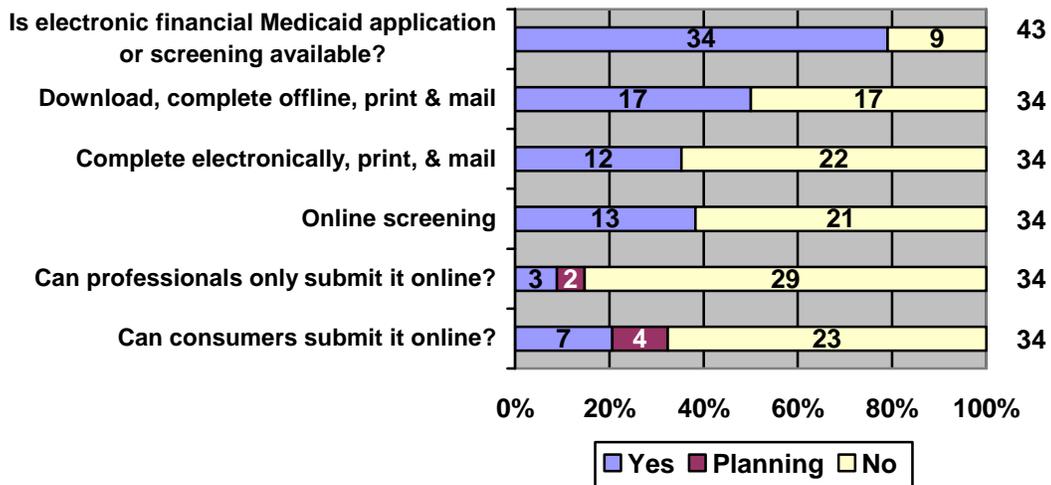


# Online Medicaid Screening and Applications

Produced by Bernadette Wright

Aging and Disability Resource Centers (ADRC) grants, a collaborative effort of the Administration on Aging and the Centers for Medicare and Medicaid Services, assist states in creating a single, coordinated system of information and access for persons seeking long-term services and supports. ADRCs have used a number of strategies to streamline access public benefits and services. One key strategy, used by many ADRCs, is to provide online applications for Medicaid or screening tools to assess eligibility for benefits (*Exhibit 1*). Although not all directly related to the ADRC grants, currently, 34 of the 43 ADRC grantee states have created or are planning some form of Medicaid online application or screening (*Exhibit 1*). *Appendix A* provides details about ADRC grantee state efforts related to online applications.

**Exhibit 1:  
Aging and Disability Resource Center Electronic  
Medicaid Screening and Applications**



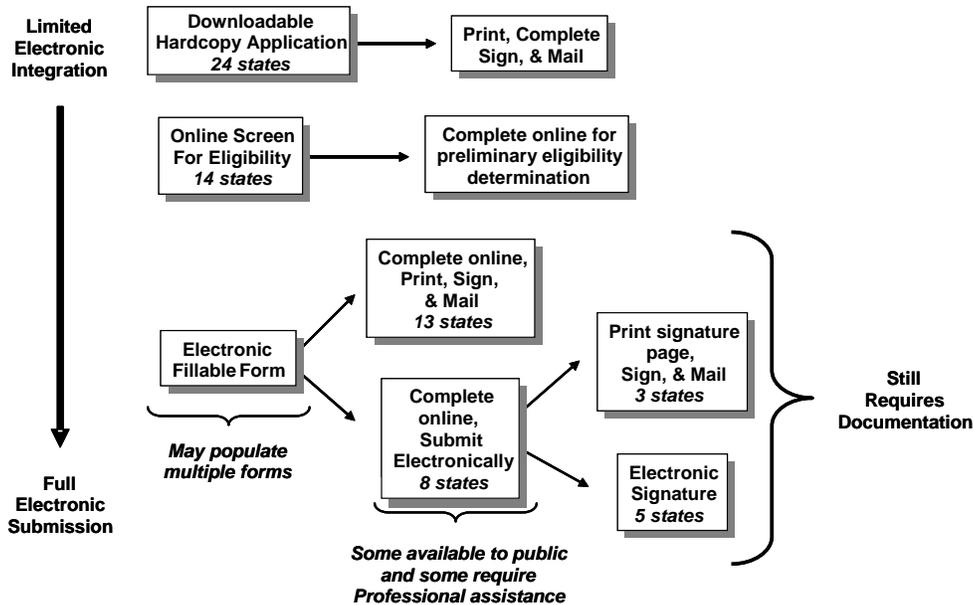
## I. BACKGROUND ON ONLINE APPLICATIONS FOR PUBLIC BENEFITS

The application processes for public benefits can be very time-consuming and cumbersome for applicants and eligibility staff. Because different benefit programs have different eligibility criteria and are often administered by different agencies, an individual may be required to make multiple visits to different offices and submit the same documentation multiple times. Online applications and screening provide an additional entryway into the application process that can be quicker and easier for many, increasing access to benefits while easing workloads for state agencies.

*Exhibit 2* shows the alternative ways in which states make applications available online. The most common form of online application is a downloadable document that the applicant must

print and submit by mail, in person, or by fax. Some states provide a preliminary screen of probable eligibility online. Several states allow the application to be submitted online. In most states, applicants may submit the application themselves, although a few states allow online submission only with assistance from a staff person. In many cases, when the application is completed online, the applicant is still required to provide hard-copies of their signature and documents to verify information such as income and immigration status.

**Exhibit 2: Types of Online Medicaid Applications for Long-Term Care Among All States**



Note: A total of 43 states have some form of online long-term care Medicaid application. Some states offer multiple avenues/access to online applications.

All states provide online access to application forms for one or more health and social service programs. Online applications are most frequently provided for Food Stamps, Medicaid for families and children, the State Children’s Health Insurance Program (SCHIP), cash assistance, and child care. All states provide Food Stamp applications online, as either a downloadable form or a web-based application. As of 2005, 40 states provided online applications for Temporary Assistance for Needy Families (TANF), and 44 states provided online applications for at least some Medicaid services, although some of these states did not include Medicaid for long-term care. The Social Security Administration provided an online application for Part D prescription drug benefits.

