

Work Support
Strategies:
Streamlining Access,
Strengthening Families



Confronting the Child Care Eligibility Maze

Simplifying and Aligning with Other Work Supports

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Contents

Executive Summary	4
Overview.....	10
Part I. Who Is Eligible and How Eligibility Is Determined.....	26
Part II. Simplify and Align Processes for Determining and Monitoring Eligibility	45
Part III. Pull It All Together: How Some States Have Aligned CCDF with Other Safety Net Programs	63
Part IV. How to Start Simplifying and Aligning Policies.....	67
Part V. Conclusion	71
Appendices.....	72
References	86
Notes	89

Executive Summary

The Child Care and Development Fund (CCDF), which helps defray the costs of child care for low-income working families, has two program goals: to help parents become or remain employed, and to support the safety and development of their children. Yet these goals can be compromised by burdensome administrative processes that make it challenging for low-income families to get and keep child care benefits. They are further threatened by the additional challenges clients face when trying to get the other benefits for which they are eligible. Together, the cumulative burden of trying to obtain and keep benefits can create huge challenges for families. For example, clients who seek CCDF and also need help from the Supplemental Nutrition Assistance Program (SNAP) and/or Medicaid and the Children's Health Insurance Program (CHIP) have to report overlapping information to each program separately to initially obtain each benefit, then must provide this information again to multiple agencies at multiple times to retain their benefits. In addition to creating challenges for parents to get and keep benefits and for children to have continuity of care, these complexities create significant administrative burden and inefficiencies for struggling public agencies and can contribute to program integrity problems.

Policymakers and stakeholders are increasingly realizing that these problems undercut the ability of CCDF and other work supports to achieve their goals—both for clients and for program efficiency. As a result, they are seeking a new way of doing business, one that focuses on improving client access and retention of benefits, service delivery efficiency and accountability, and client service. This approach is creating a paradigm shift, and a new vision—one in which, for example, eligible parents applying for child care could give their information one time, be easily connected to child care as well as the larger package of benefits for which they are eligible, and be able to keep their benefits as long as they are eligible with minimal burden to themselves and to the state. The significant changes to the health care system resulting from the implementation of the Affordable Care Act (ACA) are providing further impetus to this effort.

For the CCDF, achieving this vision involves two critical steps: *simplifying* the CCDF eligibility processes, and *aligning* key elements of the CCDF eligibility process with other core benefit programs that serve CCDF families. While CCDF differs in some important ways from SNAP

and Medicaid/CHIP, it is a logical partner for such efforts. It shares common goals with other work support programs, is very flexible with relatively few federal requirements, shares a common client population, has similar eligibility processes, faces similar program integrity and administrative challenges, and has inadequate resources so would benefit from leveraging and partnering with other programs. As a result, linking with other benefit systems can provide important supports to CCDF clients and help CCDF meet key administrative and program operation goals. This effort also strongly parallels state and federal efforts to align and link CCDF with other early childhood systems.

This paper provides an overview of steps that state child care agencies can take to reach the new vision described above, with practical examples of policy changes that states have taken and can take to move in this direction. It is the result of the **Work Support Strategies** (WSS) Initiative, a multiyear effort that is working with a select group of states to help them design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports for low-income working families (including health coverage, nutrition benefits, and child care subsidies). The paper is divided into four parts.

Part I—Who Is Eligible and How Eligibility Is Determined

This part focuses on how eligibility is defined, determined, and verified. These issues are among the most important policy and programmatic decisions that policymakers and administering agencies make, and they are core to simplification and alignment efforts. They affect the ease or complexity of every step that parents go through to get and keep benefits: application, enrollment, eligibility redetermination, and reporting of interim changes in circumstances. States can simplify and align eligibility, documentation and verification requirements.

Eligibility Elements and Definitions

To simplify eligibility, it is first essential to examine what eligibility requirements are in place and how they are defined. The two critical steps here are to

- identify the core set of required child care eligibility criteria, and

- simplify and align how eligibility elements are operationalized (such as family unit, income limits, countable income, and what activities—work, job search, etc.—make a parent eligible) and align where possible.

Documentation and Verification

State choices about how to verify a client’s eligibility for the core requirements can significantly affect both client and administrative burden. Some key steps that can help simplify and align documentation and verification are to

- seek documentation and verification only for elements that affect eligibility,
- simplify documentation requirements for eligible activities,
- align documentation requirements across programs,
- allow flexibility as to what documentation is required for verification,
- only verify information that has changed,
- ask parents to verify only information that cannot be verified from other sources,
- use eligibility determinations from other programs as sufficient verification, and
- simplify submission of information (including allowing updates online and using electronic customer accounts, submission by email, text, fax, or phone).

Part II—Simplify and Align Processes for Determining and Monitoring Eligibility

This part focuses on the three common processes states use to determine and monitor eligibility: initial application and enrollment, periodically redetermining eligibility, and clients reporting changes in their circumstances that may affect their eligibility. States can simplify each process in numerous ways to reduce client burden and align these processes with those of other benefit systems.

Application and Enrollment

The application process is the gateway to accessing benefits. Therefore, the ease or complexity of this process is critical in shaping whether clients are able to obtain benefits. Some key steps to simplify and align application processes include

- make application and application submission accessible;

- make application assistance available, and address language and literacy barriers; and
- combine applications.

Eligibility Redetermination

Periodically proving eligibility is common across the benefit programs and is a central component of ensuring that clients do not continue to receive benefits for which they are no longer eligible. However, how states implement eligibility redetermination, what they require of parents, and how often, are central in shaping whether eligible clients are able to keep benefits easily. Overly burdensome redetermination requirements and processes not only cause eligible families to lose assistance, but also create significant administrative costs associated when families cycle off and on the program because of procedural problems (also known as “churn”). Some steps that states can take to simplify and align redetermination processes include

- set annual redetermination periods,
- align eligibility periods across programs,
- align redetermination dates and processes across programs (including using ex-parte review or administrative renewal), and
- focus on cases about to close due to failure to complete redetermination.

Interim Change Reporting

In between recertification dates, CCDF agencies commonly require parents to report changes in their circumstances that may affect their eligibility for (or the level of) benefits. In some cases, states require parents to report a long list of changes—in income, work schedule, employment, residence, household composition, or child care provider—even if the change produces little or no change to their benefit. This places significant burden on parents; on agencies, which have to process even minimal changes; and on child care providers, which must keep track of multiple adjustments to their client’s status. Because of these downsides, other benefit systems have been moving toward simplifying change reporting along a number of dimensions. Some steps state CCDF agencies can take to simplify and align change reporting include

- minimize changes that must be reported,
- simplify reporting, and
- minimize how often the state acts upon reported changes.

Part III—Pull It All Together: How Some States Have Aligned CCDF with Other Safety Net Programs

This part illustrates that the ideas presented in this report are not new or untested. In fact, throughout the report are examples of states that have taken steps to simplify and align components of their child care system, as well as some states that have closely aligned and integrated multiple elements of their child care eligibility criteria and processes with other systems. This section provides small case studies of what some states have done in this area.

Part IV—How to Start Simplifying and Aligning Policies

This part provides suggestions to states that are interested in taking steps to simplify and align their CCDF program with other key work supports. These suggestions include the following:

- Reflect about program goals and motivation.
- Thoroughly and carefully assess program policies, processes, and implementation. Such an assessment should include soliciting information from as many perspectives as possible, considering *all* for possible improvement, and using external expert facilitators.
- Use data thoughtfully to improve services, for overall program evaluation for providing feedback to office managers about program efficiency and service delivery.
- Examine business and technology processes to identify where service delivery approaches may inadvertently undercut simplification and alignment efforts.
- Seek solutions across policy areas.
- Understand that addressing the issues raised in such an assessment will require multiple strategies.

In conclusion, this paper provides a number of ideas for states that are interested in achieving a new vision for their children and families, and some tools to start moving in this direction. Such a vision has direct payoffs for everyone concerned. Children and families are able to get and keep child care assistance as long as they are eligible, thus supporting both children's development and parental employment; and, when child care assistance is aligned with SNAP and Medicaid/CHIP, families are able to get the nutritional and health benefits that they need for

healthy development and family stability. State agencies are able to reduce program duplication, administrative burden, and improve program integrity. In a time of limited resources—whether for states or for the families they serve—it is imperative to use resources wisely, in ways that are fiscally responsible, efficient, and help achieve CCDF’s goals of providing stable supports to the children and families the program serves.

Overview

Unique among public benefit programs, the Child Care and Development Fund, or CCDF, has dual program goals: to help low-income parents become or remain employed, and to support the safety and development of their children.¹ The program's main mechanism to accomplish these goals is to help defray some or all of the costs of child care. While CCDF is funded by both the federal and state governments, it is a block grant administered by states. The federal government provides guidance, but states have significant flexibility in the policies they set and how they administer these funds.

As a result, the ability of the CCDF subsidy system to accomplish its dual work-support and child-development goals depends heavily on state policy choices and implementation practices. State-level decisionmaking includes the *funding level* of the program; *policy choices* in key areas, such as who is eligible to get help, how much help they can get (i.e., how much providers will be paid and how much the parent has to pay), which child care providers parents can use and what quality requirements those providers have to meet, and so forth; and *implementation practices* that shape how parents, workers, and providers experience the program.

In recent years, policymakers and administrators have increasingly focused on the nuts and bolts of the latter two areas—the policies themselves and how they are implemented—focusing particularly on identifying those policies and implementation practices that create barriers to access and retention and that undercut the program's effectiveness. This focus has been spurred by evidence of four distinct challenges:

- 1. Complex and burdensome CCDF requirements and processes can make it challenging for low-income families to access and retain child care benefits.** Some child care subsidy policies and implementation practices can make it difficult for low-income eligible families to participate (Adams, Snyder, and Sandfort 2002; Shaefer, Kreader, and Collins 2005), by limiting initial subsidy access or by contributing to families losing subsidies even when they are still eligible (Davis 2012). These findings have led to serious concerns about the instability that results for both children and their parents (box 1). Inadvertently losing subsidies can be particularly difficult for families in the 19 states that have either waiting lists

or frozen intake for child care assistance; it can mean that families are unlikely to be able to return to the program (Schulman and Blank 2013).

- 2. Clients face compounded burdens when trying to obtain the multiple benefits for which they are eligible.** Many families eligible for CCDF are also eligible for other safety net programs, including the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) and Medicaid and the Children’s Health Insurance Program (CHIP).² These programs have overlapping eligibility requirements and similar (but often separate) processes and requirements as to what families have to do to get and keep benefits. In all the programs, this process involves an initial application, proving eligibility (income, household composition, etc.), reporting changes in family circumstances, and periodically redetermining eligibility. As a result, clients who try to get all the benefits for which they are eligible can face a daunting challenge, as they have to report similar but slightly different information to different benefit programs to initially obtain the benefits, and then must provide this information again multiple times to retain their benefits. This can present particular problems for those low-income families who face extra challenges, such as unstable circumstances, inflexible jobs, transportation limitations, or constraints around literacy, language, or computer access.³

Box 1. Subsidy Spells and Churning

A recent summary of the research on subsidy stability and continuity finds the following:

- Median spells of subsidy receipt are relatively short, typically around six months.
- Many children and families have more than one spell of subsidy receipt, and “cycling” (also known as “churning” in other benefit programs) is common. For example, one study of five states finds that 35–58 percent of families return to the program within a year; other studies have found multiple spells of subsidy use within just a few years.
- Exiting the subsidy program can be caused by policies (such as redetermination requirements, provider payment rates, and copay policies) as well as changes in the parent’s employment situation.
- Instability in subsidy receipt is also associated with instability of child care arrangements. This association is of concern because a significant amount of research shows that instability in child care arrangements is problematic for children’s development (Adams and Rohacek 2010; Sandstrom 2013).

Source: Davis (2012).

3. Complex child care assistance policies and processes, and cross-system duplication, can create a significant administrative burden for struggling public agencies.

The complexity described above also creates unnecessary administrative burden and costs. This administrative burden produces an inefficient use of public resources (states might have multiple workers interacting with the same family for multiple programs), and administrative costs are always of concern given the importance of being fiscally responsible with public funding. However, these concerns are even greater for child care agencies, given that the CCDF is able to serve only a fraction of eligible parents because of its limited funding. These inefficiencies are compounded when considered across benefit programs, as there can be significant duplication in eligibility determination and monitoring efforts. While these situations are always problematic, states are particularly struggling because of the “perfect storm” resulting from the recession, which simultaneously created a rising demand for public benefits and forced budget cuts on state agencies. The projected enrollment increases under the Affordable Care Act add further pressure to state eligibility systems.

4. Policy complexity can also inadvertently contribute to program integrity challenges.

Fiscal accountability and program integrity are core goals for any public program. Over recent decades, states have often developed detailed, tightly calibrated child care policies in an effort to control error and fraud. Unfortunately, however, such policies can inadvertently contribute to higher error rates, as there are more ways for clients and workers to make mistakes. In recent years, it has become clear that strategically simplifying policies to reduce *error*, and focusing on rooting out program *fraud*, are more effective tools to support accountability and fiscal responsibility. (See appendix B for more information on program integrity issues.)

As shown later in table 2 (page 18), these realities create very real human costs—for clients, for children, for child care providers, and for the child care system. As a result, these problems can undermine the ability to achieve both the goals of the CCDF, and those of our broader human service systems. Specifically, they

- limit how effectively child care, and the broader safety net programs, support stability and employment among parents;

- undercut the child care subsidy system’s ability to support stable care for children (with stability and continuity of care being critically important to healthy child development);
- fail to take advantage of opportunities to strengthen children’s health and nutritional status and development by connecting children to health insurance and nutritional assistance;
- undercut the administrative efficiency of all programs as workers monitor and manage duplicative and extensive reporting requirements, as well as close and open cases needlessly; and
- threaten program integrity by creating additional opportunities for error.

The Vision—What States Can Build

Recognizing the issues described above, state and federal policymakers have become increasingly interested in developing new approaches to simplify access to benefits within each program area, and to link and align across programs in order to better serve families and improve program efficiency (Mills, Compton, and Golden 2011; Rosenbaum and Dean 2011). One indication of this interest is the federal government efforts to support simplification in SNAP and Medicaid over the past decade. In recent years, concerns about many of these issues have led both SNAP and CHIP administrators to identify ways to improve client access and retention of benefits, service delivery efficiency and accountability, and client service. While CCDF is a block grant, and therefore the federal government has a more limited role in shaping its policies, the federal Office of Child Care (OCC) has made “family friendly policies” a primary goal of its efforts. In doing so, OCC has highlighted the importance of simplifying CCDF policies and processes, and of aligning and linking CCDF with other work support programs. For example, in May 2013, the OCC released a Notice of Proposed Rulemaking that suggested family-friendly changes to CCDF regulations, including establishing 12-month eligibility periods, reducing redetermination burdens, and aligning redetermination with other programs and other policies.⁴

In addition, the awareness of how these issues affect families *across* different programs, and federal leadership to support cross-program data integration and resource sharing, has led a number of states to build upon their experiences with SNAP and Medicaid to launch more comprehensive, cross-system approaches to “rethink their policies, redesign their work processes, take full advantage of technology, and use data to guide their improvements in

enrollment, retention, and service delivery” (Rosenbaum and Dean 2011, vi). These interests have been given even greater impetus by the Affordable Care Act— because of both the projected rise in enrollment of new Medicaid clients in many states and the requirement that states simplify and streamline access to benefits in ways consistent with the strategies discussed in this paper (see table 1 and box 2).

Table 1. New Medicaid Service Delivery Expectations under the ACA

Enrolling Yesterday (2000)	Enrolling Tomorrow (2014)
In person	Online, phone, mail, in person
Only available during normal business hours	24-7 availability
Lengthy, complex applications	Shortened , dynamic, and single application
Extensive requirements and documentation	Streamlined requirements and minimal documentation
Paper	Electronic data
Siloed and separate from other programs	Part of a coordinated system of health coverage
Manual	Automated
Driven by caseworker decisions	Rule-based, consistent decision-making
Slow and long process	Real-time when possible

Source: Prepared by Shelby Gonzales and Stacy Dean, Center on Budget and Policy Priorities, and Alice Weiss of the National Academy for State Health Policy.

