Feb. 15, 2023

To: ACUS, info@acus.gov; Matthew Gluth, Attorney Advisor, Administrative Conference of the United States (ACUS), 1120 20th Street NW, Suite 706 South, Washington, DC 20036; Telephone (202) 480-2080; email mgluth@acus.gov

Re: Identifying and Reducing Burdens in Administrative Processes; Request for Comments, Feb. 15, 2023, https://www.federalregister.gov/documents/2023/02/15/2023-03181/identifying-and-reducing-burdens-in-administrative-processes-request-for-comments

Dear Mr. Gluth: In response to the ACUS request for input concerning suggestions for bolstering public engagement, I write to suggest the following:

- A. **Consider additional support for human-centered design in applying for government programs and benefits**. As many programs such as the Supplemental Nutrition Assistance Program (SNAP),[1] the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),[2] housing supports,[3] Social Security Disability Insurance *(*SSDI*)* and Supplemental Security Income *(*SSI*)*,[4] Temporary Assistance for Needy Families,[5] Medicaid/Children's Health Insurance Program and other programs[6] serve similar populations but have differing eligibility and enrollment processes and requirements. Many benefits for which individuals and families may be eligible, such as tax credits, go unclaimed.[7]

- Some efforts have been made to coordinate applications or renewals for such programs as Medicaid and SNAP. According to the National Association of Medicaid Directors and American Public Human Services Association "as of 2017, 89% of children receiving SNAP benefits were also enrolled in Medicaid or CHIP."[8] However, in general, the enrollment processes for these programs, even Medicaid and SNAP in some cases, remain largely disconnected. As Peformance.gov graphically reflects in case studies of persons applying for aid following disasters or for assistance after having a child, enrollment processes are complex, siloed and difficult for those most in need to successfully navigate.[9] Some states have developed good examples using 'human-centered design,' also emphasized by performance.gov.[10] These examples emphasize adaptations that consider the perspectives of those applying for benefits and support and how to make these processes more user-friendly. Others may co-locate services such as including human services offices at community colleges or transportation hubs.[11]

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[1] https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program

[2] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

[3] https://www.hud.gov/topics/housing_choice_voucher_program_section_8

[4] https://www.ssa.gov/benefits/disability/

[5] https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf

[6] https://greenbook-waysandmeans.house.gov/2018-green-book

[7] https://www.wiztax.com/blog/unclaimed-stimulus-payments-eitc-child-tax-credits/

[8] https://www.cbpp.org/research/health/opportunities-for-states-to-coordinate-medicaid-and-snap-renewals; Congress Must Act to Help States Realign Medicaid and SNAP Renewals May 16, 2022, APHSA and NAMD letter, https://medicaiddirectors.org/resource/congress-must-act-to-help-states-realign-medicaid-and-snap-renewals/; https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/; https://mahealthyagingcollaborative.org/baker-administration-launches-common-application-for-masshealth-and-food-benefits/

[9] https://www.performance.gov/cx/projects/

[10] https://www2.deloitte.com/us/en/pages/public-sector/articles/realizing-promise-no-wrong-door.html

[11] https://health.gov/our-work/national-health-initiatives/equitable-long-term-recovery-and-resilience

- There often is not a one-size, fits-all approach that works for all beneficiaries.[12] Online portals may work for some but not others, for instance. Nonetheless, some efforts to coordinate these processes and enroll all of those potentially eligible do exist such as co-location of services and one-stop shops, no-wrong door approaches that seek to simultaneously enroll individuals in multiple programs for which they are eligible and efforts to concurrently screen individuals for services for which they may be eligible for enrollment.[13] ACUS might try to develop a list or repository of best practices for such programs and identify potential barriers and supports for such efforts that may exist at the federal level.
- B. Study maintaining COVID**-related health and human services flexibilities:** ACUS seeks input on "specific, temporary burden reductions instituted during the COVID-19 pandemic that you believe should be made permanent." One especially well-written examination of Health & Human Services-related COVID flexibilities was developed by Kaiser Family Foundation.[14] The Administration for Children and Families, an operating division in HHS, developed a guide on emergency flexibilities.[15]With the COVID public health emergency now scheduled to end in May 2023, many stakeholders now are considering which of these flexibilities can or should be maintained following the emergency.[16] Additionally, in some cases it may be appropriate to consider adapting or adopting emergency flexibilities in more routine circumstances to the extent permitted by statutes and regulations or to change these statutes and regulations to permit additional flexibilities outside of declared emergencies and disasters.

Thank you for considering these suggestions and comments.

Sincerely,

Mitchell Berger, mazruia@hotmail.com

Note: Please note that I am a federal employee. However, I am submitting these suggestions in my personal/private capacity. The views expressed are mine only and should not be imputed to other individuals nor to any public or private entity.

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[12] https://www.macpac.gov/publication/beneficiary-experiences-with-the-medicaid-enrollment-and-renewal-processes/

[13] https://singlestop.org/; https://www.deseret.com/2021/11/25/22799011/perspective-america-needs-one-stop-shops-for-benefits-like-welfare-square-snap-medicare-child-care; https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/no-wrong-door-system-and-medicaid-administrative-claiming-reimbursement-guidance/index.html; https://papers.governing.com/No-Wrong-Door-A-Holistic-Approach-to-Human-Services-73108.html; https://www.dhs.state.il.us/page.aspx?item=87073; https://www.wa.gov.au/organisation/department-of-communities/no-wrong-door-approach-co-design;https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door; https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit

[14] J. Cubanski et. al., What Happens When COVID-19 Emergency Declarations End? Implications for Coverage, Costs, and Access, Kaiser Family Foundation, Jan. 31, 2023, https://www.kff.org/coronavirus-covid-19/issue-brief/what-happens-when-covid-19-emergency-declarations-end-implications-for-coverage-costs-and-access/

[15] ACF Emergency and Disaster Waivers and Flexibilities, https://www.acf.hhs.gov/ohsepr/training-technical-assistance/acf-emergency-and-disaster-waivers-and-flexibilities

[16] https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html