States have been slower to provide online applications for Medicaid coverage of long-term services and supports. Twenty-four states provide a downloadable hardcopy application that applicants print and complete by pen. Fourteen states provide online screening to allow individuals to determine their potential eligibility for Medicaid long-term care, and eight states allow individuals to submit the application over the Internet (Delaware, Florida, Georgia (in two counties), Kansas, Maryland, Pennsylvania, South Carolina, and Texas). Thirteen states

provide a “fill-in pdf” or Microsoft Word format that applicants can complete electronically, then print and mail. Ten states do not provide online applications or screening for Medicaid long-term care services at all, although they do maintain websites with information on how to apply. (See *Appendix A and Appendix B*)

This issue brief highlights recent trends in online applications and discusses some of the key considerations for ADRCs and states.

## II. APPROACHES TO ONLINE APPLICATIONS

State agencies must make several key decisions regarding the design and features of an online enrollment system, including who will have access to the online application (the public or staff persons), the extent of system integration, and whether or not to provide a common application for multiple programs.

### A. Access to the online application

One consideration is whether the online application will be accessible to the public or available for use only with assistance from a trained staff member. Some systems provide a combination of both, with a short screening tool or benefit guide for individuals and a longer assisted application.

**Public Internet access.** Most states with online application submission permit the individuals applying for coverage, enrollment staff from county or state agencies, and other community-based organizations that provide application assistance to complete and submit the online applications. A study of online applications for Medicaid and SCHIP found that, in states where online enrollment is accessible to the public, a majority of the applications come from individuals, not organizations. In Georgia, 97 percent of online applications for Medicaid and SCHIP were received from individuals, with 3 percent from community organizations. In Michigan, about half of the online applications were from individuals, and in Pennsylvania, 95 percent were from individuals.<sup>1</sup>

#### ACCESS TO THE APPLICATION

- The public or application assistants
- Application assistors only

Allowing applicants to complete the online application themselves provides applicants the greatest access and the most flexibility in completing and submitting the application, because they can do so as their time permits and are not hampered by the business hours of social service offices. Self-guided applications can also eliminate any perceived stigma of having to meet with a staff person to walk through the application, ensure confidentiality of personal information, and empower the user.

**Application assistors.** In some states, online application forms can be completed only with assistance by a trained staff member. For example, in California, the online applications, known as Health-e-App and One-e-App, can only be completed by a “certified application assistor” (CAA), eligibility worker, and other staff from organizations that assist people in applying for

<sup>1</sup> Kirsten Wysen, *Public Access to Enrollment for Medicaid and SCHIP*, National Academy for State Health Policy. Prepared for California HealthCareFoundation, May 2003.

benefits.<sup>2</sup> Health-e-App provides online application submission for Healthy Families and the Medi-Cal for Children and Pregnant Women programs. One-e-App provides online application submission for Medi-Cal, Healthy Families, Healthy Kids, County Indigent Care, and Free and Reduced-Cost School Lunches.<sup>3</sup> Maine, Illinois, and Massachusetts use software developed by RealBenefits (<http://www.realbenefits.org/>), a non-profit organization, to accept applications or screen for eligibility for various state and federal benefit programs. Access to the online system is limited to trained advocates and service providers.

## B. Level of automation and integration with existing systems

Another consideration is the degree to which people will be able to complete the application process online. Options include:

- an application that individuals download from the Internet, print, and complete and submit by mail, in person, or by fax
- online eligibility screening and benefit calculation tools
- an application that applicants can complete electronically, but must print and submit offline by mail, in person, or by fax
- online submission of the application to the program, with staff entering the data into the eligibility system
- online application submission with data automatically transmitted to the eligibility system.

### LEVELS OF AUTOMATION & INTEGRATION

- Online completion, print, sign and mail
- Screening/benefit calculation
- Online application submission
- Electronic application submission linked to eligibility system

Higher levels of integration are more costly and take more time to develop, but are also more useful in making the application process quicker and easier for applicants and enrollment staff.

**Application download and mail.** Among the 43 states that do offer some form of online long-term care Medicaid application, 24 offer downloadable hardcopy versions that applicants print and complete by pen. This reduces the time and money spent mailing out applications to prospective applicants. Although obtaining the application occurs electronically, the ensuing application process looks more like the traditional paper process. Once applicants download and print the application, they complete and mail it in with required documentation, or submit it by fax or in person.

**Screening and benefit calculation.** Online screening tools help individuals, in a confidential manner, understand whether or not they will likely be eligible for coverage or services. Nearly half the states have some type of benefit screening tool or benefit calculator, although the majority of these apply only to a single program (generally Food Stamps). Fourteen states

<sup>2</sup> One-e-App, "Who Uses It?" <http://www.oneeapp.org/works/index.cfm?subclass=CL456&nlvl=0>, accessed May 8, 2007.

<sup>3</sup> One-e-App website, <http://www.oneeapp.org/works/index.cfm?subclass=CL455&nlvl=0>, accessed May 4, 2007.

currently offer online screening for Medicaid. These screening tools ask a series of questions and then provide individuals with information on how to apply for benefits for which they may be eligible. The Texas Health and Human Services Commission provides this type of eligibility tool for numerous programs, called Your Texas Benefits. Similarly, a consortium of health plans, community-based and faith-based organizations, and schools in Brooklyn developed momsandkids.org to screen for potential eligibility for SCHIP, Medicaid, the state pregnancy program, and WIC.

The National Council on Aging (NCOA) provides BenefitsCheckUp, which screens seniors for a comprehensive array of public and private benefit programs. A number of non-profit organizations and local governments have also developed online screening tools, which are not available through state agency websites.<sup>4</sup>

Some screening tools offer an estimated benefit amount for programs such as Food Stamps and TANF. Including a benefit calculator may require asking the user more questions, but in return it may provide valuable information. Knowing the amount of benefits for which they might qualify allows users to weigh the potential benefit amount against the time and effort required to complete the application process.

**Electronic application completion and mail-in.** Thirteen states post Medicaid applications in a format such as “fill-in pdf” or Microsoft Word that enables users to complete the application on their computers and then print the completed application form. To complete the application process, individuals must mail, fax, or hand deliver the application, along with the requisite documentation.