These new approaches to service delivery are creating a paradigm shift, and a new vision—one in which, for example, parents applying for child care could give their information once, be easily connected to child care along with the larger package of benefits for which they are eligible, and be able to keep benefits as long as they are eligible with minimal burden to themselves and to the state. In this vision, the state

- simplifies the process of applying for the package of benefits, allowing clients to apply for all programs, through any point of entry, requiring only essential information, and relying upon other sources of information wherever possible;
- creates longer eligibility periods, stabilizing benefits and allowing families to keep them as long as they remain eligible;

- simplifies and coordinates the process and timing of redetermination, so families have to redetermine eligibility only once for all programs with as little effort as possible;
- simplifies and coordinates reporting of changes in circumstances, thus requiring parents to report only major changes that affect eligibility, and to do so only once;
- shares information across programs and uses other data sources to minimize what clients must report, monitor possible changes in eligibility, and improve program integrity;
- uses efficient and client-friendly business processes;
- takes full advantage of technology advances to improve service delivery and efficiency; and
- maintains program integrity and accountability by focusing on essential eligibility elements, maximizing the use of existing sources of information and oversight without burdening clients, and simplifying policies and processes to minimize errors.

Box 2. Opportunities Offered to CCDF Agencies by the Affordable Care Act (ACA)

The Affordable Care Act (ACA) provides a unique opportunity to states interested in simplifying their child care assistance programs, connecting them with other safety net programs, and helping CCDF families access essential health coverage. Some of the specific opportunities provided by the ACA for CCDF agencies are listed below.

- **Health coverage for CCDF families and child care providers.** Many low-income parents, child care providers, and staff in the CCDF program will have the opportunity to qualify for affordable health coverage under the ACA. Because CCDF agencies have information on these parents and providers, CCDF can play an important role in reaching out to those who may be newly eligible for coverage.
- **Simplified application forms.** The ACA requires simplified application forms for health coverage, with multi-benefit forms being an option (as long as states offer a health-only version of the application to those who want to apply for health coverage only). In states that choose to include child care in a multi-benefit application, the CCDF application may be more client friendly and foster cross-program enrollment.
- **Simplified processes.** The ACA also establishes new service delivery expectations—such as requiring that states provide several different avenues for enrollment (online, phone, mail, in person); enrollment options be available 24-7; streamlined requirements and minimal documentation; reliance on electronic data; coordination with other systems; automated processes; rule-based consistent decision-making, rather than caseworker discretion; and real-time processing to the greatest extent possible. CCDF agencies can work to coordinate with and learn from these processes to simplify and link CCDF application forms and processes.
- **New outreach and enrollment activities.** The ACA requires broad outreach, and it creates and funds entities and individuals to provide application assistance. CCDF agencies can learn from these activities and may be able assist outreach efforts, as mentioned above.
- **Simplified renewal processes.** The ACA requires states to simplify renewal processes, for example by relying on data available to the agency to the extent possible, prepopulating forms, and not requiring clients to respond if information is accurate. Similar simplification efforts and cross-program sharing is being encouraged by OCC for CCDF as well.

For more information:

- HHS web site: <http://www.healthcare.gov/>
- Basics on new Medicaid and coverage:
 - <http://healthreform.kff.org/en/the-basics.aspx>
 - <http://healthreform.kff.org/faq.aspx?source=QL>
 - <http://www.statenetwork.org/resource/states-medicaid-aca-checklist-for-2014/>
- *Coordinating Human Services Programs with Health Reform Implementation: A Toolkit for State Agencies:* <http://www.cbpp.org/cms/index.cfm?fa=view&id=3791>
- Estimates of newly eligible people by state: <http://www.urban.org/publications/412630.html>

As shown in table 2, this vision, if done thoughtfully, can have important benefits for all concerned:

- **Families can get the benefits they need to stabilize their families and employment, and they can retain benefits through changes in circumstances with minimal burden.** In the case of child care, the family can avoid interruptions in care created by the subsidy agency, thus supporting stability and continuity for both the child and the family.
- **Agencies and front-line workers do not have to duplicate efforts across different systems or repeat work done by their colleagues in other programs when programs are able to share information.** Technology supports this effort by centralizing information about parents so it is accessible to various programs with appropriate privacy measures in place, thus supporting better administrative efficiencies and program accountability.
- **Each system, including child care, is able to leverage knowledge, experience, investments, and lessons learned from other systems.** Child care, for example, can build on the efforts of SNAP and Medicaid to simplify and improve service delivery and client service, as well as program integrity systems.⁵ It would also allow child care to leverage cross-program information to support coordinated case management.
- **Families that apply for, but do not receive, child care assistance because of limited funding are connected to other benefits that help meet their health and nutrition needs.** This allows families applying for CCDF to receive essential benefits even if they are unable to get CCDF or get put on a waiting list.

Taken individually, none of these ideas are new; as is illustrated throughout the report and highlighted in part III, states have taken steps to simplify components of their child care eligibility processes, and some states have closely aligned and integrated multiple components of their child care eligibility criteria and processes with other safety net programs.⁶ Further, the move toward alignment and cross-program linkages across social safety net programs parallels similar efforts within the early childhood field—for example, between CCDF and Head Start and state prekindergarten.

Table 2. Getting and Keeping Child Care Subsidies, before and after Simplification and Alignment: The Perspective of “Leslie,” a Hypothetical Client

BEFORE		EVENTS IN LESLIE’S LIFE	AFTER	
Child care hard	Unaligned SNAP and Medicaid		Child care easy	Aligned systems
<ul style="list-style-type: none"> • One or more in-person interviews, delays in being able to make appointment, has to take time off work, long waits at the office, repeated returns to produce additional documentation • Extensive list of eligibility requirements, specific and inflexible documentation required (such as original documents), long and complex application form, complex information • Delays in authorization 	<ul style="list-style-type: none"> • Even if already receiving SNAP/Medicaid, must submit separate documentation for child care to determine income eligibility, presence of child • If not already receiving other benefits, Leslie is not made aware that she or her child could be eligible for other programs • Leslie and her child do not receive the benefits for which they are eligible 	<p>Month 1 Gets job, applies for subsidies</p>	<ul style="list-style-type: none"> • Online or phone application, can fill out on own or with help of intermediary, translation, literacy supports available • Application short, asks only core eligibility elements • Same-day authorization • Given eligibility for 12 months, and required to report only major changes in income, loss of job, or address change 	<ul style="list-style-type: none"> • If already receiving SNAP/Medicaid, uses existing information to determine income eligibility, presence of child • If not already enrolled, screening tool lets Leslie know she may be eligible for other programs, collects any additional information at the same time through a simple combined form • Authorized for all benefits for 12 months
<ul style="list-style-type: none"> • Authorization occurs; in the meantime, either incurred costs for provider, lost provider, or provider lost income • Given eligibility for six months, required to report any change in income, job schedule or activity, provider, household 	<ul style="list-style-type: none"> • Leslie learns about SNAP and children’s medical benefits from her local food bank. She submits an application and required documentation, much of which duplicates what she submitted for child care the previous month. • SNAP/Medicaid benefits are authorized for 12 months. 	<p>Month 2</p>		

BEFORE		EVENTS IN LESLIE'S LIFE	AFTER	
Child care hard	Unaligned SNAP and Medicaid		Child care easy	Aligned systems
<ul style="list-style-type: none"> Has to report raise to agency, unable to get through, has to take time off work to go in person, long wait at office 	<ul style="list-style-type: none"> Under SNAP simplified reporting, if her raise makes her income exceed the limit for SNAP, she must make a separate report within 10 days. If child care workers are located in a different building, has to take more time off from work to report to the SNAP office If her raise does not make her income exceed the SNAP limit, she doesn't have to report the change. 	Month 3 Gets raise at work		
<ul style="list-style-type: none"> Has to report change in schedule to agency, unable to get through, has to take time off work to go in person, long wait at office 		Month 4 Schedule changes, needs evening care		
<ul style="list-style-type: none"> Has to report change in provider, unable to get through, has to take time off work to go in person, long wait at office 		Month 5 Provider can't work with new schedule, changes provider	<ul style="list-style-type: none"> Reports new provider either by phone or online 	
<ul style="list-style-type: none"> Has to redetermine eligibility—requires one or more in-person interviews, delays in being able to make appointment, has to take time off work, long waits at the office, repeated returns to produce additional documentation 		Month 6		
	<ul style="list-style-type: none"> Has to submit a six-month interim report for SNAP to report any changes specific to eligibility criteria If there are changes, must submit proof, likely similar to what was submitted the previous month for child care 	Month 7		

BEFORE		EVENTS IN LESLIE'S LIFE	AFTER	
Child care hard	Unaligned SNAP and Medicaid		Child care easy	Aligned systems
<ul style="list-style-type: none"> Has to report loss of job, unable to get through, has to go in person, long wait at office Only able to keep subsidy for two weeks without a job, loses subsidy 	<ul style="list-style-type: none"> Has to make separate report to the SNAP/Medicaid worker, possibly in person Required to submit proof of job loss, then SNAP benefits are increased 	Month 8 Laid off from work	<ul style="list-style-type: none"> Calls change center to report loss of job, or reports online 	
<ul style="list-style-type: none"> Has to reapply—requires one or more in-person interviews, delays in being able to make appointment, has to take time off work, long waits at the office, repeated returns to produce additional documentation 	<ul style="list-style-type: none"> Has to make separate report to the SNAP/Medicaid worker, possibly in person Required to submit proof of new job and estimated income, then SNAP benefits are decreased 	Month 9 Finds another job	<ul style="list-style-type: none"> Calls change center to report new job, or reports online 	
<ul style="list-style-type: none"> Has to report change in household, unable to get through, has to go in person, long wait at office 	<ul style="list-style-type: none"> Mother is purchasing and preparing food with Leslie, so she is a mandatory household member for SNAP Leslie must submit application and documentation to add mother to SNAP case Household SNAP benefits increase 	Month 10 Mother moves in with her		
<ul style="list-style-type: none"> Has to report change in schedule to agency, unable to get through, has to take time off work to go in person, long wait at office 		Month 11 Job schedule changes		
<ul style="list-style-type: none"> Has to redetermine eligibility for child care completing a form, an in-person interview, and submitting new proof of eligibility 	<ul style="list-style-type: none"> Review periods are out of sync, so SNAP/Medicaid eligibility will not be recertified until month 13, when Leslie will have to report the same information and documentation 	Month 12	<ul style="list-style-type: none"> Time to redetermine eligibility: agency sends prepopulated form with existing eligibility information, Leslie only has to fill out changes and send back, same-day reauthorization for 12 months 	<ul style="list-style-type: none"> Redetermination occurs simultaneously across three systems—reports once

What is new, however, is how some states are working toward this overall vision more comprehensively. One recent impetus to this effort has been the Work Support Strategies (WSS) Initiative, which is helping select states design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports for low-income working families (see box 3 and appendix A). WSS was designed to help states identify what they need to do to develop and achieve the integrated vision. The project's efforts involve helping states identify their visions for service delivery given their particular populations, administrative structures, and resources; identifying the policy, program, and administrative changes needed to achieve these goal; and taking steps to make these changes to reach states' visions. While each state's precise goals and visions differ because of the enormously different contexts, policy landscape, and current approaches, they usually include some of the elements outlined above. The information in this paper was collected as part of the WSS Initiative to provide CCDF agencies with strategies and ideas for how to be a part of this overall vision.

Box 3. The Work Support Strategies Initiative

The WSS Initiative is a multistate, multiyear effort that provides a select group of states with the opportunity to design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports for low-income working families, including health coverage, nutrition benefits, and child care subsidies. The Ford Foundation has provided generous lead funding for WSS project, committing more than \$20 million to the effort. The Open Society Foundations' Special Fund for Poverty Alleviation, the Kresge Foundation, and the Annie E. Casey Foundation also gave crucial support. This initiative supported nine states for an initial planning year and continues to fund six states for an implementation phase.

Project resources are being invested over five years to build on recent state and federal innovations by providing states with expert technical assistance, peer support, and financial backing to take their efforts to the next level. The WSS project is led by CLASP in partnership with the Urban Institute and the Center on Budget and Policy Priorities. The child care technical assistance effort is led by the Urban Institute and CLASP. This paper, focusing on the lessons learned about child care simplification and alignment, was supported by the Annie E. Casey Foundation.

For more information, and links to project resources, see appendix A or visit <http://www.urban.org/worksupport>.

Child Care and Systems Simplification and Alignment: A Good Fit

While different in some key ways from SNAP and Medicaid, CCDF programs are a logical partner for efforts to streamline and align key work supports for low-income families:

- **Shared goals.** All these programs share the goals of supporting the well-being of low-income families and children, providing good client service, and assuring program integrity and accountability.
- **CCDF flexibility.** As a block grant, CCDF is a flexible program that states can shape to meet their vision (box 4).
- **Overlap in client populations.** Safety net programs have significant overlap in their client populations: all programs focus on low-income families, and some focus on families with children. In particular, a significant proportion of CCDF families are eligible for SNAP.
- **Similar eligibility processes.** Families go through similar eligibility processes—such as application, eligibility determination and renewal—for all the work support benefit programs, providing ample opportunity to identify duplication and overlaps.
- **Similar administrative and program integrity challenges.** CCDF faces administrative challenges and program integrity concerns; it could benefit from working with other systems.

Box 4. CCDF—The Flexible Partner

Many states have complex eligibility and verification requirements for child care subsidies and do not realize that these complexities stem *not* from federal requirements but instead are set and determined by the state. Often, a policy may be perceived as a federal requirement simply because it has been in place for a long time. In reality, however, states have significant flexibility and discretion in designing their CCDF programs. The federal government has relatively few requirements around who is eligible and how eligibility is defined and measured.

For more information, see Matthews (2010).

- **Simplifying and eliminating duplication frees up resources:** Simplifying CCDF can free up administrative time and resources for other important program goals, such as supporting families around choosing good quality care

States do, however, face some trade-offs as they consider implementing these kinds of efforts. In particular, simplifying and streamlining their programs is likely to result in serving eligible families for longer periods. This clearly supports stability and continuity for parents and children, but it also may mean that fewer families move off the waiting list (for those states that keep waiting lists) or that the program serves fewer families unless additional resources are provided.

Understanding the Diversity of “Alignment” Strategies

In considering the above efforts, it is useful to understand more precisely what is meant by “alignment” in this paper. States may assume that connecting CCDF policies to other benefit programs means creating a single integrated system, where one worker handles all benefit programs. While a few states have taken this approach, it is one option among many approaches to system alignment.

In fact, states have several strategies they can use to achieve the vision described above, including *alignment*, *integration*, *interoperability*, *linkages*, and *coordination*. While these terms are often used interchangeably, they do not have any agreed-upon definition and can describe very different processes. The four most common strategies are the following:

- Designing processes or establishing policies so that, even if separate, they can operate similarly and use common parameters across programs to support linkages, coordination, and integration (sometimes described as *alignment*)
- Creating a single process or approach that functions for multiple systems simultaneously (sometimes described as *integration*)
- Creating explicit points in the process or policies where, even if separate, the different systems can communicate or connect with each other (sometimes described as *interoperability or linkages*)

- Designing policies and processes with an explicit awareness of the approaches used by other systems, and in communication with them, in order to minimize problems and disconnections but without explicit linkages (sometimes described as *coordination*)

When undertaking efforts in this area, it is useful to clarify terms and meanings so as to avoid misunderstanding. For the purposes of this paper, we usually use the “alignment” to refer to all four types of strategies.

States can apply these strategies selectively to different components of their systems and processes. In other words, there is no “one size fits all” approach to simplifying and aligning systems. For example, a particular state could *coordinate and align* eligibility requirements, *integrate* its application forms, *link* or *coordinate* eligibility determination processes, develop an *integrated* data warehouse, and *align* authorization periods and change reporting requirements. Meanwhile, another state could choose different strategies for each of these steps. States can also use different combinations across various benefit systems: for example, a state could create a single multibenefit application for CCDF, SNAP, and Medicaid/CHIP; integrated eligibility determination for two programs, linked with the third; and aligned redetermination and reporting policies across all three. Finally, states also can choose to *not* align some policies if doing so would have negative impacts on families—for example, reducing income eligibility for subsidies to align with income eligibility of other programs or terminating child care benefits because of failure to provide documentation for another program.

What Is In This Report

This paper provides information and strategies to support efforts to simplify CCDF policies and practices in order to improve CCDF access and retention, as well as to help eligible families get and keep the broader benefits for which they are eligible. It builds upon, and extends, lessons learned from the WSS Initiative, and it lays out opportunities and challenges that state CCDF agencies have as they consider ways to simplify their programs and to align and link with other benefit systems.

Part I focuses on who is eligible, how eligibility is determined, and how eligibility is documented and verified. **Part II** examines steps to simplify and align the three processes involved in determining and monitoring eligibility: enrollment and application, redetermination, and interim change reporting. In both these sections, we highlight key ways states can simplify their policies and processes, as well as strategies to align and link these areas with those of other safety net programs.

