



Department of
Human Resources

311 West Saratoga Street, Baltimore, MD 21201

Report dated June 30, 2011

Final Report on the No Wrong Door Project

Prepared for:

Joint Chairmen, Senate Budget & Taxation and
House Appropriations Committees

As required by:

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Session

Martin O'Malley
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June 30, 2011

The Honorable Edward J. Kasemeyer
Acting Chairman, Budget and Taxation Committee
3 West, Miller Senate Building
Annapolis, MD 21401

The Honorable Norman H. Conway
Chairman, House Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401-1912

Dear Chairman Kasemeyer and Chairman Conway:

I am pleased to submit the No Wrong Door Work Committee's final report as required by budget language in the Department of Human Resources' 2010 Operating Budget. The report reflects the culmination of nearly one year of discussions and information-gathering regarding strategies to streamline and integrate service delivery across agencies and community-based organizations.

If you have any questions about the report or require further information, please feel free to contact me via email at rmalone@dhr.state.md.us or via phone at (410) 767 – 7949.

Thank you for your kind consideration and for your support of our efforts to help Marylanders to access all of the benefits and services that they need.

Sincerely,



Rosemary Malone
Interim Executive Director
Family Investment Administration

cc: Sandy Monck
Theodore Dallas
No Wrong Door Work Group

State of Maryland No Wrong Door Committee

Final Report

The No Wrong Door approach is an integrated system that ensures that no matter how a person applies for benefits (at an agency or community organization, by phone, paper, or through an automated process), they should receive information about all available benefits and services offered in their community and be able to access all the programs for which they are eligible.

June 21, 2011

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1.0 Background Information

Households in need often rely on a range of benefits to supplement their household incomes. The recent decline of the economy has increased the number of people in Maryland living at or near the poverty level, thereby generating more demand for benefits and services and further straining the health and human service delivery system.

Organizations in Maryland have been meeting for close to two years to determine how to deliver benefits and services more efficiently. The increased demand for services has increased the urgency to implement a No Wrong Door approach. These improvements will help applicants to obtain benefits more quickly and in a user-friendly manner. The No Wrong Door approach has been successfully used by other states to increase clients' access to benefits and increase the efficiency of service delivery systems. (See the No Wrong Door Interim Report for examples of No Wrong Door models across the country.)

Individuals are not alone in experiencing the impact of the economic downturn. As a result of the economy, states have experienced decreased funding for local staff, which may slow down the process for clients to obtain services. States that have implemented No Wrong Door strategies have realized cost savings. (See the Interim Report for examples of increased efficiency and cost savings to states.)

The No Wrong Door Committee is a statewide public-private collaboration that was established through language in the Department of Human Resources' (DHR's) 2010 operating budget. The group has explored a variety of strategies to help Maryland develop and implement an effective No Wrong Door approach that builds upon the opportunities presented by implementation of the Patient Protection and Affordable Care Act (ACA). This report summarizes the group's recommendations and proposed next steps.

This report is organized into six sections.

- Section 1 provides background information on the No Wrong Door Committee.
- Section 2 describes a vision for a No Wrong Door approach in Maryland.
- Section 3 provides specific recommendations to achieve a No Wrong Door system.
- Section 4 provides a conclusion and offers suggestions for next steps.
- Section 5 is an appendix of supporting materials.

1.1 Purpose of the No Wrong Door committee

The purpose of the No Wrong Door Committee was to convene public agencies, private organizations, nonprofit organizations, and community action agencies that provide public benefits and social services to low income Marylanders in order to create an integrated system. Although each individual organization provides a segment of benefits or services, the group worked to consider options to integrate the various components so that individuals and families may access the full range of benefits and services for which they are eligible regardless of their point of entry

The participating organizations in the No Wrong Door Committee are committed to developing an integrated system. The Committee initially started as an informal group of advocates, nonprofit organizations, and community leaders committed to collaborate to create an integrated

system. These organizations started meeting in May 2009. A few months later the Department of Human Resources (DHR) joined the informal group and the group began to meet regularly. This group included a nucleus of members, which was eventually absorbed into the No Wrong Door Committee. In April 2010, the group was officially sanctioned in legislative language that was included in the Department of Human Resources' operating budget. The legislative language authorizing the creation of the No Wrong Door Committee expanded the overall scope of the deliberations and diversified the membership to include additional public agencies and non-profit stakeholders.

1.2 Legislative language that created the committee

The following language was included in the Department of Human Resources Joint Chairmen's Report—Operating Budget, April 2010 regarding the No Wrong Door Project:

The committees request that the Department of Human Resources (DHR), in consultation with the Advisory Board for Maryland Access Point, convene a committee comprised of representatives from DHR; the Department of Health and Mental Hygiene; the Department of Housing and Community Development; the Department of Aging; the Department of Labor, Licensing, and Regulation; the Department of Disabilities; and the Maryland State Department of Education, local departments of social services representatives, state elected officials, community organizations and advocates to investigate and recommend legislation, policies, procedures and technologies to deliver public assistance and in-kind community-based access. The committee should consider utilization of a uniform application for all benefits; enhanced or new information and case management technology; customer information sharing; partnerships with community organizations; multiple community-based services access points; expedited eligibility processing; and other means of service delivery consistent with its responsibility. DHR should report to the budget committees on the progress and initial outcomes of this No Wrong Door Project by December 31, 2010, and should provide a final report on these efforts no later than June 30, 2011.

1.3 Issues the three sub-committees explored

The No Wrong Door Committee explored a myriad of issues in order to make final recommendations about a No Wrong Door strategy for Maryland. The Committee formed three subcommittees to deliberate and develop recommendations: (1) Effective Strategies to Integrate Programs and Resources, (2) Technology, and (3) Effective Communication, Education, and Outreach.

The Integration subcommittee focused on recommending effective strategies to integrate programs and resources and provided the framework for the Committee's recommendations for a No Wrong Door strategy. The technology and communication subcommittees developed recommendations to support and enhance the framework outlined by the integration subcommittee.

The following issues were explored by the three subcommittees:

Effective Strategies to Integrate Programs and Resources Subcommittee

- Develop and utilize a uniform application for all benefits
- Explore other means of service delivery/alternative delivery systems
 - Develop a streamlined eligibility processes
 - Consider co-location
- Analyze administrative and legal barriers and recommend changes
 - Connect systems to match data across systems
- Create a cultural shift to encourage true integration

Technology Subcommittee

- Develop a new technology platform for public assistance programs/ client information sharing
- Analyze present IT and other infrastructure areas
- Analyze expedited eligibility process/address opportunities of, and barriers to express lane eligibility
- Enhanced or new information and case management technology (business process management and web-based technology to make it easier for consumers to access benefits)
- Develop a consolidated consumer hotline

Effective Communication, Education, and Outreach Subcommittee

- Determine benefits most frequently accessed
- Develop useful information resources
- Develop effective outreach strategies, including partnerships with community organizations and multiple community-based service access points

2.0 Description of Maryland's No Wrong Door Approach

The literal meaning of the No Wrong Door approach is that no matter how a person applies for benefits (at an agency or community organization, by phone, paper, or through an automated process), they should receive information about all available benefits and services offered in their community and be able to access all the programs for which they are eligible. This is the vision that the No Wrong Door Committee hopes to achieve in Maryland.

The No Wrong Door approach seeks benefits and service integration and case management beyond a physical location. This approach would require a fully integrated benefit and service delivery system, including information and referral services, which would allow public agencies and community-based private organizations to share client information to the extent allowed by confidentiality laws and regulations. This would reduce staff workload and client wait time while increasing efficiency and lowering costs in both the short- and long-term. The No Wrong Door approach seeks to address clients' needs and provide long-term solutions to meet the needs of residents.

