

August 20, 2014

Julian Harris,  
Health Associate Director  
Office of Management and Budget  
Executive Office of the President

Mark Greenberg  
Acting Assistant Secretary  
Administration for Children and Families  
U.S. Department of Health and Human Services

Kevin Concannon  
Under Secretary  
Food, Nutrition and Consumer Services  
U.S. Department of Agriculture

Cindy Mann  
Deputy Administrator/Director  
Center for Medicaid and CHIP Services  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services

**RE: Extend 90/10 funding and A-87 Exception**

Dear Director Harris, Under Secretary Concannon, Acting Assistant Secretary Greenberg, and Deputy Administrator Mann:

The Coalition for Access and Opportunity is a broad network of practitioner, advocacy and research organizations founded to promote policies and practices that streamline access to multiple work support and safety net programs so that eligible people can receive the benefits they need to meet their families' basic needs and succeed at work.

We especially appreciate the Administration's leadership in promoting integration and interoperability of health and human service programs, particularly through the enhanced 90 percent federal funding for the costs of the design, development and installation or enhancement of their eligibility determination systems and the exception to the cost allocation requirements under OMB Circular A-87. As you know, these resources are only available for expenses incurred before December 31, 2015. We write in support of an extension of the 90/10 funding and the A-87 exception beyond the 2015 cut off to allow states additional time to take advantage of the opportunities available through these resources and to leverage the investments that have already been made.

The Affordable Care Act (ACA) required significant changes to methods for establishing eligibility for public health insurance programs and set forth a vision for streamlined and simplified processes by which people are determined eligible for Medicaid. The enhanced federal match significantly increased federal support for investing in systems improvements so that states may modernize their infrastructures to meet these expectations and the needs of the growing customer base.

Furthermore, in August 2011, the U.S. Department of Health and Human Services' Center for Medicare and Medicaid Services (CMS), the Administration for Children and Families (ACF), and the U.S. Department of Agriculture's Food and Nutrition Services (FNS) announced a temporary exception to the usual requirement that the costs of shared information technology be allocated across all benefiting programs. The A-87 Cost Allocation Exception allows human service programs to share a wide range of eligibility and enrollment information technology (IT) components needed by Medicaid, without having to contribute to the costs of developing them. This policy allowed states to capitalize on the investment needed to meet ACA requirements to create a seamless system for accessing multiple programs.

In 2013, a report from the Georgetown Center for Children and Families and the Henry J. Kaiser Family Foundation revealed that nearly all states (47) were already taking advantage of the 90-10 funding and moving forward with updates to their information technology infrastructure. States have been ambitious about their plans, working toward integrated technology improvements not only in health programs but also a range of human services and child welfare programs that will impact program access for millions of families. For example, some states have implemented full-scale redesigns of their computer systems building integrated eligibility system for health and human services programs. These states have been on the cutting edge of large-scale technology reform, and have achieved major accomplishments as well as hard-earned lessons.

It is important that the federal government support the upfront costs of integrated eligibility systems that will reap long-term efficiencies for states, the federal government and low-income beneficiaries. Most individuals who qualify for Medicaid and CHIP will also qualify for one or more state-administered human services programs, such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), as well as child care, energy assistance, refugee assistance, and other programs. Maintaining or building duplicative processes for programs with similar eligibility rules is inefficient and costly for states, and adds needless burden to families applying for benefits. Moreover, ensuring low-income people have access to and receive the full package of benefits for which they qualify can help improve their well-being in the short-term and raise their long-term success.

Because of the critical need to have operational systems for the 2014 open enrollment season, many states postponed implementing the elements of their systems that support “horizontal integration” between health and human service systems. In addition to the delays common to large-scale information technology projects in both the private and public sector, many states experienced additional challenges related to coordination and integration with the Federal Marketplace and federal data services hub. Policy uncertainty around ACA implementation in the states contributed to delays as well. As a result, the full potential of the investments that have been made have not yet been realized – and may not be unless the December 2015 deadline is extended.

Extending the 90/10 funding and the A-87 waiver is not only beneficial to states that access these resources, but also to the federal government and to families. The extension is needed to ensure that states capture this moment to continue to improve and update integrated systems across benefit programs that are capable of serving families’ needs in health and human services programs. In the absence of an extension, there is a danger that states could be more bifurcated than before health care reform, with enhanced health care systems separated from outdated human services infrastructure.

As states continue to improve and update their infrastructure to better meet the needs of consumers, it is critical that they remain able to access federal support and resources to ensure completion of these efforts. An extension of the 90/10 funding and the A-87 exception for at least an additional two years through December 31, 2017 will enable states to fully build out their systems. Moreover, it is critical that a decision about this extension be made and disseminated as soon as possible, so that states can incorporate it into their planning and contracting processes. Because of the lag time inherent to this type of development process, the extension will be far more beneficial if announced now than if a decision is delayed until late 2015. At that time, many states will not have the ability to respond quickly enough to take advantage of an extension.

Thank you for your consideration of this matter. Please feel free to contact Helly Lee, Senior Policy Analyst at CLASP at [hlee@clasp.org](mailto:hlee@clasp.org) or Andrew Stettner, Chief Program Officer at Single Stop USA at [astettner@singlestopusa.org](mailto:astettner@singlestopusa.org) with any questions.

Sincerely,

**National Organizations**

The Center for Law and Social Policy  
First Focus  
Single Stop USA  
Asset Building Program, New America Foundation  
Benefits Data Trust  
Center for Community Change  
Enroll America  
Families USA  
Georgetown University Center for Children and Families  
National Association of Social Workers  
National Women's Law Center  
Sargent Shriver National Center on Poverty Law  
Seedco  
Social Interest Solutions  
Solutions for Progress  
Stewards of Change Consulting  
United Way Worldwide  
Wider Opportunities for Women

**State Organizations**

Alliance to Transform CalFresh  
California Food Policy Advocates  
LIFT-NY  
Michigan League for Public Policy  
SF- Marin Food Bank  
Western Center on Law and Poverty