

# medicaid and the uninsured

February 2013

## The Single Streamlined Application Under the Affordable Care Act: Key Elements of the Proposed Application and Current Medicaid and CHIP Applications

### EXECUTIVE SUMMARY

The Affordable Care Act (ACA) makes a number of changes to simplify the Medicaid enrollment process. As part of these changes, beginning in 2014, all states will be required to use a single, streamlined application provided by the Secretary of Health and Human Services unless they receive approval to use an alternative application. A draft version of the streamlined application was released for public comment on January 28, 2013.

This analysis provides an overview of key elements of the proposed paper-based streamlined application and 85 current printable Medicaid and CHIP applications, with a focus on several areas, including: availability of application assistance; language accessibility; verification of income; verification of citizenship and immigration status and other messages for immigrant families; medical support requirements; and disability screening questions. While many individuals applying for health coverage in 2014 will likely use the online version of the streamlined application, it is difficult to analyze given its dynamic nature. However, review of these key elements on the paper-based application is largely applicable to the online version because it includes similar data requirements and language as the online version. Moreover, some applicants will elect to use the paper-based application. This analysis finds:

**Fewer than half of current Medicaid and CHIP applications (38 of 85) include a toll-free hotline number for families to call for assistance completing the application.** Beginning in 2014, state Medicaid agencies must provide application assistance to individuals seeking help with enrollment. The proposed streamlined application directs applicants to seek help through multiple avenues, including online, by telephone, and in person (Figure 1). Some current Medicaid and CHIP applications already use similar approaches to inform applicants about assistance, though the level of information provided varies by state and application type. Children's applications are more likely than family and multi-benefit applications to provide information on assistance hotlines. Several applications also direct individuals to other sources of assistance, including state websites, or encourage them to speak to an eligibility worker for in-person assistance.

Figure 1:

#### Information on Application Assistance, Proposed Streamlined Application

 <p><b>Get help with this application</b></p>	<ul style="list-style-type: none"> <li>• <b>Online:</b> <a href="http://www.placeholder.gov">www.placeholder.gov</a></li> <li>• <b>Phone:</b> Call our Help Center at 1-800-XXX-XXXX</li> <li>• <b>In person:</b> Visit our website or call 1-800-XXX-XXXX for a list of places near where you live</li> <li>• <b>En Español:</b> Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX</li> </ul>
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**The majority (65 of 85) Medicaid and CHIP applications are available in at least one language other than English.** Over half of current applications (48 of 85) are available in English and Spanish, and 17 are also available in at least one additional language. In six states, including California, Kansas, and Washington, applications are available in 10 or more languages. Several applications ask about applicants' primary language and provide an option to receive future correspondence in a language other than English. A few applications also offer language assistance services by phone or in person. The proposed streamlined application includes language directing applicants to a Spanish language version of the application and telephone assistance in Spanish. However, it does not note availability of the application in languages other than Spanish or other language services.

**Most Medicaid and CHIP applications continue to request paper documentation of income from families applying for health coverage.** Under the ACA, states will rely primarily on electronic data to verify income and other eligibility criteria. As such, the proposed streamlined application asks applicants to list employment and income for each household member but does not request documentation of income (Figure 2). In contrast, currently, many applications ask families to provide income documentation. In most cases, applications ask for paystubs or a signed statement from the applicant’s employer indicating recent income. Applications that do not request documentation at the time of application typically inform families that their information will be checked against other data sources and/or that they may be required to provide documentation at later date. Multi-benefit applications specify different, and sometimes more extensive, income documentation requirements from health coverage applications, even within the same state. However, a few use strategies, such as program-specific symbols or tables, to clarify distinctions in documentation requirements for each program.

**Figure 2:  
Income Information Requested, Proposed Streamlined Application**

**CURRENT JOB and INCOME INFORMATION**

**Not employed**—Skip to “Other Income” lower on this page.

**CURRENT JOB 1:**

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Employer name \_\_\_\_\_

Wages/tips (before taxes)  Hourly  Weekly  Every 2 weeks  Monthly  Yearly      Average hours worked each WEEK \_\_\_\_\_

\$ \_\_\_\_\_

**Only a handful of applications clarify that non-citizens may be eligible for Medicaid, though some include messages intended to reduce fears among immigrant families.** Research shows that immigrant families often face significant barriers, including fear and confusion about eligibility rules, to enrolling in coverage. To reduce these barriers, some current applications clarify that family members who are not applying for coverage are not required to provide information on their immigration status and include other messages designed to assuage fears among immigrant families. The proposed streamlined application emphasizes that providing Social Security Numbers (SSNs) for people not applying for insurance (non-applicants) is optional but does not include any language or messages to encourage non-citizens or mixed-status families to apply for coverage for eligible family members (Figure 3).

**Figure 3:  
Language Clarifying that Social Security Numbers are Optional for Non-Applicants,  
Proposed Streamlined Application**

Social Security Number <b>OPTIONAL</b> _____ - _____ - _____	Date of birth (month/day/year) _____ / _____ / _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many babies are expected:</b> _____
<p><b>We need Social Security Numbers (SSNs)</b> for everyone applying for health insurance who has one. An SSN is optional for people not applying for insurance, but providing an SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with insurance. If someone doesn't have an SSN, call 1-800-XXX-XXXX or visit <a href="http://www.placeholder.gov">www.placeholder.gov</a>.</p>			

**The majority of Medicaid and CHIP applications include language, and sometimes questions, related to medical support requirements.** Under federal law, parents applying for Medicaid for themselves and their children must cooperate with Child Support Enforcement (CSE) to establish paternity and obtain

medical support payments from absent parents, unless they can establish good cause.<sup>1</sup> However, states are not required to collect this information as part of the application process and can instead follow up as necessary after enrollment.<sup>2</sup> Currently many Medicaid and CHIP applications include language on medical support requirements and sometimes include specific, and sometimes very personal, questions about absent parents. Most, but not all, applications that include language on medical support requirements notify applicants about good cause exemptions. The proposed streamlined application informs applicants that they may be asked to cooperate with CSE to obtain medical support; it does not include any questions related to absent parents (Figure 4)

**Figure 4:  
Language Related to Medical Support Requirements, Proposed Streamlined Application**

<p><b>If anyone on this application is eligible for Medicaid:</b></p> <ul style="list-style-type: none"> <li>I know that if Medicaid pays for a medical expense, any money from other health insurance or legal settlements will go to Medicaid to reimburse for these services.</li> <li><i>For parents who qualify for Medicaid: I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I will not have to cooperate.</i></li> </ul>
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**About half of applications include language to screen applicants for a disability.** Under the ACA, identifying people who may be eligible for Medicaid through a disability-based eligibility category will be important for helping to ensure people with disabilities can access the most appropriate benefit package for their needs. Currently, Medicaid and CHIP applications that include parents are more likely than children’s applications to have disability screening questions. Some include a check a box for applicants to indicate they have a disability or to list anyone in the home with a disability. Others ask more detailed questions to ascertain the type, length and severity of a condition. Only a handful of applications specify that individuals should consider mental health conditions in responding to questions about disabilities. The proposed streamlined application asks individuals to identify household members with a disability and those that need help with activities of daily living, but does not include any information to help applicants identify conditions that may be considered a disability or ask any questions determine the nature or scope of a condition (Figure 5).