The No Wrong Door approach in Maryland does not involve one single point of entry. Instead, the No Wrong Door approach involves multiple entry points that provide clients with access to the full range of benefits and services. This approach seeks to break down the silos between agencies and organizations and create an efficient, effective, and client- friendly system.

3.0 Recommendations to Achieve No Wrong Door in Maryland

3.1 Coordination with health care reform

One of the primary goals of the Patient Protection and Affordable Care Act (ACA) was to reduce the number of uninsured – some 700,000 in Maryland. The ACA requires, and Maryland's Health Care Reform Coordinating Committee (HCRCC) endorsed, a No Wrong Door approach to eligibility determination for Medicaid, MCHP, and Exchange subsidies. ACA provides an opportunity to create an integrated approach not just for health care, but for all social service supports. Therefore, implementation of the No Wrong Door approach should be coordinated with the implementation of health care reform and the work of the Office of Health Care Reform, the Exchange Board and the appropriate Advisory Committee(s). One of the major steps in the process of health care reform at process occurred on April 12th with the signing of the Health Benefit Exchange Act of 2011, which established the governance and structure for the Exchange.

3.2 Recommended strategies to achieve integration among programs and resources

The Committee recommends and stresses the importance that Maryland's No Wrong Door strategy be driven by the client's needs, not by programs. The ultimate goal of the strategy is to make it easier for clients to access benefits and services. A description of the Committee's specific recommendations to achieve effective integration of programs and resources follows.

Develop a uniform application

The Committee recommends that Maryland adopt a single uniform application for all benefits. By creating a relatively short, simple application, we would eliminate the need for clients to enter the same data on multiple applications and make it easier for them to apply for multiple benefits and services.

The Committee reviewed 13 different applications for health and human benefits and services to identify common data elements and that could be incorporated into a uniform application. Supplemental pages could be attached to reflect the data elements, which are unique to specific programs.

The applications included in the review process include the following programs.

- TCA (Temporary Cash Assistance)
- FSP (Food Supplement Program)
- MCHP (Maryland Children's Health Program)
- Medicaid ABD (Aged, Blind, or Disabled)
- QMB (Qualified Medicare Beneficiary)
- SLMB (Specified Low-Income Medicare Beneficiaries)
- Medicaid PAC (Primary Adult Care)
- CCS (Child Care Subsidy)
- OHEP (Office of Home Energy Programs), including MEAP (Maryland Energy Assistance Program) and EUSP (Electric Universal Service Program)
- WAP (Weatherization Assistance Program)
- CSEA (Child Support Enforcement Administration)
- FAC (Family and Children)
- WIC (Women, Infants and Children)
- TDAP (Temporary Disability Assistance Program)

The following data elements are recommended for inclusion in a uniform application.

General Information
First Name
Middle Initial
Last Name
Home Address
Mailing Address
Home Phone
Work Phone
Cell Phone
Email Address
Language Spoken
Translation Service Needed
Household Members
Names of Household Members
Date of Birth
Sex
Ethnicity
Race
Citizenship
Social Security Number
Immigration Status
Earned Income (includes self employment, odd jobs)
Household Member
Employer Name
Rate of Pay
Number of Hours Worked
Amount Per Pay Period
How Often Received
Tips
Unearned Income
<i>The Uniform Application should be included to advise clients that additional documentation may be required . Examples should be listed.</i>

See the spreadsheet of data elements in the appendix for a complete list of the data elements that are included in the 13 applications listed on pages 8.

The Committee recommends developing a case manager guide as a companion tool to accompany the Uniform Application. The guide would outline the data elements needed for each program and would enable the case manager to explain to clients why the data is needed.

Explore other means of service delivery/alternative delivery systems for public assistance resources

While Maryland has made advancements in developing alternative methods to deliver benefits, the No Wrong Door Committee recommends exploring additional low-cost methods to improve the delivery of benefits and services. Currently, the State is working with community-based organizations to facilitate enrollment. The State has also developed new ways for clients to apply for programs online and to conduct interviews on the phone. The No Wrong Door Committee recommends continued expansion of these efforts. The Committee also recommends that agencies increase their hours of operation to facilitate clients' access to benefits and services after work hours.

Additionally, the Committee recommends that when feasible, the State pursue the implementation of a chip or card with clients' demographic information, which clients could present to various agencies upon application. This would eliminate the need for clients to share the same information with each agency. Additional research is needed to understand the implementation costs and to assess whether and how it aligns with health care reform.

The Committee recommends exploring whether or not a Smart Phone application could be developed to allow clients to see what benefits they have and to apply and recertify for benefits. The application would increase clients' access to agencies and also enable agencies to keep in touch with clients. While clients' move frequently, they often maintain their mobile phone number. A Smart Phone application would also enable agencies to use text messaging as a tool to share information with clients. Another possibility for consideration is a regular telephone application – a couple of states have waivers from the Food and Nutrition Service (FNS), the United States Department of Agriculture (USDA) for telephone applications (including telephonic signatures) for elderly applicants.

Analyze administrative and legal barriers

Administrative processes and statutory and regulatory regulations may hinder the streamlined access to benefits and services envisioned by the Committee. For example, changing the administrative processes or regulations that require clients to submit duplicate information when applying for multiple benefits would make it easier for clients to access all of the services and benefits that they need. Depending on the particular barrier in question, process changes, legislative changes and/or automation tools may be required.

The Committee also recommends that the State continue to explore ways to standardize eligibility criteria across programs. Standardization may require changes at the State and/or federal level. While the Committee conducted a survey of income and asset eligibility criteria for 14 programs, further analysis is necessary.

Another inconsistency that should be addressed is the way that income levels are defined. The Committee's review confirmed that income requirements vary across programs. In addition,

income is defined differently across programs. By working with federal partners, the State could streamline income requirements and definitions and make the overall application process easier for both clients and eligibility determination staff.

Additionally, the Committee recommends exploring the benefits of the various waivers to make it easier for Marylanders to access benefits. Within the State, work is currently underway to examine waivers and strategies that have been enacted in other states to streamline the SNAP (Supplemental Nutrition Assistance Program) administration and make it easier for clients to apply. An example of a SNAP waiver in Maryland that simplifies processing of expedited benefits is the postponement of the interview until after expedited issuance in instances where an applicant who filed online or by mail cannot be reached by telephone. Other examples of the State's efforts to reduce barriers include: revising applications to shorten them and make them easier to understand, implementing a call center, and creating on-line applications.

Develop a streamlined eligibility process so it is easier for clients to access benefits

To facilitate streamlined eligibility, the Committee conducted a preliminary review of income and asset guidelines and re-organized the data by income levels in descending order to identify similarities across programs.

Income and asset guidelines were reviewed for the programs listed below. The spreadsheet of income guidelines included in the appendix details the income and asset guidelines for these programs.

- TCA
- FAC
- ABD
- RMA (Refugee Medical Assistance)
- FSP
- MCHP
- PAC
- SSI
- QMB
- SLMB
- TDAP

Ultimately, the Committee supports the implementation of express lane eligibility. As an interim step, the Committee recommends exploring ways to provide guidance to front line workers about all the potential programs their clients may be eligible for. Using such guidance, a caseworker or staff member at a community-based organization who assists an applicant for energy assistance could advise the applicant that he or she is also eligible for SNAP. To develop these processes, further research is needed to compare the eligibility requirements across programs. The Committee acknowledges that eventually express lane eligibility will serve this purpose. The Committee also suggests that a comprehensive toolkit be developed for community partners so they are better able to assess all of the benefits for which a client is eligible.

