



BENEFITS APPLICATION ASSISTANCE PROGRAM:

Implementation Guidebook

*Prepared by Alliance of Community Assistance, Inc. (ACAM)
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Introduction

The practices shared in this guidebook come from a collaboration of six community-based organizations, some with years of experience providing Benefit Application services, as well as some that only recently implemented the program. Our goal in publishing this guidebook is to help increase community access to benefit application assistance by sharing lessons learned from the collaborative. This guidebook is not intended to take the place of a formal program feasibility study, such as a community needs assessment. Furthermore, official information about public benefit programs and government-related policies and procedures should be obtained from appropriate government agencies. The examples provided in this guidebook are solely based on our experiences.

Background: The Health Benefits Access Program

Between 2015 and 2018, at least four organizations per year have participated in a learning community supported by a grant from the Episcopal Health Foundation. This project, known as the Health Benefits Access Program (HBAP), has been a key initiative of the Alliance of Community Assistance Ministries, Inc. (ACAM), a network of 14 nonprofit organizations, including those that participated in this collaborative initiative.

HBAP was implemented to help families throughout our region become healthier, while simultaneously alleviating poverty and promoting long-term self-sufficiency. As a collaborative, the project has also focused on increasing program capacity through the sharing of best practices and insights learned from an ongoing, multi-site evaluation of program strategies and client outcomes.

During the nearly four-year long project, the collaborating organizations served over 17,500 individuals with benefit application assistance. Significantly, about 75% of the total applications submitted for these individuals were “New,” as the clients had either never been enrolled or their coverage had expired. These results point to both the efficacy of the HBAP Collaborative and the extreme need to increase community access to Benefit Assistance programs and reduce the number of uninsured Texans.

ACAM would like to thank Episcopal Health Foundation for its support and the six organizations that participated in and contributed to this effort:

Epiphany Community Health Outreach Services (ECHOS)
Humble Area Assistance Ministries
Interfaith of The Woodlands
Katy Christian Ministries (KCM)
Memorial Assistance Ministries (MAM)
Wesley Community Center

The Community Partner Program

Our collaborative partners provide Benefit Application Assistance as members of the Community Partner Program (CPP), a state-wide program that supports organizations that partner with Texas Health and Human Services. Community Partners submit most Benefit Applications through the Your Texas Benefits online system. In addition to the efficiencies of online navigation, Community Partners receive regular assistance from the program's Support Specialists who are very attentive and helpful. Online training is available for Navigator certification and monthly webinars that provide best practice tips and program updates. CPP also hosts annual conferences to ensure staff remain current on programs and services. Interested organizations can learn more about the program and how to join at their website: www.texascommunitypartnerprogram.com.

Becoming a Community Partner involves an application process that includes information about your organization and a background check of navigators and the person who will serve as the organization's "site manager." The time required for the application process, as well as navigator training, can vary. It is important that organizations consider these factors when developing a program implementation schedule. Interested organizations should consult with a CPP representative to learn more about the on-boarding process.

Getting Started

How do I know if Benefit Assistance is a good fit for my organization?

Most public benefit programs require that clients meet some lower income threshold. Therefore, Benefit Assistance services are a good fit for organizations that offer programs for low-income households. Benefit enrollment is also crucial to reducing household expenses, thereby helping people achieve and maintain housing stability. Moreover, public benefits help ensure individuals have access to medical care and sustained good health. Our programs have shown that successfully enrolled clients are about three times more likely to get the medical care they need than clients who are not enrolled.

Some questions to consider include:

- Does our community need benefit application assistance services?
- Does our organization currently serve lower income individuals?
- Does our organization's mission include promoting self-sufficiency and healthy communities?
- Could our organization partner with other organizations to reach uninsured individuals?

How do I know if my organization is ready to provide Benefit Assistance?

The following is a checklist of resources you will need to provide benefit assistance services:

- Staff either trained or ready to be trained as a Benefits Navigator. (See the Navigator section for more information about suggested skills and qualifications.)
- Private meeting space for navigator(s) and clients to ensure privacy and confidentiality.
- Dedicated office equipment for navigator(s) including a computer, phone line, copier, and scanner.
- Secure storage for retaining client waivers (Form H0926-CP-CA).
- Ability to conduct program marketing and outreach to “get the word out.”(See the Community Outreach section for suggested outreach strategies.)
- Sufficient resources for a 6-12-month start-up period. (See below for information about implementation costs.)
- Capacity for longer term sustainability planning.

How much will it cost to implement a Benefit Assistance program?

The following estimates for implementation costs are based on having at least one full-time, paid navigator. Organizations will want to think about other costs that might be necessary for their particular situation, such as management, support staff, or program evaluation services.

