

Data Sharing in Public Benefit Programs:

An Action Agenda for Removing Barriers

Cari DeSantis, M.A.L.S.

with Sarah Fass Hiatt, M.P.H

November 2012

Coalition for Access and Opportunity



Made possible by funding from the Annie E. Casey Foundation

Coalition for Access and Opportunity



Table of Contents

| | |
|---|-----------|
| Introduction..... | 4 |
| Increase Data Sharing..... | 7 |
| Protect Data Privacy & Security | 10 |
| Create Consumer-Centered Access | 13 |
| Facilitate Use of Third-Party Partners | 16 |
| Conclusion | 19 |
| Acronyms | 20 |
| Endnotes | 21 |
| Resources | 23 |
| Contacts and Acknowledgments | 25 |

Data Sharing in Public Benefit Programs:

An Action Agenda for Removing Barriers

Introduction

In recent years, there have been dramatic changes across the landscape of public benefit programs with the emergence of significant technological capability in information systems, increased consumer demand for interconnectedness, and new research into best practices in service delivery. These changes—in conjunction with an increase in hardship resulting from the Great Recession—are driving an increasingly vocal call for policy changes to modernize and streamline access to health and human services programs.

In the recent paper commissioned by the Coalition for Access and Opportunity, “Moving to 21st-Century Public Benefits: Emerging Options, Great Promise, and Key Challenges,” Stan Dorn and Elizabeth Lower-Basch show how emerging technology and data sharing innovations comprise a new model for administering need-based assistance programs.¹ This paper is a follow-up piece that suggests opportunities for the federal government to eliminate or minimize administrative obstacles to data sharing that will improve access to government benefits and services for the people who need them.² It offers suggestions to reduce the duplicative work that overwhelms state and local agency staff who help consumers apply for public benefits. It also presents important avenues to maximize federal investments in human services when budgets are tight. The Coalition for Access and Opportunity presents these specific opportunities, most of which could be done without new legislative authority, for exploration by federal agencies in the hope that action can be swift.

As documented in the Coalition’s earlier paper, notable improvements have been made at both the federal and state level to increase cross-agency coordination, improve access to benefits, and maximize efficiency. For instance, states and localities are using streamlined applications, automatic enrollment, allowing telephone interviews and e-signatures, and using existing data sources to confer eligibility or check eligibility criteria.³ These efforts to share data across programs and streamline enrollment help individuals and families get the support they need quickly without the need for redundant eligibility screenings, applications, or data verification. By reducing steps in the eligibility determination and recertification processes, efficiencies and administrative savings can be realized.

In recent years, a number of non-governmental initiatives have also emerged to increase access to public benefits in low-income communities, including The Benefit Bank, EarnBenefits, and Single Stop USA.

The Affordable Care Act and Human Services Modernization

A new urgency is lent to these efforts by the requirement to modernize state Medicaid eligibility systems and to develop new health insurance enrollment “exchanges” by 2014 as mandated by the Patient Protection and Affordable Care Act (ACA). To support the new systems, the federal government is providing significant support to states for information technology development. Human services programs also have an opportunity to modernize their eligibility systems. In August 2011, federal agencies released guidance clarifying that enhanced federal funding can pay for the full cost of necessary improvements to computer systems that are used by both health care programs and human service programs, so long as the costs would have been incurred to develop health care systems. This is important because the federal government is temporarily paying a higher share of the costs of developing health care IT systems than it pays for human services programs. These actions by the federal government open the door for human services programs to leverage federal dollars to modernize, streamline, and build new administrative efficiencies into their systems to better serve consumers in need, while at the same time helping health care programs meet their new goals.⁴

To learn more about the Affordable Care Act and Human Services Programs, see “How Human Services Programs and Their Clients Can Benefit from National Health Reform Legislation,” by Stan Dorn, commissioned by the Coalition for Access and Opportunity, and the accompanying tool kit, available at: <http://www.clasp.org/issues/pages?type=work-supports&id=0005>.

Although the initiatives employ different program models and different technologies, they all aim to assist needy families in receiving the assistance for which they are eligible through benefits screening and application assistance outside of government offices. This paper urges the federal government to release clear guidance on data sharing and privacy in order to support the efforts of these “third-party” partners.