**Electronic application submission.** A growing number of states provide online applications that can be submitted over the Internet. States permitting consumers to submit applications for Medicaid online include Delaware, Florida, Georgia (in two counties), Kansas, Maryland, Pennsylvania, South Carolina, and Texas. In these states, applicants do not have to print and mail the application. In states where the application system is not integrated with the eligibility system, program staff must print the electronically received application and then enter data, just as they would if the application had been hand-delivered or received through the mail. For example, in Utah, eligibility staff who receive the electronic applications must print them and input data from the applications into another system to make the eligibility determination. Notice of eligibility is provided in the mail.

**Electronic application submission linked to eligibility system.** In cases where the online application system interfaces with the eligibility system or the eligibility “logic” for making determinations, preliminary eligibility is determined and applicants are notified immediately of their probable eligibility status. This approach offers the greatest potential for administrative cost savings and improved efficiency. In many cases, even though the application is submitted electronically, applicants must mail in an original signature and required documentation before their applications are considered complete.

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<sup>4</sup> Examples include [www.gettingfoodstamps.org](http://www.gettingfoodstamps.org) and [www.thebeehive.org](http://www.thebeehive.org).

### C. Common application for multiple programs

Some state agencies provide an online common application for multiple programs. In California, a single point of entry online application, known as One-e-App, is currently implemented in six counties. One-e-App can be customized for counties so that individuals can also have their eligibility screened for county-specific programs. Similarly, Texas's online tool automatically screens for more than 40 programs and uses the answers to initial questions about disability or age to include or suppress questions related to particular programs for which they may be eligible. Other states operating single point of entry online applications include Pennsylvania and Washington.

Adding multiple programs makes the screening process longer for applicants and makes the tool more expensive for the state to develop or purchase, but also makes the tool more valuable to users. Individuals applying for one benefit may not be aware of other benefits for which they might qualify. A multi-program screening tool provides the opportunity for individuals to learn important information about the package of supports that could help meet their needs.

### III. ADVANTAGES

#### ADVANTAGES

- Greater flexibility & convenience for applicants
- Shorter application time
- Fewer data entry errors
- High level of satisfaction
- Administrative efficiencies

Although the use of online applications is a relatively new practice and data on its outcomes are limited, communities that use online applications and the people they serve typically report positive experiences.

#### **Greater flexibility and convenience for applicants.**

Typically, applicants can access and submit online applications at any time of day, any day of the week, and from any location. This enables individuals to apply for services outside of customary business hours, which may be more

convenient for many individuals. Pennsylvania reports that half the applications it receives over the Internet are submitted outside regular business hours. In Georgia, 23 percent of applicants for PeachCare for Kids stated that if they would not have applied that day, if at all, had it not been for the Web application.<sup>5</sup>

**Shorter application time.** Individuals applying online can receive at least a preliminary eligibility determination immediately. This may encourage individuals to complete any necessary follow-up activities or submit needed documentation in a more timely manner. The overall processing time can also be reduced, which means the individual will be covered sooner. In California, Health-e-App applications were processed 21 percent faster than paper applications,<sup>6</sup> and Texas's CHIP e-Z applicants submitting online applications are informed of their eligibility status 20 to 30 percent faster than those completing paper applications.<sup>7</sup>

<sup>5</sup> Kirsten Wysen, *Public Access to Online Enrollment for Medicaid and SCHIP*, National Academy for State Health Policy. Prepared for California HealthCare Foundation, May 2003. [http://www.nashp.org/Files/public\\_access\\_to\\_online\\_enrollment.pdf](http://www.nashp.org/Files/public_access_to_online_enrollment.pdf)

<sup>6</sup> Bob Atlas, Lisa Chimento, and Pooja Shukla, *Business Case Analysis of Health-e-App*, The Lewin Group, June 2001.

<sup>7</sup> Kirsten Wysen, *A State Guide to Online Enrollment for Medicaid and SCHIP*, National Academy for State Health Policy, January 2003.

**Reduced data entry errors.** Online applications can reduce the number of errors from illegible handwriting on forms, incorrect responses, and incomplete forms. For example, the online application can require applicants to complete all necessary information before proceeding to the next screen and prompting them when data are erroneous or missing. Because individuals will input their own information, or will work with enrollment staff to do so, fewer errors will likely occur in stored applicant information, such as spelling, addresses, and dates of birth. These types of mistakes delay the processing of applications. California experienced a 40 percent reduction in application errors for online applications compared to paper applications.<sup>8</sup>

**High level of satisfaction.** Applicants and enrollment staff are generally very satisfied with online enrollment processes, which provide quicker responses. Online processing can provide immediate confirmation that an application was received as well as an initial assessment of eligibility. In California, 90 percent of applicants and 11 out of 12 CAAs preferred Health-e-App to the paper application process.<sup>9</sup>

**Administrative efficiencies.** Online applications may lower administrative costs and reduce the administrative burden on enrollment staff. State and county agencies may be able to print and mail fewer hard copy versions of applications, reduce data entry, and reduce the volume of paper applications that need to be tracked and hard copies of documents that need to be stored. Some documents may be scanned into electronic data warehouses where they can be retrieved for use in future applications.

#### IV. CHALLENGES

States have reported a number of challenges that will need to be addressed when implementing an online application system.

**Potentially high start-up costs.** Developing or purchasing an online application system that allows for online submission can be costly. Generally, a higher level of automation and integration with existing systems will require greater start-up time and costs.

##### CHALLENGES

- Potentially high start-up costs
- Ongoing maintenance
- Privacy and security
- Limited Internet access
- Documentation needs
- Digital signatures
- Uptake may be slow
- Coordination among agencies
- Staff & performance considerations
- Diverse populations

**Ongoing maintenance.** Online systems require ongoing maintenance to ensure proper functioning of the system, which can be costly and time-consuming. In addition, the online application may require programming changes as program eligibility or benefits are changed over time. Such maintenance could be contracted out or done in-house. If done in-house, information technology staff that face substantial work loads may experience difficulty in keeping up with required changes.

**Privacy and security.** States that transfer or store applicants' information electronically need to create a secure system to

<sup>8</sup> Ibid.