**Figure 5:  
Disability Status Questions, Proposed Streamlined Application**

<p>Have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Needs help with activities of daily living through personal assistance services or a medical facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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This review shows that some states have achieved significant progress in creating streamlined, consumer-friendly Medicaid and CHIP applications that seek to address known roadblocks among applicants, whereas other applications remain longer, more complex, and less consumer-friendly. Movement to the new streamlined application, as currently proposed, will change the application requirements and process in many states. The streamlined application will reduce the amount of information collected from families in a number of states and produce administrative efficiencies. However, at the same time, the proposed application does not reflect some consumer-focused features and language designed to address known enrollment barriers that are currently being utilized in some states. As the streamlined application is finalized and implemented, it will be important to draw on lessons learned from existing Medicaid and CHIP applications. Achieving a balance that minimizes requirements for families while collecting sufficient information to make accurate determinations of eligibility will be key for facilitating enrollment of eligible individuals in coverage under the ACA.

## INTRODUCTION

One of the most significant changes the Affordable Care Act (ACA) makes to Medicaid is to expand eligibility to a minimum eligibility floor of 138% FPL, which will provide a new coverage pathway for millions of currently uninsured adults. In addition, independent of this expansion, the ACA also makes important changes to streamline and simplify the Medicaid enrollment process that will facilitate the enrollment of currently and newly eligible individuals into coverage and provide administrative efficiencies for eligibility offices working to screen and enroll individuals into coverage.

Previous experience has found that eligible individuals sometimes face barriers to enrolling in coverage, including difficulty completing the application process. Today, state Medicaid and CHIP applications vary widely in their overall length and complexity as well as in what information they request and how that information is requested. Some states have achieved significant progress in creating streamlined, consumer-friendly applications that seek to address known roadblocks and or confusion among applicants, whereas other applications remain longer, more complex, and less consumer-friendly.

Under the ACA, the Secretary of Health and Human Services will provide states with a single, streamlined application to be used for all insurance affordability programs, including Medicaid, CHIP, and advanced premium tax credits to help purchase coverage through new health benefit exchange marketplaces. Beginning in 2014, all states will be required to use this application unless they receive Secretary approval to use an alternative application. States also will be required to meet other requirements including ensuring accessibility of the application and providing application assistance.

A draft version of the streamlined application was released to the public on January 28, 2013 with a 30-day comment period. This included both a paper-based version of the application, videos demonstrating portions of the online version of the application, and documents illustrating the logic that will be used to navigate individuals through the dynamic online application, which will only display relevant questions for the applicant and conduct real-time electronic data matches to verify applicant information.

To help inform review of the proposed streamlined application, this analysis reviews the proposed paper-based version of the streamlined application and current printable Medicaid and CHIP applications with a focus on several areas, including information provided on availability of application assistance; accessibility for individuals with limited English proficiency; verification of income; verification of citizenship and immigration status and other messages for immigrant families; medical support; and disability screening questions. While many individuals applying for health coverage in 2014 will likely use the online version of the streamlined application, it is difficult to analyze given its dynamic nature. However, review of these key elements of the proposed paper-based application is largely applicable to the online version because it includes similar data requirements and language as the online version. Moreover, some applicants will elect to use the paper-based application.

The analysis includes a review of a total of 85 printable Medicaid and CHIP applications for children, parents, and pregnant women from 50 states and the District of Columbia as of February 2013. The Appendix tables identify the language used in each of the examined areas for all of the reviewed applications. In each of the examined areas, current Medicaid and CHIP applications vary widely in their approach to both the information requested from and shared with applicants. However, they provide some key lessons about different approaches to obtaining necessary information from applicants and highlight a number of key changes that will occur in states as they implement the new application.

The 85 current Medicaid and CHIP applications in this analysis include 34 multi-benefit applications for health coverage and other programs, such as the Supplementation Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF); 31 family applications for medical benefits only; 10 CHIP applications, and 10 child-only applications (which also may be used by pregnant women). In 30 states, more than one type of application is available. Printable applications include those available for families to fill in responses electronically but must then print to sign and mail. This analysis does not include online applications that can be submitted electronically. The ability to review electronically submitted applications is limited since they often can only be fully viewed by an applicant proceeding through the application process. It also excludes Medicaid applications for aged, blind, and disabled eligibility categories and separate applications for state-funded or waiver coverage programs.

## FINDINGS

### I. AVAILABILITY OF APPLICATION ASSISTANCE

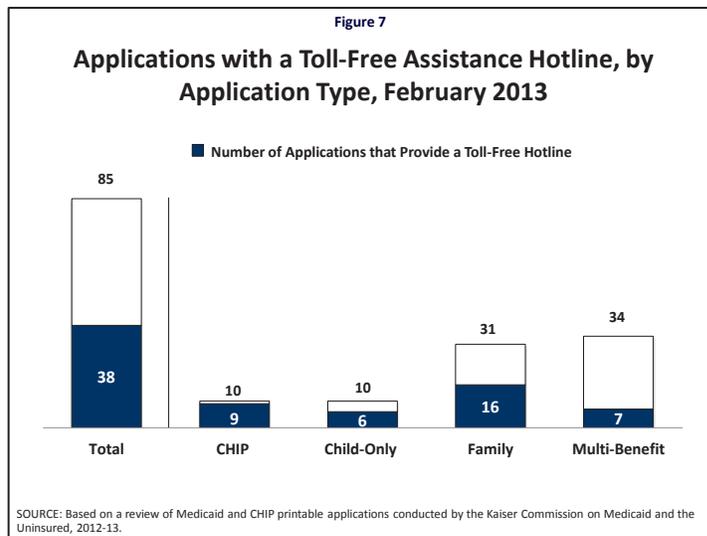
Application assistance is an important tool to help overcome enrollment barriers, particularly for individuals who may face increased difficulty completing an application, such as those with limited literacy skills, limited English proficiency, and/or those who may be confused or concerned about application and eligibility requirements. Beginning in 2014, state Medicaid agencies must provide assistance to individuals seeking help with the application process in person, over the telephone, and online. This assistance must be accessible to people with disabilities and people with limited English proficiency.