The following paper focuses on specific action steps that federal agencies can now take to further encourage cross-system efficiencies, to streamline processes and practices, to remove barriers and enhance service, and to engage the larger human services enterprise, including third-parties. The proposed action steps fall into four main categories:

1. Increase data sharing
2. Protect data privacy and confidentiality
3. Create consumer-centered access
4. Facilitate the use of third-party partners

What follows is a brief discussion of each of the four key areas along with specific actions and an indication of which federal agency should take the proposed action. Each action requires either an administrative change or the issuance of guidance or clarification to eliminate current confusion about existing rules and regulations. Clarification or guidance may also result in technical assistance by the federal agencies to assist states and counties in consistent application of rules and regulations.

It should be noted that the members of the Coalition, individually and as a whole, do not necessarily endorse each and every action item, but we believe this action agenda will encourage discussion about how to remove barriers and increase efficiencies among agencies, states, providers, and other stakeholders.

Action Step 1:

Increase Data Sharing

Technological innovation in the private sector has changed the way most people in the United States conduct their daily personal business, from banking and shopping, to learning, playing, and working. New and emerging technological breakthroughs—such as smart phones, social media, the data “cloud,” and enhanced web capabilities—are also changing the way that public human services systems are doing business. These technological innovations provide tremendous opportunities for more robust data sharing among health and human service programs and existing government data sources in order to ease access to benefits.

- For consumers, new technology can give them the ability to learn about and apply for benefits, check and monitor the status of their application, provide documentation, and recertify at the places and times convenient for them, rather than having to go to a benefits office during regular business hours. It can also facilitate applying for multiple benefits simultaneously.
- For government, new technology can minimize data entry, enable faster document processing, produce real-time data verification, increase program integrity, and facilitate data sharing across programs and agencies. This can help agencies respond to growing numbers of people who need support while their staffing numbers are diminishing due to cuts in funding, attrition, layoffs, and hiring freezes in the government workforce.

“Data sharing” is the exchange of information about client circumstance or the receipt of benefits across benefit and service programs, whereas “data matching” typically refers to the use of reliable databases (such as the National Directory of New Hires, wage records collected for unemployment compensation, or IRS data) to verify circumstances for application or renewal. Data sharing and matching can be used to certify eligibility or to verify specific eligibility criteria. The following are examples of data sharing across benefit programs and of data matching with existing databases to increase access:

- Louisiana makes use of existing data for enrollment and renewal in children’s health insurance. For instance, data matches are used for children’s health insurance renewals if income data show a reasonable certainty of continued eligibility. In 2010, Louisiana used data sharing to enroll more than 10,000 children in health insurance using SNAP data.⁶
- Changes in federal law resulting from the 2009 reauthorization of the Children’s Health Insurance Program (CHIP) allow states to use Express Lane Eligibility to qualify children for health coverage based on findings of other programs or based on tax records from the prior year.⁷
- Several states use existing data on earnings to verify income for SCHIP or Medicaid for children.⁸

As technological capabilities continue to evolve, the federal government should ensure that the

policies, rules, and regulations governing health and human services programs improve access for today's modern consumers, while also supporting vulnerable populations.

As states begin to build or enhance their health program eligibility systems and seek to connect their human services systems, it will be increasingly important to have clear policies, protocols and standards governing data sharing used by federal programs. For example, under the Affordable Care Act, states will have access to IRS

income information to determine eligibility for Medicaid and premium subsidies. States have expressed concern that the IRS may not permit them to use this data to improve eligibility determinations under TANF or SNAP. Such a policy could create a significant obstacle to using data sharing to streamline and improve accuracy of benefit calculations.

Below are specific actions that federal agencies can take to help states and localities improve access to public benefit programs through data sharing.

The National Information Exchange Model (NIEM)

The U.S. Department of Health & Human Services has taken the lead in a new Health and Human Services National Information Exchange Model (NIEM) domain that includes TANF, SNAP, Medicaid, child welfare, and Child Support Enforcement. Building on work started in 2005 by the U.S. Department of Homeland Security and the U.S. Department of Justice to streamline information sharing among organizations in emergency situations and in day-to-day operations, NIEM enables the seamless exchange of data across state and federal programs. The health and human services domain agreement was signed in early 2012 and will give the public sector a common language and format for exchanging information and an architecture on which to build.