<sup>9</sup> Atlas et al, 2001.

protect the applicants' privacy. This may be done by:

- Providing screening and online applications in places that offer privacy, rather than in crowded settings
- Physically restricting access to the computer terminal and server
- Installing firewall protections and encryption
- Using password protections
- Moving confidential information to a secure internal or remote server

Depending on the option(s) chosen, these protections will involve either a one-time expense or an ongoing expense. The level of cost will vary according to the size of the ADRC and the options chosen.

**Limited Internet access and computer skills.** Although many potential applicants own computers and use the Internet, a "digital divide" persists between people who have Internet access and computer skills and those who do not, with significant differences based on income, race, and age. To ensure access to benefits by people who are unable to apply online, states must also continue to provide individuals the option to apply in person or by phone.

States generally use a 1-800 number, email contacts, and help screens to provide assistance to website users. States have reported that most calls come in when the website is down. Few people call needing help completing the applications, which are intended to be intuitive and self-guiding. For example, South Carolina created an entirely new application for the online version, converting it to question/answer format to be more intuitive for users.

**Documentation needs.** Although application forms can be completed online, documentation needs continue to exist. In some states, individuals must mail in documentation of income, resources, and residency before the application is considered complete. States can streamline the application process by waiving certain documentation requirements for some programs. For example, states may waive the face-to-face interview requirement for some Food Stamp applicants, and states may waive verification of income and signature requirements on SCHIP applications.

Scanning is another way to help overcome documentation challenges. Agencies could scan hard copies of documents they receive and turn them into digital images, so that the application is fully electronic. Agencies could also develop the capacity to receive scanned documents in electronic form.

Portable technology may also help in overcoming documentation challenges.<sup>10</sup> For example, in Arkansas, case managers are using portable printers with scanner capability to copy financial documents for eligibility determinations so that clients no longer have to entrust the originals of their personal documents to a third party for copying. Similarly, in Florida, ADRC staff take

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<sup>10</sup> The Lewin Group, "ADRC-TAE Issue Brief: Portable Technology," March 23, 2006. [http://www.adrc-tae.org/tiki-download\\_file.php?fileId=2378&PHPSESSID=3efb30ec71cb020b770ddc340ae37d31](http://www.adrc-tae.org/tiki-download_file.php?fileId=2378&PHPSESSID=3efb30ec71cb020b770ddc340ae37d31)

laptops and wireless cards to the home of consumers to complete an application. They also have portable scanners to scan documents. In Washington, D.C., caseworkers are using handheld personal digital assistants (PDAs) equipped with digital cameras to take pictures of financial eligibility documentation in a client's home, then upload the image and send it to the Medicaid agency to support the client's application. Clients do not have to copy documents or give original financial documents to someone else to copy, and caseworkers save time and travel expenses because they do not have to make multiple home visits to pick up and drop off documents.

Online applications do not obviate the need for eligibility worker or state agency staff review of applications and supporting documentation to ensure accuracy.

**Limited use of digital signatures.** Federal Medicaid and Food Stamp laws require that applications be signed before benefits are approved. Federal Food Stamp regulations state that electronic signatures are acceptable, and guidance from HHS similarly indicates that electronic signatures satisfy the Medicaid signature requirement. There are no federal signature requirements for TANF, child care, or SCHIP. Hence, state policy determines whether the state will accept electronic signatures for all these core benefit programs.

Many states with online applications still require hard-copy signatures. This reduces the efficiency of online applications. Because applicants may not have access to printers (many public libraries, for example, do not provide free access to printers), it is important that states allow online applicants to have the signature page printed and sent to the applicant. In Washington, workers print out a hard copy of the electronically filed application and mail it to the applicant with a postage paid return envelope (except for the cash and food assistance programs, which allow electronic signatures). In Kansas, applicants can request that the completed application or signature page be printed and mailed to them. If a face-to-face interview is required, the applicant can sign the application at the interview.

A growing number of states allow some type of electronic signature. For example, California's Health-e-App system provides CAAs with electronic signature pads, much like those used for signing for a credit card transaction in a store. In Pennsylvania, effective March 25, 2006, individuals applying for benefits online through COMPASS have the option to sign the application electronically through the website for any benefit available through COMPASS.<sup>11</sup> Similarly, Florida's online application system also accepts electronic signatures for all programs. Georgia's online application is limited to SCHIP, and the state waives the signature requirement for this program.

As both technology and federal policy on signatures evolves, states may have additional options.

**Potentially slow uptake.** As with any new program or technology, states may experience a ramp-up period during which individuals and enrollment staff become aware of and familiar with the online application.

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<sup>11</sup> <http://www.dpw.state.pa.us/oimpolicymanuals/manuals/bop/ops/ops-06-03-01.htm>

**Coordination among agencies.** Most cities that have implemented online screening tools and applications note the importance of building partnerships with community-based organizations and relevant public agencies.<sup>12</sup> Similarly, in a workgroup of ten states interested in online enrollment, all the states providing online systems discussed the importance of consulting often and actively with advocacy and community outreach organizations.<sup>13</sup> Community organizations may help market the tool to potential clients and provide computer access. For states developing common online applications for multiple benefit programs, coordination among the agencies that administer the various programs is necessary. The agencies should work together to ensure that the online application captures all necessary information from applicants, that common definitions for key terms are used (e.g., income), that accurate information about the online application and the programs to which it applies is widely available, and that staff in each agency are aware of the application's uses.

**Staff and performance considerations.** Program administrators and eligibility determination staff may be concerned that new outreach and screening efforts will increase caseloads or that an online application may reduce the number of eligibility workers required. In light of these concerns, state leaders should seek to engage state or county administrators and workers early in the development of any strategy for providing online applications.

Online applications and screening tools also offer important benefits for public agencies and staff by increasing efficiency and customer satisfaction. If combined with outreach efforts, online applications could also increase enrollment in public benefit programs and thereby generate support for maintaining staffing levels.