Part III provides examples of states that have taken steps to align key elements, or all, of their child care eligibility processes with SNAP and/or Medicaid/CHIP. **Part IV** provides states with strategies for how to get started in the process of simplifying and aligning their systems. We conclude with a few thoughts about the implications of this work for policy and practice.

Part I. Who Is Eligible and How Eligibility Is Determined

Deciding who gets child care subsidies and how eligibility is defined, determined, and verified, are among the most important policy and programmatic decisions made by policymakers and administering agencies. In addition to having significant budgetary and political implications, these decisions affect who can get child care assistance, whether they can keep their benefits through changes in family circumstances, and the level of effort necessary to prove their eligibility. Simplifying eligibility and verification requirements effectively reduces the complexity of *every* set of interactions between the parent and the state—the application and approval process, the eligibility redetermination process, and the change reporting process. By aligning and coordinating eligibility requirements and verification across systems where possible, it becomes easier to align and coordinate each of those process steps.

As a result, streamlining and simplifying eligibility policies are fundamental to program goals around supporting access to subsidies and providing family stability and continuity. Aligning these policies with other systems is fundamental to cross-system alignment efforts. The most important tasks facing states working to simplify their child care systems, and to link and integrate them with other benefit systems, is to

- reduce their eligibility elements to a core set (i.e., those required by federal law, plus any that are considered essential to the state’s vision of the program), and simplify how they are operationalized;
- make the verification process as simple and flexible as possible within the overarching goals of program integrity; and
- align or coordinate both the core elements and the verification requirements with the other benefit programs where possible.

As noted earlier, CCDF has a short list of required eligibility elements, which provides states with significant latitude in determining who can be eligible for child care assistance as states work to simplify and align CCDF. This latitude also gives states significant flexibility in determining what actions constitute improper payments or program errors. By federal definition, an improper payment, distinct from fraud, is one made in a way that is inconsistent with state or federal eligibility or payment policies. Because state policies vary widely, there is also variation

by state in what is considered an improper payment. For example, the use of a subsidy, by a parent who loses her job, for three weeks for a job search would be considered an improper payment in a state that allows only two weeks of job search, and a proper payment in a state that allows subsidies for one month of job search. Simplifying a state's eligibility and payment policies can lower the risk of improper payments due to error.

This section examines steps that states can take to simplify CCDF and align it with other systems in the following areas:

- eligibility elements and definitions; and
- verification and documentation.

Eligibility Elements and Definitions

When examining their eligibility components, states must first identify the core set of required child care eligibility criteria, and then determine how to operationalize them.

Identify the Core Set of Required Child Care Eligibility Criteria

Since federal CCDF requirements are relatively simple: states must ensure that children meet a limited set of criteria to qualify for assistance paid for with CCDF funds. Below are the specific criteria by the federal government requires (any state eligibility criteria that is not on this list has been developed at the state's discretion and is therefore under state control to revise or eliminate).

Requirement 1—Age of child: CCDF funds may be used to provide care for children from birth to age 13. If a child is physically and/or mentally incapable of self-care or under court supervision, care may be provided up to age 19.

Requirement 2—Income of family: States may use federal funds to provide assistance to children whose household income does not exceed 85 percent of the state median income (SMI) for a family of the same size. States may set income eligibility anywhere below that ceiling. SMI vary considerably across states. In 2013, 85 percent of SMI averaged across

states (not weighted by state population) was \$53,648 for a family of three, which equaled approximately 275 percent of the federal poverty level (FPL).⁷

States also determine who is included in the family unit for the purposes of eligibility determination.⁸ The eligible child and the parent participating in the eligible activity must reside together and be included in the family unit. States determine how income is calculated, for example, whose income in the household is counted, what sources of income are counted, net versus gross income, and what length of time is used to calculate income (i.e., over several weeks or months).

Requirement 3—Reason for needing child care: Children must reside with parents⁹ who are working or in education or training, or in need of or receiving protective services. States determine what activities qualify as work, education, and training and define protective services.¹⁰ They determine whether gaps in the eligible activity are allowed, for example, in the case of job loss.¹¹ States also determine whether a minimum number of hours of the activity is required or whether families may be eligible for combinations of activities and what rules might apply (for example, for a student who is also working).

Requirement 4—Citizenship status: Children must be citizens or qualified noncitizens to receive assistance. States are required to verify immigration or citizenship status of recipients of “federal public benefits” including CCDF-funded child care. Federal law establishes that the child is the primary beneficiary of the child care services; therefore, states may only consider the immigration status of the child, and not the parent, when determining eligibility.

This list of requirements is short, illustrating that the federal CCDF eligibility requirements are relatively minimal in terms of detail. Federal law does *not* specify how states should define, collect, or verify any of these elements, which gives states wide latitude in how they operationalize these elements.¹² Further, some of the elements in the requirements are common across the other benefit systems; for example, even though they may not always be defined in the same way, family or household income is common for any means-tested income program, and having a child under a certain age in the household is an eligibility requirement for CHIP. This means that, if aligned thoughtfully, states could minimize the additional information they have to

collect in these areas and rely on information already available from other programs and in other systems.

Simplify and Align How Eligibility Elements Are Operationalized

While these requirements are simple, states must operationalize them by defining key issues, such as the family unit, income limits, and eligible activities. Here too, states have flexibility. Below, we examine several core areas of eligibility (and how states may define them to clarify opportunities for simplification and alignment).

Family unit. In CCDF, the determination of income eligibility (as well as any family copayment) is dependent on the state's definition of the family unit. Benefit programs differ in how families or households are defined. CCDF has more flexibility than other programs in determining who is included in the family unit. For example, in SNAP, a household is defined as people who live under one roof and who prepare food together. This broad definition may include family members who would not be included in a state's definition of the family unit for child care. In 2014, the Medicaid household unit for determining modified adjusted gross income (MAGI) based income eligibility will be based on the tax filing unit (i.e., a taxpayer, spouse, and any dependents).

The definition of family unit is an example of a policy that may not be appropriate to standardize across programs. Instead, states may wish to consider the positive and negative implications of maintaining a different definition in light of the program goals. For example, the larger the definition of the family unit the more difficult it may be for families to qualify for assistance, particularly if the income of family members is included in eligibility calculations. The inclusion of additional family members, and their countable income, is likely to increase a family's combined income so that they may not qualify for assistance. Additionally, in child care, a large family unit may have a higher family copayment, which is also based on family size.

As a result, states that align their policies and programs can continue to use different family definitions in determining eligibility, thus, differences in household definitions are not automatic barriers to policy integration. Income calculations can be customized for each program and can collect income information differently. For example, North Carolina uses SNAP income data to

determine income eligibility for the child care program; the state makes adjustments to the SNAP data system to allow workers to view individuals' income data and to adjust for differences in the countable family unit by only counting the income of those individuals who fit in the child care definition of household (see Box 7). Similarly, Oklahoma counts the income of those members of the SNAP household who would be considered under the CCDF definition of household. Because the household size is typically larger in SNAP than in child care, it is easier for states to make connections from SNAP to child care (rather than from child care to SNAP). This allows states to implement policies whereby families who are receiving SNAP are deemed income eligible for child care.

Income. States have broad discretion in determining where they set their income eligibility limits, what they decide to count as income, the income disregards they allow, and whose income they count (which is related to how they define the family or the household). States also have discretion in how they choose to verify income.

Income limits. While no state currently sets its income eligibility at the maximum threshold, states can provide CCDF-funded child care to families with incomes up to 85 percent of state median income.¹³ Because in practice, most CCDF clients have much lower incomes, in most states, nearly all the children receiving CCDF are eligible for either SNAP, Medicaid, or both. Nearly half (49 percent) of CCDF families have income below the FPL and 78 percent have incomes below 150 percent of FPL (US Department of Health and Human Services n.d.). Federal SNAP income eligibility is 130 percent of FPL, although a number of states have higher gross income limits. All but four states (Arkansas, Idaho, North Dakota, and Oklahoma) provide income eligibility for children's health coverage through Medicaid/CHIP to families with incomes at or above 200 percent of FPL; 25 states and the District of Columbia cover children in families with incomes below 250 percent of FPL. The ACA requires states to expand the minimum eligibility level for Medicaid coverage to 133 percent of FPL for children, and allows states to expand to the same level for adults at the state's discretion. If all states opt to expand Medicaid coverage, then the ACA will result in a significant increase in access to affordable health coverage for low-income parents. Today, only 17 states and the District of Columbia set Medicaid eligibility for parents at 100 percent of FPL or above (Kaiser Commission on Medicaid

and the Uninsured 2013). In 2014, 24 states and the District of Columbia are planning to expand Medicaid eligibility to all adults with incomes below 133 percent of FPL.

It is not necessary, or even desirable, for states to align income cutoff levels across all programs if their child care income eligibility level is higher than the other programs. However, states can take steps to allow income data to be more readily shared across programs to streamline the eligibility and redetermination processes. They can then use this opportunity to ensure that families are connected to other benefits for which they are eligible. For those states with CCDF income cutoffs below the SNAP and Medicaid levels, however, aligning CCDF income levels to SNAP and Medicaid can be an important step. Idaho, for example, recently raised its CCDF income eligibility to 130 percent of FPL, and indexed it to rise with inflation—thus, aligning the cutoff with SNAP and ensuring that the alignment would stay in force over time.

Countable income and disregards. As with the family unit size, state policies on countable income can make it easier or harder for families to qualify for assistance. Narrower definitions of countable income make it easier for families to qualify under income eligibility levels. For example, states may choose to not count income received from Temporary Assistance for Needy Families (TANF), SSI, or child support payments. Most states do not include the value of housing assistance, Low Income Home Energy Assistance Program, or Earned Income Tax Credit refunds. Because states have broad discretion in defining income, they can look across programs and identify ways to align and simplify income definitions. Again, this is an area where states do not have to use the same definition of countable income, but can identify which elements of countable income used by other programs can also work for CCDF.

States vary in whether they use any income disregards for CCDF. Under ACA, Medicaid allows a standard 5 percent income disregard (and eliminates most existing state income credits, deductions, and disregards). SNAP allows standard income disregards and deductions for things like medical and utility expenses. Medicaid, SNAP, and child care all have flexibility in how they calculate self-employment income.

Activities that allow families to qualify for child care assistance. Because states have great flexibility in defining employment-related policies, and because this eligibility criterion is unique

to CCDF, compared with SNAP or Medicaid/CHIP, states looking to improve their subsidy system to make it more client-friendly may wish to start by looking at these policies.

- ***Broad definition of eligibility activities to allow for fluctuations and predictable short-term interruptions:*** One way to stabilize access to subsidies is to recognize the instability in the workforce participation and employment patterns of CCDF clients, and to set definitions of work broadly to allow clients to keep benefits through fluctuations. For example, in 2010, the majority of states allowed clients to keep their benefits for a period of time for job search purposes if they lost a job while getting child care assistance, though the amount of time varied from a few weeks to 90 days over the course of a year (Minton et al. 2012).¹⁴ At the time this report was written, proposed regulations for CCDF would require all states to include some period of job search for CCDF clients. Another common issue is families with fluctuating work schedules. In 2007, one study found that one in ten jobs that did not require college degrees used rotating schedules (Acs and Loprest 2008). Further, some families face predictable, short-term interruptions in their eligibility, such as semester breaks for parents who are in school, maternity leave after birth or adoption of a child, or temporary workers. State policies that allow for broad authorizations of child care that accommodate these realities seem likely to help families retain assistance, reduce both client and administrative burden, and reduce inadvertent errors. This avoids requiring clients to return for a new authorization or report every time their work hours or schedules change.¹⁵
- ***Flexibility in defining minimum hours of work:*** There is no federal requirement that establishes a minimum number of hours that parents are required to work or that requires states to set a minimum. However, in addition to determining what activities count as employment or education, some states choose to set requirements for parents to work for a minimum number of hours in order to qualify for assistance. Specifically, about half of states have set a minimum number of hours, though more than half of these have set the minimum at 20 hours or fewer a week for full-time care, and some states with higher minimums have established a lower minimum threshold for part-time care. Some states have established minimum work requirements that are higher—in a few cases, as high as 30 hours a

week—making it difficult for parents to qualify for and keep child care assistance (Minton et al. 2012).

These requirements have multiple implications. They can make it difficult for parents to keep their subsidies, given the instability and unpredictability in employment hours and schedules experienced by many low-income workers. Additionally, they limit the extent to which the significant proportion of the low-income labor force that works part-time can get help paying for child care as well as limit child care options, including some higher quality options (box 5).

- ***No requirement to match work hours to child care hours:*** Some states require clients to submit detailed work schedules because they tie the child care authorization precisely to the client’s hours of work. However, CCDF statute does not include requirements to this effect—in fact, the previously mentioned proposed regulations clarify that states are not required to match work hours and schedules with child care authorization. While most states do not do this, some do. Such a requirement is challenging on multiple fronts.

First, many low-income families have unpredictable and fluctuating schedules, multiple employers, or are self-employed, which can make it challenging to maintain and report the information needed to document this link between work and child care hours. There are also families who are in education and training programs, which have different schedules and considerations around establishing need for child care.

Second, these requirements can result in significant administrative burden and processing delays—both in trying to verify work schedules, as well as in dealing with changes in work once the family is on subsidies (see Interim Change Reporting section). Rhode Island, for example, recently reduced its verification efforts in this area along with changes in business process, and was able to significantly improve its processing times.

Finally, many child care centers require families to commit to a schedule and number of hours, and will not accept payment levels changing from week to week, as they cannot operate their business and hire qualified teaching staff with inconsistent cash flow.

In the interest of supporting child care continuity for children, access to more formal care settings, supporting child care providers, and minimizing both client and administrative burden, states may consider moving away from policies that require the matching of work and child care hours to allow families more flexibility to maintain consistent child care providers (box 5).

Box 5. Understanding the Link between Definitions of Work Activities and Access to Higher-Quality Care Options

A number of the issues examined in this section have direct bearing on the extent to which CCDF recipients can access higher-quality child care options that have been prioritized by the OCC. In particular, they shape whether the care that parents are authorized to use with vouchers matches the business practices and care offered by quality providers.

Three eligibility policies in particular are relevant to this question:

- How states define and authorize part-time care;
- How states handle variable schedules; and
- Whether states require that child care hours match work hours.

The challenge is that many child care centers do not offer part-time slots and require families to commit to a set schedule and number of hours. They will not accept payment levels changing from week to week, as they cannot operate their business and hire staff with the inconsistent and unreliable cash flow. Therefore, in the interest of supporting child care continuity for children, access to more formal care settings, supporting child care providers, and minimizing both client and administrative burden, states may wish to examine the extent to which their policies in these core areas match the business practices of the programs.

There are many other policies that shape access to higher-quality care options, including provider payment levels, payment policies, paying based on market practices (such as paying for absent days), consumer education, strategies to build child care supply, and Quality Rating and Improvement Systems. Further, states can link CCDF with other programs, such as Head Start and State Prekindergarten, to support access to higher quality programs.

- ***Immigration status of child:*** An area where states lack flexibility in CCDF is immigrant eligibility. Federal rules require states to base eligibility for subsidies on the immigration status of the child, not the parent. Under the rules, citizen children and qualified immigrant children may be eligible for child care assistance.¹⁶ Because other benefit programs have restrictions for adult family members in immigrant households, states should avoid

inadvertently violating federal law by aligning policies for immigrants and non-citizens or applying restrictions from one program to another. This is especially important if states are using information from another program to deem eligibility for CCDF assistance. While states should be conscientious about the unique circumstances of immigrant families, they should not be deterred from data sharing and deeming eligibility. In fact, simplifying and streamlining eligibility policies may have enormous benefits for these families, who often face language barriers and other challenges to accessing benefits.¹⁷

Documentation and Verification

As clients apply for child care, states must ensure that they meet the eligibility criteria established by the state. The way that states document proof of eligibility, however, can affect for both client and administrative burdens—not only in terms of affecting the number of eligibility elements that must be documented (as described in the previous section), but also in affecting the accepted forms of documentation, whether the state requires the client to provide this information or seeks alternative sources to minimize client burden, the frequency with which documentation is required (i.e., at each stage in the eligibility process), whether the information has to be provided separately for each benefit program or can be shared across systems, and whether one program deems another programs finding as acceptable even if the eligibility criteria between the two programs are slightly different (i.e., may not have perfect conformity on income counting). As with eligibility criteria, documentation and verification requirements have implications at every step of the eligibility determination and monitoring process for clients.