| Action - Increase Data Sharing | Federal Agency Responsible | Administrative Action or Change Required | Clarification or Guidance Required |
|---|--|---|---|
| 1. Issue clear guidance governing the collection, use, and sharing of data across programs (between state agencies) for the purpose of outreach, data verification, and eligibility determination, and recertification ⁹ | HHS / FNS / HUD / SSA / IRS / DHS | | X |

| Action - Increase Data Sharing | Federal Agency Responsible | Administrative Action or Change Required | Clarification or Guidance Required |
|--|---|---|---|
| 2. Issue guidance governing the use of electronic databases (including New Hires Database, IRS database, and others) for outreach, data verification, eligibility determination, and recertification | HHS / FNS / HUD / SSA / IRS / DHS | | X |
| 3. Catalogue options for auto-enrollment across programs that can be applied in all states | HHS / FNS | | X |
| 4. Create database of sample data sharing agreements that states and organizations can use in developing their data sharing protocols | HHS / FNS | X | |
| 5. Catalogue statutory and regulatory restrictions to cross-agency data sharing | HHS / FNS / IRS | | X |
| 6. Identify statutory and regulatory restrictions that limit access to government databases (i.e., New Hires Database, IRS tax database, other) for eligibility determinations, data verification, and renewal | HHS / FNS / IRS / DHS / other federal agencies | X | |
| 7. Provide training for states on the use of databases across programs that includes sharing of best practices | HHS / FNS / DHS | | X |

Action Step 2:

Protect Data Privacy & Security

Questions regarding data privacy, confidentiality, and security arise in any discussion of expanding data sharing and opening currently restricted databases across government agencies. Client privacy must be a priority in any effort to use technology in new ways. Certain populations, such as immigrants or mixed-status families, and ex-offenders, may be especially wary of increased data sharing without appropriate privacy safeguards in place.

Standards and protocols governing the use of personal data for individuals who participate in health and human services programs are required if that data is shared across agencies or with third parties. These standards should clarify the use of existing databases for outreach and data verification, eligibility determination, and recertification. They should also address privacy controls around cross-system data sharing and provide guidance around data sharing agreements for clients. Finally, government agency and third-party partner staff will need proper training and oversight on data privacy, confidentiality and security measures to ensure consumers' data is protected and protocols are followed in the event of a data breach.

The two primary federal laws establishing permissible data sharing for health and human services are the Privacy Act of 1974 and HIPAA (the Health Insurance Portability and Accountability Act of 1996). Similarly, the Family Educational Rights and Privacy Act (FERPA) governs privacy of education records. These statutes are often cited as reasons for disallowing data sharing; however, both have the dual goals of ensuring that appropriate information can be shared, with consumer consent, while protecting an individual's personal information from unwarranted or unauthorized disclosure. These laws do not contain provisions that would prevent government agencies from sharing information among them or with an outside organization for the purpose of enrollment in a government benefits program. In fact, the laws authorize the sharing of information, with consumer consent, to verify eligibility for public benefits, although in practice this can be limited. For example, in 2003 California passed a law that allows school districts to share education records with child welfare and juvenile justice agencies, but only some districts have taken steps to implement file sharing. San Diego now has an online database where child welfare agencies, juvenile justice agencies, and school districts can easily share and access data. Los Angeles, by contrast, still has no data sharing policies in place, citing inconsistencies between California and federal FERPA laws.

States are increasingly requesting specific clarification about data privacy from the federal agencies involved in health and human services benefits. Such clarification would enable increased information exchange to enhance outreach and access among health and human services programs. The modern marketplace has demonstrated that it is possible to balance data sharing and data security through appropriate protocols and technology. For the human services systems to move in that direction, common privacy, confidentiality, and security protections will need to be developed across the entire

human services enterprise.

Below are specific actions that federal agencies can take to help states and local providers improve access to public benefit programs while protecting data privacy and security