**Accessibility for diverse populations.** To be effective, the online application must reflect the language and culture of the targeted population. In a diverse community, the screening tool may need to be available in more than one language. The application should also be readable by people with low literacy skills. Pennsylvania's COMPASS online screening system is literacy tested and designed at a sixth grade reading level and the entire website is offered in both English and Spanish. The Benefit Bank is written at a fourth grade reading level and is offered in English, Spanish, and Haitian Creole.<sup>14</sup> The Benefit Bank is an online application and screening tool for tax filing and applying for public benefits. It was developed by Solutions for Progress, Inc., a public policy consulting firm, for use by a wide range of community-based, faith-based, governmental, job training, healthcare or social service agencies. It operates sites in the District of Columbia, Florida, Kansas, Maryland, Massachusetts, Mississippi, Ohio, Pennsylvania, and Texas.<sup>15</sup>

Members of immigrant communities may need to know how their citizenship status affects their eligibility for benefits, and they may have concerns about giving personal information to government agencies. Assisted screenings conducted by trusted community organizations with

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<sup>12</sup> Sean Coffey, Abby Hughes Holsclaw, and Julie Bosland, *Screening Tools to Help Families Access Public Benefits*, National League of Cities, June 2005.

<sup>13</sup> Kirsten WYsen, *A State Guide to Online Enrollment for Medicaid and SCHIP*, National Academy for State Health Policy, January 2003.

<sup>14</sup> Coffey et al, 2005.

<sup>15</sup> <http://www.thebenefitbank.com/network/map.html>

strong connections to immigrant communities can help overcome these fears. It is also important to ensure that the website is accessible for people who are older or have a physical or cognitive disability.

## V. IMPLEMENTATION COSTS AND TIMEFRAMES

Costs range from \$15,000 to \$5 million to purchase or develop an online application or screening tool.<sup>16</sup> The timeframe for implementation has been as short as 2 months and as long as 18 months. These figures will be unique in each state and will depend on whether in-house or contract staff are used, the complexity of current systems and necessary programming changes, and state technology-related priorities. States that were early to implement online applications experienced higher development costs and longer development times. With increasing experience among states, states that will subsequently implement online applications will benefit from the experience of the “innovator” states. The cost of the technology investment may be offset by administrative cost savings, although most states have not anticipated large savings.

## VI. CASE STUDY: SOUTH CAROLINA ADRC

South Carolina’s ADRC provides a case study that may be helpful for other ADRCs that are considering online applications.<sup>17</sup>

**Partnerships:** In South Carolina, several organizations partnered together to develop the online application, including DHHS policy staff, DHHS eligibility processing staff, the contractor’s technical staff, and the Lieutenant Governor’s Office on Aging staff. In addition, focus groups were held to obtain input from potential users.

**Timeframe and Steps:** Development and implementation of the online application took over a year. The process involved developing questions, mapping fields, customizing user interface, outlining report requirements, training staff, holding focus groups, making revisions, and phasing in implementation:

1. Medicaid eligibility staff simplified the application form itself.
2. An entirely new format was created for the online version, converting it to a question/answer “interview” to be more intuitive and self-guiding for users.
3. Staff worked together to simplify language and questions without affecting the desired outcome of the application process.
4. Staff worked together to ensure correct transfer (population) of information to its proper place, by mapping fields from the e-form to the standard application.

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<sup>16</sup> National League of Cities, *Screening Tools to Help Families Access Public Benefits*, June 2005.

<sup>17</sup> Information for this section was provided by Denise Rivers, ADRC Program Manager, Alicia Jacobs of DHHS Medicaid Eligibility, and Barbara Kelley, Deputy Director Lt. Governor’s Office on Aging in South Carolina.

5. Four focus groups were held with participants actually completing the applications. The form was modified based on feedback (see below). The focus groups were: 1) professionals, 2) individuals with disabilities, 3) seniors and 4) mixed group including caregivers.
6. Because the electronic application was a “venture of inexperience”, implementation was planned in small steps. Initially (October 2005), only the two counties in the pilot ADRC area could submit the application electronically. In April 2006, 4 additional counties in the pilot area were added. In July 2007, electronic submission will be statewide.

**Focus groups.** Focus group participants made several suggestions which resulted in modifications to the online application:

- Changed electronically submitted forms to pdf so they cannot be edited.
- Changed the system to alert the user twice that they have 15 days to submit the signature page.
- Added a user ID to both the signature page and the application so they can be matched.
- Added link to the DHHS webpage with information about the required documentation.
- Added the Medicaid Estate Recovery brochure.
- Highlighted all information about the electronic submission in a box by itself.

**Costs:** The initial form development cost is \$10 per field.

The ongoing cost is \$1,500 a month. This includes unlimited registrations and logins by users from SC Access and up to 200 completed (save, print, submit) forms per month. Hosting, data storage, data security, backups, upgrades, software license fee and maintenance are included. Up to 10 percent of the form can be changed without additional charges.

If fewer than 200 forms are used during any given month, the unused number is rolled-over to the next month. If more than 200 forms are processed a month, there is an additional \$3.25 per form charge if submitted electronically and \$1.00 per form charge for fill/print. There is a cost break for 500 or more forms processed each month.

**Functions of the online application:** Anyone with internet access can access the Medicaid e-form from the front page of the SC Access website ([www.scaccesshelp.org](http://www.scaccesshelp.org)) or the SCDHHS website. The electronic application simplifies the gathering of information needed for the eligibility determination. Questions are grouped together by screen, so not to overwhelm the applicant and encourage the applicant to continue. Answers to the questions populate the official Medicaid application form when printed.

The following form options are available:

- a. **Print** – printing generates a pdf file that users will be able to mail, fax or deliver to the county office. Anyone can print a form.

- b. **Save** – this is only available to users who Register or Login. This will provide the ability for users to save their data for later use if changes are needed or if they choose to complete a different application at a later date.
- c. **Submit SC Medicaid Access Application online** – this option is available for those who register or login and are aged, blind or disabled residents of the six counties in the original ADRC pilot area. Beginning July 2007, anyone in SC will have the option to submit the form electronically.