Create a cultural shift to encourage true integration within and across organizations

Creating a No Wrong Door system requires a shift in culture. Front line workers and management across the various agencies and organizations need to promote benefits and services offered by external partners as well as those offered in-house. To facilitate this change, the Committee recommends the steps outlined below:

1. Create a cross-agency, cross-organization working group to manage the implementation of the No Wrong Door approach. The group would provide feedback on the No Wrong Door framework and will share their input, thoughts, concerns, and barriers. The group will also develop protocols and procedures for working collaboratively, sharing information, making referrals and supporting an integrated working environment.
2. Have managers in local agencies and community organizations share written materials about how to implement the No Wrong Door approach with workers who have direct contact with clients. Create a positive environment by gaining input from workers and seeking their buy-in and support to implement a No Wrong Door system.
3. Host trainings for agencies and community groups to equip them with the information, knowledge, and skills to work in an integrated fashion.
4. Host regional meetings to bring workers together in Maryland's distinct geographic areas (e.g. Eastern Shore, Western Maryland, Southern Maryland, etc) to discuss implementing the No Wrong Door approach.
5. Ensure support from top management. Management should reinforce the importance of following the No Wrong Door approach and encourage all staff to work in this fashion.

Consider co-location

To make it more convenient for consumers to access a range of benefits, the Committee recommends that to the extent possible, local jurisdictions should consider co-locating DSS workers, local health department workers, OHEP workers, and child care workers. The group acknowledged that the staff configuration may vary by site. Montgomery County is an example of a successful co-location strategy. For more information about Montgomery County's model, please refer to the summary in the appendix.

The Committee acknowledges that there are several barriers to co-location including funding and space. In addition, co-location is not always feasible.

3.3 Technology recommendations

The following three technology recommendations support the No Wrong Door strategy as described above.

Create a uniform technology platform

The Committee recommends that public assistance programs use the same technological platform that will be used for the Health Benefit Exchange. Health care reform should drive the technology platform that is selected. The platform should include an online screening tool that clients can use to "self-screen" to evaluate their eligibility for various benefits.

In February, Maryland was one of seven states awarded an “Early Innovator” grant. The purpose of the \$6.2 million award is to begin to develop the essential technical components for the Exchange, including the point of access for the Exchange, integration with Maryland’s legacy systems and the federal portal systems, and Maryland’s consumption of planned federal web services (e.g. verification and rules).

Regardless of the platform that is ultimately selected, it should facilitate online application, application status checks and verification of income, eligibility, citizenship information, etc. This is a requirement of the ACA.

Expedited eligibility procedures/addressing barriers to express lane eligibility

Currently the process to share information on applications is inconsistent and often confusing to clients. For example, the Free and Reduced-price Meals (FARMS) program requires clients to opt in to have their information shared with the Supplemental Nutrition Assistance Program (SNAP) agency - DHR, while requiring that clients opt out of sharing with the Children’s Health Program agency - DHMH. The Committee recommends that the State work with its congressional delegation to support changes, which would address this inconsistency.

Connect Systems to enable data sharing and outreach

The Committee suggests that the State enhance its efforts to share data across programs whose eligibility criteria are aligned. This data can be used to qualify clients for additional benefits for which they are eligible. The data can also be used to inform outreach efforts to potential clients.

Last year, Maryland completed a “proof of concept” that used data to qualify clients for additional benefits. DHR tested a data matching program that demonstrated the value of linking eligibility data between FARMS and SNAP. This effort resulted in the identification of families whose children were enrolled in FARMS but did not receive SNAP. While data-sharing between the local departments of social services and the local education agency still presents a challenge, the inclusion of an opt-in clause on the FARMS application to allow LEAs to share data with DHR has partly addressed the issue. DHMH also utilized a similar data matching program to identify people who might be eligible for Medicaid by analyzing data from DHR, Maryland prisons and Baltimore jails.

To assist with health care reform implementation, we need to improve ways to share information between the various IT systems used across agencies. This may be done through regulation, executive order, memorandums of understanding or possibly legislation.

One example of data sharing among different agencies is the Kid’s First Act which was enacted by the Maryland legislature and signed into law by Governor O’Malley in May 2008. The Kid’s First Act established a simple process of adding a check-off box on State Income Tax forms to identify children who were eligible for, but not enrolled in Medicaid or MCHP. This served as a model for similar language in the ACA. In 2010, this was expanded by passage of the Kids First Express Lane Eligibility Act, which called for the sharing of information between the Comptroller’s Office and DHMH. The Committee recommends that the State continue to examine and address ways to share data among programs.

Enhance or utilize new information and case management technology

The Committee recommends utilizing web-based technology and business process enhancements to improve the service delivery system. For example, DHR has initiated a procurement process to implement a business process management system, which will assist staff in tracking and managing the work flow.

Maryland can also learn from similar efforts from other states. For example, the Delaware Department of Health and Social Services (DHS) established workgroups to study its business process and operations, including but not limited to job reclassification (worked with staff and unions); forms redesign (reviewed all forms) and procedure redesign (changing habits, less paper, training, simplification).

As a result, the Delaware DHS has simplified the eligibility determination and case management processes for staff and customers, including the development of a rules-based eligibility system, an online screening tool, and the installation of copy and fax machines in lobbies. Policy for cash assistance, Food Stamps, Medicaid and child care is programmed into DCIS II, Delaware rules-based eligibility system. DCIS II also supports case management, alerts and case narratives, benefit recovery, quality control sampling, adequate and timely noticing, mass mailing, reporting and sanctioning.

Delaware also created “ASSIST” — Application for Social Services and Internet Screening Tool, which offers a self-screening questionnaire to evaluate possible eligibility for Delaware’s social service programs. Finally, the Delaware Department of Health and Social Services offers copy and fax machines in their lobbies so clients can utilize and drop information in a drop box. These measures have improved services to customers who no longer need to visit multiple caseworkers.

The Committee recommends that Maryland explore similar technological enhancements.

Develop a robust consumer hotline system

The Committee recommends a robust telephone hotline system for Maryland to help people figure out what programs they are eligible for given their specific situation. The hotline system should also help people understand how to apply for programs and, when necessary, help them complete their applications. The hotline should include a robust navigation system that can answer questions about a variety of programs. There are currently consumer hotline systems already in place that can be enhanced to meet the needs of clients. The hotline system includes a variety of telephone resources, including 211 and the statewide DHR call center located in Western Maryland. Below is additional information about Maryland 211.

211 MD is a call center staffed with call specialists who work with callers to help them apply for programs throughout the state. Call specialists work with callers to clarify their situation, determine which resources are available to help them, and to probe to determine the root cause of the caller's problem. Call specialists determine a client's immediate needs and determine any necessary follow up. They identify programs and services that the caller is likely to be eligible for.

211 MD was launched live in July 2009. 211's database includes 2,500 agencies and 4,000 programs across Maryland. Last year 211 MD received 276,000 calls, representing 5 percent of the State's population. The most commonly requested services were housing assistance, utility assistance, and suicide crisis intervention. With increasing pressures from a declining economy, calls to 211 increased dramatically last year. Calls for housing assistance were up 50% over the previous year. Calls for utility assistance and suicide crisis intervention were up 19% and 30% respectively over the previous year.

We anticipate that the demands on both 211 and the statewide DHR call center will continue to increase. Staffing levels of the hotlines should be expanded to support the anticipated increased demand of people accessing the hotline and support the increased time that operators will spend helping consumers to access benefits. Additional support is also needed to provide hotline staff with training so they will be informed of all of the available benefits and services.