| Action - Protect Data Privacy & Security | Federal Agency Responsible | Administrative Action or Change Required | Clarification or Guidance Required |
|--|-----------------------------------|---|---|
| 1. Issue guidance on data security and privacy across human services agencies ¹⁰ | HHS / FNS | | X |
| 2. Issue clarification surrounding the use of HIPAA-protected data for outreach, eligibility determinations and verification in human services programs; specifically provide clear guidance to states and localities regarding the ability to include human services programs under the “related services” provision of HIPAA | HHS | | X |
| 3. Issue clarification surrounding the use of FERPA data for outreach, eligibility determinations and verification in human services programs | DOE | | X |
| 4. Create data privacy and protection rules, regulations, and protocols for the collection, use, and sharing of data across government agencies, between federal and state agencies, and with third-party entities | HHS / IRS / DHS | X | |
| 5. Develop guidance on acceptable language regarding individual consent to share data that could be used across states and programs, developing sample consent forms | HHS / FNS | | X |
| 6. Issue guidance on “telephonic signature” security measures to ensure consistency across human services programs; develop new policies as needed | HHS / FNS | X | X |

| Action - Protect Data Privacy & Security | Federal Agency Responsible | Administrative Action or Change Required | Clarification or Guidance Required |
|--|-----------------------------------|---|---|
| <p>7. Clarify privacy protections related to the collection, use, and disclosure of citizenship and immigration status across human services programs :</p> <ul style="list-style-type: none"> • Ensure ease of access for eligible individuals in mixed-immigration status families by complying with the “Tri-Agency Guidance,” restricting the collection of information from individuals not applying for benefits;¹¹ • Collect only the minimum information necessary to determine eligibility; • Restrict data sharing to fulfill program purposes only; • Provide clear explanations on how information will and will not be used and with whom it may and may not be shared | HHS / FNS / DOJ | | X |
| <p>8. Create a policy on “opt out” versus “opt in” data sharing protocols for use by human services programs ¹²</p> | HHS / FNS | X | |

Action Step 3:

Create Consumer-Centered Access

Technology provides many opportunities to make benefit access more consumer-centered. First, the internet provides opportunities for states to create online portals for information, referral, and application for public benefits and services. According to a recent survey of states conducted by the Center on Budget and Policy Priorities, virtually all states have made basic program information on five main state-administered, low-income benefit programs (SNAP, Medicaid, CHIP, TANF, and child care assistance) available to the public via the internet. Some states provide online submission of applications that allow individuals to complete and submit applications at times that are convenient, either at home or with a community partner.

To allow online submission of applications, states need guidance in allowing electronic signatures, electronic submission of documentation, or allowing for self-verification of eligibility criteria, or the need to explore the data-matching options outlined previously. Making benefit applications available online will ease access for many families; however, some people will continue to need in-person assistance to answer questions and provide applications.

The use of online portals for information, application, and management of benefits is only one of many steps needed to make benefit programs more consumer-friendly. In addition to the creation of online access points for benefits, other examples of how to make benefits more consumer-friendly include:

- Permitting alternatives to paper documentation, including self-declaration of assets, income, and/or expenses;¹⁴
- Extending recertification periods, particularly for individuals whose circumstances are unlikely to change;¹⁵
- (As noted in Section I) Increasing data sharing to enable seamless enrollment—allowing an eligibility determination for one program to confer eligibility for other programs.

Another barrier to promoting access to multiple programs is the limited nature of federal support for outreach and screening for Medicaid and SNAP. Both Medicaid and SNAP allow outreach and screening costs to be claimed as administrative costs eligible for federal matching funds. However, each program can only support outreach and screening activities for that particular program. Therefore, SNAP outreach programs often do not mention Medicaid, and Medicaid facilitated enrollers often do not screen for SNAP, even though the same populations are often eligible for both programs and the applications collect similar information. While it is possible to support multi-program outreach and screening efforts with funding from single programs, it typically requires an approved cost-allocation plan, which can be quite burdensome. Similar to how the A-87 exception allows human services programs to benefit from improvements to health care eligibility systems, OMB and the agencies

should develop a methodology for allowing additional programs to benefit from outreach and screening efforts supported by Medicaid or SNAP, without complicated cost-allocation requirements.