In some states, concerns about program integrity have resulted in burdensome requirements for clients to produce—and workers to verify—extensive documentation at multiple stages in the process. Further, since documentation requirements can be identical or very similar among work support programs (including SNAP and Medicaid/CHIP), the burden on families and workers multiplies—with clients repeatedly producing documents, and staff from different agencies processing the same paperwork and following up with the same individuals to verify the information. This situation creates barriers to access for clients and additional work for staff.

In recent years, in both CCDF and other programs, there has been a growing awareness that burdensome and duplicative documentation and verification processes do not support the goals of program integrity, administrative efficiency, and client access. As a result, SNAP and Medicaid/CHIP (and, more recently, some state CCDF agencies) have moved to simplify and align documentation and verification requirements so that clients no longer have to collect and submit information that is difficult to find or that is unnecessary because it is readily available to state agencies through other means. (The ACA provides even more incentives for states to move in this direction, see box 6). These efforts are consistent and supportive of efforts to improve program integrity and reduce error, as the CCDF gives states flexibility in setting policies in these areas and, therefore, in setting the parameters for what would be considered fraud.

Box 6. ACA Implications for CCDF Efforts to Simplify and Align Verification

The ACA has a number of provisions that address streamlining verification procedures, including requiring that states rely more on electronic verification sources and less on paper documentation. Specifically,

When a family applies for health care coverage in 2014, Medicaid and the exchange must first verify applicants' information with the federal hub, which will include data from the Social Security Administration, Department of Homeland Security and the Internal Revenue Service, and then also tap into other state data sources. Medicaid and the exchange can ask for additional documentation only if they are unable to verify eligibility factors through these sources.... The changes required by the ACA offer states an exciting opportunity to modernize their programs and improve efficiency. Using electronically available data can streamline the enrollment and renewal process, thereby reducing the amount of time and resources that workers spend tracking down and processing documentation, and help more people keep their coverage. (Angeles, Gonzales, and Koné 2012)

This provides a unique opportunity to state CCDF agencies, which can take advantage of and build on these efforts as they work to simplify and align verification procedures.

Once eligibility requirements have been simplified, the next step to simplify child care eligibility determination processes is to take stock of documentation and verification requirements, and the burden they place on clients and workers. States should look not only at policies but also at how they are implemented in local offices, as, in some cases, caseworker discretion may play a big role in what is required of families. States may wish to

- seek documentation and verification only for elements that affect eligibility,
- simplify documentation requirements for eligible activities,
- align documentation requirements across programs,
- allow flexibility as to what documentation is required for verification,
- only verify information that has changed,
- ask parents to verify only information that cannot be verified from other sources,
- use eligibility determinations from other programs as sufficient verification, and
- simplify the submission of information (including allowing updates online and using electronic customer accounts, submission by email, text, fax or phone).

The various strategies that states can use to minimize burdens for both clients and workers, streamline and align their child care systems, and potentially improve data accuracy are described below.

Seek Documentation and Verification Only for Elements That Affect Eligibility

After simplifying the eligibility requirements, states should limit documentation and verification requirements to those elements that are essential for eligibility purposes. This can be relatively simple. For example, Delaware is one of a few states that only requires documentation for verification of employment and income; the state does *not* require documentation to verify the applicant's identity, the household composition, the applicant's relationship to the child, and the child's immunization record. In some states, there is a long list of information required for determining eligibility, such as detailed work schedules, proof of child support enforcement, many months of employment or income data, and parenting schedules for shared custody arrangements. However, only a subset of that information is essential for proving the core eligibility elements.

Simplify Documentation Requirements for Eligible Activities

The CCDF is unique among the three federal programs examined here in its requirement that parents participate in eligible activities. This is an area where states can focus on simplification rather than alignment. States must decide what documentation and verification is needed to prove a client's participation in an eligible activity. Since federal law does not include requirements or

guidance around the collection of employment information or hours or schedules for purposes of determining eligibility or authorizing child care, states can make their own judgments about what documentation is needed.

Align Documentation Requirements across Programs

States should be aware of what is required for documentation from other programs to align some of these elements with those of CCDF. One approach, used by some states, is to work toward a common core of eligibility elements and documentation requirements across multiple programs. Since states have complete discretion in this area for child care, they can look to the other programs and use them to create similar verification approaches. In addition to aligning the actual document requirement, states should consider the time periods for collecting data. For example, if programs have different definitions of what documentation is considered current, it may be difficult for workers to share data from one program to another.

- New Hampshire tries to keep documentation as similar as possible across child care assistance, TANF, Medicaid, and SNAP. In 2012, New Hampshire changed their requirements to better align income verification across programs. Previously, clients applying for child care would bring in their four most *recent* pay checks, whereas the other programs required the four most *representative* pay checks. This difference in how the programs verified income made it difficult for eligibility workers. However, now when applying for child care assistance, the client provides his or her four most representative pay checks so eligibility workers can take an average and account for any fluctuations in pay.
- Oklahoma has worked to standardize the types of verifications required between programs. Some of the documents needed for verification are the same across programs (such as paystubs), but child care also requires documentation of need (i.e., a work, school, or training schedule). They allow clients to scan and upload required documentation to OKDHSLive!, the state's online application and renewal system.

Alternatively, states can align particular elements more selectively. See Appendix C for a comparison of the criteria for the various programs.

Allow Flexibility as to What Documentation Is Required for Verification

When considering what documentation needs to be provided, states may provide clients with some flexibility. In this situation, the guidance of the SNAP program about verification for income can be more broadly useful—specifically, while documentary evidence is the primary source of verification, SNAP is clear that no single form of verification may be required. Some states also use this approach for CCDF. For example, Minnesota establishes that no specific form of documentation is required to verify any particular piece of information, allowing any form of verification that confirms the applicant’s assertions including written records and documents, or oral or written statements from non-family members. Similarly, Connecticut establishes that a condition is considered verified when the available evidence indicates that it is more likely to be true than not.¹⁸ Such flexibility is important in establishing eligibility for challenging situations, such as when the client is self-employed. However, it also underscores the importance of providing workers with guidelines so as to reduce the likelihood of caseworker discretion resulting in different decisions for different clients.

Aligning income verification and documentation requirements across programs does not preclude allowing clients some flexibility. States that have done this alignment—Delaware, Oklahoma, and New Hampshire (detailed in part III)—have retained some flexibility allowing clients to document a longer time period if it provides a more accurate picture of their actual income flow.

Only Verify Information That Has Changed

To reduce the burden for both clients and workers, states can emulate SNAP and Medicaid, which consider elements that do not change, such as date of birth and Social Security numbers, to be “permanent” verifications that do not need to be re-verified. In CCDF, some states ask parents for the same information every time the family’s eligibility is assessed, regardless of whether it is likely to have changed. A strategy the states are increasingly using is to prepopulate renewal or interim change reporting forms with any information that states already have and ask the client to note where information has changed.

Ask Parents to Verify Only Information That Cannot Be Verified from Other Sources

States can seek first to verify information from existing sources and only ask parents to produce documentation as a last resort. Maryland, for example, instructs case managers not to request the same verification from clients if the verification is current (received within the last 6 months) and available in other systems.

Under the ACA, states will have to rely on available information to support a streamlined renewal process for Medicaid that creates the smallest burden for enrollees. As part of this process, agencies are restricted to only asking for information they do not already have access to electronically.¹⁹ Where electronic information does not fully support a renewal, the state is required to provide a pre-populated form with the information the state has that asks for any needed information.

In this effort, states can look for information 1) within their own CCDF eligibility data systems, 2) from the data of other benefit programs, or 3) from other external data sources.

- 1. Internal data systems.** States can review their policies and worker training procedures to ensure that families are only asked to produce documentation for information that is not already in the system or that has changed from a prior verification.
- 2. Data from other programs, state agencies, or ex-parte review.** States can use data from other programs, such as SNAP or Medicaid, for eligibility determination and redetermination in CCDF. This approach—often called an ex-parte review—has been used in Medicaid, allowing families' benefits to be proactively renewed using current information from another program. The agency looks at other systems before seeking any information from the client at renewal. If a child care worker, for example, checked if a family was enrolled in SNAP, they could use SNAP data to renew income eligibility for child care and would only need to gather the additional relevant information on work status or other unique child care eligibility elements.

For this strategy, it is useful to focus on the SNAP program since SNAP data are verified and accurate. States devote considerable resources to determine SNAP benefits—an effort which

can be cross-leveraged by CCDF and other programs that do not have similar administrative resources.²⁰ Some states already do this for at least some CCDF eligibility elements. For example, some states allow families with open cash assistance, SNAP or medical assistance cases to only provide information for verification that is not available from the other programs. This is most common for families with open TANF cases: for example, Arizona does not require families with open TANF cases to prove their identity; and Arizona, Arkansas, Iowa, and Nevada do not require income verification from families with open TANF cases.²¹ Some states also mention extending this approach to other programs: for example, Arizona does not require income verification for families with open SNAP or medical assistance cases, and Arkansas allows the option to not re-verify income for families with an open SNAP case where the information is less than 30 days old (Minton et al. 2012). Maryland reports using verifications submitted for other programs such as SNAP or TANF to determine CCDF eligibility.

States can share information in several ways, including sharing scanned images of documents (e.g., birth certificates) across programs or allowing eligibility workers to view client information from other programs' records. In the case of non-government workers determining eligibility, such as local nongovernmental agencies contracted to deliver subsidies at the local level, states can ensure that contractors consent to confidentiality policies and procedures.

- 3. Other data sources.** States can use information stored in federal and state databases to verify eligibility information. States can verify through federal databases, for example, Social Security numbers, UI income, and citizenship. Further, the ACA will establish a federal hub that will contain information from the Social Security Administration, the Internal Revenue Service, and the US Department of Homeland Security. State databases house information that includes wages, addresses, new employment, child support income, vehicle registration, birth and death records, workers' compensation, and energy assistance. Commercial databases from payroll data companies can provide employment and current income information for some employers to states, though they charge for these services.²² (Appendix D provides more details on these various data sources and the kinds of information they contain.)

To support these efforts, many states have interfaces between child care information systems and other state and federal information systems (Walter R. McDonald and Associates 2011). Systems can either exchange information automatically or eligibility workers can have specified “look up” privileges in other systems. The most common child care interfaces are with TANF, child support, and labor and unemployment compensation; however, some state child care systems interface with motor vehicle registration, child welfare, and vital statistics. In addition, some states have created electronic systems to retrieve information from multiple databases—sometimes called “gopher” systems. For example, the Illinois Public Aid Communication System (IPACS) includes data on participation in TANF, SNAP, Medicaid and child care, SSI, automated wage verification, child support, birth records, and information from the Chicago Public Schools (Walter R. McDonald and Associates 2011).

However, while electronic information sharing is a useful strategy for improving the delivery of work supports and reducing the burden on clients, database information may not always be accurate or current. Any states using information sharing or data matching may wish to have a process in place for clients to challenge and correct any inaccurate information the state has. Data sharing may also present concerns or difficulties for subgroups of clients, such as immigrant families. As stated earlier, CCDF eligibility is based on the immigration or citizenship status of the child, not the parent. Immigrant or mixed-status families, those with citizen children and noncitizen adults, may be reluctant to access services and programs that share information for fear of immigration consequences for noncitizen household members. States sharing information across programs will want to convey to clients the parameters of such data sharing and ensure safeguards that personal information will not be used for purposes other than determining eligibility for benefits.²³

Use Eligibility Determinations from Other Programs as Sufficient Verification

States may use categorical eligibility from other programs to decide that families who have been determined eligible for other benefits may be categorically eligible for child care, at least on some eligibility components (such as income), without CCDF having to separately collect or recalculate their eligibility information. This approach builds up the “express lane eligibility”

strategies used in other benefit programs, which allow the eligibility determination for one program to automatically confirm eligibility for other programs.²⁴

This is a promising strategy for CCDF and is an approach that some states are already implementing. Many states use this approach for establishing eligibility for child care for TANF clients. There is a strong precedent for using SNAP information, as HHS has determined that states may rely on SNAP information for making Medicaid determinations and renewal and to streamline enrollment in Medicaid (CBPP 2013b). North Carolina uses this approach by allowing child care to deem income eligibility for child care from SNAP participation (box 7). In these cases, states can rely on other systems for information on key eligibility criteria, such as income and family composition, and only collect information that is unique to child care (such as information about employment or providers) from families.

Simplify Submission of Information

Finally, states could examine their requirements for how clients submit their documentation and eligibility information. Having a variety of submission methods (electronic, in-person, by mail, and by phone), allowing electronic signatures, and finding ways to ensure that clients can get assistance with the process, are all important strategies to simplify the process of eligibility assessment and monitoring for the client. In 2013, 22 states offered online applications for child care assistance, and eligibility screeners and calculators are available for SNAP, TANF, Medicaid/CHIP, and child care assistance on 14 state web sites.²⁵

Box 7. North Carolina: Deeming SNAP Families Income-Eligible for Child Care

In North Carolina, families receiving benefits through the Food and Nutrition Services (FNS) Program (or SNAP) are automatically deemed income-eligible for subsidized child care services. The state instituted this policy after determining that approximately 90 percent of child care recipients also receive SNAP benefits.

Child care eligibility workers in local agencies access family demographics and income information from the Food Stamp Information System (FSIS). If a family applying for child care has an open FNS case, the local Department of Social Services (DSS) office can use FNS income data to deem a family income eligible for child care and skip the income verification process for child care. To do so, the caseworker prints the income page from the FNS case file. Parents are asked to verify that the information is still accurate; there is no time limit on accepting the income data—if income data exist in the FNS system, they are considered valid for establishing child care income eligibility. This policy applies for both the initial determination of eligibility and redetermination. Unless a change in income is reported, child care uses FNS income data each time. During FNS renewal and if a change in income is reported to FNS at another time, a referral is made to the local DSS office to review the child care case. Ideally, this should eliminate the need for families to self-report and reduce calls to child care offices. The state estimates that this policy change cut approximately 15–20 minutes from the parent interview.

Part II. Simplify and Align Processes for Determining and Monitoring Eligibility

In addition to simplifying eligibility elements and verification requirements, states can simplify and connect each of the three processes related to assessing and monitoring eligibility:

- application and enrollment
- periodic eligibility redetermination, and
- the requirement that clients report changes in circumstance that can affect eligibility.

While simplifying eligibility elements and verification requirements makes each of these processes much easier and facilitates efforts to link across systems, states can also take important steps within each process to simplify and align across systems. Each simplification and alignment can support client access and reduce administrative burden. This section discusses each process in turn and highlights additional steps states can take toward simplification and connecting across systems.

As noted earlier, states can connect these processes across systems in numerous ways, including coordinating, aligning, linking, and integrating. The appropriate strategy at any particular step can vary from state to state.

Application and Enrollment

Filling out an application for assistance is one of the first major requirements that someone faces when seeking public benefits. In many ways, the application is the gateway to accessing benefits, and it may determine how easy or difficult it is for an individual to enroll. An application that is straightforward, not time consuming, and accessible in many forms (i.e., online, in person, and through the mail) can be easier for clients to complete and facilitate smoother access to benefits. Since many individuals are eligible for multiple benefits, the application form for child care assistance can also be combined with other programs, including health coverage and SNAP. Also, there are a number of provisions in the ACA that CCDF agencies can build upon or learn from as they consider simplifying their application forms and processes (box 8).

Box 8. ACA Opportunities to Support Application Simplification and Access

The ACA has clear requirements around application access and simplification that state CCDF agencies can build upon. Specifically, under the ACA:

- “Consumers must be able to file applications by mail, in person, by telephone, online, and through other commonly used electronic formats.
- HHS will develop a single, streamlined application for states to use.
- States can develop an alternative application that is no more burdensome and receives HHS approval.
- States can use multi-benefit applications.
- For eligibility determinations not based on Modified Adjusted Gross Income (MAGI), states can use the HHS application, a state alternative application along with a supplemental form, or develop an application specifically for non-MAGI based Medicaid determinations.
- Information on applications must be provided in simple to understand, plain language and longstanding civil rights requirements pertaining to language access, accessibility for people with disabilities, and allowing non-applicants not to provide sensitive information remain.
- These requirements take effect January 1, 2014.”

Source: Angeles, Gonzales, and Koné (2012), 80.

Some of the key steps that states can take to make their application processes more accessible and less burdensome for clients and workers are laid out below. Note, however, that these are only described briefly here, as they are ideas that have been dealt with in depth in other reports and that are not unique to child care. (For more information on how to make applications, and the application process, more accessible, see Parrott, Cohen Ross, and Schott 2005 and Wachino and Weiss 2009.)²⁶

Make Application and Application Submission Accessible

States have several options for making applications accessible to the public. Applications should be available in various locations (including local government offices and community partners) and in various formats, including electronic. In 2011, most states allowed multiple forms of submission, with only 13 states limiting submission to in-person (Minton et al. 2012, table 17). In 2013, 22 states allowed online submission; and, as of 2011, 10 states allowed applications to be submitted via email (CBPP 2013a).