ACA calls for the creation of a Navigator program designed to assist consumers as they navigate the Health Benefit Exchange. The Health Benefit Exchange Act calls for an initial study to be undertaken in the summer of 2011 to determine the design of the program. The Committee recommends that a hotline be an integral part of any consumer assistance program.

3.4 Communication, education and outreach recommendations

To develop communication, education and outreach recommendations that support the No Wrong Door strategy, the subcommittee conducted a survey of front line workers. The purpose of the survey was to better understand the problems that front line workers encounter when helping clients to apply for benefits, the usefulness of existing information and education tools to help them to learn about the available benefits and services, and to obtain feedback about effective communication and outreach strategies.

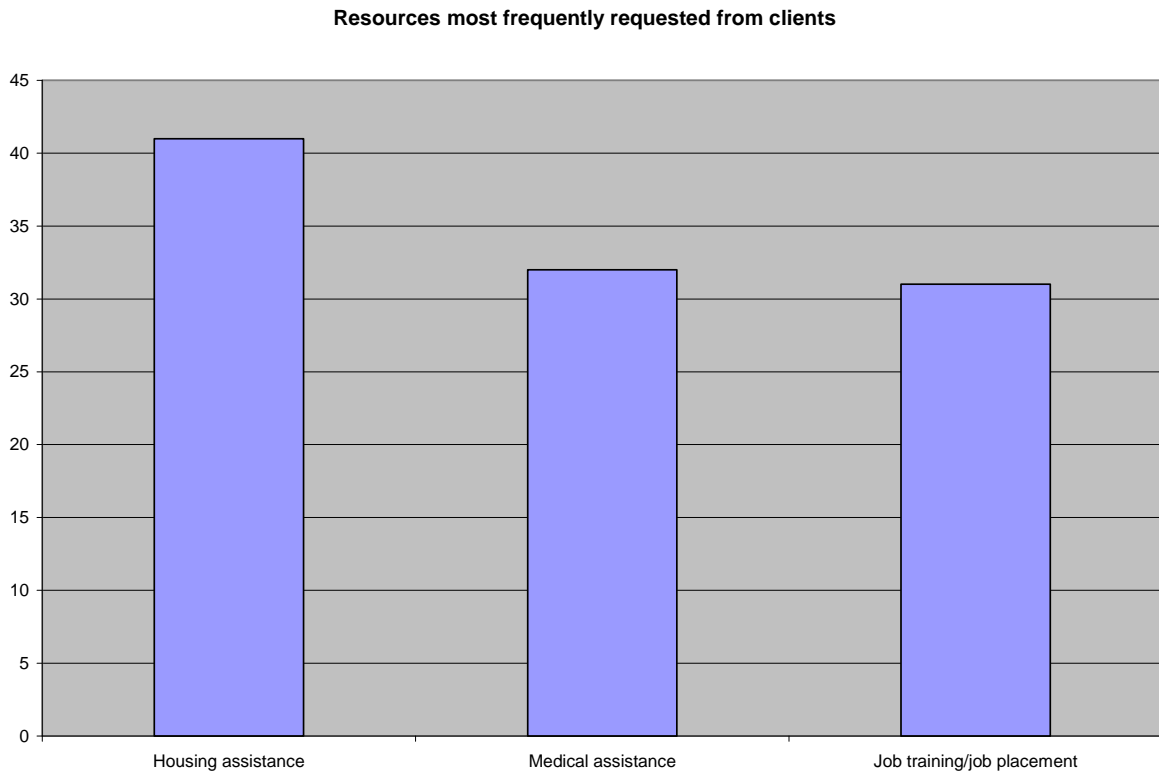
Background information about the survey

The Communications subcommittee surveyed 550 individuals on the Welfare Advocates' email distribution list. The distribution list includes DSS employees, DHR employees, social service workers, case workers, advocates, clients, and representatives from nonprofit organizations and community action agencies.

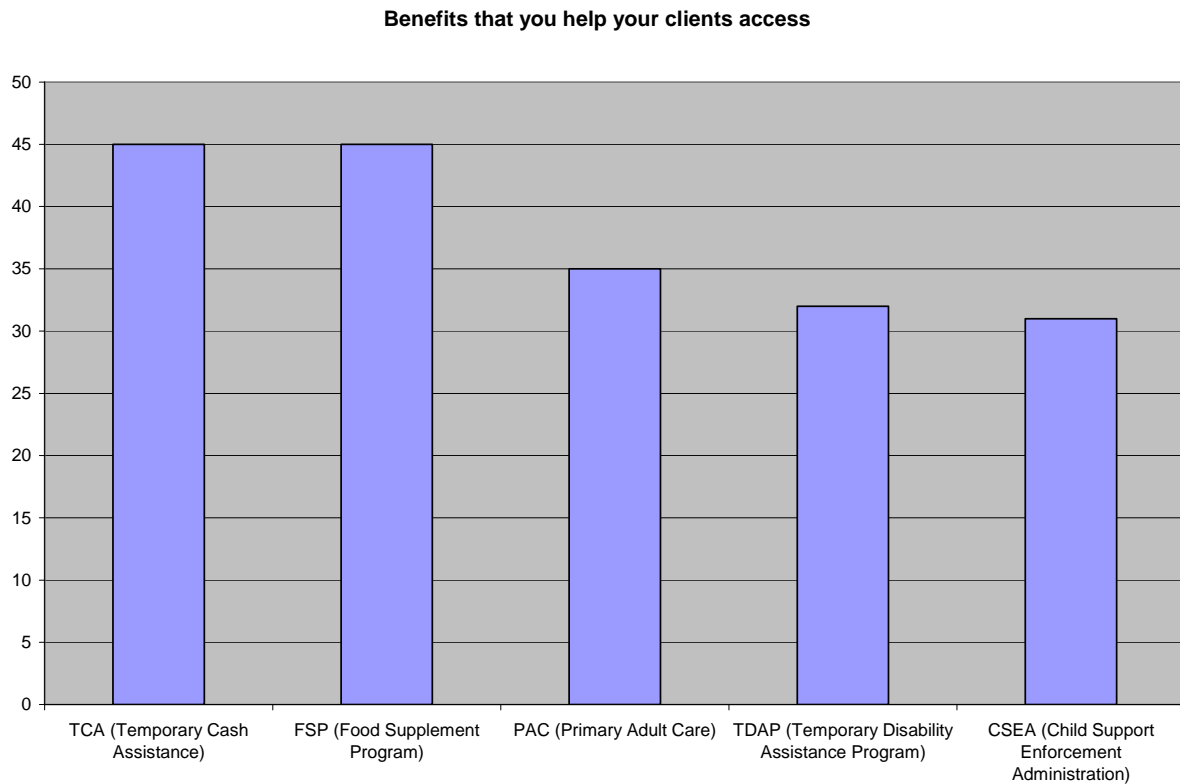
The survey had a 15 percent response rate, with 85 workers participating in the survey. Of the participants surveyed, most work in Baltimore City (38 participants), followed by Baltimore County (25 participants), Anne Arundel County (24 participants), Harford County (17 participants), and Frederick County (15 participants). It is important to note that some survey participants did not complete the entire survey and that some questions allowed participants to provide more than one response.

Accessing benefits and services

The survey revealed that the resources most frequently requested from clients are housing assistance (41), medical assistance (32), and job training/job placement (31).



The benefits and services that most organizations help their clients to access are TCA (Temporary Cash Assistance) (45), FSP (Food Supplement Program) (45), and PAC (Primary Adult Care) (35), TDAP (Temporary Disability Assistance Program) (32), and services administered by CSEA (Child Support Enforcement Administration) (31).