**Advantages:** South Carolina’s online application has several advantages for applicants and workers:

- E-forms provide greater flexibility and convenience for applicants. Forms are available 24 hours a day, 7 days a week, 365 days a year can be completed from any location. Individuals can apply for services outside of customary business hours. Adult children can complete applications for their older parents from a distance. Forms can be completed in the privacy of the home. Other family members can assist in completing the form from a separate location.
- Portable technology allows workers to complete applications in rural areas where Internet access is scarce or non-existent. This is especially beneficial for ADRCs with mobile units.
- All information provided via e-forms is encrypted and managed using strict security procedures. The user has complete control over distribution.
- The user can view their forms after they have completed them in their own virtual filing cabinet. No longer do they need to find that old “shoebox” full of papers.
- Completing the form electronically allows the potential to automatically fill-in other forms with previously saved information.
- The application process is simplified for the applicant because the e-form asks questions that the consumer can understand.
- The printed form is much easier for the Medicaid worker to read than the handwritten application. This can increase staff efficiency and reduce the number of errors from illegible handwriting.
- The electronic application is readable by people with low literacy skills and by those that use alternate access methods (eye gaze, mouth stick, etc).

**Challenges:** Although online applications can make the application process quicker and more convenient, they do not eliminate all challenges. South Carolina reported that several challenges continue to exist:

- Because eligibility policy can be complicated - particularly the programs for the elderly and disabled, even with simplification, applicants may find the process difficult and overwhelming.
- Although application forms can be completed online, documentation needs continue to exist. Individuals must mail or bring in documentation of income, resources, and

residency before the application is considered complete. Required verifications are often difficult to gather and can seem overwhelming.

- Signatures are a challenge. The applicant is required to mail in a signature page in addition to completing the application. The signature page needs to be received within 15 days of the electronic submission. If it is received after 15 days, the application date is the date the signature page is received. If the signature page is received within the 15 day period, the date of application is the date of electronic submission.
- DHHS program staff must print the electronically received application and then enter the data, just as they would if the application were received in the mail.

**Future Plans:** South Carolina plans for the future include the following:

- Explore the use of electronic signatures
- Translate the form into Spanish
- Add more forms (Aged, Blind, and Disabled is next)
- Work with other agencies to add their forms (e.g., Food Stamps)
- Market e-forms using rack cards and targeted mailings

## Additional Resources

- Center for Impact Research and Heartland Alliance**, Applying Online: Technological Innovation for Income Support Programs in Four States, January 2004, <http://www.impactresearch.org/documents/applyingonline.pdf>
- Center for Law & Social Policy**, The Safety “Net”: Online Access to Benefits for Working Families by Elise Richer, undated, [http://www.clasp.org/publications/website\\_work\\_supports.pdf](http://www.clasp.org/publications/website_work_supports.pdf)
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## Appendix A: Online Access to Applications for Long-Term Care Medicaid – ADRC States

State	Website(s)	ADRC Grant Year	Online application or screening available?	Download form, complete offline, print & mail	Complete form electronically, print & mail	Online screening	Submit application online: staff only	Submit application online: public access	Electronic signature?	Includes Medicaid HCBS waiver?
AL	<a href="http://www.medicaid.alabama.gov/apply/apply_application.aspx?tab=3">http://www.medicaid.alabama.gov/apply/apply_application.aspx?tab=3</a>	2005	Y	Y	N	N	N	N		Y
AK	<a href="http://dpaweb.hss.state.ak.us/e-forms/pdf/med4.pdf">http://dpaweb.hss.state.ak.us/e-forms/pdf/med4.pdf</a>	2004	Y	Y	N	N	N	N		Y
AZ	<a href="http://www.ahcccs.state.az.us/Services/Programs/AL_TCS.asp">http://www.ahcccs.state.az.us/Services/Programs/AL_TCS.asp</a>	2005	N							
AR	<a href="http://www.arkansas.gov/dhhs/dco/OPPD/DCO777%20doc">http://www.arkansas.gov/dhhs/dco/OPPD/DCO777%20doc</a> <a href="http://www.arkansas.gov/dhhs/dco/NewDCO/DCO-215%20Request%20for%20Assistance%20(f).doc">http://www.arkansas.gov/dhhs/dco/NewDCO/DCO-215%20Request%20for%20Assistance%20(f).doc</a>	2004	Y	N	Y	N	N	Planning		Y
CA	<a href="http://www.oneeapp.org/">http://www.oneeapp.org/</a>	2004	Y	N	Y	N	Y (5 counties)	N		Unclear
CNMI*		2004	N							
CO	<a href="http://www.cdhs.state.co.us/cbms/">http://www.cdhs.state.co.us/cbms/</a>	2005	Y	Y	N	N	N	N		Y
DC	<a href="http://dchealth.dc.gov/doh/cwp/view,a,3,g,573226,dohNav_GID,1807.asp">http://dchealth.dc.gov/doh/cwp/view,a,3,g,573226,dohNav_GID,1807.asp</a>	2005	N							
FL	<a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a> <a href="http://www.dcf.state.fl.us/publications/eforms/es2337.pdf">http://www.dcf.state.fl.us/publications/eforms/es2337.pdf</a> <a href="http://www.gaonlineapplications.com/">http://www.gaonlineapplications.com/</a>	2004	Y	Y	N	Y	N	Y	Y	Y
GA	<a href="http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS/menuitem.8237042e9dbda3aa50c8798dd03036a0/?vgnextoid=4bf8b9a195b4ff00VgnVCM100000bf01010aRCRD&amp;vgnextchannel=6eb807b35414ff00VgnVCM100000bf01010aRCRD">http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS/menuitem.8237042e9dbda3aa50c8798dd03036a0/?vgnextoid=4bf8b9a195b4ff00VgnVCM100000bf01010aRCRD&amp;vgnextchannel=6eb807b35414ff00VgnVCM100000bf01010aRCRD</a>	2004	Y	N	Y	N	N	Y (in two counties; planning to go statewide)*	Y	Y
Guam		2005	N							
HI	<a href="http://www.med-quest.us/forms/eligibility/index.html">http://www.med-quest.us/forms/eligibility/index.html</a> <a href="http://www.realchoices.org/site/371/services.aspx">http://www.realchoices.org/site/371/services.aspx</a>	2005	Y	Y	N	N	N	N		N
ID	<a href="http://www.healthandwelfare.idaho.gov/Default.aspx">http://www.healthandwelfare.idaho.gov/Default.aspx</a>	2005	Y	Y	N	N	N	N		Unclear
IL	<a href="http://www.realbenefits.org/wv/index.php?baseid=55">http://www.realbenefits.org/wv/index.php?baseid=55</a>	2004	Y	Y	N	N	N	N		Unclear
IN	<a href="http://www.in.gov/icpr/webfile/formsdiv/30465.pdf">http://www.in.gov/icpr/webfile/formsdiv/30465.pdf</a>	2004	Y	Y	N	N	Planning	N		Unclear