To inform individuals about the availability of application assistance, the proposed paper application includes language directing applicants to seek help online, by telephone, and in person (Figure 6). Additionally, the proposed application displays a toll-free number and government website at the bottom of each page where individuals can access help. Some states already use similar approaches on their Medicaid and CHIP applications to inform applicants about assistance, though the level of information provided varies by state and application type.

**Figure 6:**  
**Information on Application Assistance, Proposed Streamlined Application**

The screenshot shows a section titled "Get help with this application" with a telephone icon. To the right is a bulleted list of assistance options: Online (www.placeholder.gov), Phone (1-800-XXX-XXXX), In person (visit website or call 1-800-XXX-XXXX for a list of places), and En Español (call 1-800-XXX-XXXX). At the bottom, there is a question mark icon and text: "NEED HELP WITH YOUR APPLICATION? Call us at 1-800-XXX-XXXX, or visit us at www.placeholder.gov. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX." The page number "Page 1 of 21" is in the bottom right corner.

**Fewer than half of Medicaid and CHIP applications (38 of 85) include a toll-free hotline number for families to call for assistance completing the application (Appendix Table 2).** Applications for children are more likely than family and multi-benefit applications to provide information on hotline services (Figure 7). In Alaska, for example, both children’s and family applications encourage families to ask for help filling out the form, but only the children’s application includes a phone number for families to call to ask for help. Similar to the proposed application, many applications that do include a toll-free assistance hotline often display the number prominently and encourage applicants to use it. For example, Louisiana’s family application includes a box on each page with an image of a phone and a number to call (Figure 8).



**Figure 8:  
Information on Toll-Free Assistance Hotline, Louisiana Family Application**



**If you have questions or need help with this application, call Medicaid at 1-888-342-6207.  
If you are deaf or hard of hearing and have a TTY text telephone, call 1-800-220-5404.  
THESE CALLS ARE FREE.**

**A number of applications with a toll-free assistance number (7 of 38) direct families to call the national 1-877-Kids-Now hotline.** The Department of Health and Human Services established the toll-free 1-877-Kids-Now telephone line to allow individuals in any state to call and obtain information about applying for Medicaid and CHIP. Individuals are able to reach a state worker associated with the area code of the phone number they use to call. All applications that list the 1-877-Kids-Now hotline are family, CHIP, or child-only applications. Multi-benefit applications and others with different hotline numbers frequently direct families to state Medicaid or CHIP eligibility offices, state-specific helplines, or 2-1-1 information numbers, or do not specify where the call will be directed. A few applications also provide phone numbers for county eligibility offices, though many of these numbers are not toll-free.

**Several applications also direct individuals to state websites or encourage them to speak to an eligibility worker for in-person assistance.** For example, Iowa’s CHIP application directs applicants to a state website featuring a short video with information about how to apply and answers to frequently asked questions about the application process. Other applications, including California’s child-only application, list open hours for state or county eligibility offices where applicants can seek help.

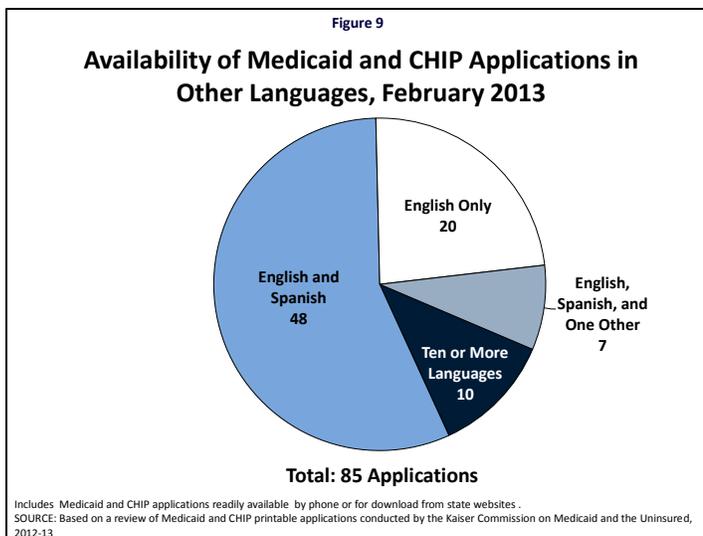
## II. LANGUAGE ASSISTANCE SERVICES

Today, 9.5 million individuals with limited English proficiency are uninsured, and over half have income below the new Medicaid expansion limit of 138% FPL.<sup>3</sup> To facilitate enrollment of individuals with limited English proficiency, it is important that they have access to applications and other materials in their native language as well as access to language assistance services. Under the new enrollment rules, in 2014, states must make the single, streamlined application and any supplemental forms accessible to

persons with limited English proficiency and people with disabilities at no cost to the individual. Future guidance will be issued regarding the specific accessibility standards.

The proposed paper version of the streamlined application includes text directing applicants to telephone assistance in Spanish and a Spanish language version of the application, though the Spanish-language application is not yet available for review. The proposed streamlined application does not make specific mention of language services or the availability of applications in languages other than Spanish. Currently, Medicaid and CHIP applications vary with regard to their accessibility in other languages and information provided on available language assistance services (Appendix Table 2).

**The majority (65 of 85) Medicaid and CHIP applications are available in at least one language other than English.** Among the 85 reviewed Medicaid and CHIP applications, 20 are readily available in English only; 48 are available in English and Spanish; and 7 are available in English, Spanish, and one other language, including 10 applications in six states (CA, FL, KS, MN, OH, WA) that have applications available in ten or more languages (Figure 9). In most cases, non-English applications are readily available for download from the state Medicaid or CHIP website or can be requested by telephone (Figure 10).



**Figure 10:**  
**Reference to Availability in Another Language, Wyoming CHIP Application**

This application is available in Spanish. Call 1-877-543-7669.  
Esta solicitud está disponible en español. Llame al 1-877-543-7669

**Several applications ask about applicants’ primary language and, in some cases, provide an option to receive future correspondence in a language other than English.** For example, Maine’s family application is only available in English but asks, “If English is not your first language, what language do you speak?” Virginia’s multi-benefit application, also only available in English, asks applicants to enter a code for one of 16 languages. However, these questions are only presented in English and it is not clear how these states use the data collected from these questions and whether their responses affect future communications with the family. In contrast, a handful of applications, including Utah’s family health coverage application, clearly provide families the opportunity to receive future correspondence in a language other than English (Figure 11).