The top three most important reasons why organizations do not offer a broader array of benefits are that other agencies nearby offer some or all of those benefits (46); the benefits in question fall outside the scope of the organization’s mission (31); and providing the additional benefits would require additional staffing (24).

Issues such as incomplete applications (28), lack of required identification (20), and inaccurate or outdated information in the application (15) were cited as “always” or “often” a problem when reviewing applications for benefits. .

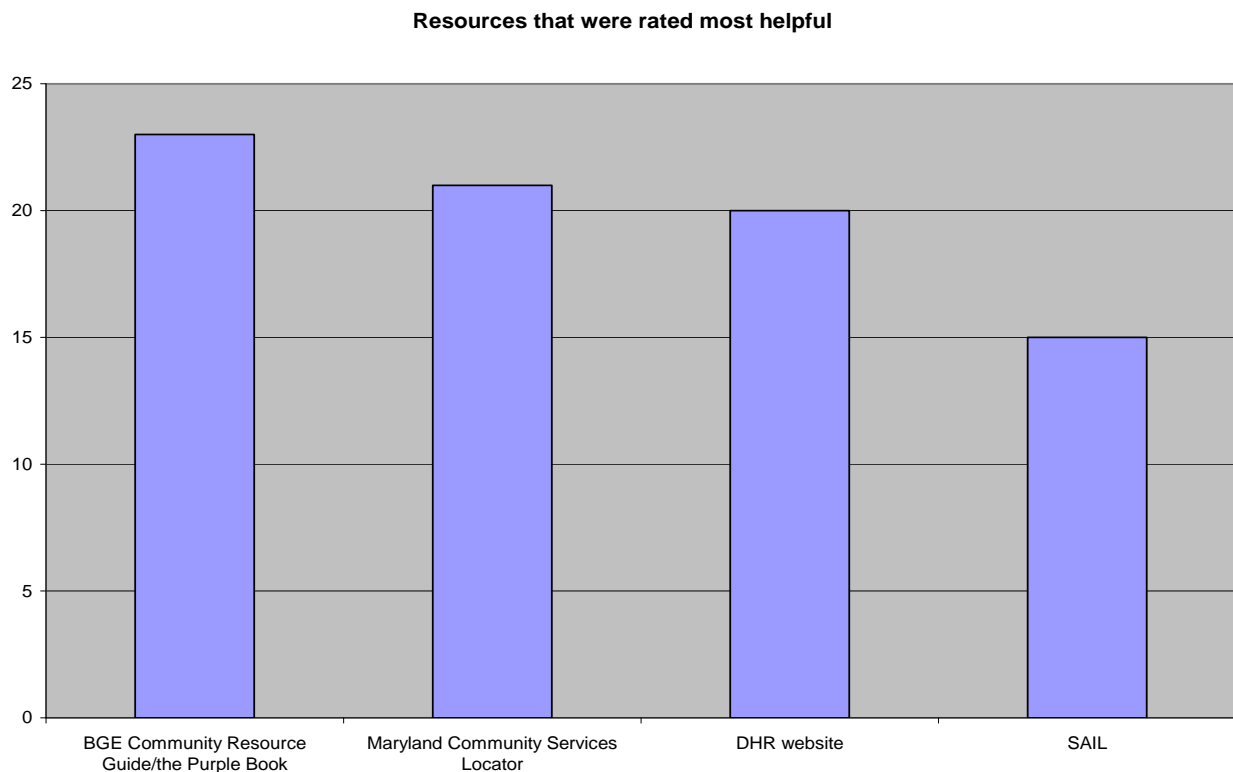
Information resources

The survey rated the usefulness of several information resources listed below.

- The Problem Solver website
- BGE Community Resource Guide
- Maryland Community Services Locator
- SAIL
- DHR website
- DHMH website
- 211
- www.EarnBenefits.org (the public companion site to the *EarnBenefits* Online system)

Of the resources listed above, several resources are not used by survey participants. The resources least likely to be used include the Problem Solver website (31); *EarnBenefits* (23); and 211 (20).

The resources that were rated most helpful (4 or 5 on a scale of 1 to 5) were: the BGE Community Resource Guide/the Purple Book (23); Maryland Community Services Locator (21); the DHR website (20), and SAIL (15).



The information that survey participants found most difficult to obtain (4 or 5 on a scale of 1 to 5) include: status of a recently submitted application (23); immigration-related regulation (23), and legal resources, such as how to appeal a denial of benefits (14).

Effective outreach strategies

Organizations rated the following outreach strategies as effective (4 or 5 on a scale of 1 to 5) to successfully educate their front line workers about benefits that may be helpful to their clients: events such as workshops, conference, or lectures (27); Internet sites (25), and flyers, brochures, and posters (23). There was no clear strategy identified as least effective.

Organizations rated the following outreach strategies as effective (4 or 5 on a scale of 1 to 5) to successfully educate potential clients about benefits they may be eligible for: flyers, brochures, and posters (28) and events such as community or school fairs (26). Newspaper ads were the least effective outreach strategy (3) to educate clients.

Based on the survey results and the education and outreach ideas contained in the Health Care Reform Coordinating Council (HCRCC) final report, the Committee offers the following short- and long-term recommendations.

Short-term recommendations

- Employees of local health departments and DHMH were not included in the survey; therefore, to incorporate their perspectives, send the survey or a revised version of the survey out to LHD (Local Health Department) and DSS (Department of Social Services) offices.
- Develop and implement a communication strategy to engage stakeholders and case workers using outreach strategies identified as “effective” in the survey. These strategies should include, but not be limited to:
 - Develop a set of informational materials (flyers, brochures, posters) that explain the primary methods and locations to access multiple benefits (as described in this report);
 - Identify and reach out to human services coalitions, associations and affiliate organizations to explain the No Wrong Door strategy and distribute the informational materials;
 - Distribute materials at public libraries;
 - Work with local school systems to distribute appropriate informational materials to parents;
 - Develop graphic designs/visual cues to identify locations where clients can access multiple benefits and services.
 - Write and submit OpEd articles for local newspapers to announce and explain the new strategy.
- Conduct outreach and provide training to smaller agencies to empower them to help their clients and connect them to more benefits. Review existing training manuals and materials for DSS and other front line workers and determine whether enhancements are necessary. Consider developing scripts or other easy-to-use information that highlight various benefit programs. Design a training program to educate workers about the full range of benefits and services so they are able to effectively share this information with their clients.

While enhanced training will enable some small agencies to provide more benefits to their clients, others may consider establishing a partnership to help their clients access a wider array of benefits. Seedco's *EarnBenefits* Online is a model of this type of partnership. *EarnBenefits* Online is a secure internet-based platform that can currently screen for 20 benefits and tax credits in Maryland. This tool will be expanded to include additional benefits.

Seedco's *EarnBenefits* network currently includes twelve community-based organizations (CBOs) in Baltimore City and Baltimore County. Each CBO integrates this service in a way that makes sense for their approach and programs. *EarnBenefits* Online can be accessed on any computer with an internet connection, which makes it possible for partners to implement it across various locations. In some cases,

CBOs are able to equip trained *EarnBenefits* counselors with laptops so they are able to rove to multiple sites, broadening their reach in the community.

- Implement low-cost strategies to encourage more people who are eligible for benefits to apply for them. These strategies could include, but not be limited to:
 - Add “check-off” boxes to existing benefit applications to send clients’ names to providers of other benefits (e.g., when applying for rental assistance, a check-off box would send the client’s name to the administering agency for related benefits such as energy assistance and food stamps, etc.)
 - Work with water, telephone, and gas and electric utilities to identify addresses where service has been interrupted for non-payment, and contact those households (by mail or in person) to advise them of benefits for which they may be eligible. ;
 - Work with local government agencies to “co-locate” caseworkers from different benefit systems in one location (e.g., Montgomery County model).