Guidance from the federal government could go a long way toward facilitating the development of online access for all individuals and families, and other improvements that would make benefits more consumer-centered. Below are specific actions that federal agencies can take:

| Action - Create Consumer-Centered Programs | Federal Agency Responsible | Administrative action or Change Required | Clarification or Guidance Required |
|---|-----------------------------------|---|---|
| 1. Provide model multiple-benefit applications that states and localities can use as one option to allow simplified enrollment in more than one benefit at once, providing states with guidance on how to ensure that such applications are as simple as possible | HHS / FNS | X | |
| 2. Release guidance to streamline the documentation and eligibility determination process, including options to: 1) Reduce the amount of documentation required for verification by using data from other programs or databases to verify eligibility criteria; 2) Allow alternative methods for consumers to provide necessary information when data is not available electronically, such as self-declaration; 3) Not delay or deny eligibility determinations while documents are gathered | HHS / FNS | | X |
| 3. Eliminate the cost-allocation rules for multi-benefit program outreach, applications, and enrollment activities | OMB / HHS / FNS | X | |
| 4. Create standards for electronic document submission and increase options for e-submissions, including identifying opportunities for self-declaration of income, expenses, and assets ¹⁶ | HHS / FNS | X | |
| 5. Create a uniform and consistent E-Signature Policy across all human services programs | HHS / FNS | X | |
| 6. Issue clear protocols for benefit/service appeals due to outdated data or inaccurate data that will allow the benefit/service to continue until the completion of the appeal | HHS / FNS | | X |

| Action - Create Consumer-Centered Programs | Federal Agency Responsible | Administrative action or Change Required | Clarification or Guidance Required |
|--|-----------------------------------|---|---|
| 7. Issue language access guidance to ensure that limited-English proficient (LEP) individuals are provided language assistance services at no cost to the individual, including oral interpretation and written translations | HHS / FNS | | X |

Action Step 4:

Facilitate Use of Third-Party Partners

The growing participation of third-party partners—community-based organizations (CBOs), faith-based organizations, community colleges, and other non-profit and for profit intermediary organizations—in providing benefit information and referrals, as well as assistance with applications and renewals, holds great promise for making it easier to access assistance at the places where people already go in their daily lives. Many individuals already access various services and programs offered within CBOs and other organizations where culturally and linguistically competent staff have a strong grasp of the needs of the individuals and families they serve daily.

Certain populations that are hard to reach or who need encouragement to seek supports (including seniors, immigrants, individuals with limited English proficiency, young adults, and others) may encounter unique challenges in accessing and participating in public benefits and services. For instance, apart from facing language and cultural barriers, immigrant households (and especially parents in mixed-status immigrant households, households in which at least one parent is undocumented and at least one child is a US citizen) are often afraid to enroll eligible family members in public benefit programs due to unfamiliarity with, or fear of, the government systems. Many prefer to work through a local, third-party provider that is known, trusted and respected in their community.

Federal changes and guidance will help maximize the potential of third-party partners to assist with applications and recertifications. Ideally, third-party partners should be able to assist clients in submitting benefit applications and renewals on-site (including electronic submission of documents) and be able to check on the status of applications and renewals. Some examples of successful partnerships between third parties and state and local government include:

- In New York City, the Human Resources Administration partners with the Robin Hood Foundation and local nonprofits (including the Metropolitan Council on Jewish Poverty and Single Stop USA and its partners) to provide enrollment in SNAP (and Medicaid at some sites), at Single Stop sites in community locations through the Paperless Office System (POS) project. Through the POS project, more than 16,000 people have enrolled in SNAP and more than 2,500 people have enrolled in Medicaid as of April 2012.
- The Ohio Benefit Bank (OBB) has assessed eligibility for and populated over 90,000 benefit applications since 2006; it has also partnered with the Ohio Department of Jobs and Family Services when it developed its first e-gateway for medical, food, and cash assistance applications. The Benefit Bank (TBB) of South Carolina's non-profit state affiliate, the South Carolina Office of Rural Health (SCORH), is currently collaborating with both the Division of Social Services to enhance its capabilities for electronic SNAP applications; and with the Department of Health and Human Services (DHHS), to develop the state's first Medicaid/CHIP e-submission. TBB's electronic Medicaid/CHIP application was rolled out statewide in South Carolina on August 15, 2012. The project is a

four-way partnership among DHHS, SCORH, Clemson University, and Solutions for Progress, Inc. (national developer and operator of the TBB on-line service); the group is currently working on enhancements such as SMS renewal notification and tablet technology for submitting supporting documentation.

- Through a data sharing agreement with the Connecticut Department of Social Services, Seedco and the Connecticut Association for Human Services receive regular reports on enrollment outcomes for individuals screened in EarnBenefits for SNAP, Medicaid and TANF at locations throughout the state. These reports help improve community based services and identify key trends among different demographic groups.