<i>Estimated Cost to Implement a Full-Time Health Benefits Access Program</i>		
Navigator salary (direct service staff)	\$36,573	65.8%
Payroll taxes and benefits (direct service staff)	\$4,940	8.9%
Training	\$116	0.2%
Supplies and program materials	\$1,285	2.3%
Office space (based on 400 square feet at \$20 per square foot)	\$8,000	14.4%
Computer and printer/scanner	\$1,200	2.2%
Printing and copying	\$506	0.9%
Postage, delivery and shipping	\$457	0.8%
Telephone, fax and internet	\$634	1.1%
Other	\$1,900	3.4%
Total Expenditures	\$55,611	100%

Community Outreach

Even those organizations that actively serve families in poverty may find it necessary to conduct some initial outreach to “get the word out” about their Benefit Assistance program. In addition to letting people know about your program, some in your community may be reluctant to apply for benefits.

Some reasons people may not seek benefit application services:

- Lack of awareness about the many benefit programs and the specific needs each program targets.
- Assumptions about their eligibility, either due to misinformation or a prior denial based on different circumstances.
- Negative outcomes when they tried before due to language barriers, or inhospitable, prejudicial environments.
- Negative perceptions of public assistance and not wanting to receive “welfare.”

Outreach strategies

The CPP has a host of materials, such as posters and brochures, for promoting your program. These materials are available to Community Partners through the program’s website. Social media, including your organization’s website and Facebook are also useful for increasing your program’s visibility. Additional strategies that our collaboration has used include:

- Community publications.
- Presentations at community events.
- Distributing marketing materials to community organizations.
- Participating in special events, such as community health fairs.
- Partnering with other organizations to provide services at host sites, such as clinics and nonprofit social service providers.
- Coordinating with apartment complexes to provide onsite application assistance.
- Collaborating with others to reach special populations, such as pregnant women or foster children who are aging out of the system.

Navigators

Navigators are the backbone of a Benefits Assistance program. They deal directly with clients to provide general information about benefit programs, explain benefit eligibility requirements, and assist with completion of benefit applications. Their work is vital to successfully reaching and enrolling eligible individuals. This section addresses:

- Basic requirements and responsibilities for Community Partner navigators.
- Qualifications and skills that ideal candidates will possess.

What tasks and responsibilities do Navigators perform?

- Screen clients to assess benefit eligibility and to ensure that they have or can obtain the required documents.
- Complete online applications for appropriate benefits based on applicants’ responses to screening questions on the Your Texas Benefits website.
- Interface with appropriate organizations, such as CPP and 2-1-1, to report technical problems and resolve application issues.
- Provide follow-up assistance to ensure clients respond to requests for additional information and that eligible applicants are successfully enrolled.
- Comply with CPP policies related to client confidentiality.

What are the suggested minimum qualifications for Navigators?

- Pass a background check per CPP guidelines.
- Complete the required online CPP training and become a certified CPP Navigator.
- Experience working with computers.
- Comfortable with social and ethnic diversity.
- Ability to communicate effectively with people from diverse backgrounds about complex and sensitive issues, such as household income and health matters.

What qualities and skills can help ensure Navigators provide effective and efficient services?

Successful navigators come from a wide range of backgrounds and experiences. The following discussion outlines some qualifications and skills that participating CPP organizations have reported as valuable to operating a successful Benefits Assistance program.

BILINGUAL WITH FLUENCY IN ENGLISH AND CLIENTS' PREFERRED LANGUAGE

It is important to consider predominant languages in either your community or among your specific client population when hiring a navigator. For example, Spanish is the preferred language for approximately 75% of the Benefit Assistance clients at our partnering organizations. Therefore, our organizations all have at least one navigator who is fluent in both English and Spanish.

EDUCATION

Public benefits and support systems are complex and subject to change. Furthermore, troubleshooting and intervening for clients in difficult situations often require strong communication and problem solving skills. A college degree can help ensure that candidates will be able to obtain the Navigator certification, and that they will be able to work independently and research information related to a variety of benefit programs once certified. Organizations with an established program and experienced Navigators have successfully trained high school graduates and interns to meet service demands, with the appropriate guidance.

SOCIAL SERVICE WORK EXPERIENCE

Individuals who need benefit application assistance are often from vulnerable populations. In addition to poverty, they may deal with other high-risk factors such as unemployment, physical or mental illness, substance abuse, debt, or domestic violence. Generally, candidates with experience in social services may be better prepared to work with clients in difficult situations.

ORGANIZATIONAL SKILLS

Effective navigators possess organizational skills that promote efficiency and help achieve successful results. The ideal candidate will possess qualities, such as:

- Initiative, ability to follow-through without supervision.
- Ability to multi-task, manage a variety of documents, and still maintain consistent attention to detail.