Long-term recommendations

- Create a public/private interagency committee made up of communications and marketing specialists to develop and implement a change management strategy. Change management strategies offer a comprehensive, structured approach to transition organizations from a current state to a desired future state in a way that empowers the organizations and their employees to accept and embrace the change.
- Seek pro-bono communications and marketing assistance from the private sector.

4.0 Conclusion and Next Steps

The current economic environment has increased the demand for benefits and services. More than ever, families need access to a full range of benefits in order to make ends meet. For this reason, there is an urgent need for Maryland to implement a No Wrong Door approach. This approach will ensure that regardless of how a person applies for benefits—at an agency or community organization, by phone, paper, or through an automated process—they can access all of the programs for which they are eligible.

Members of the No Wrong Door Committee (representatives of public agencies, private organizations, nonprofit organizations, and community action agencies) have been working together to explore numerous issues in order to make final recommendations about a No Wrong Door strategy for Maryland. The following short-term and longer-term recommendations are offered from the Committee.

Short-term Recommendations

- Implement No Wrong Door efforts in coordination with health care reform.
- Create a cross-agency, cross-organization working group to manage the implementation of the No Wrong Door approach.
- Have managers in local agencies and community organizations share written materials about how to implement the No Wrong Door approach with workers who have direct contact with clients.
- Ensure support from top management in state, local and community agencies and organizations. Management should reinforce the importance of following the No Wrong Door approach and encourage all staff to work in this fashion.
- Distribute the No Wrong Door survey to a wider audience including employees of local health departments and the Department of Health and Mental Hygiene.
- Develop and implement a communication strategy to engage stakeholders and case workers using outreach strategies identified as “effective” in the survey.
- Conduct outreach and provide training to smaller agencies to empower them to help their clients and connect them to more benefits.
- Implement low-cost strategies to encourage more people who are eligible for benefits to apply for them.
- Develop a single uniform application for all benefits.
- Explore alternative delivery systems to make it easier for clients to apply for benefits.

Longer-term Recommendations

- Eliminate administrative and legal barriers that are stumbling blocks for those seeking benefits.
- Develop a streamlined eligibility process so it is easier for clients to access all the benefits for which they are eligible.
- Connect systems to match and share data across systems.
- Create a cultural shift to encourage true integration within and across organizations.
- Consider co-location of staff from various agencies when possible.
- Utilize a uniform technology platform for health care and for social welfare programs.
- Utilize expedited eligibility procedures and address barriers to express lane eligibility.

- Utilize enhanced or new information and case management technology.
- Build a robust consumer hotline system.
- Create a public/private interagency committee made up of communications and marketing specialists to develop and implement a change management strategy.
- Seek pro-bono communications and marketing assistance from the private sector.
- Host trainings for agencies and community groups to equip them with the information, knowledge, and skills to work in an integrated fashion.
- Host regional meetings to bring workers together in different geographic areas (e.g. Eastern Shore, Western Maryland, Southern Maryland, etc) to discuss implementing the No Wrong Door approach.

5.0 Appendix

1. List of No Wrong Door Committee members
2. No Wrong Door subcommittees and members
3. Spreadsheet of data elements
4. Spreadsheet of program income and asset guidelines
5. Communications survey
6. Summary of No Wrong Door efforts in Maryland

5.1 No Wrong Door committee members

Name	Title	Organization
Alexander Sanchez	Secretary	Department of Labor, Licensing and Regulation
Barbara DiPietro	Policy Director	Health Care for the Homeless
Betsy Blair	Branch Chief, Office of Child Care Subsidy	State Department of Education
Branden McLeod	Associate Director, Maryland Budget & Tax Policy Institute; Chair, Maryland Alliance for the Poor (MAP)	
Brian Casto	Computer Network Specialist	Department of Information Technology
Cassandra Kaiser	Nutrition Associate	Maryland Hunger Solutions
Cathy Demeroto	Director	Maryland Hunger Solutions
Chana Siff	Associate Director of Israel/Global Affairs & Online Communications/ Gov. Relations Associate	Baltimore Jewish Council
Chris Bickle	Assistant Director for Family Investment	Frederick County DSS
Cindy Riely	Senior Consumer Liaison	Office of People's Counsel
Courtney Conner	Former Nutrition Associate	Maryland Hunger Solutions
Dana Stein	State Delegate	Maryland House of Delegates
Danielle Torain	Senior Director of Strategy & Development	Center for Urban Families
David Conn	Energy Assistance Program Director	Baltimore Gas & Electric Co.
Ellen Battistelli	Former Director of External Affairs	Advocates for Children & Youth
George Failla, Jr.	Deputy Secretary	Department of Disabilities
Ja'Nai Keith	Business Performance Specialist	Department of Housing and Community Development
Jean Henningsen	Program Associate	Seedco
Jill Spector	Senior Staff Advisor	Department of Health and Mental Hygiene
JoAnn Barnes	Administrator	Montgomery County Department of Health and Human Services
Julie Varner Walsh	Former Associate Director, Social Concerns	Maryland Catholic Conference
Kara Hamilton	Chief of Staff	Family Investment Administration/Department of Human Resources
Karen Murrell	Facilitator	Higher Heights Consulting
Karen Nettler	Director Community Connections	Jewish Community Services
Kay Finegan	Former Director, Bureau of Policy and Training	Family Investment Administration/Department of Human Resources

Kevin McGuire	Former Executive Director	Family Investment Administration/Department of Human Resources
Kim Burton	Director, Older Adult Programs	Mental Health Association of Maryland
Kimberly Chin	Former Director	Maryland Hunger Solutions
Leigh S. Cobb	Health Policy Director	Advocates for Children & Youth
Lindsay Hoffman	Senior Manager of Program Development, External Affairs	Seedco
Lisa Ganocy	Community Nutrition Fellow	Maryland Hunger Solutions
Mary Ellen Vanni	Executive Director	Maryland Fuel Fund
Michael Hawkins	Special Assistant	Governor's Office for Children
Michelle Bernstein	Former Associate Director of Government Relations	Baltimore Jewish Council
Mike Lachance	Legislative Liaison	Department of Aging
Nan Waranch	Former President	United Way of Central Maryland
Pamela Shurkin Meister	Former Associate Executive Director	Baltimore Jewish Council
Patrice Cromwell	Associate Director, Civic Sites and Initiatives	Annie E Casey Foundation
Paula Carmody	People's Counsel	Office of People's Counsel
Raymond Skinner	Secretary	Department of Housing and Community Development
Regan Vaughan	Director, Social Concerns; Chair, Welfare Advocates	Catholic Charities
Richard Madaleno	State Senator	Maryland State Senate
Ricky Gratz	Assistant People's Counsel	Office of People's Counsel
Rosemary King-Johnston	Executive Director	Governor's Office for Children
Rosemary Malone	Interim Executive Director	Family Investment Administration/Department of Human Resources
Sandy Monck	Senior Vice President, Community Impact	United Way of Central Maryland
Stacy Rodgers	Former Deputy Secretary for Programs	Department of Human Resources
Stephanie Hull	Chief, Long Term Services and Supports	Department on Aging
Summar Goodman	Special Assistant to the Secretary	Department of Labor, Licensing and Regulation
Susan Gewirtz	Program Associate	Annie E. Casey Foundation
Valerie Woodward	Former Prevention Strategies Specialist	Governor's Office for Children
Vanessa Diggs	21st Century Community Learning Centers, Director, Youth Development Branch	Maryland State Department of Education