**Figure 11:**  
**Option to Receive Correspondence in Another Language, Georgia CHIP Application**

Correspondencia en Español  
 (Check this option if you would like to receive Correspondence in Spanish)

**A few applications offer language assistance services by phone or in person.** Some solely indicate that language assistance is available, while others provide specific information on how to access those services, for example, by providing a phone number or instructing applicants where to go to access the services. Some applications also specify that these services will be provided free of charge. On nearly all of these applications, however, information about availability of language services is only written in English. A few states, including Florida, Minnesota, and Vermont, provide information on language assistance services in other languages, making it easier for families with limited English proficiency to understand and seek out services available to them (Figure 12).

**Figure 12:**

**Information on Language Assistance Services, Vermont Family Application**

<p>If you do not speak English, we can provide free translation for our services. Please tell us if you need an interpreter for any language.</p>	
<p>Nếu quý vị có thắc mắc hoặc cần các dịch vụ phiên dịch, xin gọi: (Vietnamese)</p>	<p>Если у Вас есть вопросы или Вы нуждаетесь в услугах переводчика, позвоните по номеру: (Russian)</p>
<p>Si vous avez des questions ou avez besoin de services de traduction, appelez le: (French)</p>	<p>Ukoliko imate dodatnih pitanja ili Vam je potreban prevodilac, javite se na: (SerboCroatian)</p>
<p>People with a hearing impairment can call the statewide relay service at <b>1-800-253-0191 (TDD) or 1-800-253-0195 (voice)</b></p>	

**III. INCOME DOCUMENTATION**

Currently, states have a number of options with regard to how they verify income for individuals applying for Medicaid and CHIP. Over time, states have increasingly moved away from paper documentation of income to administratively verify income through electronic data matches with other data sources and/or contacts with third parties, such as employers. Moving to administrative verification of income can reduce enrollment barriers for eligible individuals and create administrative efficiencies for states. The ACA envisions a process through which states will use electronic data matching to verify information to the maximum extent feasible and may request paper documentation only when unable to secure reliable electronic information. As such, the proposed streamlined application asks applicants to list employment and income information for each household member but does not request paper documentation of income (Figure 13). Self-employed individuals are required to note their type of work and their net income. Additional instructions for self-employed workers are listed separately, on an instructions page at end of the application.

**Figure 13:**

**Income Information Requested, Proposed Streamlined Application**

<b>CURRENT JOB and INCOME INFORMATION</b>	
<input type="checkbox"/> <b>Not employed</b> —Skip to “Other Income” lower on this page.	
<b>CURRENT JOB 1:</b>	
Employer name	
Wages/tips (before taxes) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly    Average hours worked each WEEK

Currently, many applications ask families to provide more extensive information about income than will be permitted in 2014. Also, while states are increasingly seeking to administratively verify income at application, many applications continue to request paper documentation of income (Appendix Table 3).

**The large majority of Medicaid and CHIP applications request paper documentation of income from families applying for health coverage.** However, applications vary in what information is requested and when it must be submitted (Text Box 1). In most cases, applications ask for documentation on earned income, although some also ask about unearned income such as child support and lottery winnings. Nearly all applications that request documentation ask for paystubs or a signed statement from the applicant’s employer indicating recent income and most, but not all, specify that paystubs may be photocopies. About half of applications that request documentation specify requirements for self-employment income, which typically is a copy of the previous year’s tax return or copies of business and expense records. Applications vary with regard to the time period of income applicants are asked to document. Most request a one-month, 30-day, or four-week period; others ask for “recent income” without a specified time period; and a smaller number ask for a 2-month or 60-day period. A few applications, including Connecticut’s multi-benefit application, ask applicants with no income to describe how they pay their bills.

Most applications request that applicants bring or submit documentation of income when they mail or hand in their application. However, some applications, such Delaware’s family application, encourage families to send in available information but not to delay submitting the application if documentation is not readily available. The smaller share of applications that do not request documentation at the time of application typically inform families that their information will be checked against other data sources and/or that they may be required to provide documentation at later date.

**Text Box 1:**

**Examples of Requests for Income Documentation**

- **Documentation of income should include copies of pay stubs or a letter from the employer showing income from each job for the last 30 days.** (South Dakota Family Application)
- **If self-employed, provide income and expense records, income tax records, profit and loss statements, or other business records.** (Alaska Children’s Application)
- **Provide copies of all last month’s paycheck stubs for everybody listed. Send in the application even if you do not have your paystubs.** (North Carolina Family Application)
- **If you give an SSN, we may be able to check income electronically. If proof of income is needed, KidCare will ask for pay stubs or wage statements from the last 4 weeks or a letter from your employer that says how much money you earned.** (Florida Children’s Application)
- **You must provide proof of the information you give us before we can give you benefits. We will give you a list of what information must be verified.** (Delaware Multi-Benefit Application)

**Multi-benefit applications specify different income documentation requirements from health coverage applications, even within the same state.** For example, some multi-benefit applications that include programs that require an in-person interview provide minimal information about required documentation, since additional information may be collected at the time of the interview. These applications sometimes direct families applying for Medicaid to visit an eligibility office to determine required documentation. In Delaware, for example, the Medicaid and CHIP health coverage applications specify that documentation of one month of income is required and that families may provide paystubs or, if self-employed, a complete tax return. However, Delaware’s multi-benefit application only indicates that families will be told what income documentation to provide in person. Additionally, some multi-benefit applications, such as those in Colorado and Oklahoma have more extensive income documentation requirements than the states’ health coverage applications. For example, these states’ multi-benefit applications request paystubs while their health coverage applications do not request documentation and instead rely on electronic data matching for verification.

**A few multi-benefit applications use strategies, such as program-specific symbols or tables, to clarify documentation requirements for each program included on the application.** For example, the Texas multi-benefit application associates symbols with each program included on the application and utilizes the symbols through the application to highlight information and documentation requirements for each program. The application includes a separate box, marked with the health coverage symbol, to identify the specific income documentation required for families applying for Medicaid and CHIP (Figure 14). Similarly, the New Mexico multi-benefit application lists documentation requirements for each program on a chart to illustrate which requirements apply to which programs (Figure 14).

**Figure 14:**  
**Symbols to Clarify Differing Requirements by Program Type, Texas Multi-Benefit Application**

The image shows a screenshot of a Texas Multi-Benefit Application. At the top, there are three icons: a dollar sign, a fork and knife, and a plus sign. Below these icons is a 'Helpful Tips' section with three bullet points: 'There are tips in the left side of each page. They can help you save time.', 'Sign and date pages 1 and 18.', and 'Send "Items we need." See pages C and D.' To the right of the tips is an explanatory text: 'These pictures tell you what sections you need to fill out. For example, if you see this: [fork and knife icon] [arrow icon] It means that only people applying for SNAP food benefits need to fill out that section.'