For third-party partners working in this capacity, new rules and protocols can facilitate appropriate data sharing that will help enhance the services they provide. Several of these third-party models feature sophisticated screening and case management technologies that are capable of submitting applications directly to state or local agencies. Guidance from the federal government outlining the protocols for such submission (including electronic submission of applications and documentation) would greatly facilitate the development of successful future partnerships.¹⁷

Below are specific actions that federal agencies can take to help states and localities work with and through third-party partners to improve access to public benefit programs.

| Action - Facilitate Third-Party Partners | Federal Agency Responsible | Administrative Action or Change Required | Clarification or Guidance Required |
|--|-----------------------------------|---|---|
| 1. Issue clarification of the rules regarding third-party partners, including their use and legal liability in the event of appeals or program integrity issues | HHS / FNS | | X |
| 2. Issue guidance clarifying compensation options for third-party providers, including 1) States using administrative reimbursement through Medicaid for facilitated enrollment; 2) Devise cost allocation formulas that allow organizations to do multiple benefit access even if funding stream is from a particular program | HHS / FNS | | X |
| 3. Issue guidance and share models for systems that share consumer data with third parties on an opt-in basis, including privacy and security protocols and informed consent models ¹⁸ | HHS / FNS | | X |

| Action - Facilitate Third-Party Partners | Federal Agency Responsible | Administrative Action or Change Required | Clarification or Guidance Required |
|--|-----------------------------------|---|---|
| 4. Share models for service oriented architecture that allows third-party providers to develop user interfaces that feed data directly into the electronic application systems so that third parties can submit applications directly and wthat will allow for various modes of data sharing in the future | HHS / FNS | | X |

Conclusion

The world of government health and human services has changed dramatically since the turn of the millennium. Growing populations in need of service, an aging workforce, new technologies, and new evidence of administrative best practices have challenged the status quo and forced states and counties to find new and innovative ways to meet pressing demands even as their human and financial resources have diminished. The explosion of technological capabilities in the past decade calls for a reexamination of the way that government health and human services are administered and accessed. New opportunities exist to improve cross-system operations, streamline processes and practices, and engage the larger human services enterprise, including third-party access points, efficiencies, data exchange, and systems integration.

The technological capabilities notwithstanding, federal program policies, rules and regulations still often restrict implementation of access and efficiencies that could be possible today. Many of the barriers to program access include cumbersome rules and regulations that were created in another era before the advent of sophisticated information systems. While in some cases the intent of these systems is to protect consumer privacy, there are ways to do so without also hindering modernized access to assistance. There are many examples of innovation in many states and some federal programs and we encourage the federal government to promote these innovations and work to see their implementation nationwide.

We urge federal agencies to take the steps outlined in this paper to support state and local efforts to modernize health and human service benefits by promoting increased data sharing. The appropriate allocation of resources (both staff and funding) would further help support the development and implementation of a 21st Century benefits system.