An important consideration is whether the entire application process can be done online or over the telephone—in particular, whether electronic signatures are acceptable. Failure to allow electronic signatures can undo much of the efficiency offered by these options, as the client—or worker who conducts a phone interview—then must print and sign a signature page and mail or fax it in (Rosenbaum and Dean 2011).²⁷ Information is not available on whether CCDF agencies that report accepting online submissions also accept electronic signatures.

Make Application Assistance Available, and Address Language and Literacy Barriers

Several steps can help make applications more accessible for clients facing challenges.

First, an application should be easy to follow with directions and logistical information clearly communicated in language written at the 7th grade reading level or lower. Applications in languages other than English should be made available, as well as support for applicants who are limited English proficient. This support may include having interpreters in local offices to help with filling out an application or making hard copies available online or through community partners where additional language support may be available. Such resources can also be important for child care providers that speak languages other than English.

Second, states may want to consider whether help filling out applications is available for those whose home language is not English and those who may have English literacy barriers. Such resources are effective in supporting access and can be an important access strategy (Adams and Compton 2011). Making applications available online is one way to enable individuals to access the application and get help filling it out before entering an eligibility office. States must also think through how they want to make application assistance available beyond just online help. Offering applicants access to computers at eligibility offices as well as on-site help that can answer applicants' computer and benefit-related questions is important. On-site language and translation can also be important services for applicants as they complete their benefit applications. Finally, states can choose to work with community-based organizations or other intermediaries in ensuring that parents get help if they need it.

Application and enrollment assistance is another area where the ACA provides state CCDF agencies with opportunities to learn strategies to support greater access. Specifically, the ACA

requires that states put in place new outreach and enrollment activities, and it creates and funds new application assistance roles: navigators, in-person assistors, and certified application counselors.²⁸ While these entities will focus on supporting enrollment in health coverage, the strategies they use and the lessons they learn in the process present CCDF with important learning opportunities.

Combine Applications

Another important strategy is to combine application forms across the different benefit systems, thus allowing parents to fill out a single form to obtain a range of benefits. As mentioned earlier, there is significant overlap in the information that these programs request from applicants. Currently, 15 states have multibenefit applications that include child care assistance, 12 of which offer online submission.²⁹ Offering applicants a multibenefit integrated application can help connect applicants with other benefits for which they might be eligible. States must consider how many programs they want to include in a multibenefit application. States should also decide if they want applicants to be able to apply directly for a benefit program within an application, or if they would prefer to link the application to other benefit applications or include referral information on the initial application. (Appendix B lists key requirements around application components for Medicaid and SNAP.)³⁰

Offering applicants the chance to apply directly through the integrated application may make them more likely to apply for and more aware of the other benefits for which they are eligible. At the same time, however, this feature can also make an application longer and possibly more difficult to fill out, depending on what additional information is required. This problem is more likely in states that have not taken steps to align their policies. States can blend the two strategies. For example, a state could make filling out a screening tool the first step in the online application, giving clients information about what they might be eligible for, and then giving them the ability to choose which benefits they want to apply for. Then, clients are asked only those questions relevant to the programs for which they are applying. Another approach is to provide direct applications for some benefits and referral procedures for others. States should also consider if they want to make the application process automated so applicants automatically

apply for multiple benefits with one form or if they want an administrative step that provides follow-up and referral to other benefits.

Some states have developed integrated applications. For example, New Hampshire offers a single, integrated application for SNAP, Medicaid, TANF, and child care assistance. Applicants are able to complete the application online and mail in their verification information. The online application form is sensitive to different programs requiring some different information—it includes a disclaimer that if the client is applying for child care assistance only, then he or she is not required to include a Social Security number. Applicants may also complete the application in person in the office, and some regions offer the option of completing it over the phone. Delaware also offers an online application combining TANF, SNAP, Medicaid, and child care assistance. Delaware’s online application also responds to the types of programs an applicant wishes to apply for and brings up program specific questions based on what an applicant indicates.

Eligibility Redetermination

The process of regularly proving eligibility—called eligibility redetermination—is critical to ensure that clients are still eligible for services. It is also an area where states have significant flexibility in designing and implementing their processes. How states implement redetermination—for example, its frequency and requirements—can influence whether families continue to receive benefits. Families can lose benefits during redetermination, even if they are still eligible (box 9). The unnecessary loss of benefits jeopardizes parents’ ability to work and their child care arrangement (in turn affecting children’s well-being by potentially disrupting continuity of care) and creates needless administrative costs and burdens—when terminating the case, and when reopening it if the family reapplies (if the state has funds to serve them).

Families receiving multiple public benefits—such as child care, food stamps or SNAP, or Medicaid/CHIP—face the cumulative burden of redetermining eligibility for all programs. Families may undergo multiple, frequent redetermination processes owing to each system’s requirements. Systems often require families to provide the same information to multiple offices or caseworkers, creating unnecessary burden and confusion. Coordinating recertification across

Box 9. Assessing “Churn” or Procedural Closings

Child care experts have been increasingly concerned in recent years about how often families lose child care subsidies because of procedural problems rather than loss of eligibility. In some cases, these families reapply for services later, a problem commonly referred to as caseload “churn.”

While analysis of churning has been rarer in the child care assistance systems than in SNAP and Medicaid (because CCDF is not an entitlement and funds may not be available to serve families who reapply), the evidence of repeat spells suggests that churning is nevertheless an issue for child care systems.

Procedural closings and churning undercut the core goals of the CCDF and of state subsidy agencies. In addition to the interruption of the subsidy, with subsequent potential repercussions for both the child’s continuity in care and the parent’s ability to work, churning has significant administrative costs. Identifying whether, and to what extent, churning is an issue is a critical first step for states interested in improving access and retention.

For more information on procedural closings and churn, and how states diagnose these problems, see Rosenbaum and Dean (2011), Wachino and Weiss (2009), and Fairbrother (2005).

benefit programs can help eligible families retain benefits and help states reduce administrative burden.

As states work to link SNAP, Medicaid, and child care, different redetermination strategies can support the larger goals of simplifying and supporting access and retention of benefits, and reducing administrative burden. In addition to simplifying and linking the eligibility, documentation, and verification requirements listed earlier, states can

- set annual redetermination periods,
- align eligibility periods across programs,
- align redetermination dates and processes across programs (including using ex-parte review or administrative renewal), and
- focus on cases about to close due to failure to complete redetermination.

When considering program linkages, it is important to remember that while it is vital to link the redetermination process as best possible, states may wish to avoid linking *termination* processes that may result from renewal problems. For example, if a family fails to complete one of its renewals, this should not automatically terminate benefits for which they would still be eligible in another system. It is also important for states to consider the interactions between programs as

they increasingly align and coordinate their programs, to avoid inadvertently increasing how often program interactions disrupt benefit receipt.

The previous sections on simplifying and aligning eligibility and verification requirements cover the kinds of eligibility information that clients must provide during redetermination and how that information is verified. This section focuses on other issues unique to redetermination.

Set Annual Redetermination Periods

In the CCDF program, states have discretion to set their maximum eligibility period for child care. States are roughly evenly divided between 6-month and 12-month eligibility periods, though some have interim check-in points where families must verify any changes in key eligibility elements; (see Minton et al. 2012, table 19). In recent years, states have been interested in moving toward longer CCDF certification periods because research suggests that longer authorizations reduce the risk of losing benefits and more effectively support continuity of care for the child.³¹ Because of this, the Office of Child Care (OCC) has proposed requiring all states to have annual redetermination periods.³² It is possible to adopt, as many states have, 12-month eligibility periods for CCDF without jeopardizing program integrity. Federal regulations allow annual reporting and minimization of fraud through appropriate monitoring and reporting of status changes by families (HHS ACF OCC 2010, 2011).

Setting interim review dates is also an important area of focus for simplification. Some states choose to set interim review dates, where parents are required to check in and confirm key eligibility elements. According to earlier research, some interim reviews effectively functioned as full redeterminations of eligibility, with significant demands on parents, while others were less burdensome as the agency would instead review what support was available from other sources (Adams et al. 2008). Here, states may want to use the limited change report from SNAP as a model for requesting families submit only information that has changed.

Align Eligibility Periods across Benefit Programs

In addition to supporting continuity, adopting 12-month eligibility can help support coordination or alignment of redetermination processes across systems. Annual redetermination periods are fairly common—though not universal—for both Medicaid and SNAP (table 3). In 2012, 49

states offered a 12-month renewal period, and 23 states offered continuous 12-month eligibility, for children enrolled in Medicaid; in 2010, more than half of the states had 12-month certification periods for SNAP, which also requires a six-month interim review (Heberlein, Artiga, and Stephens 2013, 18). However, if a state is unable to adopt a 12-month eligibility period for benefits programs, recertifications can still be aligned with a six-month eligibility period. (Under future MAGI Medicaid requirements, states will not be allowed to have periods shorter than 12 months unless information about a change would affect eligibility.)

In aligning eligibility periods, it is important to recognize that the maximum eligibility period may not always be given to all families in CCDF. For example, CCDF caseworkers may exercise discretion to set individual authorizations for shorter periods for some families, such as those with unstable work histories or those new to the labor force. Some states have explicit policies about this, while others leave it to local discretion. In some cases, local offices may be particularly concerned about program integrity issues and setting shorter authorization periods to protect against penalties. To reduce barriers to services for families, states may need to assess the *actual* eligibility periods granted to families to ensure that families are receiving the maximum length of benefits and to better understand circumstances under which families are granted shorter benefit periods.

Table 3. Federal Medicaid, SNAP, and Child Care Renewal Requirements

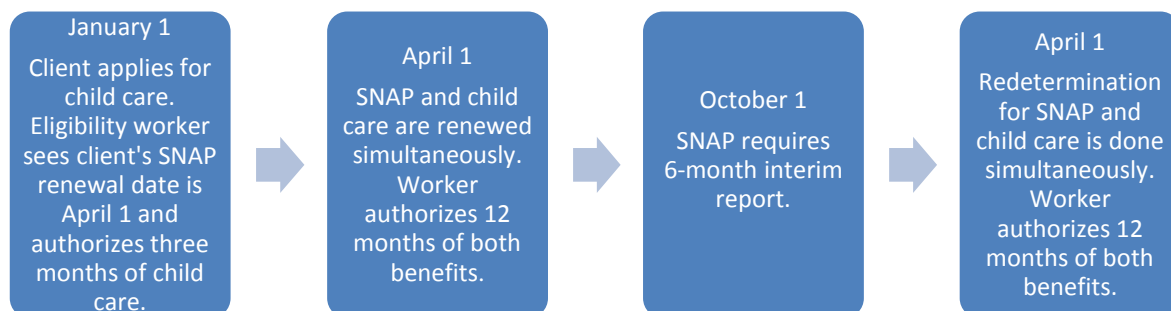
	Future MAGI Medicaid requirements	SNAP requirements	Child care assistance requirements
Format for conducting redeterminations	Beneficiaries must be allowed to complete renewals online, in person, or by telephone, mail, or fax.	A recertification application with a signature (can be electronic or telephonic) must be submitted—in person, by mail, or online. An interview is required but can be done by telephone. The household has a right to an in-person interview.	States determine format for conducting redeterminations. Some state have begun giving consumers the option to complete reviews through various formats, including telephone and online. States determine whether an interview is required for renewal.
Process for conducting redeterminations	<p>New rules establish a Medicaid administrative renewal process requiring states to use available databases for eligibility verification.</p> <p>Every 12 months, states must conduct back-end verification using existing information available to the agency. The state will then notify the individual that they have been found eligible for Medicaid and the basis of their determination.</p> <p>The individual must notify the agency (online, by phone, by mail, in person, or by fax) if any information is inaccurate but is not otherwise required to take action (no signature or return of the notice if the information is accurate).</p> <p>If the state cannot determine Medicaid eligibility through administrative renewal, it must send a prepopulated recertification form. The beneficiary has 30 days to recertify.</p>	<p>The state must notify the household, provide a recertification application and a list of required verifications.</p> <p>States have flexibility to:</p> <ul style="list-style-type: none"> • Align certification periods with health programs (FNS has approved waivers to allow states to start a new certification period when the state is conducting a renewal for another program) • Combine renewal with other programs • Allow renewals by telephone or online (the required signature can be submitted this way) 	States establish the redetermination process.

Source: Original table from Work Support Strategies Toolkit, Module 3: Verifications.
<http://www.cbpp.org/cms/index.cfm?fa=view&id=3791>. Adapted to include CCDF information.

Align Redetermination Dates and Processes across Programs

Aligning eligibility periods is an essential precursor to integrating or linking redetermination processes across programs. Once programs share eligibility periods, it is then possible to align recertification *dates* so families will have to recertify and provide information only once for multiple programs. This works most easily for a new family applying for benefits for both programs and is more easily accomplished when states have one computer system or have systems able to communicate or with “look-up” capacity. While the precise details depend on whether the state has a 6- or 12-month eligibility period for child care, the bottom line is that if a family applies for and is found eligible for child care and SNAP, for example, it can be authorized simultaneously for benefits. If a state has 12-month recertification periods for child care and SNAP, then before the end of that period, the family can provide whatever documentation is required and recertify for two programs simultaneously. For families that apply for a second benefit while already receiving one benefit, synchronization may work a bit differently. The family may initially be authorized for a shorter eligibility period for the second benefit to match recertification dates with the first benefit (figure 1).

Figure 1. Example of Aligned 12-Month SNAP and Child Care Redetermination



States have implemented this strategy in various ways:

- Michigan, for example, has synchronized eligibility periods and redetermination dates across child care, SNAP, and Medicaid/CHIP. All programs have 12-month eligibility periods. If a family applies for child care when it is already receiving other benefits, its initial eligibility period for child care may be shorter than 12 months to align redetermination dates. Upon redetermination, the eligibility period for all benefits would be 12 months, and all benefits would be subject to renewal on the same date.
- Oregon has aligned renewal dates for families receiving SNAP and child care. While the eligibility period for Employment Related Day Care (Oregon's child care assistance program) is one to six months, families with companion SNAP benefits may be certified for child care for up to 12 months.
- Louisiana has aligned eligibility periods and synchronized redetermination months across child care and SNAP. Families are assigned certification periods up to 12 months for child care, and the redetermination for SNAP and child care may occur in the same month. Families already receiving SNAP when they apply for child care may be certified for fewer than 12 months in order to align their redetermination date to the same month as the next SNAP redetermination or simplified report.
- Delaware and New Hampshire also have aligned eligibility periods, and renewal occurs for all programs with one process. If a family loses child care assistance and comes back into the program, its child care will automatically be put into the renewal schedule for the other programs it receives.³³

This strategy may work more effectively for some families than others. While some low-income families are stably employed, a number have episodic work experiences. These individuals may become ineligible for child care during the authorized eligibility periods owing to changes in employment, income, or household size. If a family becomes ineligible for child care due to job loss and then applies again after securing new employment, the alignment of child care with other benefits that were retained may be gone and have to be reestablished. States can work to ensure that when redetermination dates fall out of line, they are realigned as soon as possible.

Because federal SNAP renewal requirements are the most stringent, states may wish to use flexibility in child care and other federal programs to synchronize redetermination dates and processes to those of SNAP.

States can lessen this problem by minimizing the changes in family circumstance that cause a parent to become ineligible for subsidies. For example, states can design eligibility policies so families retain subsidies independent of small fluctuations in employment or income.

Simplifying reporting requirements will also help families retain their eligibility status (see the next section).

Regardless, states need not let this implementation hurdle deter them from adopting this policy, which could improve the retention of multiple benefits for families. Although the lives of many low-income families are turbulent, others experience more stable employment and household situations. This policy alignment can be extremely important for more stable families in particular. States can review program data on the average length of subsidy use and reasons for exiting the subsidy program for families to better understand the circumstance of families in their programs and to design their alignment strategies appropriately.

Another strategy is “administrative” or “rolling renewal.” Under this approach, when a family renews its SNAP benefits, the state can use the information collected to bump forward the eligibility for other programs such as child care without requiring a separate renewal process. As Rosenbaum and Dean (2012) describe in more depth, the differences in program rules mean that this approach may work most effectively when SNAP is the originating program. And any additional eligibility elements required for child care—such as employment data—can be added to the SNAP Simplified Report or recertification form, with a note explaining that this information is not required for SNAP purposes. Twenty-two states are already using this approach with Medicaid/CHIP (Heberlein et al. 2013, 56).