Below the tips section is a larger box with a blue arrow pointing to the left and a red circle around a plus sign icon on the right. The text inside the box reads: 'If you are applying for **CHIP or Children's Medicaid** bring or send copies of items that apply to anyone on your case.' Below this text are two columns of bullet points listing documentation requirements: 'Proof of income from your job', 'Citizenship', 'Dependent care expenses', and 'Medical costs'.

**Figure 15:  
Table to Clarify Differing Requirements by Program Type, New Mexico Multi-Benefit Application**

	SNAP/Food	Medical			Cash	Energy/LIHEAP	<p align="center"><b>Examples of Proof</b></p> <p>You do <b>NOT</b> have to give us all the items listed below; they are only examples. When you need to give proof, you only need to give one type from the examples below. If ISD has unresolved questions about your eligibility, you will be asked to give proof. ISD will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask us for help.</p>		
		Family or Adult	Child Only	Elderly/Disabled					
▪ Where you Live	✓	✓	✓	✓	✓	✓	Utility bill, Rent agreement, letter addressed to you at your address.		
▪ Identity	✓	✓	✓	✓	✓	✓	You may give any of these if they prove identity, relationship or age: Driver's License, Social Security card, Birth or baptism certificate(s), Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records or family bible, letter from a Dr., religious or school official, or someone who knows you, the child's relationship to you and knows the child's date of birth. <b>Note:</b> The Medicaid program will require specific identification proof.		
▪ Relationship					✓				
▪ Age			✓						
▪ U.S. Citizenship		✓	✓	✓			Most programs do not require proof of U.S. Citizenship. For medical assistance, the federal government now requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.		
							<table border="0"> <tr> <td> <b>Proof of Citizenship and ID together</b>            ▪ A Passport            ▪ A certificate of naturalization (Form 550 or N-570)            ▪ A certificate of U.S. Citizenship (N-560 or N-561)            ▪ A certificate of Indian Blood (CIB)         </td> <td> <b>Proof of Citizenship Alone</b>            ▪ U.S. birth certificate            If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.         </td> </tr> </table>	<b>Proof of Citizenship and ID together</b> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB)	<b>Proof of Citizenship Alone</b> ▪ U.S. birth certificate If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.
<b>Proof of Citizenship and ID together</b> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB)	<b>Proof of Citizenship Alone</b> ▪ U.S. birth certificate If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.								
▪ Disability			✓	✓	✓		Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.		
▪ Pregnancy		✓			✓		Medical records that say when your baby is due.		
▪ School Attendance							Current report card or letter from the school saying whether your child is attending school.		
▪ College Student	✓				✓		Letter from the college saying that you are either a part-time or full-time student.		
▪ Student Financial Aid	✓	✓	✓	✓	✓	✓	Letter from the financial aid office stating what types and amounts of financial aid you get and the costs you will have to pay for your schooling.		
▪ Income the most recent 30-day period or all from last month	✓	✓	✓	✓	✓	✓	<b>Earned Income:</b> Check-stubs, a letter from the employer with the hours you will work and the pay you will get. If you are <b>self employed</b> , you may give ISD a copy of your income tax forms, business records or personal wage records. <b>Unearned Income:</b> Copies of your check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc.		

**IV. CITIZENSHIP AND IMMIGRATION STATUS VERIFICATION & MESSAGES FOR IMMIGRANT FAMILIES**

Medicaid and CHIP eligibility extends to both citizens and lawfully-residing immigrants who meet state-specified eligibility criteria, although there are certain restrictions for recent immigrants. Undocumented immigrants are ineligible for Medicaid and CHIP. However, Medicaid payments for emergency services may be made on behalf of individuals who are otherwise eligible for Medicaid except for their immigration status, referred to as "Emergency Medicaid." Under federal rules, states must verify citizenship and immigration status as part of the eligibility determination process, and this requirement will remain in place under the new enrollment rules in 2014. Although states are increasingly relying on electronic data matches to verify this information, as seen below, many applications continue to request paper documentation of immigration status.

Research shows that immigrant families often face significant barriers to enrolling in coverage. Beyond language barriers, many also are confused about eligibility rules for immigrants and have fears that enrolling in coverage will hinder their ability to gain permanent residence or expose family members to the risk of deportation.<sup>4</sup> These fears persist despite previous federal guidance clarifying that receipt of Medicaid and CHIP will not negatively affect one's immigration status and federal rules specifying that

non-applicants (such as parents applying on behalf of their children) are not required to submit SSNs on the application.<sup>5,6</sup> As such, how the application requests information on immigration status and information provided regarding how that information will be used can have a significant impact on enrollment of immigrant and mixed immigration status families.

The proposed streamlined application emphasizes that providing SSNs for people not applying for insurance is optional (Figure 16), but does not include specific language or messages encouraging non-citizens or mixed-status families to apply for coverage for eligible family members.

**Figure 16:**  
**Language Clarifying that Social Security Numbers are Optional for Non-Applicants, Proposed Streamlined Application**

Social Security Number <b>OPTIONAL</b> _____-_____-_____-	Date of birth (month/day/year) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many babies are expected: ____
<p><b>We need Social Security Numbers (SSNs)</b> for everyone applying for health insurance who has one. An SSN is optional for people not applying for insurance, but providing an SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with insurance. If someone doesn't have an SSN, call 1-800-XXX-XXXX or visit <a href="http://www.placeholder.gov">www.placeholder.gov</a>.</p>			

This analysis finds that Medicaid and CHIP applications currently vary widely in information and messages they provide to immigrant families (Appendix Table 4):

**Only a handful of applications include specific language clarifying that non-citizens may be eligible for Medicaid.** Some of these include a broad message that applicants do not have to be a U.S. citizen to apply or qualify for assistance. Others include more specific language, noting that both U.S. citizens and “qualified non-citizens” or “lawful permanent residents (LPRs)” may qualify. Additional applications have language that references Emergency Medicaid. These include messages noting that individuals do not need to provide information on immigration status if they are applying for Emergency Medicaid as well as messages clarifying that certain non-citizens may be eligible for emergency Medicaid services.

**Text Box 2:**  
**Examples of Language Clarifying Medicaid Eligibility for Non-Citizens and Availability of Emergency Medicaid**

- **You do not have to be a U.S. citizen to qualify.** (Arkansas Children’s Application)
- **I am aware that...I do not have to be a U.S. citizen to apply for assistance. Both U.S. citizens and qualified non-citizens may be eligible for Medical Assistance.** (Colorado Family and Multi-Benefit Applications)
- **Children or pregnant women do not need to be citizens to be covered by MaineCare. Some non-citizens who are here temporarily, for example, students or visitors, can get coverage for payment of emergency services only.** (Maine Family Application)
- **If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services.** (Texas Children’s and Multi-Benefit Applications)

**The large majority of applications specify that applicants must provide information on citizenship and immigration status.** Most state that applicants are required to provide proof of their citizenship and immigration status and that the agency will seek to verify this status using SSNs and other information.