Acronyms

DHS - Department of Human Services

DOE - Department of Education

DOJ - Department of Justice

FNS - Department of Agriculture's Food and Nutritional Service

HHS - Department of Health and Human Services

HUD - Department of Housing and Urban Development

IRS - Internal Revenue Service

OMB - Office of Management and Budget

SNAP - Supplemental Nutritional Assistance Program

SSA - Social Security Administration

TANF - Temporary Assistance for Needy Families

Endnotes

1. "Moving to 21st Century Public Benefits," by Stan Dorn and Elizabeth Lower-Basch, is available at: http://singlestopusa.org/Moving_to_21st-Century_Public_Benefits.pdf.
2. In general, the health and human services programs included in this paper include: Supplemental Nutritional Assistance (SNAP, formerly food stamps), Medicaid, and State Children's Health Insurance Program (SCHIP), child care assistance, Temporary Assistance for Needy Families (TANF), the Low-Income Home Energy Assistance Program (LIHEAP), among others.
3. For numerous examples of modern eligibility-determination strategies, see the appendix of "Moving to 21st Century Public Benefits," by Stan Dorn and Elizabeth Lower-Basch, http://singlestopusa.org/Moving_to_21st-Century_Public_Benefits.pdf
4. States may take advantage of this opportunity if they make improvements to their Medicaid eligibility systems even if they do not intend to administer their own exchange but will rely on the federally facilitated exchange.
5. For more examples, see Appendix of "Moving to 21st Century Public Benefits," by Stan Dorn and Elizabeth Lower-Basch http://singlestopusa.org/Moving_to_21st-Century_Public_Benefits.pdf
6. "Improving the Delivery of Key Work Supports: Policy and Practice Opportunities at a Key Moment," by Dottie Rosenbaum and Stacy Dean, Center and Budget and Policy Priorities, <http://cbpp.org/files/2-23-11fa.pdf>; "Express Lane Eligibility: Early State Experiences and Lessons for Health Reform," Families USA, <http://www.familiesusa.org/assets/pdfs/chipra/Express-Lane-Eligibility-State-Experiences.pdf>
7. http://singlestopusa.org/Moving_to_21st-Century_Public_Benefits.pdf
8. "Program Design Snapshot: Paperless Income Verification," Georgetown University Health Policy Institute Center for Children and Families, available at: <http://ccf.georgetown.edu/index/cms-filesystem-action?file=strategy%20center/income%20verification%20final.pdf>
9. The Affordable Care Act regulations governing privacy and security of information use of standards and protocols for electronic transactions (42 CFS S 155.260 and 155.2700) may provide some guidance.
10. The Patient Protection and Affordable Care Act sets a strong framework around data privacy and security regarding data transfers between state health insurance exchanges, national databases, and other parties (including navigators and other contractors) and may be instructive for such guidance.
11. "Policy Guidance Regarding Inquiries into Citizenship, Immigration Status and Social Security Numbers in State Applications for Medicaid, State Children's Health insurance

Program (SCHIP), Temporary assistance for Needy Families (TANF), and Food Stamp Benefits,” available at: <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/origin/policyguidanceregardinginquiriesintocitizenshipimmigrationstatus.html>

12. In “opt-out” data sharing scenarios, the default is that the client’s data will be shared unless the client indicates otherwise. In “opt-in” the client has to actively indicate that it is permissible to share data, which presumably leads to lower rates of permission to share data.
13. “Online Services for Low-Income Families: What States Provide Online with Respect to SNAP, TANF, Child Care Assistance, Medicaid, and CHIP,” Center on Budget and Policy Priorities, <http://www.cbpp.org/cms/index.cfm?fa=view&id=1414>
14. For instance, as of 2011, 12 states do not require paper documentation of income for health coverage for children, using other data sources before asking the family to prove income. Dottie Rosenbaum and Stacy Dean, “Improving the Delivery of Key Work Supports: Policy and Practice Opportunities at a Critical Moment,” Center on Budget and Policy Priorities, <http://www.cbpp.org/files/2-24-11fa.pdf>
15. For example, many states do not require paper documentation of income for enrollment in SNAP or Medicaid for children. States can use existing data on earnings, including public and private wage databases and other benefit programs, to confirm applicants’ statements about their income. States with self-declaration of income policies for Medicaid and/or SCHIP typically use four to five databases to confirm income information. Applicants should be allowed to dispute the findings, however, if data from databases is out of date or inaccurate. To learn more, see “Program Design Snapshot: Paperless Income Verification,” Georgetown University Health Policy Institute Center for Children and Families. <http://ccf.georgetown.edu/index/cms-filesystem-action?file=strategy%20center/income%20verification%20final.pdf>
16. Standards should include: 1) identifiers to link applications and supporting documents; 2) a supporting document repository accessible to the applicants; 3) a method for applicants to update or add to their supporting documentation as needed.
17. For a review of examples of “third-party” organizations providing benefits assistance across the United States, see “Helping Low-Wage Workers Access Work Supports,” by Kay Sherwood, MDRC, <http://www.mdrc.org/publications/533/overview.html>, and “Promoting Public Benefits Access Through Web-Based Tools and Outreach: A National Scan of Efforts,” ASPE, <http://aspe.hhs.gov/hsp/11/BenefitsAccess/Vol2/index.pdf>
18. ACA Exchange regulations § 155.260(a)(6) and § 155.210(c)(1)(v) requiring Navigators to comply with privacy and security provisions at §§ 155.260 and 155.270 may provide good examples.