5.2 No Wrong Door subcommittees and members

Technology

- Brian Casto, Department of Information Technology
- Fern Hill, Department of Human Resources
- Jean Henningsen, Seedco
- Jill Spector, Department of Health and Mental Hygiene
- Kevin McGuire, Formerly of the Department of Human Resources
- Leigh Cobb, Advocates for Children and Youth
- Leni Preston, Maryland Women's Coalition for Health Care Reform
- Mahnoosh Alemi, Department of Human Resources
- Mary Lou Fox, Maryland Women's Coalition for Health Care Reform
- Rosemary Malone, Department of Human Resources
- Sandy Monck, United Way of Central Maryland
- Stephanie Hull, Department of Aging
- Tiyaashi Dastidar, Department of Human Resources
- Vishnu Nanan, Affiliated Computer Services, Inc
- Yvette Jackson, Formerly of Seedco

Effective Integration of Resources and Services

- Cathy Demeroto, Maryland Hunger Solutions
- Chris Bickle, Frederick County Department of Social Services
- Cindy Riely, Office of People's Counsel
- Connie Tolbert, Department of Human Resources
- Dana Stein, House of Delegates
- Donniece Gooden-Major, Office of People's Counsel
- George Failla, Department of Disabilities
- Jill Spector, Department of Health and Mental Hygiene
- Jim Reinsel, Department of Disabilities
- JoAnn Barnes, Montgomery County Health and Human Services
- Matthew Joseph, Formerly of Advocates for Children and Youth
- Patrice Cromwell, Annie E. Casey Foundation
- Paula Carmody, Office of People's Council
- Randy Graybeal, Department of Human Resources
- Rosemary King Johnston, Governor's Office of Children
- Rosemary Malone, Department of Human Resources

Effective Communication, Education, and Outreach

- Alycia Steinberg, University of Maryland, Baltimore County, HCRCC Education and Outreach Committee
- Branden McLeod, Maryland Budget & Tax Institute/Maryland Alliance for the Poor
- Cathy Demeroto, Maryland Hunger Solutions
- David Conn, Baltimore Gas and Electric

- Debbie Cunzeman, Department of Human Resources
- Ja’Nai Keith, Department of Housing and Community Development
- Karen Nettler, Jewish Community Services
- Kay Finegan, Formerly of the Department of Human Resources
- Reagan Vaughan, Catholic Charities
- Sue Esty, AFSCME
- Summar Goodman, Department of Labor, Licensing, and Regulation
- Vanessa J. Diggs, Maryland State Department of Education

5.3 Spreadsheet of data elements

See attachment.

5.4 Spreadsheet of program income and asset guidelines

See attachment.

5.5 Communications survey

1. What is the name of your organization?: _____

2. What jurisdictions do you work in? (Select all that apply)

- a. Allegany County
- b. Anne Arundel County
- c. Baltimore City
- d. Baltimore County
- e. Calvert County
- f. Caroline County
- g. Carroll County
- h. Cecil County
- i. Charles County
- j. Dorchester County
- k. Frederick County
- l. Garrett County
- m. Harford County
- n. Howard County
- o. Kent County
- p. Montgomery County
- q. Prince Georges County
- r. Queen Anne's County
- s. Saint Mary's County
- t. Somerset County
- u. Talbot County
- v. Washington County
- w. Wicomico County
- x. Worcester County

3. Please check **all** of the following benefits that you help your clients access.

- ☐ TCA (Temporary Cash Assistance)
- ☐ FSP (Food Supplement Program)
- ☐ MCHP (MD Children's Health Program)
- ☐ ABD (Aged, Blind or Disabled)
- ☐ QMB (Qualified Medicare Beneficiary)
- ☐ SLMB (Specified Low Income Medicare Beneficiary)
- ☐ PAC (Primary Adult Care)
- ☐ CCS (Child Care Subsidy)
- ☐ OHEP (Office of Home Energy Program)
- ☐ WAP (Weatherization Assistance Program)

- ☐ CSEA (Child Support Enforcement Administration)
- ☐ FAC (Family and Children)
- ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- ☐ TDAP (Temporary Disability Assistance Program)

4. Please check the **top 3** most important reasons why you do not offer certain benefits.

- ☐ Our clients do not generally request them
- ☐ There are other agencies nearby that offer some or all of those benefits
- ☐ Providing the additional benefits would require additional staffing
- ☐ We do not have the necessary technology to provide the additional benefits
- ☐ Our agency is not aware of one (or more) of those benefits
- ☐ We do not have expertise in the regulations and eligibility requirements for the other benefits
- ☐ The benefits we do not provide fall outside the scope of our mission
- ☐ Other (please specify): _____

5. Which of the following resources have you used to research an answer to a question about benefit? Select **all** of the resources that you have used and rate the experience using 1 as the least helpful and 5 as the most helpful.

- ☐ The Problem Solver website ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ BGE Community Resource Guide (the Purple Book) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Maryland Community Services Locator ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ SAIL ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ DHR website ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ DHMH website ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ 211 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ www.EarnBenefits.org ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Other resources (please list): _____ ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. What information do you find **most difficult** to obtain when researching benefits and resources for your clients? Select the **top 3** information sources that you find difficult to obtain and rank their difficulty, with 1 being the least difficult and 5 being the most difficult.

- ☐ Income eligibility guidelines ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ What documentation is needed to verify identity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Legal resources, such as how to appeal a denial of benefits ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Age requirements (such as for WIC) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Immigration-related regulation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Status of a recently submitted application ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Other _____

7. Which resources are most frequently requested from your clients? (Select all that apply).

- ☐ Food pantries
- ☐ Housing assistance

- ☐ Medical assistance
- ☐ Child care assistance
- ☐ Transportation assistance
- ☐ Energy assistance
- ☐ Job training/job placement
- ☐ Other: _____

8. Please rank the following problems you encounter when reviewing applications for benefits using the following scale:

- 1 = Always a problem;
- 2 = Often a problem
- 3 = Sometimes a problem
- 4 = Rarely a problem
- 5 = Never a problem

- ☐ Lack of required identification ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Expired identification ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Inaccurate or outdated information in application ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Incomplete application ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Other (please specify) _____ ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

9. Please rank the effectiveness of each of the following outreach strategies that your office successfully used to educate **front line workers** about benefits that may be helpful to their clients and rank their effectiveness using 1 as the least effective and 5 as the most effective.

- ☐ Flyers, brochures, posters
- ☐ Events such as workshops, conferences, or lectures
- ☐ E-alerts or E-newsletters
- ☐ Internet sites
- ☐ Other (please specify) _____

10. Please rank the effectiveness of each of the following outreach strategies that your office used successfully to educate **potential clients** about benefits they may be eligible for and rank their effectiveness using 1 as the least effective and 5 as the most effective.

- ☐ Flyers, brochures, posters ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Events such as community or school fairs ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Radio ads ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Newspaper ads ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Advertisements at bus stops ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Street outreach ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ Internet sites
- ☐ Other (please specify) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5.6 Summary of No Wrong Door efforts in Maryland

As part of the No Wrong Door Committee's work, the group explored best practices in other states and within Maryland. There are several examples within Maryland, which involve technology enhancements, business process changes, co-location, and collaboration between agencies to facilitate outreach and provide a one-stop source of information. The following is a brief summary of integrated approaches in Maryland.

Anne Arundel County

The Anne Arundel County Department of Social Services has developed a "one-stop shop" No Wrong Door approach with locations in Annapolis and Glen Burnie. At each location, DSS and various nonprofit organizations share space in order to provide complementary services. The primary benefit of co-location is that individuals who come to the DSS seeking assistance can also receive additional services on the spot. The County is also exploring a new strategy--known as Working Smart--that changes the way applications are processed. In this model, clients will not have a caseworker. Instead new and renewal applications will be handled by a client care team that will take applications, collect documents, and process any outstanding portions of the applications. With this process, there is an interview team, processors, and a specialized team for TCA reporting. "Working SMART" will allow staff to better manage the volume of work.