- Strong problem-solving skills and ability to assess and take appropriate action on complex situations.
- Customer-centric and concerned with the quality of interactions with clients and partners, as well as outcomes.
- Strong communication and interpersonal skills needed to advocate for clients and achieve program goals.

Program Strategies

Program strategies, such as policies and procedures, should be tailored to fit the organization.

First and foremost, it is important to clearly establish how the Benefit Assistance program relates to your organization's mission and other services. Benefit Assistance may be the only service you provide, one of many services designed to address basic needs, or an ancillary service for a targeted population. Of course, organizational resources, such as the number of staff and volunteers, will also influence program strategies.

The following discussion examines three phases in the provision of Benefit Assistance services: Client Screening and Intake, Benefit Application Services, and Client Follow-up. The review of these three phases outlines factors to consider when deciding how your program will operate and highlights ways in which mission and resources will influence these decisions.

CLIENT SCREENING AND INTAKE



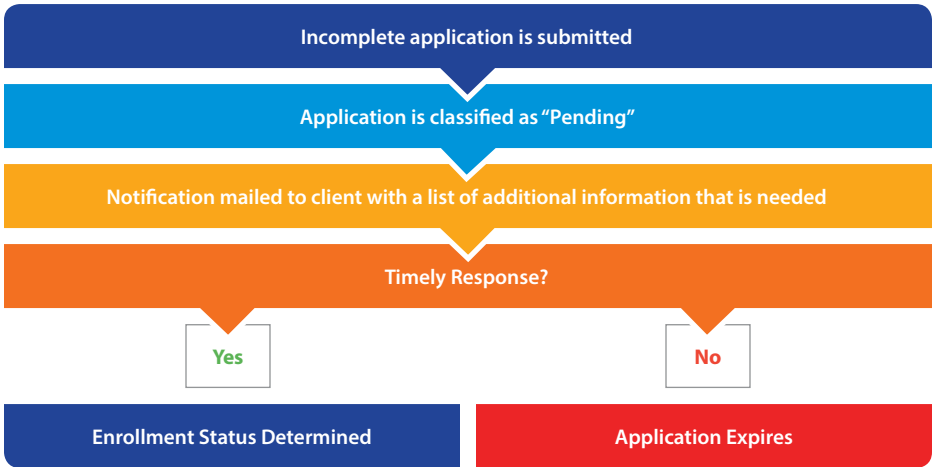
Client scheduling: Some organizations schedule client appointments for benefit application services. This may be necessary, for example, to manage staff schedules. Another benefit of scheduling appointments is that it provides an opportunity to instruct clients to bring the documents they will need to complete the application. Calling the client a day ahead of their appointment to remind

them and confirm helps ensure attendance. Unfortunately, organizations have learned that some clients will fail to keep their appointment thereby reducing program efficiency. As a result, many organizations do not schedule appointments and prefer to serve walk-ins during established program hours.

Document requirements: Clients must provide supporting documents for benefit applications to be processed. Most organizations maintain a comprehensive list of documents that might be required to complete an application. This list is available in waiting rooms and given to staff who may interface by phone or in person with potential Benefit Assistance clients.

The required documents may be uploaded and submitted with the application or later via either the online system, fax, or mail. In other words, applications may be submitted with or without the required documents. However, incomplete applications are delayed and assigned a “Pending” status (see Figure 1). Clients with Pending applications are notified by mail with a list of the documents needed to complete the review process. Our evaluation research has shown that it is not unusual for clients to fail to submit the missing information for a variety of reasons. If the paperwork is not received within a defined period of time, which varies by benefit program, a pending application will expire and a new application must be submitted to re-start the process.

Figure 1. Process for Incomplete Applications



Some organizations therefore require that applicants have all supporting documents with them before they will provide application assistance. For example, organizations that deal with a high volume of clients may require that clients have all the necessary documents to ensure that time and resources are not expended on applications with a high risk of failure. However, it is important to consider individual client needs and program policies. In some cases, the

application filing date may be used to approve coverage for a portion of the client's prior, unpaid medical expenses.

Pre-screening: Screening for benefit eligibility is properly handled by the Your Texas Benefits' online system prompts and an experienced navigator. Prior to this phase however, a pre-screening process conducted by trained staff may improve program efficiency. The following factors are helpful to consider when developing a pre-screening process tailored to fit your organization:

- **How and when will you pre-screen clients?** It is important that the process is conducted in the most efficient, customer-centered way possible. It may take place when scheduling an appointment or during the preliminary intake process. Staff availability, experience, and training needs may be an important consideration for determining when and who will complete this process.
- **What information do you need to collect about the client?** Your information needs are largely determined by four questions: 1) What do you need to know to provide services, 2) What do you want to report about the people you served, 3) What do you want to report about the services performed, and 4) What results or outcomes will you use to measure your success. Once this has been determined, it is important to assess if your existing data tools (e.g. forms, data screens, and reports) are sufficient or if they will need to be modified.
- **Are clients in need of other services?** It is important to assess if Benefit Assistance clients are eligible for other programs provided by your own or partnering organizations. Additional training and procedures may be necessary to effectively ensure clients receive needed referrals, whether internal or external.