State	Website(s)	ADRC Grant Year	Online application or screening available?	Download form, complete offline, print & mail	Complete form electronically, print & mail	Online screening	Submit application online: staff only	Submit application online: public access	Electronic signature?	Includes Medicaid HCBS waiver?
IA	<a href="http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents/Forms/470-0462.pdf">http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents/Forms/470-0462.pdf</a>	2004	Y	Y	N	N	N	Planning		Y
KS	<a href="http://www.srskansas.org/ISD/ees/applications_main.html">http://www.srskansas.org/ISD/ees/applications_main.html</a> <a href="https://srits004.srs.ks.gov/#">https://srits004.srs.ks.gov/#</a>	2005	Y	Y	N	Y	N	Y	N	Y
KY	<a href="http://www.chfs.ky.gov/dms/nursfac.htm">http://www.chfs.ky.gov/dms/nursfac.htm</a>	2005	N							
LA	<a href="http://www.dhh.louisiana.gov/offices/publications.asp?ID=92&amp;Detail=528">http://www.dhh.louisiana.gov/offices/publications.asp?ID=92&amp;Detail=528</a>	2003	Y	N	Y	N	N	N		Y
ME	<a href="http://www.maine.gov/dhhs/OIAS/public-assistance/index.html">http://www.maine.gov/dhhs/OIAS/public-assistance/index.html</a>	2003	Y	Y	N	N	N	N		Unclear
MD	<a href="https://www.marylandsail.org/">https://www.marylandsail.org/</a> <a href="https://service.hhs.state.ma.us/ier/jsp/screening/LoginServlet?Application=Screening">https://service.hhs.state.ma.us/ier/jsp/screening/LoginServlet?Application=Screening</a>	2003	Y	N	N	Y	N	Y	N	Y
MA	<a href="http://www.mass.gov/?pageID=eohhs2terminal&amp;L=4&amp;L0=Home&amp;L1=Consumer&amp;L2=Insurance+(including+MassHealth)&amp;L3=Apply+for+MassHealth+Coverage&amp;sid=Eoohs2&amp;b=terminalcontent&amp;f=masshealth_consumer_member_application-member-forms&amp;csid=Eoohs2">http://www.mass.gov/?pageID=eohhs2terminal&amp;L=4&amp;L0=Home&amp;L1=Consumer&amp;L2=Insurance+(including+MassHealth)&amp;L3=Apply+for+MassHealth+Coverage&amp;sid=Eoohs2&amp;b=terminalcontent&amp;f=masshealth_consumer_member_application-member-forms&amp;csid=Eoohs2</a>	2003	Y	N	Y	Y	Y	N		Y
MI	<a href="http://www.michigan.gov/dhs/0,1607,7-124-5455_7338-69226--,00.html">http://www.michigan.gov/dhs/0,1607,7-124-5455_7338-69226--,00.html</a>	2005	Y	Y	N	Y	N	N		Unclear
MN	<a href="http://www.dhs.state.mn.us/main/idcplq?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_006294">http://www.dhs.state.mn.us/main/idcplq?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_006294</a>	2003	Y	N	Y	N	Planning	N		Y
MS	<a href="http://www.dom.state.ms.us/Eligibility/eligibility.html">http://www.dom.state.ms.us/Eligibility/eligibility.html</a>	2005	Y	N	Y	N	N	N		Y
MT	<a href="http://vhsp.dphhs.mt.gov/publicassistance/index.shtml">http://vhsp.dphhs.mt.gov/publicassistance/index.shtml</a>	2003	Y	N	Y	N	N	Planning		Unclear
NV	<a href="http://www.welfare.state.nv.us/welfare.htm">http://www.welfare.state.nv.us/welfare.htm</a>	2005	Y	N	Y	N	N	N		Unclear
NH	<a href="http://www.dhhs.state.nh.us/DHHS/DFA/LIBRARY/Form/dfa-application.htm">http://www.dhhs.state.nh.us/DHHS/DFA/LIBRARY/Form/dfa-application.htm</a> <a href="http://www.dhhs.state.nh.us/DHHS/WIREDWIZARD/default.htm">http://www.dhhs.state.nh.us/DHHS/WIREDWIZARD/default.htm</a>	2003	Y	Y	N	Y	N	N		Unclear
NJ	<a href="http://www.state.nj.us/health/senior/benefits/health.shtml#nhs">http://www.state.nj.us/health/senior/benefits/health.shtml#nhs</a> <a href="http://www.newjerseyhelps.org/">http://www.newjerseyhelps.org/</a>	2003	Y	N	N	Y	N	N		Y
NM	<a href="http://www.hsd.state.nm.us/mad/geninfo.html">http://www.hsd.state.nm.us/mad/geninfo.html</a>	2004	N							
NC	<a href="http://www.dhhs.state.nc.us/dma/apply.htm">http://www.dhhs.state.nc.us/dma/apply.htm</a>	2004	N							