However, the applications vary widely in the framing of this language. For example, some emphasize that these are mandatory requirements under federal law which must be fulfilled to receive coverage. In contrast, others include language designed to minimize potential fears among immigrant families about sharing SSNs and information on immigration status.

**Some applications clarify that individuals in the household who are not applying for coverage for themselves are not required to provide information on their citizenship or immigration status.** These applications may include bolded, capitalized, or highlighted statements like “SSNs and immigration papers are NOT required for a person who is not applying for help,” as in Michigan’s multi-benefit application or “You only need to tell us the SSNs for people for whom you are applying,” as in Georgia’s children’s application. Rhode Island’s family application notes that individuals may voluntarily provide information for non-applicants and that, if that information is provided, it will only be used to verify family income. In contrast, a few applications explicitly instruct families to only provide SSNs for individuals applying for coverage. For example, New Mexico’s family application states, “Provide Social Security Numbers and Citizenship ONLY for those who are applying for assistance,” and Maryland’s multi-benefit application states, “Only answer these questions for each person who wants benefits.”

**Applications vary widely in information provided regarding the use, privacy, and sharing of information on immigration status.** Some applications specifically state that the agency may contact U.S. Citizenship and Immigration Services (USCIS) to verify immigration status. In contrast, others include broad messages that no information provided on the application will be shared with USCIS. Still others fall in the middle, noting that information for applicants may be shared with USCIS but information for other non-applicant household members will not be shared. A couple of applications, including the children’s health coverage application in Indiana and the family health coverage application in Utah, directly state that the agency will not report undocumented household members to USCIS.

**Some applications include messages intended to reduce fears among immigrant families.** These include reassurances for families that providing information on the application will not lead to deportation or have a negative impact on their immigration status or ability to obtain citizenship or legal permanent residency (LPR). Some applications provide more detailed information, noting that receiving Medicaid coverage will not affect immigration status or ability to get LPR status, *except* in cases in which individuals receive long-term care services.

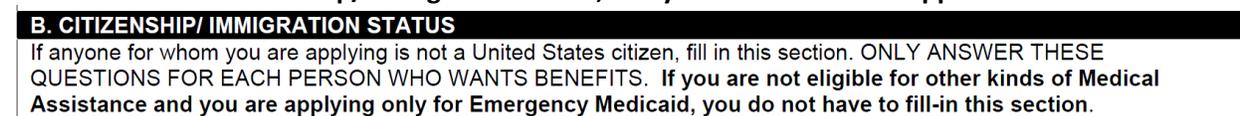
**Text Box 3:**

**Examples of Messages Intended to Reduce Fears of Immigrant Families**

- **What you tell us about your child’s citizenship status is confidential. Florida KidCare will not share anything you tell us with USCIS. Information about a parent’s immigration status is not needed to apply for Florida KidCare. A child’s enrollment in Florida KidCare does not harm anyone’s application for citizenship or legal permanent resident status.** (Florida Children’s Application)
- **Please do not let the fear about immigration status stop you from seeking benefits for your family. Receiving Medical Assistance will not stop you from gaining lawful permanent residence or U.S. citizenship.** (Colorado Family and Multi-Benefit Applications)
- **Immigration information you give to us is private. We use it to see if you can get coverage. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status unless you are applying for payment of long term care services.** (Minnesota Family Application)

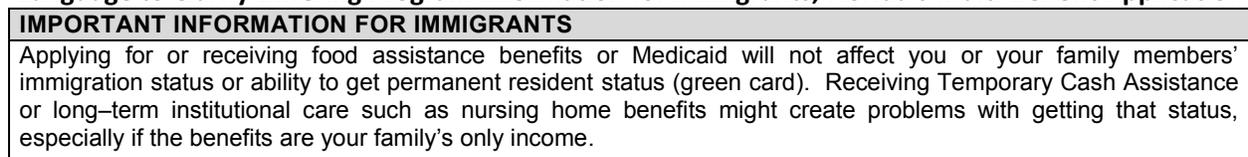
**Applications vary in the placement and emphasis of information related to citizenship and immigration status and other messages for immigrant families.** For example, a number of applications include notices in bold, capitalized, or highlighted text next to the questions that ask information about SSNs or citizenship status. In Maryland, for example, information about the use of SSNs and immigrant status is included as bolded text by relevant questions as well as in a separate “Facts you should know” section on the first page of the application (Figure 17). In contrast, other applications provide the bulk of information about immigration status and the use of SSNs in a separate section on applicants’ rights and responsibilities. While these applications may provide very detailed information about the use of SSNs, they often use more technical language, for example citing sections of federal law and regulations. Other applications provide notices about SSNs as part of Frequently Asked Questions sections or in the instructions for applications.

**Figure 17:  
Providing Messages Next to Questions to Clarify Requirements to Provide Information on  
Citizenship/Immigration Status, Maryland Multi-Benefit Application**



**Some multi-benefit applications include language about immigration requirements for other programs, which may be confusing for families applying for Medicaid and CHIP.** Multi-benefit applications allow families to apply for other benefits, such as TANF, at the same time they are applying for health coverage. However, programs differ with regard to their citizenship and immigration status requirements and, as such, include language about other program requirements that might be confusing for families. A few multi-benefit applications attempt to avoid this confusion by clarifying the immigration requirements for each program included on the application. For example, Florida’s multi-benefit application includes a callout box with information for immigrants noting that applying for food assistance or Medicaid will not affect immigration status, although receipt of other benefits might (Figure 18).

**Figure 18:  
Language to Clarify Differing Program Information for Immigrants, Florida’s Multi-Benefit Application**



## V. MEDICAL SUPPORT REQUIREMENTS

Under federal law, parents applying for Medicaid for themselves and their children must cooperate with CSE to establish paternity and obtain medical support payments from absent parents, unless they can establish good cause for not cooperating.<sup>7</sup> If a parent does not cooperate with CSE, their child can still qualify for coverage, but the parent may be barred from enrolling in Medicaid. Individuals are exempt from requirements to cooperate with CSE if they have a good reason, and CMS has clarified that applicants must be “effectively informed of these exemptions.”<sup>8,9</sup> Federal guidance has also clarified that, while states must collect third-party payments from absent parents, they are not required to collect this information as part of the application process.<sup>10</sup> States have the option to inform parents about requirements relating to medical support and follow up as necessary after enrollment. Moreover,

states are not required to request cooperation with child-support enforcement on children's applications.

The proposed streamlined application includes language on the signature page informing applicants that they may be asked to cooperate with CSE to obtain medical support unless they can establish good cause for not cooperating. (Text Box 4). It does not include any questions about absent parents.