BENEFIT APPLICATION SERVICES

Pace of services: On average, it takes 30-40 minutes to complete benefit applications for one household. Of course, the amount of time needed varies by household size and how many are eligible for benefits, the type of benefit applications being processed, and other factors such as complex eligibility questions. Other factors that may impact service time include interruptions due to small children, phone calls, and additional staff responsibilities.

Confidentiality

During the application process, the navigator and client will discuss income and perhaps other confidential information, such as health matters or immigration status. It is important that navigator work stations ensure client privacy. This requires office space that is sufficiently enclosed and/or located an appropriate distance from other staff and clients so that conversations remain private. It is also important that the navigator's computer screen is out of view, although it is helpful for the client to comfortably view the screen to assist with the application.

Workstations: The number of equipped workstations available is just as important as the number of navigators in determining the number of clients who can be served at one time. As previously noted, workstations should be private and

include a computer, an internet connection, a phone, workspace for the navigator, and seating for the client being served (which could include more than one household member). The navigators also need relatively convenient access to a printer, scanner, and copier.

Facilities: Parking space and the reception area influence how many clients can wait simultaneously for services. Service time may be improved if there is a supervised, child-friendly space available for little ones while the navigator assists parent(s) with the application.

CLIENT FOLLOW-UP

Client follow-up is necessary if your program will include an evaluation component, such as tracking client enrollment numbers or monitoring navigators' application approval rates. In addition, we have learned through evaluation results that following-up with clients can actually help improve the number of clients whose applications are approved. As discussed above, if there is a problem with the application, such as missing or misplaced paperwork, the application is assigned a "Pending" status. Contacting the client within 2 to 4 weeks of submitting the application can help ensure that necessary actions are taken before the application expires.

If your organization does not routinely interact with your Benefit Application clients, then resources must be allocated to conduct follow-up by phone. Reaching clients by phone requires staff time and may involve multiple attempts at different times of the day. Therefore, resources are certainly a factor in determining policies regarding client follow-up. One follow-up strategy for managing limited resources is to define follow-up procedures that target high-risk clients, such as those with incomplete applications or a critical health concern.

Program Monitoring and Evaluation

The CPP may provide its partners with some information about the number of applications submitted; however, program data and outcomes should be tailored to an organization's needs and resources. Our collaborative partners have found it necessary and helpful to collect and report their own client data for several reasons. First, they want to report more than just application numbers, such as the number of individuals and households served. They also need to report client demographic information to meet some stakeholders' requirements. In addition, some benefit applications are not processed or tracked through the Your Texas Benefits website, including county financial assistance programs such as the Harris Health System program (the "gold card") and the Montgomery County Hospital District Healthcare Assistance Program.

When designing your data collection strategy, it is helpful to note that Benefit Assistance services and outcomes are associated with individual household

members. Therefore, applications, enrollment status, and medical care access are best tracked for individuals, not just households.

The following is a list of possible data and measures to consider tracking for monitoring and evaluating the program:

- **Client numbers:** It is important to remember that an individual client may obtain services for more than one application type or household member. For example, a mother may submit a SNAP application for herself and a SNAP and Medicaid/CHIP application for her child. Therefore, it may be important to demonstrate your program activity by tracking the number of applications submitted, the number of individuals for whom applications were submitted, and the number of households the program served.
- **Volume trends:** Tracking client numbers by factors, such as month and navigator, may identify patterns that can help you manage resources and improve client service strategies.
- **Approval rates:** Tracking your application approval rate is key for evaluating the effectiveness and efficiency of your program. It is important that organizations submit applications for all potentially eligible clients; however, it may be equally valuable to monitor approval rates to ensure that navigators are adequately trained and that your organization is not expending resources on client applications that are not likely to be approved.
- **Benefit type:** Tracking the number of applications submitted for each benefit program can help demonstrate training needs and guide outreach strategies. For example, relatively low numbers of CHIP/Medicaid applications for pregnant women may suggest an opportunity to reach an underserved group.
- **Medical care access:** Our evaluation research has shown that benefit enrollment significantly increases the likelihood that an individual will receive needed care. Tracking this outcome has become very important for demonstrating the importance of the program and obtaining funds to sustain the program. This information is also useful for determining if other interventions are needed to ensure clients receive health care.
- **Other services provided:** Tracking the additional services that Benefit Assistance clients receive can help assess your intake procedures and demonstrate the breadth of services your clients receive.



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