Focus on Cases about to Close due to Failure to Complete Redetermination

States can also pay particular attention to cases that appear likely to close at renewal, to identify whether such closures are due to minor issues (such as failure to produce a document). As described in Rosenbaum and Dean, “there are often legitimate reasons to keep a case open: the

proper documents may have been submitted but not yet logged-in; a single missing piece of information could quickly be verified elsewhere; an individual with a disability or literacy issue may require special assistance” (2011, 34). Rosenbaum and Dean note that it can be relatively simple for a state to examine such cases to see whether it is appropriate to keep them open, and to take steps to remedy the problem.

Interim Change Reporting

One of the challenges facing benefit programs is trying to determine which changes in circumstance (if any) can cause a family to lose eligibility during the eligibility period, how to determine whether those changes have occurred, and what burden to put on clients in this process. This area can create significant client burden, as well as significant administrative burden and costs as agencies track and react to changes.

While states vary in what they require for reporting around child care, they sometimes require clients to report *any* change in income, employment, work schedule, household composition, or child care provider. In addition, clients are usually required to do so very quickly, such as within 10 days (see Minton et al. 2012). Clients may have their subsidies adjusted and, in some cases, may have to go through complete eligibility redetermination processes. Changes in circumstance can occur often in the lives of low-income families, who can face high levels of instability in employment, income, residence, family composition, health, and elsewhere (Adams and Rohacek 2010). As a result, these reporting requirements can be

- *burdensome* for clients, who can only remain in compliance by reporting every possible change in their lives, even if they are still eligible, as well as for agencies and child care providers that have to constantly review and adjust subsidy levels and copayments.
- *ineffective*, as agencies report that often parents are confused by reporting requirements and do not know how to comply with agency rules.
- *unnecessary*, as families are often still eligible for subsidies despite changes in their circumstances.

- **error prone**, as strict reporting requirements make it much more likely that clients will be out of compliance with the rules (even if they are in fact still eligible), and thus increase improper payment rates, as well as inappropriate sanctions and terminations.

Because of these realities, some CCDF agencies have implemented simplified “change reporting” requirements similar to those implemented in SNAP and Medicaid (box 10). Aligning these requirements across systems can help reduce how often changes reported in one system inadvertently force other systems to adjust benefits. For example, while clients may not be required to report some changes to SNAP, the program’s rules might require workers to act upon changes reported for Medicaid or child care if the systems are linked (Rosenbaum and Dean 2011).

Box 10. Change Reporting in SNAP and Medicaid/CHIP

SNAP and Medicaid/CHIP have moved to simplify the interim or change reporting required for clients.

SNAP: Over the past decade, nearly all states have adopted a federal SNAP option called “simplified reporting,” which has vastly reduced requirements for workers and participating families. Under simplified reporting:

- Recipients must submit updated information about selected household circumstances (e.g., composition, income, and change in residence) every six months, through a mail-in report form or the recertification process.
- Between simplified reports (or recertifications), changes in income need only be reported if the increase takes the household above 130 percent of FPL. Other changes, such as loss of income or number of household members, can be reported in order to document eligibility for increased SNAP benefits.

Medicaid/CHIP: A number of states have eliminated interim reporting for Medicaid and CHIP through the “continuous eligibility” policy. By the end of 2009, 22 states were using continuous eligibility to eliminate interim reporting for children enrolled in Medicaid; 30 states were using continuous eligibility in CHIP.

Source: Rosenbaum and Dean (2011).

Agencies can simplify and link the reporting required of eligible clients who experience changes during their redetermination period if they

- minimize changes that must be reported,
- simplify reporting, and
- minimize how often the state acts upon reported changes.

These strategies, when taken together, can have obvious implications for a parent's ability to retain subsidies with minimal burden. States can, of course, implement all these strategies simultaneously. For example, Delaware has limited the need for reporting to very few situations. All families remain eligible for 12-month assistance unless the child moves out of or is removed from the parent's/caretaker's home, the child moves out of state, the child dies, or the parent/caretaker does not cooperate with child support requirements. Additionally, the child care parent fee will not change during the authorization unless the parent/caretaker in a single-parent home loses his or her job or one or both parents in a two parent home loses his or her job.³⁴

Minimize Changes That Must Be Reported

One important strategy is to only require clients to report *significant* changes in circumstance, such as those that make a family ineligible for benefits. This strategy is used as part of the simplified SNAP reporting and has been adopted by several states. For example, some states have limited reporting to three areas:

- 1. Major changes in income** (i.e., above a certain level, or more than a particular amount such as \$200). Some states (such as Colorado, Hawaii, Oregon, Utah, Virginia, and Washington) require parents to report only those income changes that raise them above a particular income level, while others (including Alaska, Delaware, Kansas, Louisiana, Massachusetts, Michigan, and Rhode Island) require parents to report only income changes above a particular amount (though some of these amounts are set at very low levels, such as \$25 a month; see Minton et al. 2012). Some states do not require parents to report changes in income during the authorization period; for example, Pennsylvania allows families to stay in the program if their income increases without interim reporting. The family must report changes only at the planned redetermination period.

- 2. Interruption of the activity that made the client eligible** (i.e., termination or interruption in job, education, training activities). Colorado, Indiana, Kansas, Oregon, and Utah require parents to report changes in employment only if they lose their job.
- 3. Changes in household** (i.e., when a child moves out of the home, or a spouse or parent moves in or leaves).

These areas are interrelated, as changes in both household composition and employment can affect income and relevant income thresholds.

To streamline the change reporting process for families, changes that must be reported for child care assistance can be explicitly aligned with SNAP policy. Oregon, for example, only requires that families (if they are also on SNAP) report changes when income increases over the income eligibility limit (130 percent of FPL, the same income limit used by SNAP), when clients lose their jobs, and when a parent of the child or spouse of the caretaker moves in. The first of these is required by SNAP as well, while the second two are unique to child care.

Simplify Reporting

States also can make it easier for eligible clients to report interim changes. In addition to strategies such as allowing online or phone reporting, some strategies are specific to change reporting, including these three:

- 1. Create simplified change forms.** Rather than making an eligible client complete a new recertification when changes are reported, states can create a simplified change form. For example, Oregon has created a single change form that families can fill out for both SNAP and child care.³⁵
- 2. Develop “change centers” for easier reporting.** Another potential challenge with reporting changes for eligible clients is being able to contact staff to report changes. As noted in other research (Adams et al. 2002), getting in touch with staff can sometimes be difficult. Some states have created “change centers” that parents can call to report changes for all the services they receive (including child care and other benefits) instead of having to call

caseworkers. One study found that staff reported reductions in error rates (Adams et al. 2008).

- 3. Develop “self-service” portals where clients can report changes online.** Some states have developed an online module—or portal—where clients can report changes and submit recertification forms. This effectively creates a customer-facing online account to accept account updates, including changes of address, income, family members, and so on (Weiss and Baudoin 2013).

Minimize How Often the State Acts upon Reported Changes

Another related strategy is to continue to require clients to report all interim changes but to not require workers to change the subsidy level for all reported changes. West Virginia does not act on income changes reported before redetermination unless the parent is asking to reduce their parent fees (i.e., because their income has decreased; see Minton et al. 2012, table 21). Instead, workers wait until recertification to adjust the subsidy appropriately. This policy does not reduce the change-reporting burden for clients, but it does prevent them from experiencing repeated adjustments in their subsidy levels, and it makes funding more stable for providers. It also allows states to track changes in parents’ lives without having the administrative burden of adjusting subsidies constantly. As is done with SNAP, states can also choose to act upon only those changes that would increase benefits—for example, reducing the parental copayment—and leave those that decrease benefits until recertification. Proposed rules from OCC give states the option to allow families to remain eligible during a 12-month eligibility period regardless of changes in family circumstances.

A related issue is how states deal with interruptions in eligibility—for example, if a parent loses a job and needs some time to find a new one, a student has a school break, a teacher doesn’t work over the summer, and so forth. One approach is for states to allow clients to retain eligibility during such breaks—particularly for those that are known to be temporary (such as school breaks, summer, etc.)—and not lose benefits in the meantime (Adams et al. 2008). This tactic can support continuity of care for the child, help support the parent’s employment stability, and be administratively more efficient than starting and stopping a case. It also allows for cross-program alignment and linkages.

In all these situations, however, states may want to be cautious on acting on information gathered from data matches that suggest clients have experienced changes. As discussed in Rosenbaum and Dean (2011, 36):

Many states routinely run data matches for their entire caseloads to check for new information on participating families. However, this practice can actually increase error rates and administrative burdens. Depending on the data source, the match may not be current or complete enough and may require additional contact with the household; state staff may act improperly on the information.

For example, a state may run a data match of client records with out-of-date state tax data which shows that a few months ago a client's monthly income was \$2,000. If the client demonstrated last month that his income is \$1,000 due to reduced hours, the data match may not be sufficient cause to require the client to re-verify his circumstances. It is therefore beneficial for both families and the state agency to adopt a policy of delaying action on data match information until households come up for recertification (or in SNAP, until the next simplified report is due) unless the information appears to indicate that the family is ineligible.

Part III. Pull It All Together: How Some States Have Aligned CCDF with Other Safety Net Programs

As noted throughout the paper, states have implemented a range of policies to simplify CCDF and to align it with other programs. Listed alphabetically below are examples of states that have taken steps down this path, including some that have integrated or aligned a number of key elements of eligibility and some that have integrated or aligned some particular components. The examples included here are meant to be illustrative and are not exhaustive of all states that have undertaken these activities, or of all approaches.

Delaware has aligned eligibility policies for CCDF, TANF, SNAP, and Medicaid. All programs use a common computer system. Families applying for multiple benefits may be determined eligible once and go through only one review process for the entire package of benefits. Income eligibility is aligned across benefit programs at 200 percent of the federal poverty level, and Delaware ensured that “household” is defined consistently across programs. The state aligns policies where it can, with SNAP the main driver. If a family receives multiple benefits, the state synchronizes review dates across programs. Delaware has a 12-month eligibility period for all benefits. All programs use the same simplified report as SNAP for an interim 6-month review. A state web site allows individuals, and community-based organizations, to screen and apply for multiple benefits.

- Division of Social Services Policy Manual, Child Care Subsidy Program:
<http://regulations.delaware.gov/AdminCode/title16/index.shtml>
- Online application and screening tool: <https://assist.dhss.delaware.gov/>

Idaho has aligned CCDF eligibility with SNAP. The state recently set its CCDF income eligibility at 130 percent of the federal poverty level, to align with SNAP. The state also indexed income eligibility to rise with inflation, ensuring that the alignment would stay in force over time. A coordinated review for clients receiving SNAP and CCDF is conducted at six months. Idaho has also reduced change reporting requirements, aligning with SNAP, by requiring that families only report an income change that would make them ineligible for child care assistance.

The state has a multibenefit application and an online portal for applying for services, renewing benefits, and reporting changes.

- Department of Health and Welfare, Rules Governing Idaho Child Care Assistance Program (ICCP), <http://adminrules.idaho.gov/rules/current/16/index.html>
- Online portal for multiple benefits:
<http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/tabid/1554/Default.aspx>

Louisiana has aligned eligibility policies across CCDF, SNAP, TANF, and Kinship Care. SNAP and CCDF eligibility periods and redetermination dates are aligned. Clients may be assigned eligibility periods of up to 12 months for child care, and the redetermination for SNAP and child care may occur in the same month. Families already receiving SNAP when they apply for child care may be certified for fewer than 12 months in order to align their redetermination date to the same month as the next SNAP redetermination or Simplified Report (SR). Louisiana CAFE is an online portal for applying for benefits, checking application status, and renewing benefits.

- Social Services Policy Manual: <http://doa.louisiana.gov/osr/lac/67v01/67v01.pdf>
- Online portal for multiple benefits: <https://cafe-cp.dcfs.la.gov/selfservice/>

Maryland uses verifications submitted for other programs, including SNAP, TANF and Medicaid, to determine CCDF eligibility. Case managers are requested to not seek information from clients if the verification is available in other systems and current (received within the past six months).

- State Board of Education Policy Manual:
http://www.marylandpublicschools.org/NR/rdonlyres/FF4D42D2-46A0-44E6-9CEC-546C5641F978/32820/13A1406_eff041612.pdf
- Department of Human Resources/Family Investment Administration Action Transmittal 03-51 (verifications policy guidance): <http://www.law.umaryland.edu/marshall/dhr/0351.pdf>

Michigan has aligned eligibility periods and redetermination dates across CCDF, SNAP, and Medicaid/CHIP. All programs have a 12-month eligibility period. If a family applies for child

care when it is already receiving other benefits, its initial eligibility period for child care may be shorter than 12 months to align redetermination dates. Upon redetermination, the eligibility period for all benefits is 12 months, and all benefits are renewed on the same date.

- Department of Human Services Policy Manual:
<http://www.mfia.state.mi.us/olmweb/ex/html/#bridges>
- Michigan redetermination guidance: <http://www.mfia.state.mi.us/olmweb/ex/bam/210.pdf>

New Hampshire has coordinated eligibility across SNAP, Medicaid, CCDF, and TANF, offering a single application for all four programs. The state works to align documentation and verification practices across programs. Clients receive 12-month eligibility for child care. When a family receives multiple benefits, redetermination dates synchronize with SNAP, TANF, and Medicaid. At redetermination, clients do not have to provide verification for items that have not changed since the initial eligibility determination (i.e., identity, date of birth). The state uses a simplified review form for redetermination. An online portal allows clients to screen, apply for, and track multiple benefits, including child care.

- Family Assistance Policy Manual: http://www.dhhs.state.nh.us/FAM_hm/NEWFAM.HTM
- Online benefits portal: <https://nheasy.nh.gov/>

North Carolina uses SNAP data to deem income eligibility for child care assistance. The state instituted this policy after determining that approximately 90 percent of child care recipients also receive SNAP (which the state calls Food and Nutrition Services, or FNS). FNS income data is considered valid for initial income eligibility determination and redetermination. Caseworkers may not require families to provide additional income information. Parents are requested to verify that the FNS information is accurate. North Carolina made adjustments to the FNS data system to allow workers to view individuals' income data in order to adjust for differences in the countable family unit across programs.

- Child care services policy manual:
<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/index.htm>

Oklahoma aligns policies for child care assistance with SNAP and Medicaid as often as possible, with SNAP the main driver. All programs—child care, SNAP, Medicaid, and TANF—are housed in the same division of Oklahoma’s Department of Human Services. All programs use a common computer system for delivery and a common intake system that holds all information for a client. While all information is housed together, only information counted or required for an individual program is considered for eligibility determination. Oklahoma has worked to standardize the verifications required by programs and linked their recertification processes.

- Department of Human Services policy manual: <http://www.okdhs.org/library/policy/oac340/>

Oregon has aligned renewal dates for families receiving SNAP and child care. While the eligibility period for Employment Related Day Care (Oregon's child care assistance program) is one to six months, families with companion SNAP benefits may be certified for child care for up to 12 months. Oregon requires that families (if they are also on SNAP) report changes only when income increases over the income eligibility limit (130 percent of FPL, the same income limit used by SNAP), when clients lose their jobs, and when a parent of the child or spouse of the caretaker moves in. The first is required by SNAP as well, while the other two are unique to child care. Oregon uses a single change report form that families can fill out for both SNAP and child care.

- Family Services Manual: http://www.dhs.state.or.us/policy/selfsufficiency/em_firstpage.htm

Part IV. How to Start Simplifying and Aligning Policies

The information in this paper provides states with a tool kit of policies and implementation processes to use as they work to simplify and align their child care systems to work more effectively for parents, children, providers, and caseworkers. The issue remaining, however, is how states can start taking these tools and using them to simplify and align their own systems.

The authors of this paper, who are leading the technical assistance efforts with the WSS project, have found the following steps helpful.

Step 1—Reflect about program goals and motivation. What are the goals of the child care assistance program, both for services to families and children and for program administration and management? How does simplifying access and retention of child care assistance, and supporting participation in other work support safety net programs, support these goals?

Step 2—Thoroughly and carefully assess state policies, processes, and implementation. A key early step is for states to comprehensively and very honestly assess their child care subsidy policies and processes, and how these policies and processes are implemented and experienced by workers and clients (box 11). This assessment serves several functions: it identifies problematic areas for clients or workers; it allows states to see where they can do more to accomplish the goals identified in step 1; and, when compared to what is required (as laid out in this report) and the opportunities presented by other work benefits, it can provide a road map for simplification and alignment.

In undertaking such an assessment, the following three steps are useful:

1. *Solicit as many perspectives as possible*, including local managers and caseworkers, clients, providers, and policy staff. It is essential to not only examine the policies, but also to assess how these policies are implemented. How the policy is operationalized and experienced on the front line can differ significantly from how the policy is written.