**Text Box 4:  
Medical Support Requirement Language, Proposed Model Application**

**If anyone on this application is eligible for Medicaid:** *For parents who qualify for Medicaid:* I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I will not have to cooperate.

Currently, states utilize a range of approaches to address medical support requirements, and, in contrast to the proposed streamlined application, many include questions about absent parents or related information (Appendix Table 5).

**The majority of Medicaid and CHIP applications (69 of 85) include language on medical support requirements, but range widely in how they address these requirements (Appendix Table 5).** This includes a number of children's applications, which are not required to include this information. Medical support language typically communicates parents' responsibility to cooperate with CSE and that lack of cooperation may prevent parents from receiving coverage. Only some applications clarify that children's eligibility will not be affected if a parent does not cooperate with CSE.

**Text Box 5:  
Examples of Medical Support Requirement Language**

***Rights and Responsibilities Language***

- **If we pay medical bills for you, you give your right to collect medical support payments to the State of Illinois. You must help us if we ask you to establish paternity or obtain medical support payments for members of your family...Your children can get health insurance even if you do not help us when we ask you to help.** (Illinois Family Application)
- **I am giving to the agency all of my rights to pursue and receive medical support from a spouse or parents of persons under 21 years old and my right to pursue and receive third party payments for the entire time I am in receipt of benefits.** (New York Family Application)

***Application Questions Related to Medical Support***

- **Have you already applied for medical support for this child? Has paternity been established for this child?** (Alabama Family Application)
- **Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for?** (California Multi-Benefit Application)
- **Are there other possible fathers? Existing child support order? Information on the children for this absent parent? Did the mother have sexual relations with another man (not named above), during 30 days before or after when pregnancy began for this child?** (Nevada Multi-Benefit Application)

**Many applications limit statements about medical support requirements to a section on applicants' rights and responsibilities.** These applications do not include questions asking about paternity or absent parents (Text Box 5). While families are informed that their signature indicates that they understand the responsibility to cooperate with CSE and the consequences of not cooperating, they do not need to answer any questions or provide information about absent parents before submitting the application.

**In contrast, some applications include specific, and sometimes very personal, questions about absent parents and whether custodial parents have applied for medical support.** These include questions asking whether paternity has been established for children applying for coverage. Moreover, families in some states are asked to provide very personal details. For example, in addition to requesting information on absent parents, Nevada's multi-benefit application includes a series of questions about paternity and the custodial parent's past relationships.

**Some applications frame medical support requirements as a potential benefit to children and families.** Multi-benefit applications from the District of Columbia and North Carolina note, for example, that by cooperating with CSE, custodial parents may be able to claim child support or gain other financial benefits (Text Box 6). These applications also ask questions about absent parents but emphasize the opportunities and potential benefits of providing this information.

**Text Box 6:  
Messages that Frame Medical Support as a Potential Benefit to Families**

- **We can help you get child support. Please tell us about any absent parents.** (DC Multi-Benefit Application)
- **There are other benefits to working with the Child Support Agency. For example, your child may be eligible for other financial benefits, including Social Security, pension benefits, veteran's benefits and possible inheritance. Also, your child may benefit by having a bond between parent and child. Finally, your child may benefit by getting important medical history information.** (North Carolina Family Application)

**Most, but not all, applications that include language on medical support requirements notify applicants about good cause exemptions.** In general, most of the applications that mention good cause exemptions clarify that cooperation is required unless there is a good reason not to cooperate, such as fear of domestic violence. However, many applications also note that families may be required to provide additional documentation or go through additional steps to prove good cause.

**Text Box 7:  
Examples of Messages on Good Cause Exemptions to Medical Support Requirements**

- **If you are interested in Medicaid coverage for yourself or your children and do not want assistance from CSED because your cooperation might not be in the best interest of your child (example: domestic violence situation), you may claim "good cause." If you claim "good cause," you will be asked to provide additional information so "good cause" can be established.** (North Dakota Family Application)
- **If you are afraid the other parent may cause harm to you or your child, you can give proof to support your fears. We will review your proof and tell you if you still need to give information about the other parent.** (Minnesota Family Application)
- **Are you afraid that giving facts about the child's other parent might put you or your children in danger? You might not have to cooperate with the Office of Attorney General to collect medical support if you are afraid. You can ask not to give these facts by telling your benefits advisor reasons why this might put you or your child in danger or signing the Good Cause request form.** (Texas Children's Application)

## VI. DISABILITY SCREENING

Today, Medicaid provides coverage to 9.5 million people with disabilities, including 1.4 million children.<sup>11</sup> Currently, there are two primary ways in which people with disabilities can qualify for Medicaid. First, people with disabilities can qualify for Medicaid based on their low income if they fit into an existing coverage group, such as parents, pregnant women, or children. Second, people with disabilities can qualify for Medicaid based on specific disability-related eligibility criteria. For example, states generally must provide Medicaid coverage to people who receive Supplemental Security Income (SSI) benefits, which require people to have low incomes, limited assets, and a significant disability that impairs their ability to work at a substantial gainful level.<sup>12</sup>

Under the ACA, Medicaid eligibility rules will change for most groups, so that their income is determined based on Modified Adjusted Gross Income (MAGI). However, disability-based eligibility rules will not change and eligibility for these groups will continue to be determined on a “non-MAGI” basis. Medicaid agencies will be required to collect additional information to determine eligibility on a non-MAGI basis, and to provide Medicaid on that basis if eligible, for anyone who requests such a determination and for anyone whom the agency identifies as potentially eligible on a non-MAGI basis through the single streamlined application, a renewal form, or other information available to the state.<sup>13</sup> Whether someone is determined eligible on a non-MAGI basis could have important impacts on the scope of their covered benefits. As such, effectively identifying people who may be eligible on a non-MAGI basis through the streamlined application will be important for helping to ensure that people with disabilities can access the most appropriate benefit package for their needs.

The proposed streamlined application includes two questions, for each person listed on the application, asking about disability status and whether the individual needs help with activities of daily living (Figure 19). However, it does not include any information to help applicants identify conditions that might be considered a disability or ask any questions to identify the nature or scope of a condition.

**Figure 19:**  
**Disability Status Questions, Proposed Streamlined Application**

Have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs help with activities of daily living through personal assistance services or a medical facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Today, many Medicaid and CHIP applications include questions designed to identify individuals with disabilities, but they vary in what they ask and how much information they provide (Appendix Table 6).

**About half of applications include language to screen applicants for a disability.** Family and multi-benefit applications are more likely than children’s applications to include disability screening questions. Among states that have more than one application, such as a health coverage and multi-benefit application, many vary across their applications in the language used to screen for disability and several vary in whether they include a screening question.