State	Website(s)	ADRC Grant Year	Online application or screening available?	Download form, complete offline, print & mail	Complete form electronically, print & mail	Online screening	Submit application online: staff only	Submit application online: public access	Electronic signature?	Includes Medicaid HCBS waiver?
OH	<a href="http://www.odifs.state.oh.us/forms/interfind.asp?formnum=07200">http://www.odifs.state.oh.us/forms/interfind.asp?formnum=07200</a>	2005	Y	N	Y	N	N	N		Unclear
PA	<a href="https://www.humanservices.state.pa.us/compass/PGM/ASP/SC001.asp">https://www.humanservices.state.pa.us/compass/PGM/ASP/SC001.asp</a> <a href="http://www.dpw.state.pa.us/General/FormsPub/003670865.htm">http://www.dpw.state.pa.us/General/FormsPub/003670865.htm</a>	2003	Y	Y	N	Y	N	Y	Y	Y
RI	<a href="http://www.dhs.state.ri.us/dhs/adults/dmadult.htm">http://www.dhs.state.ri.us/dhs/adults/dmadult.htm</a>	2003	N							
SC	<a href="http://scaccess.assistguide.com/default.aspx?SC_PG=Medicaid_Intro">http://scaccess.assistguide.com/default.aspx?SC_PG=Medicaid_Intro</a>	2003	Y	N	Y	N	N	Y	N	Y
TN	<a href="http://tennessee.gov/humanserv/adfam/med_1.htm">http://tennessee.gov/humanserv/adfam/med_1.htm</a>	2005	Y	Y	N	N	N	N		Unclear
TX	<a href="https://www.yourtexasbenefits.com/wps/portal">https://www.yourtexasbenefits.com/wps/portal</a>	2005	Y	N	N	Y	N	Y	Y	Y
VA	<a href="http://dssiad.dss.state.va.us/EligibilityScreening/">http://dssiad.dss.state.va.us/EligibilityScreening/</a>	2005	Y	Y	N	Y	N	N		Unclear
VT	<a href="http://www.dsw.state.vt.us/Programs_Pages/Healthcare/medicaid.htm">http://www.dsw.state.vt.us/Programs_Pages/Healthcare/medicaid.htm</a>	2005	N							
WA	<a href="http://www1.dshs.wa.gov/esa/tec/">http://www1.dshs.wa.gov/esa/tec/</a> <a href="https://fortress.wa.gov/dshs/f2ws03esaapps/onlineapp/introduction_1.asp">https://fortress.wa.gov/dshs/f2ws03esaapps/onlineapp/introduction_1.asp</a>	2005	Y	Y	N	Y	N	N		Y
WV	<a href="https://www.wvinroads.org/inroads/PGM/ASP/SC002.asp">https://www.wvinroads.org/inroads/PGM/ASP/SC002.asp</a> <a href="http://dhfs.wisconsin.gov/medicaid1/applications.htm">http://dhfs.wisconsin.gov/medicaid1/applications.htm</a>	2003	Y	N	N	Y	N	N		Y
WI	<a href="https://access.wisconsin.gov/">https://access.wisconsin.gov/</a>	2004	Y	Y	N	Y	N	Planning		Y
WY	<a href="http://wdh.state.wy.us/ddd/ipcforms.asp">http://wdh.state.wy.us/ddd/ipcforms.asp</a>	2005	Y	N	Y	N	N	N		Y*
<b>Total</b>			Y – 34 N - 9	Y – 17 N – 17	Y – 12 N - 22	Y – 13 N - 21	Y - 3 Planning - 2 N - 29	Y – 7 Planning–4 N - 23	Y – 4 N - 3	Y -21 N - 1 Unclear - 12

\*CNMI = Commonwealth of the Northern Mariana Islands.

\*Wyoming has online form only for waiver services for individuals with developmental disability or brain injury.

\* The Georgia online application that can be submitted online <http://www.gaonlineapplications.com/> is currently only for the Medicare Savings Program. However, DFCS (the entity that determines Medicaid eligibility) unofficially uses that form as an initial application for all types of Medicaid for people who are Aged, Blind, and Disabled.

**Appendix B: Online Access to Applications for Long-Term Care Medicaid – Other States**

State	Website(s)	Online application screening available?	Download form, complete offline, print & mail	Complete form electronically, print & mail	Online screening	Submit application online: staff only	Submit application online: public access	Electronic signature?	Includes Medicaid HCBS waiver?
CT	<a href="http://www.ct.gov/dss/cwp/view.asp?a=2352&amp;q=305130#Applications">http://www.ct.gov/dss/cwp/view.asp?a=2352&amp;q=305130#Applications</a>	Y	Y	N	N	N	N		No, but includes state-funded home care program
DE	<a href="https://assist.dhss.delaware.gov/PGM/ASP/SC001.asp">https://assist.dhss.delaware.gov/PGM/ASP/SC001.asp</a>	Y	N	N	N	N	Y	Y18	Y
MO	<a href="http://www.dss.mo.gov/fsd/massist.htm">http://www.dss.mo.gov/fsd/massist.htm</a>	Y	Y	N	N	N	N		Unclear
NE	<a href="http://www.hhs.state.ne.us/med/medprog.htm">http://www.hhs.state.ne.us/med/medprog.htm</a>	Y	Y	N	N	N	N		Y
NY	<a href="http://www.health.state.ny.us/health_care/medicaid/#apply">http://www.health.state.ny.us/health_care/medicaid/#apply</a>	N							
ND	<a href="http://www.nd.gov/humanservices/info/pubs/application.html">http://www.nd.gov/humanservices/info/pubs/application.html</a>	Y	Y	N	N	N	N		Unclear
OK	<a href="http://www.ohca.state.ok.us/individuals.aspx?id=92&amp;menu=40">http://www.ohca.state.ok.us/individuals.aspx?id=92&amp;menu=40</a>	Y	N	Y	N	N	N		Unclear
OR	<a href="http://www.oregon.gov/DHS/healthplan/app_benefits/ohpapply.shtml">http://www.oregon.gov/DHS/healthplan/app_benefits/ohpapply.shtml</a> <a href="http://www.oregonhelps.org/">http://www.oregonhelps.org/</a>	Y	Y	N	Y	N	N		Unclear
SD	<a href="http://dss.sd.gov/formspubs/">http://dss.sd.gov/formspubs/</a>	Y	Y	N	N	N	N		Unclear
UT	<a href="http://health.utah.gov/medicaid/provhtml/general_info.html#application">http://health.utah.gov/medicaid/provhtml/general_info.html#application</a>	Y	Y	N	N	N	N		Y
<b>Total</b>		Y - 9 N - 1	Y - 7 N - 2	Y - 1 N - 8	Y - 1 N - 8	Y - 0 N - 9	Y - 1 N - 8	Y - 1	Y - 3 N - 1 Unclear - 5

<sup>18</sup> Telephone call to ASSIST Customer Relations Unit, May 4, 2007.