Resources

1. Joint memo from OMB/CMS/ACF/FNS clarifying allowable shared services under the A-87 Exception, dated January 23, 2012, <http://www.fns.usda.gov/snap/rules/Memo/2012/SMD-1-23-12.pdf>
2. Pathways Opportunities Ahead for Human Services, American Public Human Services Association (APHSA), <http://www.aphsa.org/Policy/pathways.asp>
3. "Moving to 21st-Century Public Benefits: Emerging Options, Great Promise, and Key Challenges," Stan Dorn, Urban Institute, (May 2012,) http://singlestopusa.org/Moving_to_21st-Century_Public_Benefits.pdf
4. "Sharing Data, Protecting Privacy: Potential Partnerships to Improve Benefits Access," National Council on Aging. Center for Benefits <http://www.ncoa.org/assets/files/pdf/center-for-benefits/Data-Sharing-Issue-Brief.pdf> / www.centerforbenefits.org.
5. "Improving the Delivery of Key Work Supports: Policy & Practice Opportunities at a Critical Moment," Dorothy Rosenbaum and Stacy Dean, Center on Budget and Policy Priorities February 2011 <http://www.cbpp.org/cms/index.cfm?fa=view&id=3408>
6. "Online Services for Key Low-Income Benefit Programs: What States Provide Online with Respect to SNAP, TANF, Child Care Assistance, Medicaid, CHIP, and General Assistance," Center on Budget and Policy Priorities, (Updated March 6, 2012), <http://www.cbpp.org/cms/index.cfm?fa=view&id=1414>
7. "How Human Services Programs and Their Clients Can Benefit from National Health Reform Legislation," Stan Dorn, commissioned by the Coalition for Access and Opportunity, and the accompanying tool kit, http://www.clasp.org/issues/pages?type=work_supports&id=0005
8. "Helping Low-Wage Workers Access Work Supports: Lessons for Practitioners," Kay Sherwood, MDRC, <http://www.mdrc.org/publications/533/policybrief.pdf>
9. "Promoting Public Benefits Access Through Web-Based Tools and Outreach: A National Scan of Efforts," Jacqueline Kauff, Emily Sama-Miller, Elizabeth Makowsky, Mathematica Policy Research, <http://aspe.hhs.gov/hsp/11/BenefitsAccess/Vol2/index.pdf>
10. "SNAP On-Line: A Review of State Government SNAP Websites," Center for Budget and Policy Priorities, (Updated March 6, 2012) <http://www.cbpp.org/cms/index.cfm?fa=view&id=618>
11. "Supplemental Nutrition Assistance Program (SNAP) State Options Report, Ninth Edition," United States Department of Agriculture, Food and Nutrition Service, (November 2010), http://www.fns.usda.gov/snap/rules/Memo/Support/State_Options/9-State_Options.pdf
12. "A New Business Model for 21st Century Health & Human Services," Cari DeSantis, APHSA, National

Workgroup on Integration, Washington DC, (August 2012), <http://nwi.aphsa.org/docs/business-model-guidance.pdf>

13. "Technology Guidance: for horizontal integration of health and human services," Rick Friedman, APHSA National Workgroup on Integration, Washington DC, (2012), <http://nwi.aphsa.org/DOCS/Technology-Guidance.pdf>

14. Immigrants and Public Benefits – visit www.NILC.org for the following briefs:

- Overview of Immigrant Eligibility for federal benefits, http://www.nilc.org/table_ovrw_fedprogs.html
- More on Immigrant Eligibility for Federal Benefits, <http://www.nilc.org/access-to-bens.html>
- State funded TANF replacement programs, http://www.nilc.org/guide_tanf.html
- State funded Medicaid Assistance programs, <http://www.nilc.org/health.html>
- SNAP Non-Citizen Guidance, http://www.fns.usda.gov/snap/government/pdf/Non-Citizen_Guidance_063011.pdf#xml=http://65.216.150.153/tehis/search/pdfhi.txt?query=non-citizen+guidance&pr=FNS&prox=page&rorder=500&rprox=500&rdfreq=500&rwfreq=500&rlead=500&rdepth=0&sufs=0&order=r&cq=&id=4ea

Contacts and Acknowledgments

For more information, contact:

Elizabeth Lower-Basch
Policy Coordinator
CLASP
elowerbasch@clasp.org
202-906-8013

Megan Curran
Sr. Director, Family Economics
First Focus
meganc@firstfocus.net
202-657-0684

Andrew Stettner
Vice President for Policy, Evaluation and Organizational Planning
Single Stop USA
astettner@singlestopusa.org
646-845-4351

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.

