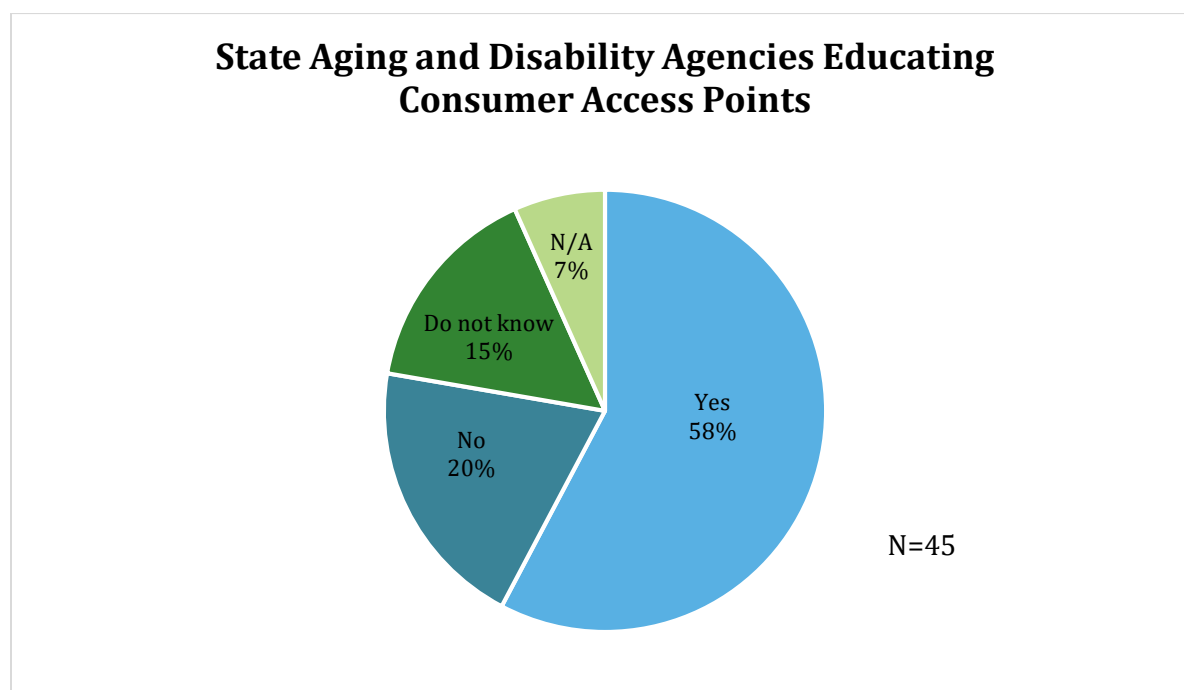
Some of the application and supporting document changes reported include allowing the use of web signatures; allowing self-attestation; modifying portal application systems (e.g. with new selectable types of income under the CARES Act); reducing or eliminating the need for in-person interviews; making changes related to documentation regarding over-the-counter medications (for SNAP); and lengthening the certification time in which individuals must produce documentation.

Of note, several of the process and application changes mentioned above required federal waivers, and when the public health emergency ends, these flexibilities will end as well. However, it is important to note 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 an important consideration to keep in mind as states plan for re-opening in various capacities.

When process and application changes are made, it is critical that the aging and disability networks are informed of such changes. As shown in figure 4, over half (58 percent) of state respondents reported

that they are educating consumer access points (e.g. Aging and Disability Resource Centers (ADRCs), single entry point agencies, No Wrong Door (NWD) partners, etc.) 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 Area Agencies on Aging (AAAs) and other partners. For instance, one state details how, "Our Division and Department have a robust social media presence, sending out information through Facebook, Instagram, and through our website. We've developed a number of updates regarding closures, alternative services and contact information. As state offices were closed to the public, this information was shared in the same manner with information on how to access alternative services. Additionally, we share information with community partners and provider organizations through frequent meetings."