2. **Consider all program areas for possible improvements**, including eligibility criteria and verification practices as well as application and enrollment, redetermination, and change reporting policies and processes. Also consider program integrity processes, and whether error rates are high in certain areas because of overly restrictive or tightly calibrated policies (see appendix B).
3. **Use external expert facilitators** who can take an objective view, are expert in simplification strategies and opportunities, and can offer alternative approaches and perspectives to current policies and processes.

Step 3—Use data thoughtfully to improve services, including for overall program evaluation as well as to provide feedback to office managers about program efficiency and service delivery. Data systems and technology affect the ability of states to understand how their systems are working and to implement changes in policy and process. For example, examining administrative data can provide important insights into characteristics of clients (such as the overlap between benefits accessed) and problems in the system (such as assessing how often families lose eligibility at redetermination owing to procedural problems rather than changes in actual eligibility). The design of computer systems can either facilitate or create challenges for

Box 11. Questions to Ask in a Self-Assessment

In our experience, it is important to look at each area covered in this paper during the self-assessment process, examining such questions as:

- What are the state’s core eligibility requirements? Which of these are required by federal law? Which can be changed, reduced, or eliminated? Can these requirements be aligned to similar requirements in other programs?
- What are the verification and documentation requirements for each core eligibility criteria? Have they been simplified wherever possible? Do they meet the suggestions in this report (such as using existing data when possible, offering clients various ways to prove key elements, not asking clients to produce information that is already available, etc.)?
- Are any particular aspects of the eligibility and verification process challenging for clients or workers? Can anything be done to ease the burden?
- Looking at the enrollment, redetermination, and change reporting processes—have they been simplified down to their core elements so as to minimize burden on both workers and clients? Have they been aligned or coordinated to the extent possible?
- Can enrollment, redetermination, and change reporting processes be aligned or integrated with the other systems, to reduce client and worker burden and costs?

identifying problems and should be considered in tandem with implementing policy change.³⁶ Similarly, data on program integrity can provide important insights into whether policies are effective. Ongoing data analysis can track progress and provide routine feedback on policy change as it is implemented.

Step 4—Examine the business and technology processes that affect the efficiency and effectiveness of office policies and practices. These processes include such critical issues as caseworker staffing decisions, business processes, the use of technology and tools, and administrative structures and systems (box 12).

Box 12. Examining Business Process in the Delivery of Child Care Benefits

In recent years, the public sector has been looking to improve service delivery by identifying ways to apply key principles of good business process to the delivery of human services. For example, in the government services sector, an application for public benefits such as child care typically goes through a series of steps, such as intake, triage and routing, data entry, eligibility decisionmaking, client notification, filing, and administrative hearings. When assembled, those steps make a completed application “product” that is valued by the customer. In previous work on business process reengineering in health and human services eligibility offices, the areas typically ripe for improvement are standardizing procedures (streamlining and simplifying, too); eliminating loop-backs (reducing churn); and balancing loads (e.g., universal workers).

State child care subsidy eligibility agencies are now interested in this research as they work to support better service delivery. Last year the Washington State legislature requested a “lean” business process review of the child care eligibility processes. The WSS technical assistance team has done similar work with Illinois.

For more information on data and technology in improving human service delivery, see Rosenbaum and Dean (2011); for Washington State’s child care review, see Smith and Koné (2012); and for examples of similar work and self-assessment tools for Medicaid/CHIP, see Maximizing Enrollment’s self-assessment toolkit, <http://www.maxenroll.org/page/self-assessment-toolkit>, and “Diagnosing What Works for State Medicaid and CHIP Programs,” <http://www.maxenroll.org/resource/diagnosing-what-works-state-medicaid-and-chip-programs>.

Step 5—Seek solutions across policy areas. States implementing alignment strategies have stressed the critical role of communication and coordination among agencies and staff. States working on cross-systems alignment note the value of establishing policy workgroups or boards across programs. Some states that have worked to align policies require such groups to review

proposed policy changes in order to assess their impact on alignment and avoid “undoing” coordination if changes happen in one program.

Step 6—Understand that addressing the issues raised in such an assessment will require multiple strategies, including possible changes in policy, regulation, staff training, program integrity rules and oversight approaches, administrative practices, additional tools for workers, and data collection. For a discussion of the lessons that states involved in the WSS project have learned about undertaking such efforts, see Golden (2013).

As states examine these questions and take steps toward simplifying and streamlining their child care systems, it is also critical that they communicate and reinforce those changes throughout their delivery systems—ensuring that every individual from state administrators to intake staff understand both the changes in policies and practice, and the philosophy behind them that elevates the goals of access and stability to services for families and efficiency and workload reduction for staff.

Part V. Conclusion

A growing body of evidence supports the importance of child care subsidies and other safety net programs for the well-being and economic success of low-income families and their children's development. Yet, policies and implementation practices within the CCDF system can sometimes pose real barriers to accessing child care benefits, barriers that are only compounded when considered cumulatively across work support benefit systems. The significant administrative challenges faced by states due to increased demand, reduced administrative resources, and inefficient and duplicative processes make these challenges even more urgent.

This is a time of opportunity, where a number of realities are converging to help make a strong case for states to take active steps to simplify their child care systems, and to work to align and connect them with other key safety net programs. The challenges and opportunities presented by the Affordable Care Act, providing states with even more opportunities to leverage the energies and resources to help move CCDF and other systems into the 21st century.

The efforts discussed here are challenging, but are clearly possible. In fact, all of the ideas presented in this paper have been implemented in some context, somewhere across the country. Lessons learned through the Work Support Strategies Initiative offer a variety of strategic efforts to improve services and systems for families. This is particularly true for the CCDF, with its enormous flexibility and ability to be shaped to meet state needs. While complex, the benefits to moving in this direction are enormous—with direct payoffs to all concerned. In a time of limited resources—whether for states, or for the families they serve—it is imperative that we use the resources wisely, in ways that are fiscally responsible, efficient, and help achieve our goals of providing stable supports to help low-income working families get ahead and their children get a strong start.

Appendices

Appendix A. The Work Support Strategies Initiative: Streamlining Access, Strengthening Families

The Work Support Strategies, or WSS, Initiative is a multiyear demonstration project that offers a small group of competitively selected states the opportunity to design, test, and implement 21st century public benefits system. Over the course of a planning year and three implementation years, WSS aims to dramatically improve the delivery of key work support benefits to low-income families, including health coverage, nutrition benefits, and child care subsidies through more effective, streamlined, and integrated approaches. The initiative builds on recent state and federal innovation while taking these efforts to a new level. The Ford Foundation is the project's lead funder. The Open Society Foundations, The Annie E. Casey Foundation, and The Kresge Foundation have provided crucial additional support. Work Support Strategies is directed by CLASP in partnership with the Urban Institute and the Center on Budget and Policy Priorities.

Purpose

This initiative has three goals:

- Improve the health and well-being of low-income families, stabilize their family and work lives, and enable them to progress in the workforce by increasing the share of eligible families (and, in those states that choose to include them, individuals outside families) that receive and keep the package of work supports and benefits for which they qualify;
- Deliver benefits more effectively and efficiently, reducing state administrative burdens as well as the burden on clients, through technologically savvy and customer-driven methods of eligibility determination, enrollment, and retention; and
- Disseminate lessons from the experiences of the demonstration states to inform broader state and federal policies through a rigorous evaluation component.

The initiative consists of two phases: a one-year planning phase and a three-year implementation phase.

- **Phase I (Planning):** Nine states were competitively selected from 27 applications to participate in the planning phase of the project. During the planning phase, each state received a one-year grant of \$250,000, expert technical assistance, and peer support from other grantees. States performed intensive diagnostic self-assessments, explored business process strategies, established leadership structures, and developed data-driven action plans addressing both policy and practice changes.
- **Phase II (Implementation):** Six states received funding of \$400,000–\$500,000 per year for three years to implement their strategic action plans. These states are receiving continued technical assistance and peer support to execute the strategies they developed during Phase I in order to create a more integrated, responsive, and flexible work support system.

What the Initiative Offers Selected States

- **Planning grants.** The nine states selected to participate in Phase I of the initiative received \$250,000, one-year planning grants.
- **Implementation grants.** The six states participating in Phase II of the initiative receive multiyear grants of approximately \$1–1.5 million to implement their action plans.
- **Technical assistance and peer-to-peer support.** States receive ongoing and tailored technical assistance from national experts in policy, operations, program evaluation, and project management, including on-site visits and telephone support. States also build close connections to peers in other states to share experiences and problem-solve collaboratively.
- **External system assessment and tailored reports of Phase I states.** Each state that participated in Phase I will receive information from the external project evaluation, led by the Urban Institute, provided through a state-specific briefing or report. The evaluation report will include an assessment of the baseline characteristics of the state's systems and lessons learned about the barriers and solutions that emerged during the design process. Drawing

from those state reports, the evaluation team will synthesize that information to create cross-cutting reports on key themes, challenges, and lessons learned across the states.

- **Information-sharing with federal officials.** The initiative provides a structure for offering input to federal policymakers around state ideas for policy guidance and clarifications. The Ford Foundation and its partners are committed to sharing information, lessons, questions, and concerns surfaced by the experiences of the demonstration states with the relevant federal agencies.

Selected Work Support Strategies Resources

Adams, Snyder, and Banghart, *Designing Subsidy Systems to Meet the Needs of Families*, January 2008. Many state and local child care subsidy agencies have been redesigning their policies to better meet the needs of the families they serve, and to create more efficient and fiscally responsible systems. These strategies reflect states' growing understanding of the dynamic nature of low-income families' lives and of the challenges they face as they move toward stable employment. This report synthesizes findings from various research projects conducted by the Urban Institute (and other organizations) and lays out a range of policy strategies states are implementing to support eligible families in accessing and retaining child care subsidies.

Office of Child Care, Administration for Children and Families, *Policies and Practices That Promote Continuity of Child Care Services and Enhance Subsidy Systems*, September 2011. This information memorandum provides guidance to encourage lead agencies to adopt policies that promote continuity of child care services for the benefit of children and families.

Rosenbaum and Dean, *Improving the Delivery of Key Work Supports: Policy and Practice Opportunities at a Critical Moment*, February 2011. This report shows why coordination among work support programs is critical in the areas of policy, procedure, and data utilization, and how to overcome coordination's inherent challenges. It provides a catalogue of options states can pursue and reviews some best practices. While the paper focuses primarily on how states can better coordinate Medicaid and SNAP, it also offers examples of how to include TANF, child care, and other programs in the effort. With this information as a guide, state agencies providing

key critical work supports to families in need can substantially streamline and improve the way they conduct their business.

Mills, Compton, and Golden, *Assessing the Evidence about Work Support Benefits and Low-Income Families: Rationale for a Demonstration and Evaluation*, February 2011. For low-income working parents, benefits received through the Supplemental Nutrition Assistance Program, Medicaid, and child care subsidies provide vital work supports. Access to these programs has been restricted, however, by barriers relating to federal and state funding, program policy, and administrative processes, complicating program enrollment and benefit retention. As a result, many low-income working families do not receive the multiple program benefits for which they are eligible. This paper provides a strong rationale for the Work Support Strategies demonstration, enabling selected states to design, implement, and evaluate modernization strategies to dramatically improve families' access to a package of work support benefits.

Adams and Compton, *Client-Friendly Strategies: What Can CCDF Learn from Research on Other Systems?* December, 2011. Research suggests that some CCDF subsidy policies and practices can create unintended barriers to getting and keeping subsidies, which has led to greater interest in policies that make it easier for the programs nearly one-millions clients to access and retain child care benefits. To inform this interest, this brief examines research from the Supplemental Nutrition Assistance Program and Medicaid/CHIP on the effectiveness of "client-friendly" policies (designed to ease benefit access and retention) and explores the implications both for CCDF policy and future research.

Minton, Durham, Huber, and Giannarelli, *The CCDF Policies Database Book of Tables: Key Cross-State Variations in CCDF Policies as of October 1, 2011, October 2012*. This report provides tables containing key Child Care and Development Fund (CCDF) policies for each state as of October 1, 2011. The tables are based on information in the CCDF Policies Database, which tracks state child care subsidy policies over time and across the states, Washington, DC, and the territories. The report summarizes a subset of the information available in the database, including information about eligibility requirements for families; application, redetermination, priority, and waiting list policies; family copayments; and provider policies and reimbursement rates. The 2011 report also includes a complete set of 2010 tables.

Appendix B. Key Issues in Program Integrity

Minimizing improper payments is an important priority for state administrators, who must spend their resources appropriately and ensure that accurate benefits are going to eligible families. Failure to ensure that funds are spent on eligible children and families can result in a disallowance of any federal funds spent on their behalf.

It is useful to distinguish between some of the different types of improper payments, such as

- improper payment because of agency error (e.g., the agency does not receive the proper documentation or makes an error in calculating eligibility or payment),
- improper payment because the parent or provider unintentionally makes an error that is not caught (e.g., the parent reports information incorrectly because he or she does not understand program rules); and
- conscious fraud on the part of the parent or provider (e.g., the parent or provider purposely tries to receive payments for care for which he or she knows the parent is not eligible).

By federal definition, an improper payment, distinct from fraud, is one made in a way that is inconsistent with state or federal eligibility or payment policies. Because state policies vary widely, so does what would be considered an improper payment. Take, for example, a parent who had lost her job and used a subsidy for three weeks of job search. This would be considered an improper payment in a state that allowed only two weeks of job search, and a proper payment in a state that allowed subsidies for one month of job search. As a result, states have significant control over what is considered proper or improper payment through their subsidy rules, policies, and eligibility criteria. Simplifying a state's eligibility and payment policies can lower the risk of improper payments due to error.

In federal guidance issued in August 2010, the Office of Child Care reminded states that efforts to reduce error rates and fraud should not compromise access to child care assistance for eligible families. The guidance suggests that states reconsider overly complex policies that increase the risk of administrative errors and fraud.³⁷

Many of the strategies described in this report can support minimizing improper payments. One strategy is to build upon the strong quality control (QC) systems of SNAP and Medicaid (see Rosenbaum and Dean 2011). For example, states have to sample their SNAP caseloads and thoroughly re-review each sampled case, including conducting in-person interviews with households. Sampled cases are then re-reviewed federally to ensure their accuracy. As a result of this approach, the fiscal year 2010 SNAP combined error rate (both over- and under-payments) was 4.36 percent; the overpayment rate was 3.53 percent. Another strategy is to simplify eligibility, documentation, and verification requirements, which can decrease potential errors.³⁸

Appendix C. Federal Verification Requirements in Medicaid, SNAP, and Child Care Assistance

	Current Medicaid requirements	Future MAGI Medicaid requirements	SNAP requirements	Child Care and Development Fund requirements
Items needing verification	<p>Income</p> <p>Household Composition</p> <p>Citizenship or Immigration status</p> <p>SSN (for those who have it)</p> <p>Disability</p> <p>Age</p> <p>State residency</p> <p>Pregnancy</p> <p>Deductions and disregards (e.g., child care expenses, child support payments received and paid)</p> <p>Resources (e.g., savings accounts, etc.)</p> <p>Third Party Liability (access to other payer sources)</p>	<p>MAGI-based income</p> <p>Household composition</p> <p>Citizenship or immigration status</p> <p>SSN (for those who have it)</p> <p>Age</p> <p>State residency</p> <p>Pregnancy</p> <p>Third-party liability</p>	<p><i>Mandatory Verification:</i></p> <p>Non-exempt gross income</p> <p>Identity</p> <p>Immigrant status of noncitizen applicants</p> <p>SSN</p> <p>Enrollment in a disability program</p> <p>Residency (with some exceptions)</p> <p>Utility expenses if claiming more than the standard utility allowance</p> <p>Hours worked, if subject to work requirements</p> <p><i>Only if Questionable</i> (The state must set standards to identify what is questionable):</p> <p>Dependent care expenses</p> <p>Household composition</p> <p>Resources</p> <p>Shelter expenses</p> <p>Citizenship</p> <p>For expedited service, verification of all items other than identity can be delayed.</p>	<p>Lead agencies are responsible for verifying eligibility of children receiving assistance based on the following variables:</p> <p>Age of child</p> <p>Income</p> <p>Household composition</p> <p>Parent participation in eligible work or education activity</p> <p>Child's immigration status</p> <p>States establish specific verification procedures.</p>

	Current Medicaid requirements	Future MAGI Medicaid requirements	SNAP requirements	Child Care and Development Fund requirements
Methods of verifying non-income information	For citizen applicants, states can use data match with SSA. Other forms of documentation must be accepted as well. Immigrant applicants must provide satisfactory documentation and states must verify with DHS. Self-attestation alone is not allowed. States have flexibility in the method for verifying all other eligibility factors, including the ability to accept self-attestation.	Focus on electronic verifications first, then self-attestation, and then paper documentation as a last resort. However, with a few exceptions (pregnancy and household composition, with some limitations), states are not required to accept self-attestation. States must verify citizenship and immigration status through the federal hub (SSA and DHS). If not verifiable, can use other forms of documentation. Self-attestation alone is not allowed.	Documentary evidence is the primary source of verification for everything except residence and household size (which can be collateral contacts). Household has primary responsibility for providing documentary evidence, but the state must assist in obtaining verification, and no one form of verification may be required. The state will verify SSN with SSA. Most States verify the validity of immigration documents through the DHS SAVE system. States may use electronic verifications. State agency can use third-party collateral contacts with household consent.	States determine methods for verifying non-income information.