For more information, contact Mark Millspaugh, Deputy Director, Family Investment Division at mmillspa@dhr.state.md.us.

EarnBenefits

The local *EarnBenefits* network is run by Seedco through staff in Baltimore and with support from Seedco's national headquarters in New York. The network is primarily based in Baltimore City and has expanded into Baltimore County over the last two years. The network includes a diverse group of community partners offering a host of wrap-around services. For example, if a client goes to Catholic Charities' Our Daily Bread Employment Center (ODBEC) in the city, he or she can receive whatever services offered by ODBEC and also receive a free benefits screening and application assistance for 20 public and private benefits, including tax credits, with the help of an *EarnBenefits* counselor. Counselors are trained to use the *EarnBenefits* Online screening and assistance tool and can also provide ongoing case management.

For more information, contact Jean Henningsen – Program Associate for Seedco's Baltimore Office – 410 234 0279 or visit www.earnbenefits.org.

Frederick County

The Frederick County Department of Social Services utilizes a team-based process management service delivery system to facilitate the timely processing of case actions. Case managers are assigned to either interviewing or processing activities based on their skills and expertise. With the exception of expedited Food Supplement applications and emergency situations, virtually all interviews are conducted by telephone. This reduces the need for customers to come into the agency and reduces wait times for those who do. Many customers prefer to use SAIL from their home or other more convenient locations. However, an on-site SAIL lab is available for client use throughout the day with a staff member present to assist with questions. The Frederick

Family Investment Call Center responds to telephone inquiries from customers and resolves over 95% of questions during the initial call. This practice eliminates message-taking and waiting for return calls. The goal is to improve customer service and access to benefits while enabling the agency to manage the workload more effectively.

For more information, contact Chris Bickle, Assistant Director for Family Investment at 301-600-2403 or cbickle@dhr.state.md.us.

Howard County Community Action Council

Howard County Community Action Council provides a range of services including housing assistance, food assistance, energy assistance, weatherization assistance, and general assistance with other crisis situations.

For more information, contact Bitia Dayhoff, President at (410) 313-6440.

Healthy Howard

Howard County's new Door to HealthCare is redefining the application process by taking the guesswork out of applying for public health programs. Clients can come to one location to learn about their health care options and complete an electronic application that will inform the applicant of the programs for which they are most likely eligible. Using this approach, the delay in health care access caused by application denials can be eliminated.

For more information, contact Liddy Garcia-Bunuel at 410-988-3737, extension 42.

Montgomery County

Montgomery County Department of Health and Human Services has piloted several phases of Service Integration to improve customer access to services and other supports. The initial phase of the pilot recognizes that one of the most frequently used entry points into the human service system is the Income Support door. With the designation of Income Support Triage staff using a newly designed, more comprehensive screening tool, customers can self designate their needs for a range of health and human services that the Department or its community partners provide. A detailed set of screening questions related to the services identified by the customer assists the triage case managers to determine and make appropriate referrals or appointments for other programs on behalf of the customer. A referral into team case management will be made once a customer or family is identified as having at least four different critical needs. Currently, the Department is focusing the team case management model on cases involving transition-aged youth (ages 16-24 years old). Both of these strategies are designed to provide additional supports to families and could be reviewed to see if they are practical in a statewide model.

The Germantown regional office co-locates Income Supports, Emergency Services, and the traditional Health Department Medical Assistance service eligibility unit (SEU). In the Rockville Office, Income Supports, Emergency Services, and OHEP are enhanced by the presence of a SEU worker. Lastly, the Silver Spring model includes Income Supports, Emergency Services and a SEU worker. Space is largely the determining factor in continuing co-location.

For more information, contact JoAnne Calderone at 240-777-3817.

Prince George's County

Prince George's County Department of Social Services implemented the Phase I model in March 2010. Phase I is an incentivized application model, whereby staff process all applications within 10 days of their filing date if the verifications have been returned. 32% of applications processed are processed within 10 days.

Phase I changed all front-line operations from a practice of processing applications according to their due dates to a dynamic process in partnership with the customers that allows applications to be processed as soon as the required verifications have been returned. Several distinct units of staff support this model, including Assessment, Phase I, Phase II and Continuous Quality Service. This promising practice has helped to increase compliance rates in Prince George's County; between March 2010 and July 2010 alone, compliance rates increased 10-15 percentage points.

For more information, contact Evelyn Reed, Deputy Director, Family Investment Division at 301-909-7020 or ereed@dhr.state.md.us.

Section 5.3: Spreadsheet of Data Elements

[illegible]

Section 5.3: Spreadsheet of Data Elements

[illegible]

Section 5.3: Spreadsheet of Data Elements

[illegible]

Section 5.3: Spreadsheet of Data Elements

[illegible]

Section 5.4: Spreadsheet of Program Income and Asset Guidelines

	TCA Maximum Payment	FAC Monthly Income	ABD and RMA Monthly Income S98/S99	ABD and RMA Monthly Income G98/G99	Food Supplements Monthly Income	MCHP P02/P06-185%	PAC Monthly Income	SSI (S02) Income Standards (Single and Couple)	QMB (S03) Income Standards (Single and Couple)	SLMB (S07) Income Standards (Single and Couple)	SLMB II (S14) Income Standards (Single and Couple)	TDAP Resource Limit	WIC	Energy Assistance*	Weatherization Assistance Program (WAP)**
Family Size															
1	\$259	\$1,046	\$350	\$1,805	\$1,174	\$1,669	\$1,046	\$674	\$902	\$903-\$1,083	\$1,084-\$1,218	\$1,500	\$1,669	\$1,579.37	\$2,520
2	\$453	\$1,408	\$392	\$2,428	\$1,579	\$2,246	\$1,408	\$1,011	\$1,214	\$1,215-\$1,457	\$1,458-\$1,639		\$2,246	\$2,124.79	\$3,296
3	\$574	\$1,769	\$434	\$3,051	\$1,984	\$2,822							\$2,822	\$2,670.20	\$4,072
4	\$695	\$2,131	\$475	\$3,675	\$2,389	\$3,399							\$3,399	\$3,215.62	\$4,847
5	\$805	\$2,493	\$521	\$4,298	\$2,794	\$3,975							\$3,976	\$3,761.04	\$5,623
6	\$885	\$2,854	\$573	\$4,921	\$3,200	\$4,552							\$4,552	\$4,306.45	\$6,398
7	\$995	\$3,216	\$645	\$5,545	\$3,605	\$5,129							\$5,129	\$4,851.87	\$7,174
8	\$1,095	\$3,577											\$5,705	\$5,397.29	\$7,950
9	\$1,182												\$6,782	\$5,942.71	\$8,725
10	\$1,278												\$6,859	\$6,488.13	\$9,500
Asset Limit by Family Size															
1		\$2,500	\$2,500												
2		\$3,000	\$3,000					\$8,100	\$8,100	\$8,100					
3		\$3,100	\$3,100					\$12,910	\$12,910	\$12,910					
4		\$3,200	\$3,200												
5		\$3,300	\$3,300												
6		\$3,400	\$3,400												
7		\$3,500	\$3,500												
8		\$3,600													
9															
10															

Revised 2/9/11 with the exception of:

*Energy Assistance - Income guidelines for FY2010 and FY2011.

** Weatherization Assistance Program (WAP) - Income guidelines as of 6/20/11.