**Some applications screen for disability by asking applicants to check a box indicating they have a disability or to list anyone in the home with a disability.** For example, family health coverage applications in New York and South Carolina include a checkbox for each person applying for benefits with the question “Are you disabled?” Similarly, as part of a series of questions to screen for potential eligibility for other benefits, New Hampshire’s multi-benefit application includes a question asking, “Is

anyone in your household blind or disabled?” (Figure 20). A few states ask applicants to write out the names of any household members who are disabled. For example, Idaho’s multi-benefit application asks, “List anyone in your home that has a disability.” Only a handful of applications specify that individuals should consider mental health conditions in responding to questions about disabilities. Some applications ask about broadly about “disabling conditions” or “major medical needs,” but the examples provided, such as kidney disease, cancer, and diabetes, are physical conditions rather than mental or developmental conditions.

**Figure 20:**  
**Use of a Checkbox to Screen for Disability, New Hampshire Multi-Benefit Application**

H. Potential Eligibility Questionnaire	
1. Are you a migrant or seasonal farm worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or anyone in your household received Food Stamp assistance for this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently living in a shelter for battered individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is anyone in your household blind or disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other applications ask more detailed questions about disabilities to ascertain the type, length, and severity of a condition (Text Box 8). For example, Pennsylvania’s multi-benefit application asks families whether anyone is disabled, and, if yes, asks them to describe the disability in a blank provided. Moreover, some applications include a series of disability-related questions regarding the length and impact of an applicant’s disability. For example, Arizona, Colorado, and Massachusetts ask whether a disability has lasted, or is expected to last, for 12 months or more. Vermont and Delaware include questions about whether an applicant’s disability limits his or her ability to work. Very few applications have questions tailored to assess the nature and severity of children’s disabilities, for example, by asking about their ability to go to school or to engage in activities.

**Text Box 8:**  
**Examples of More Detailed Disability Screening Questions**

- Does anyone in the household or for whom you are applying have a medical or developmental condition which has lasted, or is expected to last, more than 12 months? (Colorado Family and Multi-Benefit Applications)
- Does anyone have a physical, mental, or emotional disability that limits activities such as working, going to school, or taking care of the children? (Vermont Family Application)
- Does anyone applying have a disability? Who has a disability? When did it start? What is the disability? Tell us about it. Was the disability caused by an accident? Have they applied for Social Security or SSI? Has a decision been made? (Louisiana Family Application)
- Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do? Does this child need or use more medical care, mental health or educational services than is usual for most children of the same age? (Florida Children’s Application)
- Do any of your children have a medical condition that left untreated would result in the death or serious physical injury of the child? (Missouri Children’s Application)

## CONCLUSION

As the streamlined application for 2014 is finalized, it will be important to achieve a balance that minimizes burdens on applicants while still collecting sufficient information to make quick and accurate determinations of eligibility. This analysis highlights wide variation in the language and approaches used to collect information on 85 current Medicaid and CHIP applications and HHS' proposed streamlined paper application. It shows that some states have already achieved significant progress in streamlining their applications and addressing known enrollment barriers, but notes inconsistencies in these efforts across states and application types. In particular, many applications still require more extensive information and documentation than will be allowed in 2014, such as income documentation and questions related to medical support requirements. As such, implementation of the streamlined application will result in reduced requirements for families in many states. However, at the same time, the proposed application does not utilize some consumer-focused features and language designed to address enrollment barriers that have already been developed in some states, such as providing information on how to obtain language assistance, providing messages to encourage enrollment among immigrant families, and including language to help applicants identify conditions that might be considered a disability.

This analysis also points to important differences between information required for health coverage applications and multi-benefit applications, many of which require additional documentation or include requirements for other programs that could be confusing to applicants for Medicaid and CHIP. As states upgrade their eligibility systems, some may choose to integrate their human services programs to connect applicants to multiple programs and will need to develop multi-benefit applications. Many states currently use approaches, including tables and symbols, to help distinguish requirements for each program that could be helpful to consider as they develop these applications.

Looking forward, the ACA coverage expansions in 2014 have the potential to connect millions of currently uninsured individuals to coverage. Providing a streamlined application process will be a central component ensuring eligible individuals enroll in coverage, and current Medicaid and CHIP applications provide valuable lessons to consider in developing the streamlined application that will be used for all insurance affordability programs under the ACA. Additionally, even with a streamlined application, providing sufficient application assistance will be important for facilitating enrollment of eligible individuals. These resources will be particularly important for individuals with low literacy, those with limited English proficiency, and immigrant families, many of whom face significant barriers to enrolling in coverage.

This brief was prepared by Jessica Stephens with the Kaiser Commission on Medicaid and the Uninsured.

## ENDNOTES

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<sup>1</sup> 42 CFR 433.145 and 147

<sup>2</sup> HHS Letter to State Medicaid Directors, CMS, December 19, 2000 <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd121900.pdf>

<sup>3</sup> KCMU. Overview of Health Coverage for Individuals with Limited English Proficiency. August 2012. <http://www.kff.org/uninsured/8343.cfm>

<sup>4</sup> Gomez, D., Day, L., and S. Artiga, "Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers," KCMU, October 2011.

<sup>5</sup> Policy Guidance Regarding Inquiries into Citizenship, Immigration Status and Social Security Numbers in State Applications for Medicaid, State Children's Health Insurance Program (SCHIP), Temporary Assistance for Needy Families (TANF), and Food Stamp Benefits, <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/triagencyletter.html>

<sup>6</sup> 42 CFR 435.910

<sup>7</sup> 42 CFR 433.145 and 147

<sup>8</sup> 42 USC § 654(29)(A)(i). Id. §1396k(a)(1) and 42 CFR §433.147(c)

<sup>9</sup> HHS Letter to State Medicaid Directors, CMS, December 19, 2000 <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd121900.pdf>

<sup>10</sup> HHS Letter to State Medicaid Directors, CMS, December 19, 2000 <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd121900.pdf>

<sup>11</sup> KCMU/Urban Institute estimates based on data for FY 2009 MSIS and CMS-64, 2012.

<sup>12</sup> States that elect the 209(b) option are permitted to use definitions of disability or financial eligibility standards that are more restrictive than the federal SSI rules, so long as the state's rules are not more restrictive than those in effect in January, 1972. 209(b) states must allow SSI beneficiaries to establish Medicaid eligibility through a spend-down by deducting unreimbursed out-of-pocket medical expenses from their countable income. 209(b) states also must provide Medicaid to children who receive SSI and who meet the state's financial eligibility rules for AFDC as of July 16, 1996.

<sup>13</sup> 42 C.F.R. § 435.911(c), (d).

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