Figure 4

State Aging and Disability Agencies Educating Consumer Access Points

N/A 7%

Do not know 15%

No 20%

Yes 58%

N=45

Connecting Beneficiaries to LIS/Extra Help

With the closure of Social Security field offices to the public for in-person services, some consumers or benefit assisters may have experienced barriers to enrolling in LIS/Extra Help, a benefit administered by the Social Security Administration (SSA). While 47 percent of survey respondents reported that they did not know if consumers or benefit assisters had experienced any barriers, some survey participants shared more information concerning connecting beneficiaries to LIS/Extra Help.

For instance, three participants commented that State Health Insurance Assistance Program (SHIP) counselors in their states are assisting with LIS/Extra Help enrollment. One state shared that, "SHIP counselors and staff have assisted with finding the local SSA office using the on-line 'locator' tool from SSA and passing this information onto beneficiaries. Also, SHIP counselors and staff have been working with SSA representatives via email on specific cases where enrollment in LIS is not showing on state and/or federal systems. The beneficiaries experience two to four hours wait times on the national SSA phone line and were not aware that the offices were still working. The perception was that all SSA was completely shut down."

As mentioned above, some states reported that local SSA offices are providing phone assistance, and this has been more beneficial than calling the toll-free number. Another respondent stated that, "The national SSA phone number was not found to be useful. Regional office phone numbers have been found to be more helpful."

Nutrition Initiatives

During COVID-19, one of the most pressing concerns has been access to food for older adults. Several states have already implemented, or are exploring the possibility of participating in, the SNAP online purchasing pilot program for grocery orders/delivery. As of July 9, 2020, 40 states are participating in the SNAP online purchasing pilot program.

Furthermore, in addition to OAA nutrition programs, many state agencies are engaging in nutrition initiatives to facilitate access to food for older adults and/or persons with disabilities. Sixty-two percent of survey respondents reported that they are engaging in nutrition initiatives, compared to 25 percent who said they did not know, 11 percent who said no, and 2 percent who said it was not applicable to them (see figure 5).

Figure 5

State Agencies Engaging in Nutrition Initiatives During COVID-19

N/A 2%
No 11%
Do not know 25%
Yes 62%
N=45
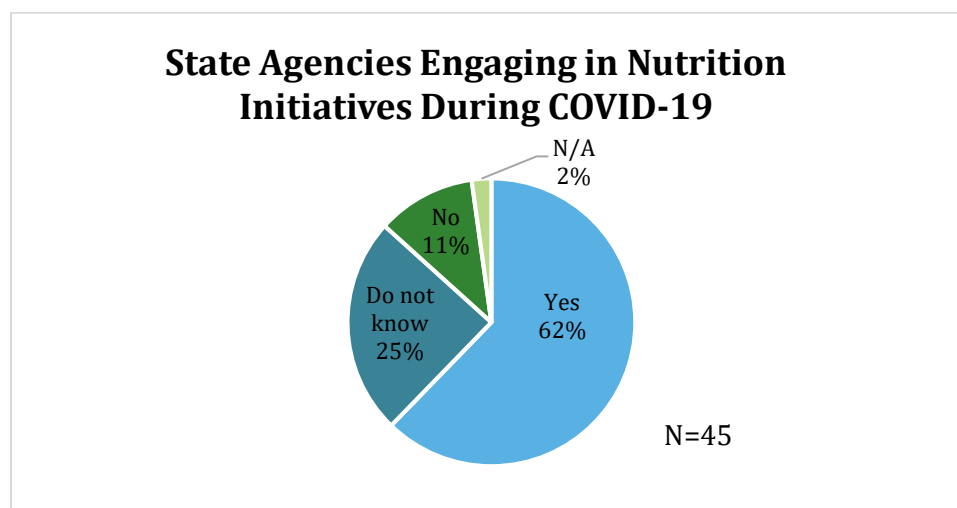
State agencies shared many examples of their nutrition initiatives. For example, some states are involved with the Commodity Supplemental Food Program (CSFP)[1] and The Emergency Food Assistance Program (TEFAP).[2] In addition to OAA nutrition services, other initiatives include working with local restaurants to cook and deliver meals; rearranging senior center business models to offer meal pick up services; expanding Medicaid home delivered meals; and providing capacity grants to care coordination organizations to address needs including food and meals.