	Current Medicaid requirements	Future MAGI Medicaid requirements	SNAP requirements	Child Care and Development Fund requirements
Methods of verifying income- and resource-related information	<p>Medicaid agencies must have an income and eligibility verification system (IEVS). Items related to determination of income must be verified to the extent possible.</p> <p>State must verify information through the following sources: (1) SWICA; (2) SSA and other wage databases; (3) Information about disability and SSI benefits from SSA; (4) Unearned income information from the IRS; (5) Unemployment compensation information; (6) Additional income, resource, or eligibility information or correct amount of medical assistance payments available from other agencies.</p> <p>With HHS approval, states may use alternative sources that are timely, complete, and useful for verifying eligibility.</p>	<p>States must verify information through (1) other state and federal agencies; (2) databases with information on wages, self-employment earnings, unearned income and resources; and (3) PARIS, SNAP, and other Insurance Affordability Programs.</p> <p>Current requirements in Section 1137 of the Social Security Act continue.</p> <p>States also have the option to rely on attestation. States may use alternative databases so long as they reduce administrative burdens on individuals while maintaining accuracy, confidentiality and minimizing delays. HHS must approve such alternatives.</p>	<p>Documentary evidence is the primary source of income verification, but no single form of verification may be required. When documents are insufficient for a determination, the state may use collateral contacts.</p> <p>State may use electronic verifications.</p> <p>For income, the state must determine eligibility based on the best information available if the source of the income fails to cooperate and no other verification is available.</p> <p>State agencies have the option to use IEVS. If it does, it must notify the household and explain that discrepancies will be resolved through collateral contacts.</p>	<p>States determine what sources of income- and resource-related information are counted and how they are verified.</p>

Source: Original table from Work Support Strategies Toolkit, Module 3: Verifications.
<http://www.cbpp.org/cms/index.cfm?fa=view&id=3791>. Adapted to include CCDF information.

Appendix D. Federal, State, and Commercial Electronic Sources of Information

Many information sources are available to verify income and other eligibility factors:

- **Federal databases.** States have long had access to many federal databases to verify such items as Social Security numbers, SSI and Social Security income, and Unemployment Insurance income. The health reform law establishes a federal hub that will contain information from SSA, the IRS, and DHS.
- **State databases.** State databases have information on wages, addresses, new employment, motor vehicle records, drivers' licenses, child support income, workers' compensation, energy assistance, and some child care copayments, among other items.
- **Commercial databases.** Payroll data companies, such as The Work Number (aka TALX), can provide employment and current income information for certain employers at a modest cost to states.

The table below describes some of the federal, state, and commercial databases that states can use to electronically verify information from applicants in Medicaid and other human services programs.

Electronic data source	Information contained in the database	Accuracy/recency of Information
Federal		
Social Security Administration (required in federal hub)	Person demographics, Social Security number, birth date, citizenship status, address, earned income, unearned income, Title II and Title XVI status, previous and scheduled payments, appeals and denial, Medicaid eligibility.	Real-time web service interaction available.
Homeland Security (required in federal hub)	Citizenship/immigration status.	Real-time through the federal hub.

Electronic data source	Information contained in the database	Accuracy/recency of Information
Internal Revenue Service (required in federal hub)	Federal taxpayer information, including the aggregate amounts of adjusted gross income of a taxpayer, adjustments to gross income, and tax-exempt interest.	Individuals file by April 15 for income in the preceding calendar year. Income information is only available on an annual basis.
Child Support, National Directory of New Hires	Includes quarterly state wage data, new hires data, and unemployment information from all 50 states and the District of Columbia.	<p>Federal agency or payroll departments report within 20 days of new hire, and quarterly wage data no later than one month after end of calendar quarter.</p> <p>State agencies submit data within 3 business days after new hire data is entered into state directory of new hires. State wage agencies submit data within four months of the end of a calendar quarter, and unemployment insurance data within one month of the end of a calendar quarter.</p>
Public Assistance Reporting System	Internal Revenue Service Homeland Security Social Security Administration National Directory of New Hires Electronic Verification of Vital Events Record System (EVVE) State Income and Eligibility Verification (IEVS) systems US Postal Service Address Standardization	Matches conducted quarterly.
State		
IEVS	Used by states to compare data that applicants and recipients of welfare programs (TANF, SNAP, and Medicaid) supply with various federal data sources.	
State Wage Reporting System	<p>Includes quarterly wage reports for each employee who either resides or is employed in the state.</p> <p>Generally includes every form of remuneration of an employee, whether paid directly or indirectly, including salaries, commissions, and bonuses, and whether paid in cash or in-kind.</p> <p>Contains information on gross wages. Does not take into account most elective deferrals of compensation.</p>	Information is submitted on a quarterly basis, and is typically reported 45 days after the end of a quarter.

Electronic data source	Information contained in the database	Accuracy/recency of Information
State Directory of New Hires	New hire data reported by employers in the state, which includes employee name, address, Social Security number), and information about the employer.	Information is reported within 20 calendar days after date of hire or by the first regularly scheduled payroll following the date of hire, if such payroll is after the expiration of the 20-day period. Employers reporting electronically must transmit information twice per month, no fewer than 12 and no more than 16 days apart.
Unemployment	Contains unemployment insurance information on individuals who have received or applied for unemployment benefits, as reported by state welfare agencies. Includes individual's name, Social Security number, address, benefit amount received (gross amount before any deductions), and reporting period for when the unemployment insurance claim was filed.	Capability for real-time queries may vary from state to state.
Bureau of Vital Statistics	Has information on births, deaths, marriages and divorces.	
Department of Motor Vehicles	Maintains address and some asset (e.g., automobiles) information.	
Commercial		
TALX/Work Number	Contains employment and income records for over 190 workers and over 2,000 employers (15% to 20% of national employed workforce). Largely represents information from large employers and Fortune 1000 companies. Provides information on employee name and Social Security number, employment status, most recent start date and termination date (if applicable), total time with employer, job title, rate of pay, average hours per pay period, total pay for past 2 years, and the most recent twelve pay periods of gross earnings.	Information is updated when an employer processes payroll. Can be queried daily, weekly, or monthly depending on system setup. Web application also available to perform queries on a single individual, as well as real-time web service to support system to system queries.

Source: Angeles et al. (2012).

Appendix E. Requirements for Key Application Components in SNAP, Future Medicaid, and Child Care Assistance

	SNAP	Future Medicaid using MAGI methodology	Child care assistance
Application filing method	States have the option to allow for applications to be submitted online or by phone.	Applicants must be allowed to file online, in person, or by mail or telephone.	States determine how applications are submitted. States can allow applications to be submitted in person, online, or by mail or telephone.
Signature	The head of household must sign the application under penalty of perjury, with notice of this provided. Electronic signatures and telephonic signatures (at state option) are acceptable.	A signature is required. An electronic signature format is acceptable, including telephonically recorded signatures and handwritten signatures transmitted electronically.	States determine whether a signature is required and in what format. States seem to vary; some allow electronic formats, including telephonically recorded signatures and handwritten signatures transmitted electronically.
General	<p>If a state has a multiprogram application, applicants must be able to apply for SNAP by answering only the SNAP questions.</p> <p>States must allow applicants to initiate the application and set a filing date by just providing name, address, and signature.</p> <p>States must screen for expedited eligibility on or near the front page of the application (once a form becomes a SNAP application).</p>	<p>States must use either the single, streamlined application developed by HHS or an alternative single, streamlined application developed by the state and approved by HHS.</p> <p>Alternative applications must be no more burdensome than the application developed by HHS.</p>	<p>States determine whether to use a single or multiprogram application.</p> <p>States can also choose to allow applicants to initiate the application and set a filing date by just providing name, address, and signature.</p>
Interview	An interview is required at application and no less than every 12 or 24 months thereafter (depending on the type of household) but can be conducted over the telephone.	States cannot require face-to-face interviews and must have processes in place to provide assistance during interviews if needed.	States determine whether to require interviews.
Accessibility under civil rights laws	Long-standing civil rights laws remain in effect. Ensuring access for individuals with limited English proficiency, disabilities, and those who live with household members who are reluctant to provide information about their citizenship status or Social Security numbers remains an important legal requirement for state applications and application processes.		

Source: Original table from Work Support Strategies Toolkit, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3791>. Adapted to include CCDF information.

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Notes

¹ The program is also known as the Child Care and Development Block Grant (CCDBG).

² Families eligible for CCDF are highly likely to be eligible for the other key work supports; while states can set income eligibility much higher for CCDF, many families receiving child care assistance have incomes near or below the federal poverty level (US Department of Health and Human Services, Administration for Children and Families n.d.). As of February 2013, all but seven states set their income eligibility for child care assistance above 133 percent of the federal poverty level (the federal income eligibility level for Medicaid in 2014). The seven states are Alabama, Idaho, Indiana, Michigan, Missouri, Nebraska, and Ohio. In Colorado, counties set their income eligibility limits within state guidelines, which range from 127 percent to 298 percent of the federal poverty level (Schulman and Blank 2013).

³ See Adams and Rohacek (2010) for more information on the kinds of instability low-income families experience.

⁴ At the time this paper was written, the proposed rules are draft and the content of the final rules is unknown.

⁵ Some of the SNAP and Medicaid efforts are described in Rosenbaum and Dean (2011).

⁶ For example, Oklahoma, Delaware, New Hampshire, and Oregon have had eligibility components of CCDF aligned or integrated with one or more other safety net programs for a decade or more.

⁷ National Women's Law Center analysis of 2013 state median income estimates, which were taken from the Federal Register (<https://www.federalregister.gov/articles/2012/03/15/2012-6220/state-median-income-estimates-for-a-four-person-household-notice-of-the-federal-fiscal-year-ffy-2013>).

⁸ The definition of family unit also affects the determination of copayments.

⁹ In this paper, "parent" refers to a parent by blood, marriage, or adoption; a legal guardian; or a person with legal responsibility for a minor.

¹⁰ Current regulations allow states to including children in foster care in the definition of children who are receiving or in need of protective services. Proposed rules clarify that the protective services category may include other at-risk children, who are not involved with child protective services or the child welfare system, such as homeless families and migrant workers.

¹¹ Proposed rules for CCDF would require states to include some amount of job search in their definition of work.

¹² The Office of Child Care has encouraged states to use this flexibility to create more family friendly policies that are more seamless for children and families.

¹³ While no state sets its initial income eligibility limit at 85 percent of SMI, some states allow families to stay on until their income hits that level. For example, Colorado allows families already receiving assistance to continue doing so after their income exceeds a county's initial income eligibility limit up to 85 percent of state median income. Similarly, in Texas, local workforce boards set income eligibility limits and may allow families to keep child care assistance as long as income does exceed 85 percent of state median income. Massachusetts has a similar policy.

¹⁴ One state specified no more than two weeks of job search per job loss, another limited job search to the end of the month during which the job was lost which effectively means that a client losing their job at the end of the month would have little or no job search time.

¹⁵ For more information on these issues, see Adams, Snyder, and Banghart (2008); and HHS ACF Office of Child Care (2011).

¹⁶ See National Immigration Law Center for information on "qualified" immigrants, <http://nilc.org/immspbs/index.htm>; "Qualified immigrants" for the purposes of federal public benefits include: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal.

¹⁷ For a discussion of appropriate considerations for data sharing related to immigrant families, see Dorn and Lower-Basch (2012), pages 20–21.

¹⁸ Unpublished data from the CCDF database, 2011

¹⁹ Under the ACA, an individual must not be required to provide additional information or documentation unless information cannot be obtained electronically or such information obtained is not reasonably compatible (Weiss, Arons, and Nagarajan 2013).

²⁰ States have to sample their SNAP caseloads and thoroughly re-review each sampled case, including conducting in-person interviews with the households. Sampled Quality Control cases are then re-reviewed federally to ensure their accuracy. As a result of this approach, the FY09 SNAP combined error rate (both over- and under-payments) was 4.36 percent, with the overpayment rate being 3.53 percent. For more information on SNAP error rates, see Rosenbaum (2013).

²¹ Given that TANF clients participating in work activities are categorically eligible in many states, there are likely additional states with this policy whose manuals do not mention their policy on this issue.

²² Note that TALX/Work Number will be made available to states at no charge for health-related verifications through the federal services data hub. See appendix D for more information on TALX/Work Number.

²³ Some states include consent language on the application form, such as “by signing this application I give X agency permission to access electronic data from other sources in order to determine my eligibility.”

²⁴ The federal child nutrition program, for example, requires that all children who are SNAP participants be automatically enrolled in, or “directly certified,” for free school meals, with no additional paperwork.

²⁵ Arkansas, Colorado, Delaware, Georgia, Iowa, Maryland, Michigan, Nebraska, New Jersey, New York, Pennsylvania, Vermont, Virginia, and Washington. See CBPP (2013a).

²⁶ Using the Medicaid and CHIP strategy will be effective in improving enrollment of eligible children, according to state leaders (CBPP 2013a).

²⁷ Another approach is to eliminate the requirement to fill out the form in advance of an interview for clients who are applying over the phone or in-person. Idaho is an example of this. Clients who come into an office or call the customer service center are offered an interactive interview, then the worker prints out a completed application for the client to review and sign at the end of the interview (it is currently mailed to phone interview clients, although they are looking at electronic signatures to eliminate this step too).

²⁸ For example, state Medicaid agencies under ACA are required to provide assistance to individuals applying for or renewing Medicaid, including assistance that is accessible in person, by phone and online, allowing states to create application counselors, clarifying requirement that states allow individuals to designate an authorized representative to assist them in application or renewals and requiring states to create a consumer-facing web site that provides information on health coverage (IAP) programs and allows consumers to apply for, enroll, and renew benefits. All this assistance must be accessible to consumers, including plain language requirements, LEP populations and disabled individuals.

²⁹ Information collected from CBPP (2013a), Kaiser Commission on Medicaid and the Uninsured (2011), and Walter R. McDonald and Associates (2011).

³⁰ The ACA allows states to get approval from the secretary to use multibenefit applications in place of the single, streamlined model application as long as states also offer a health-only application for those interested in applying for health coverage only.

³¹ For recent research on child care authorization periods, see Michalopoulos, Lundquist, and Castells (2010). For a summary of research on various strategies, including lengthened redetermination periods, in SNAP and Medicaid, see Adams and Compton (2011).

³² As of publication, the rules have not been finalized.

³³ Delaware indicates in its state plan that the state synchronizes review dates across TANF, Food Stamps, Medicaid, and Child Care. New Hampshire reports in its 2012–13 state plan that the redetermination period is 12 months for families receiving only child care assistance or only child care assistance and Healthy Kids medical insurance (Terry R. Smith, “12-Month Redetermination Period for Certain Recipients of the ‘Medicare Savings Program,’ the Umbrella Term Used to Refer to the Following Medical Assistance Programs as a Group: Qualified Medicare

Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB & SLMB135), and Qualified Disabled and Working Individual (QDWI) Programs,” Division of Family Assistance inter-department communication, April 14, 2011, http://www.dhhs.nh.gov/SR_HTM/supervisory_releases/2011/sr_11_04_dated_04_11.htm).

³⁴ Delaware Department of Health and Social Services, Division of Social Services, 16 Del.C., Ch. 5, §512, 1004.11.

³⁵ See “Simplified Change Report for Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC),” Oregon Department of Human Services, <https://apps.state.or.us/cf1/DHSforms/Forms/Served/de0853.pdf>.

³⁶ For more information on data and technology in improving human service delivery, see Rosenbaum and Dean (2011).

³⁷ See HHS ACF OCC (2010).

³⁸ See “Supplemental Nutrition Assistance Program: Payment Error Rates, FY 2010,” <http://www.fns.usda.gov/snap/qc/pdfs/2010-rates.pdf>.