Access to Broadband Internet and Technology Devices

Lack of access to broadband internet can present a variety of barriers to older adults, such as challenges enrolling in benefits and social isolation. Forty-eight percent of survey respondents reported that individuals that their agencies serve have been impacted by a lack of access to broadband internet; 39 percent said they did not know; and 13 percent said that individuals have not been impacted (see figure 6). Not surprisingly, connectivity in rural areas was raised as an issue. Almost half of survey respondents believe that individuals are being impacted by a lack of access to broadband internet. Thirty-one percent of respondents indicated that their agency has started an initiative (or is involved in one) to connect individuals to broadband internet; 58 percent said they are not involved in such an initiative; and 11 percent said they did not know (see figure 7).[3] Several participants mentioned that their agency is planning to use the ADRC CARES Act funding to address internet connectivity. The ADRC CARES Act funding is flexible disaster-response funding provided to states and territories through the Administration for Community Living (ACL) to support ADRCs in providing critical access functions, including in enhancing and increasing virtual access to services and in mitigating social isolation. For example, one respondent said, "we received the ACL/ADRC grant, and plan to use some of the funding to provide internet/Wi-Fi access to older adults who need it for a technology device in order to combat social isolation."

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[1] The Commodity Supplemental Food Program (CSFP) is administered by the Food and Nutrition Service (FNS), U.S. Department of Agriculture. This program works to supplement the diets of persons at least 60 years of age with nutritious USDA foods. The USDA distributes food and administrative funds to participating States and Indian Tribal Organizations (ITOs). The state agencies store CSFP food and then distribute it to public and nonprofit private local agencies. For more information, please visit: https://www.fns.usda.gov/csfp/commodity-supplemental-food-program.

[2] The Emergency Food Assistance Program (TEFAP) is administered by the Food and Nutrition Service (FNS), U.S. Department of Agriculture. This program helps supplement the diets of low-income Americans, including older adults, by providing them with emergency food assistance at no cost. States provide the food to local agencies, who then distribute the food to local organizations that directly serve the public. For more information, please visit: https://www.fns.usda.gov/tefap/emergency-food-assistance-program.

[3] In some cases, these initiatives reside outside the purview of aging/disability agencies. For example, there may be Governor-led initiatives to increase access to broadband internet.

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**Individuals Served Impacted by
a Lack of Access to Broadband
Internet**

No
13%

Yes
48%

Do not
know
39%

N=46

Figure 7

**State Aging and Disability
Agencies Involved in Initiatives
to Connect Individuals to
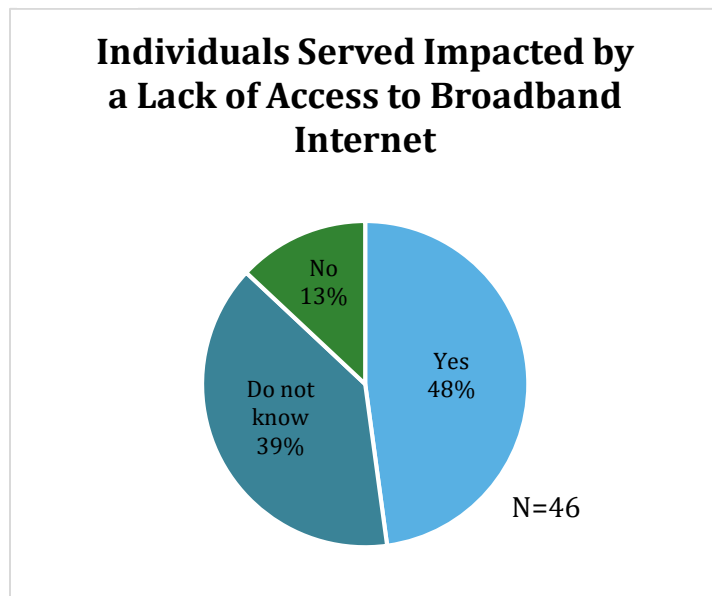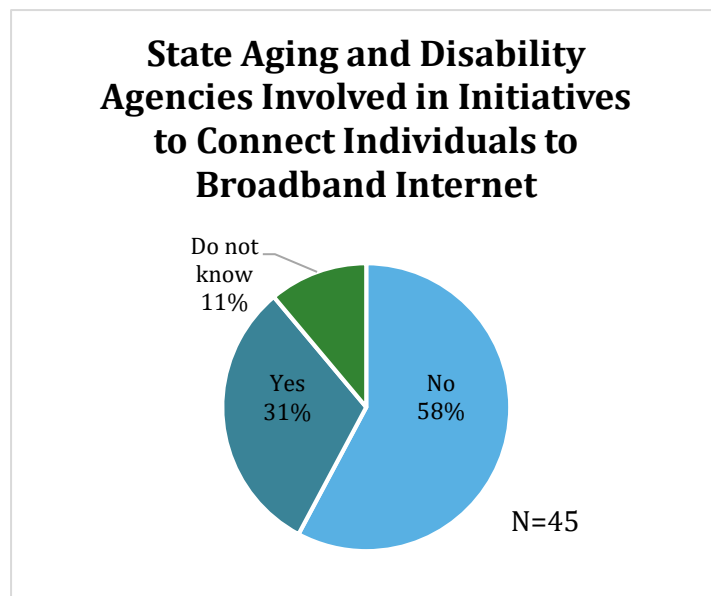Broadband Internet**

Do not
know
11%

Yes
31%

No
58%

N=45

In addition to internet connectivity, access to technology devices, such as tablets and computers, is another important resource that can help connect older adults to programs, services, and family and friends. Fifty-six percent of respondents shared that their agency has an initiative (or is involved in one) to connect individuals to technology devices who lack access to such devices; 33 percent said that they are not involved in this type of initiative; and 11 percent said they did not know. Several respondents reported that, although they were not involved in such an initiative at the time of the survey, they were exploring this possibility. For example, one state agency commented that they do not have an initiative at this time, but they "continue to look at this very important issue." Similar to broadband internet, several participants also mentioned using the CARES Act funding to connect individuals to technology devices. States agencies are also exploring other funding sources such as funding available through Medicaid.[4] Additionally, a respondent reported that their state, "worked with its managed care organizations to provide access to cell phones for individuals that did not have these devices so that telephonic and remote access was possible during the COVID-19 Emergency."

Conclusion

COVID-19 is an unprecedented public health emergency that is acutely impacting older adults, people with disabilities, and others with certain health conditions. As a result, state aging and disability agencies are responding with changes to benefits access and enrollment systems to ensure that older

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[4] For more information about funding for technology devices available through Medicaid, please see page 41 in the *COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies*: https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf

adults and people with disabilities can access necessary benefit programs. In response, state agencies have adapted their eligibility and enrollment processes in multiple ways to increase remote access to benefits. Furthermore, state agencies and their networks have responded to the need for food and meals through rapid development of initiatives that leverage program flexibilities, new partnerships, service delivery changes, and emergency response programs. Finally, access to technology devices and internet service has emerged as a critical factor in pandemic response to address access to information and benefits, virtual service delivery, and social isolation. State agencies are expanding their reach in this area by looking to support initiatives funded through the ADRC CARES grants, Medicaid, and other resources that provide access to devices and, in some cases, internet service, for clients and/or aging and disability network agencies.